

# **Ethical dilemmas among psychologists in Sweden and South Africa**

**Ellen Lindén  
Johanna Rådeström**



Linköpings universitet  
Institutionen för beteendevetenskap och lärande  
Psykologprogrammet

## **Abstract**

The purpose of this study is to investigate ethical dilemmas and ethical difficulties experienced by psychologists in Sweden and South Africa. The study is a replication of previous studies conducted by Colnerud (1997) and Slack and Wassenaar (1999). A sample of 295 psychologists in Sweden and 312 psychologists in South Africa were asked to describe situations that they identified as ethically difficult. 53 psychologists in Sweden described 61 incidents and 21 psychologists in South Africa described 24 situations. This corresponds to a response rate of 20% in Sweden and 8% in South Africa. The reported dilemmas were categorized according to a qualitative content analysis developed by Pope and Vetter (1992). The contribution of this study is that the results confirm that confidentiality is a prominent ethical dilemma for psychologists in Sweden and South Africa. This finding is consistent with findings in comprehensive international research. Furthermore, the results indicate that psychologists, especially in Sweden, experience ethical problems due to weakened legitimacy when conducting assessments. The results are discussed taking into consideration the different contexts in which psychologists work, the application of different ethics codes and different levels of ethical awareness. The weaknesses of the study and the method used are also discussed.

## **Sammanfattning**

Syftet med den här studien är att undersöka psykologers upplevda etiska dilemman och etiska svårigheter i Sverige och Sydafrika. Studien är en replikering av tidigare studier gjorda av Colnerud (1997) och Slack och Wassenaar (1999). Ett urval på 295 psykologer i Sverige och 312 psykologer i Sydafrika ombads beskriva en händelse som upplevts etiskt utmanande. 53 psykologer i Sverige beskrev 61 händelser och 21 psykologer i Sydafrika beskrev 24 situationer, vilket motsvarar en svarsfrekvens på 20% i Sverige och 8% i Sydafrika. Rapporterade dilemman kategoriserades genom en kvalitativ innehållsanalys enligt den metod som Pope och Vetter (1992) utvecklat. Studiens bidrag är att resultatet bekräftar att ett vanligt upplevt dilemma bland psykologer i Sverige och Sydafrika rör konfidentialitet. Detta fynd överensstämmer med omfattande internationell forskning. Vidare framkommer indikationer på att psykologer, främst i Sverige, upplever etiska problem med en försvagad legitimitet i samband med testningar. Resultaten diskuteras utifrån psykologers olika kontexter, användbarheten av de etiska koderna och etisk medvetenhet. Svagheter med studien och den använda metoden diskuteras också.

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## **Ethical dilemmas among psychologists in Sweden and South Africa**

In the field of professional ethics, ethical considerations are especially relevant in professions associated with knowledge that other groups in society require and depend on (Pettifor, 2004; Øvreeide, 2003). Professional psychologists (hereinafter referred to as psychologists) represent one of these professions and their work involves a complex mix of helping individuals in need of professional services as well as representing the laws and regulations in society. The relation between a client and a psychologist is not equal as it is characterized by the client's dependency and the position of the professional as the expert (Colnerud, 1997). Psychologists are often given assignments that might result in significant consequences for the client and therefore ethical awareness is necessary in the practice.

Ethical awareness relies on the recognition that every professional act involves judgement that accompanies responsibility (Øvreeide, 2003). Ethical awareness is necessary for identifying ethical difficulties which is the initial phase of solving ethical difficulties. The application of professional ethics in different situations is a requirement to secure the quality of psychological services for clients (Ahlin, 2008). It is important that the psychologist takes special consideration of the personal dignity and security of the client. Ethical awareness involves the ability to recognize ethical difficulties when they occur in different situations and contexts. The ability to reflect on and look into one's own conduct does not always come naturally and involves the willingness to study and criticise one's own behavior and one's beliefs about that behaviour (Pope, Tabachnick & Keith-Spiegel, 1987). Training is necessary to develop this ability (Burke et al., 2006; Colnerud, 1997; Pettifor, 1996). The integrity of psychology is contingent to the extent to which psychologists both as a profession and as individuals can regulate their own behaviour and view this self-regulation as worth the work it involves (Pope et al., 1987). Ongoing national and global discussions about professional ethics are necessary for psychologist and need to be addressed in the associations of the profession (Ahlin, 2008). It is important that psychologists identify and reflect on the ethical difficulties they face in their daily practice.

### ***Definition of ethical dilemmas***

Ethical difficulties can be categorised on three different levels depending on to the complexity of the decision-making (Colnerud, 1995). Distinction is made between ethical problems, ethical conflicts and ethical dilemmas.

An *ethical problem* occurs when the psychologist is not able to find one immediate solution to the situation (Colnerud, 1995). However, through further investigation of the content of the problem and with assistance from a code of

ethics, available guidelines and consultation with colleagues and supervisors, the professional is able to solve the problem. An *ethical conflict* is defined by a situation where two or more interests collide (Colnerud, 1995). A solution is only possible after compromising between the different interests. Finally, an *ethical dilemma* is viewed as a situation where the appropriate course of action is not given or obvious and does not include one solution only (Colnerud, 1995). The definition involves the idea that there is no single correct response or solution (Bowers & Pipes, 2000). In some situations two or more ethical principles are in conflict, while other dilemmas arise when law and ethics collide. By choosing one ethical principle, adherence to the other principles is not satisfied and the professional can always be criticized for the decision made (Knapp, Berman, Gottlieb & Handelsman, 2007; Bersoff, 2003). An ethical dilemma arises when for example the psychologist is confronted with organizational demands, the legal system, supervisors and at the same time has the best interests of the client to take into consideration when deciding what is most ethically appropriate to do (Burke, Harper, Rudnick & Kruger, 2006). The common denominator in an ethical problem, conflict and dilemma is that the situation always includes a decision-making process for the psychologists when contemplating how to solve the situation.

### ***The context in Sweden and South Africa***

Sweden had a population of about 9.2 million inhabitants in 2007 (Statistics Sweden, 2008). The majority of the Swedish population (83%) is ethnic Swedes. Additional ethnic groups are: Europeans (4%), Asians (3%), Finnish (2%) and Others (8%) (The Swedish Institute of International Affairs, 2008). Swedish is the main language spoken in Sweden. 74.3% of the Swedish population is registered members of the Church of Sweden and the main religion is Lutheran Christianity (Church of Sweden, 2007). The practice of religion is not prominent and Sweden is therefore considered a secularized nation. As a group, psychologists in Sweden can be seen as representative for the population in general (Salling, 2008). Furthermore, psychologists can be seen as providing services to a relatively homogeneous population.

Psychologists initiated professional organization in Sweden through the establishment of the Swedish Psychological Association (SPF) in 1955 (SPF, 2008). Since then, the SPF has been the most important association for psychologists in Sweden. Membership in the association is voluntary. As of 2008, the association had approximately 6000 members out of 9355 registered and licensed psychologists in Sweden (Salling, 2008; The National Board of Health and Welfare, 2008). Psychologists in Sweden work in various fields of psychology and the vast majority is found in public health care (Swedish Psychological Association, 2008). About 9% of the members of Swedish Psychological Association are working in private practice (SPF, 2008). There

are approximately 100 psychologists per 100 000 people in Sweden (Statistics Sweden, 2008; The National Board of Health and Welfare, 2007). In the Human Development Report 2007, Sweden was ranked 6<sup>th</sup> out of 177 countries and is considered a high income country known for its well-developed social welfare and public health care (Swedish International Development Cooperation Agency, 2008).

South Africa had 47.7 million inhabitants in 2007 (The Swedish Institute of International Affairs, 2008). The ethnic composition in South Africa is diverse and in 2001 the population consisted of: Africans/Black (79%), Europeans/White (9.6%), “Coloured” (8.9%) and Asians (2.5%). (The Swedish Institute of International Affairs, 2008). There are 11 official languages in South Africa. The practice of religion is varied and includes Christians (often practiced with influences of traditional indigenous religions), relatively big groups of Hindus, Muslims, Jews and several religious minorities (The Swedish Institute of International Affairs, 2008). The ethnic composition, the number of official languages and the varied practice of religions testify to the multicultural society of South Africa. Racial issues have been a part of the history of South Africa since the 17<sup>th</sup> century and psychology has had a place in the country’s political history (Stevens & Wedding, 2008). The use of psychological tests to justify racial segregation is one example of the close link between psychology and political development in South Africa.

Psychologists in South Africa attained legal status as a profession in 1974 (Stevens & Wedding, 2008; Wassenaar, 1998). Psychology is not well-established in the public sector as a profession and thus there are few jobs available for psychologists (Stevens & Wedding, 2008). This has caused many psychologists to enter the private sector which provides care to only 23% of the population (Pillay & Kramers, 2003). Approximately 70% of the psychologists are estimated to work in private practice (Wassenaar, 2008). The ethnic composition of psychologists as a whole in South Africa consists of 79% Whites and 7% Blacks (Stevens & Wedding, 2008). However, the racial statistics could be inaccurate as the racial identities of 51% of psychologists are unknown. To exemplify the conditions, clinical psychologists consist of over 90% Whites and are unskilled in the African languages used by the majority of the country’s people (Pillay & Kramers, 2003). As a result, the majority of clinical psychologists are equipped to help only a minority of the population. There is approximately 12 psychologists per 100 000 people in South Africa (Stevens & Wedding, 2008). In the Human Development Report 2007, South Africa was ranked 121<sup>st</sup> out of 177 countries and is considered a middle income country (Swedish International Development Cooperation Agency, 2008). In spite of being considered a middle income country, there are major differences in income between the rich and the poor and South Africa is one of the countries in



the world where the wealth is most unequally distributed (Swedish International Development Cooperation Agency, 2008). About 15 million out of the 47.7 million inhabitants are considered very poor and the unemployment rate is about 30% (Swedish International Development Cooperation Agency, 2008).

## **Background**

Ethics can be defined as a set of formal and informal standards of conduct that society develops to guide the behaviour of the citizens (Burke et al., 2006). Within the field of mental health services ethics are often equated with an ethical code. This code constitutes a set of rules for guiding how to behave within the specific profession. The ethics of psychologists are mainly studied from two perspectives; the moral-philosophical perspective and the sociological perspective (Colnerud, 1997).

The moral-philosophical approach examines the underlying norms and virtues in ethical codes and codes of conduct and tries to provide general guidance on how to be and act (Barnett, Rosenthal, Behnke, & Koocher, 2007; Pettifor, 1996). The moral-philosophical approach differentiates between *descriptive* ethics and *normative* ethics (Collste, 2002; Colnerud, 1995). Descriptive ethics focus on describing what values and standards people possess and which ethical conflicts they perceive. The ethical content and the underlying theories of ethics are often described. Descriptive ethics do not provide guidance as to the most ethically appropriate course of action in a specific situation. In contrast, normative ethics prescribe the correct course of action in different ethical situations. Normative ethics are found in ethical codes and codes of conduct and attempt to instruct on appropriate and inappropriate behaviour in particular situations (Barnett et al., 2007).

From a sociological perspective, the formulation of professional ethics is considered fundamental to the psychologists' professionalization (Colnerud, 1997). This strategic process aims to obtain monopoly on knowledge and position in the field of psychology through a code of ethics. Weberian theory of professions and professional development emphasizes the need for 'closure' towards other professions (Krejsler, 2005). By the formulations of ethical codes and codes of conduct for psychologists, the professional body of psychologists practise closure and marks the boundaries towards similar professions (Selander, 1989). Through the codes of ethics the profession demonstrates an ethical awareness which other professions in same fields do not necessarily possess.

### ***Codes of ethics for psychologists***

Psychology as an organized and responsible discipline has developed codes of ethics in order to guide psychologists in behaving respectfully, competently and

appropriately when engaged in practice, teaching and research (Gauthier, 2004). Formulating codes of ethics for psychologists can be viewed as an attempt to define right and wrong behaviour in various professional contexts and to provide guidelines for making consistent ethical decisions (Burke et al., 2006; Dalen, 2006; Colnerud, 1997). Sinclair, Poizner, Gilmour-Barrett and Randall (in Pettifor & Sawchuk, 2006; in Seitz & O'Neill, 1996) has used international and interdisciplinary ethics literature to summarize the purposes of professional ethical principles for psychologists. The identified four general goals are:

1. To help the establishment of psychologists as a profession
2. To act as a support and guide to professional psychologists
3. To meet the responsibilities of being a profession
4. To provide a statement of moral principle that helps the professional psychologists to resolve ethical dilemmas encountered in their practice and daily work.

Pettifor and Sawchuk (2006) emphasize the use of codes in the ethical decision-making process of the psychologist when facing an ethical problem, conflict or dilemma. The codes can be used as a device to supervise, regulate and correct professional behaviour. In this light codes are seen as providing support to the profession as well as protection to the clients. The codes of ethics also aim to support the interaction with other professions and to encourage self-regulation and reflection on personal values (Burke et al., 2006; Bersoff, 2003). Even with recognized codes of ethics and codes of conduct as guidelines, psychologists are faced with ethical difficulties in their practice.

*Development and international differences.* As a discipline, psychology has a short history in developing codes of ethics and codes of conduct to guide and regulate the behaviour of psychologists. Codes of ethics specifically for psychologists were initiated in the 1950's with the publication of a code by the American Psychological Association (APA) (Pettifor & Sawchuk, 2006). APA decided to create "an empirically developed code" based on a survey investigating ethical dilemmas encountered by American psychologists practicing in various fields (Bersoff, 2003). The results from the survey were the foundation for the development of the Ethical Principles of Psychologists and the Code of Conduct (APA, 2002). These documents have been leading and normative for the development of ethical codes in other countries (Burke et al., 2003). Psychological associations in different parts of the world have developed national codes of ethics and standards of practice at different levels (Pope, Tabachnick & Keith-Spiegel, 1987). Consequently, psychologists around the world are provided with different levels of ethical support and guidance from their national codes of ethics (Gauthier, 2004; Pettifor, 1996). From a client perspective, this could also mean that clients are given different levels of

protection from the possible misuse of psychology. Even though national codes differ, Gauthier (2004) has found high congruence with the moral imperatives underlying the Universal Declaration of Human Rights when reviewing the codes of ethics in different countries.

In 1995 the European Federation of Psychologists' Associations (EFPA) developed the *Meta-Code of Ethics* as a framework for psychologists practicing within the European Union (EFPA, 1995). The purpose of the Meta-Code is, as mentioned before, to guide and provide support to the psychologist in the process of ethical decision making. A common code of ethics for Nordic psychologists, practicing in Sweden, Iceland, Norway, Finland and Denmark, has existed since the middle of the 1980's (SPF, 1998). The Nordic code was revised in 1996-1997 according to the EFPA's Meta-Code of Ethics to achieve a generic set of ethical principles for all psychological associations in Europe (Gauthier, 2004). The main principles are: (a) respect for person's rights and dignity, (b) professional competence, (c) responsibility and (d) professional integrity (SPF, 1998; EFPA, 1995).

The Health Professions Council of South Africa (HPCSA), formed in 1974 supervises all the health professions in South Africa, including psychologists (Scherrer, Louw and Möller, 2002; Wassenaar, 1998). HPCSA was intended to serve as a statutory body with mandate to protect the public and to provide guidance on educational, professional and ethical issues to health practitioners. HPCSA has therefore been assigned the responsibility to regulate the psychology profession (Scherrer et al., 2002). In an attempt to establish guidelines, a code of conduct was formulated by HPCSA in 1977. Since the formulation, the code has been amended several times (Scherrer et al., 2002; Wassenaar, 1998). The code, Professional Guidelines, describes proper behaviour of the health practitioner in various contexts (HPCSA, 2006).

The available contemporary codes of ethics have been criticized for providing insufficient guidance to help the psychologist to handle ethically difficult situations (Barnett et al., 2007; Burke et al., 2007; Williams, 2004). Critique has been raised toward the codes of ethics developed by APA, EFPA and the Nordic psychological associations as they fail to provide guidance when professional responsibilities are in conflict (Colnerud, 1997; Seitz & O'Neill, 1996). According to Burke et al. (2006), the current code of ethics in South Africa only provides a brief guideline and little is known about their usefulness and function. The existing codes of ethics in Sweden and South Africa are therefore considered to have limited value for practicing psychologists. The Canadian Psychological Association has developed a code of ethics that is internally consistent, reflects explicit moral principles and provides guidelines for decision-making to the psychologist (Williams, 2004). The code has a structure

based on four fundamental ethical principles ranked in a hierarchy of importance that should be followed when they are in conflict (Burke et al., 2006). The code is considered a good model for how to formulate codes of ethics and useful in the practice of psychological services.

### ***Previous research regarding ethical dilemmas***

In order to develop codes of ethic it is important to examine the ethical difficulties that psychologists experience and are faced with (Wassenaar, 1998). Once an ethical code has been developed and published it is already out of date and is limited with regards to the guidance it can provide for ethical decision-making in the continuously changing practice of psychologists. Therefore, frequent evaluations are necessary in order to update and develop ethical codes. Ethical difficulties among psychologists have been examined from several approaches using different methods (Dalen, 2006; Pettifor & Sawchuk, 2006; Scherrer et al., 2002; Pope & Vetter, 1992). One approach is to study ethical dilemmas that psychologists experience in their practice (Pettifor & Sawchuk, 2006; Pettifor, 2004; Slack & Wassenaar, 1999; Colnerud, 1997; Pope & Vetter, 1992).

Pope and Vetter (1992) conducted a survey intended to serve as the foundation for the revision of the original code of ethics by APA. The study collected contemporary data about incidents that were experienced as ethically difficult and challenging from a representative sample of practicing psychologists. The intention was to implement the practitioner's perspective in the formulation of the code of ethics. The psychologists were asked to describe an ethically troubling situation encountered recently or during a certain period. Pope and Vetter (1992) used content analysis to develop a system for analyzing the responses of reported dilemmas. The system of analyzing allowed dilemmas to be sorted into categories according to the ethical issue raised by the dilemma or the professional context in which the difficulty occurred and 23 categories of dilemmas were identified. The design by Pope and Vetter (1992) has been used in several studies investigating ethical dilemmas among psychologists in countries such as Sweden (Colnerud, 1997), South Africa (Slack & Wassenaar, 1999), Canada (Sinclair & Pettifor, 1996), Finland (Colnerud, Hansson, Salling & Tikkanen, 1996), Norway (Odland & Nielsen, 1996), United Kingdom (Lindsay & Colley, 1995), New Zealand and Mexico (in Pettifor & Sawchuk, 2006). Using the same method has enabled international comparisons between countries (Pettifor & Sawchuk, 2006).

### ***Ethical dilemmas in Sweden and South Africa***

Colnerud conducted a study in 1997 using the Pope and Vetter design. The sample consisted of 5% (n = 300) of the registered members of the Swedish Psychological Association were randomly selected to participate in the study.

The response rate was 61% (n=184). This is considered a high response rate compared to the other studies conducted using the Pope and Vetter design. A total of 161 ethical dilemmas were reported by the 147 psychologists answering the question. ‘No dilemma’ was reported by 20% (n=37) of the psychologists. The distribution of the top five reported dilemmas is presented in Table 1.

Table 1

*Top five reported dilemmas in Sweden (70% of total) (Colnerud, 1997).*

<b>Pope &amp; Vetter (1992) category (rank order)</b>	<b>Percentage of total dilemmas (%)</b>
Confidentiality	30
Blurred, dual, or conflictual relationship	18
Questionable or harmful interventions	8
Conduct of colleagues	8
Miscellaneous (Mentally retarded)	6

The most common ethical dilemma among the psychologists concerned confidentiality (30%). Conflicts occurred when the psychologist received information that could be revealed to others but was not in order to maintain confidentiality. Cooperation and contact with authorities such as the police, social welfare and school staff challenged the confidentiality of the Swedish psychologist. The second most frequently reported dilemma concerned “blurred, dual, or conflictual relationships” (18%). This category of dilemmas involved the relationship between the psychologist and the client or the parents to a child in therapy. Problematic situations included having multiple roles as a psychologist, for example acting on behalf of different authorities and at the same time caring for the client.

Other dilemmas reported by the Swedish psychologists fell into the categories “questionable or harmful interventions” (8%) and “conduct of colleagues” (8%). The dilemmas that fell into the category “questionable or harmful interventions” concerned psychologists involved in interventions they found questionable or harmful for the client and sometimes had to comply with because of the system they work within. The category “conduct of colleagues” involved recognition of colleagues’ unethical or harmful conduct and the difficulties in confronting the colleagues. A new subcategory under the category “miscellaneous” (6%) was found related to the practice with clients with developmental disabilities (Pettifor & Sawchuk, 2006; Colnerud, 1997). Difficulties in balancing the need to protect these clients from harm and at the same time respect their autonomy and legal rights were experienced by 6% of the Swedish psychologists.

Slack and Wassenaar (1999) conducted a study in South Africa using the Pope and Vetter design. The sample consisted of 487 psychologists. The response rate

was 25.6 % (n=125). The respondents mainly worked in private practice. Of the 125 respondents 39.2% (n=49) psychologists described 51 ethical dilemmas. ‘No dilemma’ was reported by 60.8% (n=76) of the psychologists. Private practice was the primary work for 84% of the respondents and individual psychotherapy was the work they were most involved in. The distribution of the top four reported dilemmas is presented in Table 2.

Table 2

*Top four reported dilemmas in South Africa (65% of total) (Slack & Wassenaar, 1999).*

<b>Pope &amp; Vetter (1992) category (rank order)</b>	<b>Percentage of total dilemmas (%)</b>
Confidentiality	29
Blurred, dual, or conflictual relationship	14
Payment sources, plans, settings, and methods	12
Conduct of colleagues	10

The most frequent dilemma concerned “confidentiality” (29%). Psychologists experienced difficulties in the following areas: the legal obligation to release client records while at the same time maintaining client confidentiality, establishing confidentiality with underage clients when determining the degree of parental involvement in treatment, establishing limits of confidentiality in marital and family therapy, reporting child abuse and protecting third parties from threat and harm. The second most commonly reported dilemma fell into the category “blurred, dual, or conflictual relationships” (14%). This category involved conflicting obligations in dual professional roles and lack of guidance as how to resolve dilemmas and difficulties in maintaining clear professional boundaries. The third category of reported dilemmas concerned “payment sources, plans, settings, and methods” (12%). These dilemmas included concerns over requests from clients that had a tendency to abuse medical aid, and the influence of non payment in therapy. Dilemmas that fell into the category “conduct of colleagues” were described by 10% of the respondents. These situations concerned misrepresentation of the psychologists’ training and registration to potential clients and unprofessional behaviour such as forcing the client or conducting rash interventions. Many psychologists described concerns about how to approach colleagues in these situations. Other categories contained such a small number of dilemmas that conclusions could not be drawn.

### ***International comparisons***

Pettifor and Sawchuk (2006) have reviewed all the international studies (Pettifor & Sawchuk, 2006; Slack & Wassenaar, 1999; Colnerud, 1997; Colnerud, Hansson, Salling & Tikkanen, 1996; Odland & Nielsen, 1996; Sinclair & Pettifor, 1996; Lindsay & Colley, 1995) using the Pope and Vetter design. The total number of respondents in each study ranged from 102 to 679 and the total

sample for the nine studies all together was comprised of 2698 respondents (Pettifor & Sawchuk, 2006). The response rates ranged from 15-61% with an overall mean of 34%. The psychologists participating in the studies were practicing in several fields of psychology. The review by Pettifor and Sawchuk (2006) revealed that the distribution of dilemmas in the countries did not vary widely. The most frequently reported dilemma concerned confidentiality (25%) followed by dual relationships (13%). The third most commonly reported dilemma involved competence (8%). The eight most common categories accounted for 76% of the total dilemmas. The distribution of these dilemmas is shown in Table 3.

Table 3

*Top eight reported dilemmas among primary studies (59% of total) (Pettifor & Sawchuk, 2006).*

<b>Pope &amp; Vetter (1992) category (rank order)</b>	<b>Percentage of total dilemmas (%)</b>
Confidentiality	25
Blurred, dual, or conflictual relationship	13
Competence	8
Conduct of colleagues	7
Assessment	6
Questionable or harmful interventions	6
Payment sources, plans, settings, and methods	6
Sexual issues	5

Pettifor and Sawchuk (2006) found considerable agreement on the nature of dilemmas reported by psychologists from the different countries in the primary studies. The diversity between the countries appears to result from differences in clients, nature of practice and methods of payment more than cultural differences. However, in the review by Pettifor and Sawchuk (2006) it is unclear what data they are using in their conclusions. For example it is unclear which study they refer to when commenting on the dilemmas encountered in South Africa. There are also limitations with the studies using the Pope and Vetter design from an empirical research perspective (Pettifor & Sawchuk, 2006; Pettifor, 2004). The system of categorization is not standardized and the review by Pettifor and Sawchuk (2006) is not based on the original data from the studies. The overall response rate is low and knowledge about the influence of cultural and political beliefs on the practice of psychology is not reflected in the analysis of these studies.

Pettifor and Sawchuk (2006) point out that caution should be taken in making generalizations from the studies to other countries as the studies have primarily

been conducted in Western countries. Despite the weaknesses, the studies contribute to an understanding of ethical thinking of psychologists across international boundaries and the findings support that there may be consensus on overarching ethical principles. In spite of differently formulated codes of ethics the psychologists report prevalence of similar ethical difficulties worldwide. Pettifor and Sawchuk (2006) suggest that differences in the contexts surrounding the psychologists' practice influence what type of ethical dilemma the psychologists encounter. Therefore, the different contexts of psychologists within the same country show more evident differences than international differences between countries.

Besides the previous studies using the Pope and Vetter design, other studies about ethical dilemmas and ethical concerns have been conducted in specific areas and contexts of the practicing psychologists.

*Confidential information.* Other studies investigating ethical difficulties experienced by psychologists have been conducted in specific contexts and areas within the profession (Helbok, Marinelli & Walls, 2006; Piallay, Wassenaar & Kramers, 2004; Campbell & Gordon, 2003). A common ethical dilemma experienced by psychologists involves the decision whether to break confidentiality with clients (Sullivan, Ramirez, Rae, Razo & George, 2002; Jacob-Timm, 1999; Pope and Tabachnick, 1994; Tabachnick, Keith-Spiegel and Pope, 1991). Dalen (2006) studied ethically difficult situations that psychologists face in their daily work and the results showed that dilemmas concerning confidentiality and professional secrecy are most frequently reported. Dalen (2006) points out that when a psychologist faces an ethical dilemma and decides what to do, it involves a process of ethical decision-making. Sullivan et al. (2002) found in their study that the decision to break confidentiality seems to be one of the most frequently encountered and serious ethical issues that psychologists face.

Pope and Tabachnick (1994) studied psychologists' experiences as clients of psychologists and found that 10% reported violations of confidentiality. Pope and Tabachnick (1994) emphasize that such violations may cause possible harm for clients and be potential barrier to others needing or wanting therapy. Tabachnick et al. (1991) studied ethical behaviours of psychologists and found that more than one third of the psychologists admitted disclosing confidential information to colleagues, but the vast majority believed this to be unethical. In the review of the studies using the Pope and Vetter design, Pettifor and Sawchuk (2006) found that the most frequently reported ethical dilemma concerned confidentiality.



*Multiple relationships.* Findings from national surveys (Helbok et al., 2006; Campbell & Gordon, 2003; Schank & Skovholt, 1997) show that psychologists in rural areas appear to experience significantly greater difficulty involving multiple relationships than psychologist in urban areas. Helbok et al. (2006) point out that rural psychologist are more often faced with questions about maintaining client confidentiality and issues concerning being visible in the community. Schank and Skovholt (1997) found that psychologists practicing in rural and small communities experienced overlapping social relationships and business relationships. The psychologists knew the content of ethical codes but often struggled in choosing how to apply the codes in the best interests of clients. Ethical difficulties with multiple relationships have also been found in supervision contexts (Gottlib, Younggren & Robinson, 2007). Borys and Pope (1989) examined psychologists', psychiatrists', and social workers' attitudes and practices regarding dual professional roles. Most respondents reported that they had rarely or never engaged in dual role behaviors. On the other hand, Pettifor and Sawchuk (2006) found in their review that the second most frequently reported category of dilemmas involved issues related to dual and blurred relationships.

*Professional competence.* Tabachnick et al. (1991) studied ethical behaviors of psychologists and found that 90% of the respondents had on rare occasions engaged in teaching without being completely prepared. The findings also showed that 79% of the psychologists had ignored unethical behavior by colleagues. Psychologists experienced difficulties with dealing with unethical colleagues or cheating students and such situations were perceived as anxiety-provoking and even frightening to confront (Tabachnick et al., 1991). Tabachnick et al. (1991) emphasize that it would be interesting to investigate the circumstances that influence psychologists' to neglect their ethical responsibility to confront unethical behaviors of colleagues. Findings from the study by Dalen (2006) showed that concerns about colleagues' handling of ethical dilemmas and conduct of colleagues are often presented by psychologists when using the ethical counselling services. Ethical difficulties concerning the competence and conduct of colleagues were ranked third and forth in occurrence in the primary studies using the Pope and Vetter design (Pettifor & Sawchuk, 2006).

*Assessment and evaluation.* Knauss (2001) address ethical issues in psychological assessments in school settings. One of the most frequently addressed ethical issues when assessing students is the process of parental consent and involvement. Knauss (2001) points out that psychologists are obligated to use nonbiased test instrument and use them in a way that is not racially or culturally biased. Ethical dilemmas arise from the differing needs of students, parents, teachers and administrators. Psychologists providing services in school settings are often employees of the school district and may encounter

issues such as: who is the client and whose interests should I consider? In some situations the best interest of the child being tested differs from the best interests of the system asking for the evaluation. Evans (in Hersen, 2008) underlines that the overriding ethical question is whether or not psychologists act professionally in the best interests of the child and children in general. The link between assessment and treatment requires ethical decision-making and the psychologist needs to be careful when assessing children as they cannot easily refuse to be assessed and treated and they cannot usually advocate for themselves or personally request an intervention. Therefore, professional ethics are closely related to the clinical judgment of the psychologists. In the review by Pettifor and Sawchuk (2006) issues related to assessment were the fifth most frequently reported dilemmas in all the studies using the Pope and Vetter design.

Pope and Tabachnick (1994) studied psychologists' experiences from being clients and receiving treatment. Reports of experiences from the therapy showed that 22% of the psychologists found the received treatment harmful. In the primary studies using the Pope and Vetter design issues related to questionable and harmful interventions were ranked as the sixth most frequently reported ethical dilemma.

*Ethical complaints.* The study of ethical complaints has been another approach used to examine the ethical difficulties and dilemmas of psychologists (Dalen, 2006; Scherrer, Louw et al., 2002; Pope & Vasquez, 1998). When studying ethical complaints difficult incidents are studied in which someone thinks the psychologist has acted in conflict with ethical principles (Dalen, 2006). Pope and Vasquez (1998) reviewed licensing board complaints and malpractice suits against psychologists in the USA over a 14 year period. Data showed that the five most frequent disciplinary actions, presented in descending order of frequency, involved: dual relationships (sexual and/or nonsexual), unprofessional or negligent practice, fraud, conviction of crimes and inadequate or improper supervision. Data from malpractice suits against psychologists showed that claims most often fell into the areas: sexual violations, incompetence in developing or implementing a treatment plan, loss from evaluation, breach of confidentiality or privacy, and improper diagnosis (Pope & Vasquez, 1998).

### ***Purpose***

The purpose of this study is to investigate ethical difficulties and dilemmas that psychologists in Sweden and South Africa experience in their practice. The study will be a replication of previous studies conducted in Sweden (Colnerud, 1997) and in South Africa (Slack & Wassenaar, 1999). Demographic facts show differences between Sweden, as an industrialized country, and South Africa, as a developing country, when it comes to ethnicity, religion and the number of

languages spoken. South Africa has more cultural diversity in comparison to Sweden and therefore it is interesting to investigate two countries that seem to offer different contexts for psychologists. The expectation would be that the cultural differences would be illustrated when investigating ethical difficulties and dilemmas among psychologists. The study will focus on describing the contents of ethical difficulties and dilemmas experienced by psychologists, by examining the question: What ethical difficulties and dilemmas do psychologists experience in their professional practice in Sweden and South Africa?

Studies about ethical difficulties and dilemmas encountered by practicing psychologists need to be conducted regularly in order to develop and revise codes of ethics and strengthen the psychologists' profession, as the society and the context surrounding psychologists change over time. Considering that previous studies (Slack & Wassenaar, 1999; Colnerud, 1997) have been conducted some years ago it is interesting to replicate and investigate potential changes. International research regarding ethical difficulties and dilemmas is useful for the development towards more consistent and global ethical guidelines.

## **Method**

The purpose of this study was to investigate ethical dilemmas and difficulties that psychologists in Sweden and South Africa experience in their work. The study is a replication of the studies conducted in Sweden by Colnerud (1997) and in South Africa by Slack and Wassenaar (1999). These studies were in their turn replications of the Pope and Vetter study (1992). Replication involves repeating a study with different cases or in a different context to see if similar results are obtained (Neuendorf, 2002). Replications can confirm and help to establish the findings of previous studies and give a hint of weaknesses in the results. Replicating previous studies enables present and historical comparisons between the findings and updates the research regarding ethical dilemmas. By replicating, the possibility to discover new categories of ethical dilemmas and ethically challenging situations is limited.

In this study, texts were generated through a single question where psychologists were asked to describe ethically troubling situations and dilemmas. The focus of the study is to describe the content of the reported ethically troubling situations. Content analysis was the chosen method for analyzing the texts. This choice was made due to the fact that the replicated studies (Colnerud, 1997; Slack & Wassenaar, 1999) used content analysis for analyzing data. The data in this study were analyzed and sorted according to the 23 categories of ethical dilemmas that Pope and Vetter (1992) found and developed. The same categories (Pope & Vetter, 1992) have been used for the analysis in the studies

by Slack & Wassenaar (1999) and Colnerud (1997). Thus, the process of this study involves sorting the data into already established categories. Neither Pope and Vetter (1992), nor the authors of the replications (Slack & Wassenaar, 1999; Colnerud, 1997) define the specific type of content analysis they employed in their study. In this study the data has been analyzed qualitatively and categorized according to the pre-existing categories.

The general method of content analysis includes several approaches (Neuendorf, 2002; Bos & Tarnai, 1999; Kolbe & Burnett, 1991). Regardless of the terminology used, content analysis is a way of examining the relevant data, which in this study are texts. The method aims to make valid inferences from the texts (Weber, 1990). Neuendorf (2002) defines content analysis as a research technique for making inferences by systematically and objectively identifying specific characteristics within a text. The content analysis used in this study summarizes the explicit or implicit ethical content in the text. The reported ethical incidents were first analyzed qualitatively and assigned to a specific category. Effort was made to place each reported ethical incident into one single relevant category (Bos & Tarnai, 1999). Secondly, the categories were compiled quantitatively and the frequencies of each category were noted. Within each category variants of the reported dilemmas were found. These variants summarize the differences in content within each specific category. The use of pre-existing categories makes the approach of this study deductive. The study was conducted in two countries at different times and can therefore be seen as two studies in one. The two studies will hereinafter be referred to as *Sweden* and *South Africa*.

### ***Sample***

Participants were selected randomly from national registers of professional psychologists in Sweden and South Africa. Every practicing psychologist (registered with SPF in Sweden and HPCSA in South Africa) had an equal chance of being selected. The size of the samples was 5% of the registered psychologists with the major associations in both countries. A total of 607 psychologists in Sweden and South Africa were selected to participate in this study. Neuendorf (2002) points out that random sampling is required when using content analysis with the purpose to generalize to a larger population. However, the generalizability of a study depends on many different factors and the response rate is of crucial importance. The generalizability in this study was limited by low response rates in Sweden and South African.

*Sweden.* The SPF, Swedish Psychological Association, is the official association for professional psychologists in Sweden. The association has approximately 6000 members, out of approximately 8000 registered psychologists in Sweden, working in various fields of psychology (Salling,

2008; The National Board of Health and Welfare, 2008). This means that approximately 75% of the psychologists in Sweden are members of SPF. The respondents were chosen from the official register of psychologists which was managed by SPF. The sample of 5% of the total members of the SPF was selected from a table of random numbers. The size of the sample was 295 respondents. A sample of 5% of registered psychologists selected through the same method was used as well in the study by Colnerud (1997).

*South Africa.* Registration with HPCSA, The Health Professions Council of South Africa, is mandatory for psychologists in South Africa and the association has legal status. HPCSA has 6239 psychologists as members (HPCSA, 2008). A randomized sample of 5% was selected from the register of members of HPCSA. Every 20<sup>th</sup> psychologist on the register list was selected to participate in the study and the sample was 312 respondents. Slack and Wassenaar (1999) also used a 5% sample from the HPCSA in their study.

### ***Procedure***

Relevant literature about professional ethics, ethical difficulties and ethical dilemmas was reviewed. The authors were also in contact with well-known researchers, Geoff Lindsay, Jean Pettifor and Douglas Wassenaar, which have numerous publications within the ethics field. Data were gathered through a survey, which consisted of one single question. The psychologists were asked to answer the survey in writing.

*Sweden.* Cooperation was established with SPF which provided the random sample of psychologists, sent out surveys and reminders and kept record of responses. This cooperation was established because Colnerud (1997) used the same procedure which generated a high response rate (61%) and protected the respondents' anonymity. The survey was initially sent to 295 psychologists by mail (see Appendix 1 and 2). Two reminders were sent, first after two and then after three weeks. The number of reminders was limited due to financial resources and failure to keep record of incoming responses. Reminders were sent out to the entire sample, including those who had already answered. Responses were received from 58 psychologists, which calculates to a return rate of 20%. The cooperation with SPF was not clearly expressed in the cover letter, which might have impacted on the impression of the survey. The total data gathering period was one month. The period of data gathering in the study by Colnerud (1997) was approximately two months (Colnerud, 2008).

*South Africa.* The procedure of data gathering was partially different in South Africa. This was due to limited financial resources and a different arrangement for the administration of surveys and reminders. In South Africa these procedures were managed by the authors. Every psychologist was allotted

a number that was used to identify incoming responses and to avoid that reminders were sent out to respondents who had already answered the survey. These numbers were dislinked from the respondents before analyzing the data, which protected their anonymity. A total of 312 psychologists received the survey (see Appendix 3, 4 and 5). One reminder was sent out in the middle of the data gathering period. The period of data gathering was one month. A total of 25 psychologists answered the survey which corresponds to a return rate of 8%. In the study by Slack and Wassenaar (1999) the sample was also obtained from HPCSA and the period of data gathering was approximately three months (Wassenaar, 2008).

### ***Questionnaire***

The study is based on a survey containing one single question. The question that was asked is the following:

*Describe, in a few words or in more detail, an incident that you or a colleague have faced in the past year or two that was ethically challenging or troubling to you.*

The original question used in the Pope and Vetter study (1992) had previously been translated into Swedish, retranslated into English by an English-born person, and thereafter translated to Swedish once again (Colnerud, 1997). This was done in order to ensure comparability with the original question in the Pope and Vetter study (1992). The translated question was used in Sweden, where Swedish is the spoken language and the original question was used in South Africa, where English is one of the official languages. The formulation of the single question might generate responses describing situations that by the definition of Colnerud (1995) would be considered as an ethical problem or ethical conflict. The described purpose of this study is therefore to investigate both ethical difficulties and ethical dilemmas. The questionnaire did not ask for any background information about the respondent. The respondents who had not experienced an ethically difficult situation were not asked to answer the survey.

### ***Data analysis***

The responses from the survey were analyzed according to the 23 categories of ethical dilemmas established by Pope and Vetter (1992). The dilemmas reported by the psychologists were analyzed according to the ethical issue raised by the dilemma or the professional context in which the dilemma occurred. The focus of the data analysis was on the content of the described incidents rather than on the context that the situations involved. However, some ethical dilemmas arise in specific contexts, which are necessary to consider in order to understand the content of the described situation.

In order to assign the content into specific categories, both the message and key words presented in the reported examples of ethical dilemmas were considered. For example, if a reported incident contained the word ‘confidentiality’ or described a situation where it was clear from the content that issues regarding confidential information were involved, it would be assigned to the category ‘confidentiality’. Each reported dilemma was analyzed using qualitative content analysis and assigned to only one of the established categories (Bos & Tarnai, 1999). After that, the categories were compiled quantitatively. Each category was counted and percentages were calculated in order to ease the presentation and illustrate the distribution of the results in Sweden and South Africa. The 23 categories used for analyzing the data are presented in the following table:

Table 4  
*The 23 categories used for analyzing the data (Pope & Vetter, 1992).*

<b>Category</b>
Confidentiality
Blurred, dual, or conflictual relationships
Payment sources, plans, settings, and methods
Academic settings, teaching dilemmas, and concerns about training
Forensic psychology
Research
Conduct of colleagues
Sexual issues
Assessment
Questionable or harmful interventions
Competence
Ethics (and related) codes and committees
School psychology
Publishing
Helping the financially stricken
Supervision
Advertising and (mis)representation
Industrial-organizational psychology
Medical issues
Termination
Ethnicity
Treatment records
Miscellaneous

In order to make valid inferences from the examples and to ensure reliability of the categorization, more than one person should categorize the same example in the same way (Kolbe & Burnett, 1991; Weber, 1990). This makes the categorization procedure reliable in that it is consistent and enables the estimation of the intercoder reliability (Weber, 1990). To attain the reliability of the categorization each dilemma was initially categorized individually by the two authors. If the author was uncertain about the categorization the dilemma was left for mutual discussion. After analyzing and sorting the data into categories the authors compared their categorization. When the categorization differed the dilemmas were discussed first between the authors and later with the supervisor. Agreement was achieved and the categorization of the dilemmas was completed.

In the analysis of the Swedish data the intercoder reliability was 75% (n=44). The number of dilemmas discussed between the authors was 15 (25%) and 10 (16%) were agreed upon. The remaining 5 (9%) dilemmas were discussed with the supervisor. In the analysis of the South African data the intercoder reliability was 83% (n=20). Four dilemmas (17%) were discussed between the authors and all were agreed upon.

### ***Ethical considerations***

Ethical considerations regarding this study have been discussed in the Research Ethics Committee at the University of Linköping. Ethical approval has been obtained from the Human Sciences Research Council (HSRC) Research Ethics Committee in South Africa. Approval to participate in the study was clear from the fact that the respondent chose to answer the survey. Participation was voluntary which was clearly expressed in a cover letter. The cover letter included complete information about the study. The aim and the purpose of the study were presented and described. Respondents were assured that data would be handled with confidentiality and that anonymity was protected. The respondents were informed that they could take part of the results from the study when approved by the university and published at Linköping University Electronic Press.

### ***Funding of the research***

This study was financially supported by the scholarship, MFS (Minor Field Studies), from the Swedish International Development Cooperation Agency (SIDA) and the University of Linköping. The organization and the university had no influence on the study design or the interpretation of data.



## Results

A total of 85 ethical difficulties and dilemmas were reported by 74 psychologists in Sweden and South Africa. The results from the Swedish and the South African samples are first presented and described separately. Thereafter, the findings from the national samples are compared. All the numbers presented in percentages have been rounded to the nearest whole number due to the fact that one percentage point does not correspond to one dilemma. Therefore, the total percentages might in some cases exceed 100 per cent.

### *Sweden*

Responses were received from 58 psychologists, which calculates to a return rate of 20%. In total 61 examples of ethically difficult situations were reported by the 53 psychologists answering the question. Of the psychologists who responded, 9% (n=5) reported not experiencing an ethically difficult situation. The reason presented was that the psychologists had other work assignments than practicing as psychologists. For example one respondent reported working with research and another was a chief of staff. The response rate is considered low compared to the study made by Colnerud (1997) which had a 61% return rate.

The data were analyzed according to the categories of Pope and Vetter (1992). The following presentation of findings focuses on the five most frequent categories. The different variants of dilemmas included in each category are presented by excerpts from data and commented on. The top five categories constitute 74% of the total reported incidents. In this study it was relevant to create one more category that is not mentioned in the Pope and Vetter categorization. This category, which is about the legitimacy of the psychologists' assessments and evaluations, is included in the category "miscellaneous" and is described later in the results. The distribution of all the reported dilemmas is presented in Table 5.

Table 5  
*Distribution of dilemmas in Sweden (100 % of total).*

<b>Pope &amp; Vetter (1992) category (rank order)</b>	<b>Percentage of total dilemmas (%)</b>	<b>Number of dilemmas</b>
Confidentiality	18	11
Assessment	16	10
Questionable or harmful interventions	16	10
Blurred, dual, or conflictual relationship	13	8
Conduct of colleagues	10	6
Miscellaneous	5	3
Forensic psychology	5	3
School psychology	5	3
Helping the financially stricken	3	2
Industrial-organizational psychology	2	1
Research	2	1
Treatment records	2	1
Payment sources, plans, settings, and methods	2	1
Competence	2	1

*Confidentiality.* As Table 5 shows, the most frequently described dilemmas involve difficulties related to confidentiality. Of the total reported dilemmas 18% (n=11) fell into this category. The category involves three variants of ethical difficulties concerning how to handle confidential information. Firstly, the reported incidents describe situations where the psychologist experiences inconvenience because of being privy certain information about a client that has been obtained from other sources. This dilemma has been described in situations where the psychologist discovers that she/he is treating clients who have been involved with each other. Information about “the other client” is disclosed in the therapy. One respondent describe:

I was contacted by a person who was going through a crisis. We started a therapy. A couple of months later I started a therapy with another client, who was also going through a crisis. Several months later I discovered that client 1 and client 2 were a couple...I wanted to tell them...but due the principle of confidentiality it was impossible.

Secondly, the category “confidentiality” includes dilemmas concerning authorities’ right and access to confidential information. Psychologists describe difficulties in deciding what information should be presented regarding the client to the school or to the social authorities. This is illustrated in the following situation:

I work as a school psychologist and I continuously find myself in the same difficult situation. I do assessments initiated by the school and the parents...Sometimes when I have concluded that a child satisfies the criteria for a specific disorder the parents choose not to accept the assessment. They forbid me to inform the school, refer to other specialists and do not accept treatment because of the risk to reveal the child's difficulties to the school.

Thirdly, situations described by psychologists under the category "confidentiality" concerns the decision to disclose information to the parents when a child in therapy reveals thoughts of suicide. One psychologist describes the following difficulty when deciding whether to respect the integrity of the client or disclose the information to the parents:

...when a child reveals thought of suicide and express wishes not to disclose the information to the parents. The need for protection together with the parent's right to be informed are in conflict with the child's trust which is a necessity for the continuation of the contact...the ethical challenge involves the decision where the legal framework and the praxis overlap and are contradictory.

*Assessment.* Of the reported dilemmas 16% (n=10) concerned assessment. This category involves three variants of difficulties regarding various expectations that are dependent on assessments. Firstly, psychologists describe pressure from clients and their families that assessments will result in a diagnosis, which generates financial support and resources from the government. This is illustrated in the following example:

We find it difficult when a child does not satisfy criteria for the diagnosis mental retardation, autism or Asperger syndrome because this means that the child does not have the right to treatment and financial resources from the government... the adolescent would probably feel better without a diagnosis, but the need for support in the daily life still remains and the adolescent has to manage without help...

Secondly, dilemmas in this category concern assessments of children and adolescents where psychologists question the purpose of the assessment or the interpretation of the test results. Psychologists find it difficult to evaluate what is best for the child when deciding whether or not to do an assessment. Thirdly, reported dilemmas concern the psychologists' tendency to adjust the results in an assessment, in order to influence the decision regarding the type of treatment for the client. One psychologist describes:

I work in Mental Health Care and when we meet in order to decide whether a client should be referred to Primary Care or Mental Health Care we sometimes 'cheat' in order to offer treatment for patients that are considered too well functioning for receiving a certain treatment at our clinic, but still have obvious problems...this is because we also need patients who we can treat successfully and not only providing therapy for chronic patients.

*Questionable or harmful interventions.* Another frequently reported category was “questionable or harmful interventions”. The category includes 16% (n=10) of the total reported incidents. This category illustrates the difficulties that result from limited resources and uncertain treatment conditions in the practice of psychologists. These dilemmas concern four variants. Firstly, dilemmas concerning limited time for preparation and evaluation of treatment and substantial workload which creates waiting lists. One psychologist working with refugees describes the following dilemma:

Is it right to start treatment when it is uncertain for how long the patient is going to stay in the country? When it comes to treatment with adults it is easier to explain the circumstances and conditions of the therapy but when working with children this is difficult.

Secondly, the appropriateness and adequacy of treatment and specific interventions was another concern in this category. The following example illustrates these kinds of situations:

My feeling of not providing appropriate care and inadequate treatment is getting stronger...Are my interventions doing any good for the client? One of the fundamental limitations is the lack of time for preparation and follow-ups of the different interventions that I provide to the patients and their relatives.

Thirdly, a situation reported in this category concerned the patient's autonomy and right to decide whether or not to accept treatment. Fourthly, some psychologists reported difficulties collaborating with colleagues and parents. For example when a parent has limited knowledge about the goal of the treatment that the child is involved in, which creates situations that are counterproductive for the treatment outcome.

*Blurred, dual or conflictual relationships.* Of the described situations 13% (n=8) fell into the category “blurred, dual or conflictual relationships”. This category includes four variants of dilemmas concerning blurred boundaries between the psychologist and the client. Firstly, some psychologists describe difficulties maintaining professional relationships and boundaries to their client for example when receiving gifts. Secondly, questions of responsibility and unclear boundaries to other mental health providers and professional groups within the workplace are described. The difficulty is described in the following example:

What is unethical about the work in Mental Health Care is the unclear division between different professions. Everyone is engaged in the delivery of treatment and psychotherapy. No one has respect for education and special training.

Thirdly, the category also involves difficulties to manage the dual relationship to a client when the psychologist is the treatment provider as well as a private acquaintance. The following situation is reported by one psychologist:

I had an inquiry about a consultation with a local politician that was unknown for me but who worked in the same community where I grew up. I have not lived there for 25 years but my parents and brother, who also is a politician, still live there. I had some doubts during our first meeting and I told him that I had grown up in the community...I did not tell him about my brother and his political assignment...later when the politician called me to set up the next consultation he asked me if 'x' was my brother and I confirmed...after cancelling our next session the politician never called me back again.

Fourthly, ethical difficulties occur when the psychologist is given an assignment and experiences double loyalties to a group and to an individual that have conflicting interests but work for the same organization. One psychologist described the following dilemma:

I was assigned to investigate the conditions of the workplace and found that the chief was a source to many conflicts and dissatisfaction among the employees. The employees wanted another chief and suggestions of other work assignments were revealed. My dilemma consisted of choosing whose interests I would serve and protect – the workgroup or my boss?

*Conduct of colleagues.* Situations concerning colleagues' unethical conduct were reported by 10% (n=6) of the psychologists. The fifth most frequently reported category was the one called "conduct of colleagues". Dilemmas that fall into this category consisted of two variants that concerned both psychology colleagues and colleagues of other professions like medical doctors that make a wrong diagnosis in order to provide a certain treatment for clients. Psychologists reported difficulties with deciding whether or not to report a colleague that behaved inappropriately. The following situation illustrates this dilemma:

This concerns a patient that I was treating in Primary Care...the patient's condition deteriorated and he was hospitalized...our treatment continued...later on I found out that the patient had received ECT...I informed that he could not have two parallel treatments and that our contact should terminate. After this, I received a call from the patient's medical doctor who asked me to continue with my treatment...apparently the patient had asked for the ECT treatment and therefore the medical doctor had evaluated the patient as major depressed, which is a criteria for allowing ECT treatments. I pointed out that if the patient indeed is major depressed he does not belong to the Primary Care. The doctor then claimed that the patient does not have major depression and admitted that she had put the diagnosis in order to provide ECT treatment. My evaluation was that the patient satisfied the criteria for the diagnosis social phobia and this was also the evaluation of the medical doctor.

Secondly, this category includes situations where colleagues are under scrutiny and despite being reported for applying inadequate methods and interventions nothing happens. One psychologist describes:

In one of my previous workplaces the interns had insufficient supervision. The people working in the clinic invented diagnosis that does not exist and they handed over difficult cases to inexperienced interns...in addition the licensed psychologist was completely out of line; he violated both colleagues and patients and he made home visits to patients late at night and so on...I wrote a letter about the conditions at the clinic and addressed it to the chief of staff and the board. They chose to engage a group to look into the clinic...the composition of the group was one sided...the group did not come down with anything even though everyone was aware of the conditions.

*Miscellaneous.* A new category was identified that concerned the legitimacy of psychologists' assessments. This was reported by 5% (n=3) of the psychologists. Situations described in this category concern the use of psychologists' assessments to file for financial support such as sickness allowance and disability pension. The assessments are used to confirm the client's right to financial support but are not accepted by the authorities and the client is left without any help. This is illustrated in the following example:

I work with vocational guidance and assessment of working ability. A frequent dilemma is when the assessment shows that the person does not have any working ability and the authorities do not accept my assessment despite of supporting evaluations from a medical doctor. As a consequence the client is denied disability leave or unemployment fund.

The presented difficulty is of another character than the previous mentioned in the categories "assessment" and "questionable or harmful interventions". In this case the psychologist has no alternative way of handling the situation. The work is done, the conclusions are reported but the result is ignored.

### ***South Africa***

A total of 25 psychologists answered the survey which corresponds to a return rate of 8%. Of the psychologists who replied, 16% (n=4) reported no dilemma. The reasons presented were that the respondents were not practicing as psychologists, had other assignments or were retired. The 21 psychologists who reported ethical dilemmas gave a total of 25 examples of ethically difficult situations. The response rate is considered low compared to the study conducted by Slack and Wassenaar (1999) which had a 25.6% return rate.

"Confidentiality" was the only category which contained sufficient numbers of dilemmas to be considered a relevant category. This category constitutes 46 % (n=11) of the total reported dilemmas. Three ethical dilemmas each were assigned to the categories "assessment" and "miscellaneous". This corresponds

to 13% each. The categories “dual, blurred, or conflictual relationship” and “school psychology” each included two reported dilemmas (8%). Furthermore, four categories consisted of only one dilemma each which corresponds to 4%. The categories “confidentiality”, “assessment” and “miscellaneous” are presented and commented on in the result. The top three categories constitute 72% of the total reported incidents. The different variants of dilemmas included in each category are presented by excerpts from data and commented on. The distribution of all the reported dilemmas is presented in Table 6.

Table 6

*Distribution of dilemmas in South Africa (100 % of total).*

<b>Pope &amp; Vetter (1992) category (rank order)</b>	<b>Percentage of total dilemmas (%)</b>	<b>Number of dilemmas</b>
Confidentiality	46	11
Assessment	13	3
Miscellaneous	13	3
Blurred, dual, or conflictual relationship	8	2
School psychology	8	2
Ethnicity	4	1
Forensic psychology	4	1
Payment sources, plans, settings, and methods	4	1
Supervision	4	1

*Confidentiality.* As Table 6 shows, the most frequently reported dilemmas have to do with difficulties concerning confidentiality. 46% (n=11) of the total reported dilemmas fall into this category. Four different variants of ethical difficulties described in this category involve disclosing and handling confidential information. Firstly, the reported dilemmas describe situations where the psychologist receives information from a client that clearly indicates risk for a third person. The dilemma includes deciding what to do with this type of information. To reveal the information to third person is thought to jeopardize the therapy, and at the same time the psychologist wants to notify the person at risk. This dilemma is illustrated in the following example:

A male patient seen in therapy presented with lots of anger that was directed to his wife and he had thought plans of killing her. The dilemma is do I call his wife to notify her of the husband’s intention or not or do I keep quiet given the privacy and confidentiality of the nature of the discussion we had... Keeping quiet could be dangerous as the client could kill his wife and yet divulging therapy secrets could help her to avoid being killed.

Secondly, the category “confidentiality” includes dilemmas that have to do with disclosing confidential information in connection with assessments and evaluations to a concerned teacher or close family member. Experienced

difficulties involve weighing the benefits for the client if the information is revealed to others and on the same time protecting confidentiality. One psychologist describes:

After assessing learners (I am an educational psychologist), the teachers require feedback information (verbal and a written report). Ethically, it is difficult to know how much information they should be given and where the line of confidentiality should be drawn?

Thirdly, a dilemma in the category “confidentiality” concerns what to do with information about a colleague’s misconduct received from a client who does not want the information to be revealed. One psychologist reports:

A client came to see me because of a very bad experience she had previously had with her previous therapists, who had broken numerous ethical ‘rules’ with her...I knew that this therapist was still in practice, but my client did not want to report her to the Professional Board, and did not want me to either, for fear that she would be implicated and victimized by the therapist...I was concerned about the potential damage done to other members of the public, but felt obliged to respect my client’s wishes.

Fourthly, another dilemma concerning whether or not to confirm having a client in psychotherapy was reported in this category. The following dilemma is reported by a psychologist:

Many patients get referred by unprofessionals, social workers etc. They do a follow up telephone call on whether the patient has arrived to therapy out of concern. Thus, a careful choice of words is needed to validate the appropriateness of the referral and for helping someone in need without giving the referent any new or confidential information. To add to this, the referent knows maybe very little so a psychologist’s sharing may break confidentiality. Yet the referent can serve as a great source of information and collateral information.

*Assessment.* As Table 6 shows the category “assessment” included three reported dilemmas (13%). The dilemmas involved two variants of dilemmas. Firstly, the dilemmas included concerns about the consequences of the assessments and evaluations of the psychologists when the results are presented in reports. The following situation illustrates this dilemma:

Assessed a young child. Presenting problem was inappropriate sexual behaviour...Stepfather used very harsh discipline. A letter was written to the referring paediatrician. No suggestion was made that the stepfather was in any way responsible for the sexual-acting-out. The stepfather called me and threatened to report me to HPCSA and to write a letter to the local newspaper, stating that I had implied that he had sexually molested the child. He demanded I write an apology to him to be printed in the newspaper. I refused to publish an apology.



Secondly, psychologists described difficulties concerning demands made by third parties on assessments and evaluations. This phenomenon is prominent in situations which involve parental pressure to produce a particular assessment with a certain result. This dilemma is illustrated in the following example:

I experience problem relating to parents who assume that I as a psychologist will give them results that support their ideas about their children...I had to make a choice whether to decline to do an assessment due to rigid expectations of the parents.

*Miscellaneous.* As Table 6 shows the category “miscellaneous” included three reported ethical difficulties (13%). The variety of difficulties in this category is distinct and could not be placed in any other category. One difficulty concerns a situation where the nanny brought the children to therapy and the psychologist could not begin the treatment because the parents were not willing to give consent. The second difficulty involves a situation where the psychologist is afraid of the consequences that might follow from helping an abused client to divorce from a violent husband. The psychologist is mainly concerned about her/his own safety. The third difficulty involves the legitimacy of a psychologist’s evaluation and what happens when the results are not considered important by the referent. This difficulty is illustrated in the following example:

I work in an industrial setting...It happened that I together with a number of psychologist colleagues had to coordinate the selection of persons who were to occupy the so called ‘safety critical and safety related’ work grades...The persons were selected utilizing the standardised psychological batteries. The persons selected met all the criteria requirements. A submission was made to the top management, detailing the results and the motivation as to why the candidates were best suited for the posts. Management toppled the submission and instead chose the candidates without considering the psychological results

### ***Comparisons between Sweden and South Africa***

When comparing the results some similarities in the distribution of dilemmas between the countries are noted. The two most frequently reported categories in Sweden as well as in South Africa are: “confidentiality” and “assessment”. There were some country-specific examples found in the data in Sweden and South Africa. In contrast to the Swedish psychologists, psychologists in South Africa described dilemmas in which they had confidential information about the risk for third persons and were uncertain how to handle the situation. Some psychologists in South Africa reported dilemmas that illustrate doubts about the most appropriate course of action when deciding whether or not to warn the person that might be in danger. Some psychologists reported that warning a third part would jeopardize the, necessary, therapy with the client, which was thought to help the client in the long run. The psychologists in Sweden did not report these kind of difficulties.

A difference noted in the reported dilemmas between Sweden and South Africa was that psychologists in Sweden expressed uncertainty about revealing to parents a child's disclosure of suicidal thoughts. The ethical issue raised in this dilemma involves the conflict between respecting the client's dignity and autonomy and meeting the responsibility to inform the parents, who are legal trustees of the child until the age of 18 according to Swedish law. This specific difficulty was not reported by the psychologists in South Africa. Instead, the psychologists in South Africa expressed difficulties in deciding how much information, which was not related to suicidal thoughts, should be disclosed to parents while in a therapy relationship with a child.

In Sweden, a new category was identified under "miscellaneous" that had to do with the legitimacy of psychologists' assessments. This type of ethical dilemma was also reported by a psychologist in South Africa. Both dilemmas involved situations where the psychologist conducts an assessment on request and the results from the assessment are later on ignored.

## **Discussion**

The aim of this study was to investigate ethical difficulties and ethical dilemmas that psychologists in Sweden and South Africa experience in their practice. The study was a replication of previous studies conducted in Sweden (Colnerud, 1997) and in South Africa (Slack & Wassenaar, 1999). The study focused on describing the content of ethical difficulties and dilemmas experienced by psychologists working in different national contexts. It is the content of the reported dilemmas that is of interest in this study. Even though generalizations from the results cannot be drawn, comparisons may illustrate and indicate differences and similarities between the practices of psychologists in both countries. Here in the discussion the dilemmas reported in the largest category "confidentiality" will be discussed and implications from the categories "assessment" and "miscellaneous" will be illustrated. The results from Sweden and South Africa are reviewed taking into consideration the different contexts in which psychologists work. It is relevant to take into account the different codes of ethics and different levels of ethical awareness between the two cultures. The weaknesses of the study and the method used are also discussed. Finally, implications of this study will be commented upon and suggestions for further research will be made.

### ***Confidentiality – similarities and differences***

The most frequently reported dilemma in both Sweden and South Africa concerned issues related to confidentiality. This result is in accordance with the studies by Colnerud (1997) in Sweden and Slack and Wassenaar (1999) in South

Africa as well as other findings from the primary studies using the Pope and Vetter method (Pettifor & Sawchuk, 2006; Colnerud, Hansson, Salling & Tikkanen, 1996; Odland & Nielsen, 1996; Sinclair & Pettifor, 1996; Lindsay & Colley, 1995) and other international research (Dalen, 2006; Sullivan et al., 2002; Jacob-Timm, 1999; Pope and Tabachnick, 1994; Tabachnick, Keith-Spiegel and Pope, 1991). Some similarities in the nature of the dilemmas under the category “confidentiality” were found between the countries. Psychologists in Sweden and South Africa describe ethical difficulties concerning what information should be disclosed about a client to the closest family, authorities and school. In these cases, the confidential information had to do with results from assessments and evaluations or having to confirm that a client was in therapy.

Colnerud found similar dilemmas in the Swedish results in 1997. At that time, Swedish psychologists also reported difficulties in deciding whether or not to disclose information obtained from the client to the client’s family and admit the existence of the professional relationship. This was also a finding of Slack and Wassenaar in their study 1999. Slack and Wassenaar (1999) found that South African psychologists experienced difficulties about deciding whether confidential information should be disclosed and to whom, especially when having a minor in therapy. The previous findings together with the results from this study might indicate that there is a lack of useful guidelines for psychologists when they are in contact with the client’s family and external referents such as authorities and school when giving feedback from assessments and evaluations. In the reported dilemmas, it appears to be a personal decision for the psychologists to decide what information should be disclosed and what information should be kept confidential.

Another similarity between this and previous studies concerned how to handle confidential information received from a third part about a client or a colleague. The ethical issues involved are whether the psychologists should protect the confidentiality of the client who revealed information about a colleague’s misconduct, or protect the public, so to say potential clients, from the misbehaving psychologist. This constitutes a situation where two ethical principles are in conflict; the confidentiality of the client and the protection of the public. When the psychologist chooses one ethical principle, for example the confidentiality of the client, adherence to the other principle, protection of the public, is not satisfied and the psychologist can be criticized for the decision made. There is no single correct response or solution to the situation the psychologist is faced with. This situation is consistent with the general definition of an ethical dilemma (Bowers & Pipes, 2000; Colnerud, 1995). Colnerud (1997) found in her study that psychologists in Sweden experienced ethical difficulties about whether confidential information should be disclosed and to

whom. This was an ethical dilemma when the confidential information was obtained from therapy or in the context of other types of professional relationships with employers or colleagues. Slack and Wassenaar (1999) found similar types of dilemmas involving ethical concerns as to whether confidential information should be disclosed and to whom. However, in the study by Slack and Wassenaar (1999) this was specifically linked to the context of marital and family therapy.

There were some country-specific examples found in the data in Sweden and South Africa. In contrast to the Swedish psychologists, psychologists in South Africa described dilemmas in which they had confidential information about the risk for third persons. When Colnerud conducted her study in 1997, the Swedish psychologists reported many ethical dilemmas that involved having confidential information about risks to the patient or third parties. It is interesting that the Swedish results of this study, although based on a small sample, did not include ethical dilemmas of this type. Slack and Wassenaar (1999) found a relatively high number of reported dilemmas related to disclosing confidential information for the purpose of reporting abuse and protect third parties from threatened harm. This is consistent with the South African results in this study.

Some psychologists in South Africa reported dilemmas that illustrate doubts about the most appropriate course of action when deciding whether or not to warn the person that might be in danger. Some psychologists reported that warning a third party would jeopardize the necessary therapy with the client, which was thought to help the client in the long run. This phenomenon might be related to insufficient and vague laws and regulations in South Africa. South African law distinguishes between the duty to protect and the duty to warn when a party is of risk. However, the internal hierarchy of these two duties is not clearly defined. Reasonably, social responsibility should overrule a client's right to confidentiality when the person reveals information that indicates risk for a third party. In contrast, psychologists in Sweden are obligated to comply with the law to report when there are reasons to believe that a third party is of risk. The participating psychologists in Sweden did not report difficulties adhering to this law in contrast to the psychologists in South Africa. The concerns expressed by psychologists in South Africa could also be related to the fact that the country has a higher crime rate compared to Sweden. Presumably, the cultural context of the psychologists in South Africa has influenced the type of dilemmas they experience.

Another difference noted in the reported dilemmas between Sweden and South Africa was that psychologists in Sweden expressed uncertainty about revealing to parents a child's disclosure of suicidal thoughts. The ethical issue raised in this dilemma involves the conflict between respecting the client's dignity and

autonomy and meeting the responsibility to inform the parents, who are legal trustees of the child until the age of 18 according to Swedish law. This situation illustrates an ethical dilemma where law and ethics collide (Bowers & Pipes, 2000). In South Africa, this type of dilemma was not reported. Colnerud (1997) found a number of dilemmas in which the risk of suicide was an issue and the psychologists were uncertain about disclosing this type of information. However, the finding by Colnerud (1997) was not merely related to therapy with minors. In the study by Slack and Wassenaar (1999), psychologists did not report any issues related to the disclosure of suicide thoughts. Instead, the psychologists in South Africa expressed difficulties in deciding how much information should be disclosed to parents while in a therapy relationship with a child.

### *New areas for ethical concerns*

One interesting thing was noted when comparing the results between Sweden and South Africa. The category “assessment” was the second most frequently reported category in Sweden and South Africa. In the previous studies by Colnerud (1997) and Slack and Wassenaar (1999), ethical difficulties related to assessment were not frequently reported. The category “assessment” contained such a small number of dilemmas in both studies that it was not commented on or discussed (Slack & Wassenaar, 1999; Colnerud, 1997). The general indication from the data of this study, although based on low response rates, is that psychologists seem to experience increased pressure and demands when conducting evaluations and assessment. It would be interesting to further investigate whether this indication is a general trend in the work of psychologists worldwide. How does the expressed pressure influence the work of psychologist? What ethical concerns and issues are involved when assessing and evaluating clients? Researchers (Evans in Hersen, 2008; Knauss; 2001) address some of the ethical issues involved in assessment. Psychologists are required to act in the best interests of the client, which includes careful consideration of the potential consequences from the assessments and evaluations. Ethical dilemmas seem to arise from the differing needs of students, parents, teachers and administrators where the psychologist struggles to balance the demands from the different parties involved. Therefore, ethical decision-making and professional judgement are seen as especially important within this field of work.

Another interesting observation concerned the dilemmas that fell into the category “miscellaneous”. In Sweden, a new category was identified under “miscellaneous” that had to do with the legitimacy of psychologists’ assessments. Interestingly, this type of ethical dilemma was also reported by a psychologist in South Africa. Both dilemmas involved situations where the psychologist conducts an assessment on request and the results from the

assessment are later on ignored. It would be interesting to further investigate whether this is a commonly experienced situation for psychologists. If this is the case, it might indicate that the legitimacy and status of psychologists as a professional group are questioned by other professionals and authorities.

### ***Demographic differences***

The demographic data show significant differences between Sweden and South Africa when it comes to ethnicity, religion and the number of languages spoken. South African society has more cultural diversity in comparison to the Swedish. Considering this difference, the expectation would be that the cultural differences would be illustrated in the results. However, despite the cultural differences the results in Sweden and South Africa, not with standing the low response rates, show significant similarities. This might be due to the fact that the majority of practicing psychologists in South Africa are found in a context which in many aspects resembles the context of psychologists working in Sweden. In South Africa, about 70% are working in private practice where the psychologists meet clients who pay for their own psychological services. This means that a limited number of people can afford this kind of help. Private practice in South Africa is an environment characterized by middle-class White Christian psychologists serving middle-class White Christian clients. Therefore, the majority of psychologists are not faced with the cultural diversity that characterizes the country. In Sweden, psychological services are provided through the public health system which is funded by the government. Consequently, the psychologists meet the public in need of psychological services. One can hypothesize that psychologists in the multicultural South African society are faced with a more homogeneous group of clients than psychologists who are practicing in the homogeneous Swedish society.

Pettifor and Sawchuk (2006) suggest in their review that differences in the context surrounding the psychologists' practice influence what type of ethical dilemma the psychologists encounter. At the same time, Pettifor and Sawchuk (2006) present findings showing significant international similarities regarding psychologists' experiences of ethical dilemmas. This might indicate that psychologists in the world as a whole work in contexts that are by and large alike. On a general level, the similarities between the results as well as between the contexts of psychologists in multicultural South Africa and homogenous Sweden can be seen as supporting the idea presented by Pettifor and Sawchuk (2006). It would be interesting to know whether investigating the ethical dilemmas of psychologists working in other non-Western countries would generate new and contradictory findings or confirm the similarities.

### ***Ethical awareness***

The importance of ethical awareness for identifying ethical dilemmas has been emphasized (Ahlin, 2008; Pettifor, 2004; Øvreeide, 2003). Ethical awareness can be seen as crucial to the initial phase of decision-making when a psychologist is faced with ethical difficulties. The application and usefulness of the different codes of ethics as guidelines for ethical decision-making has been criticized and the need for development has been raised in several studies and by several researchers (Burk et al., 2006; Wassenaar, 1998; Colnerud, 1997). Investigating ethical dilemmas among psychologists can provide information about the weaknesses and the applicability of the current ethical codes. On the other hand, some researchers propose that an ethical code can only provide limited guidance because of the complexity and diversity of the occurring dilemmas (Wassenaar, 1998; Colnerud, 1997). It appears therefore that a code of ethics can never embrace all situations and psychologists' professional ethical behavior will always rely on the ability to reflect upon the own behavior and decision-making.

Psychologists in Sweden are advised to consult The Ethical Code for Nordic Psychologists when they encounter an ethically troubling situation, and psychologists in South Africa are directed to look into their Professional Guidelines before deciding what to do in an ethically difficult situation. The results from this study, as the previous results from the studies by Colnerud (1997) and Slack & Wassenaar (1999) might indicate a limitation of the practical use of the ethical codes in Sweden and South Africa. The reported ethical dilemmas and ethical difficulties in this study reveal that it is unclear for the psychologists how to act when confronted with different situations. This causes uncertainty about the most appropriate course of action. Ethical codes in Sweden and South Africa seem to offer only vague guidance when confronted with these ethical issues where two ethical principles collide. Therefore, it is important to encourage and provide for ongoing national and global discussions about the application of professional ethics for psychologist. Ethical issues need be addressed in the professional associations.

The code of ethics in Canada is considered a model by many researchers (Burke et al., 2006; Williams, 2004) in the field of professional ethics because of its hierarchical organization of ethical principles, which facilitates ethical decision-making. In order to criticize the current ethical codes, knowledge is needed about how and when the psychologists apply and use the codes of ethics. Little is known about how the codes are used in the daily practice of psychologists when they are confronted with an ethically difficult situation.

In order to investigate the use of ethical codes as guidelines and the experience of an ethical difficult situation it is important to study the level of ethical

awareness of the psychologists. Considering that previous research (Pettifor & Sawchuk, 2006; Slack & Wassenaar, 1999; Colnerud, 1997) shows the existence of ethical dilemmas in various contexts and fields of psychology it is interesting to reflect on the psychologists' ability to recognize ethical dilemmas and difficulties when they occur. One way of evaluating the degree of ethical awareness is to ask the psychologists to report 'no dilemma' if they have none to report. This study did not provide this opportunity and therefore little can be said about the ethical awareness of the psychologists participating. In the studies by Colnerud (1997) and Slack and Wassenaar (1999) a relatively high number of psychologists reported no dilemmas. This might indicate that the ethical awareness of psychologists is not in general well developed.

Pettifor (in Burke et al., 2006) emphasizes the necessity of training in identifying ethical difficulties and ethical decision-making. The ability to reflect on one's behavior is not naturally given and it involves the willingness to study and criticise the own professional judgement and behaviors. This ability needs to be trained and continuously developed during the initial education and lifelong practice of psychologists. Information about education and basic training in professional ethics for psychologists in Sweden and South Africa would be interesting when discussing ethical awareness. It would provide insights into how well psychologists are trained to identify and reflect on their ethical challenges.

### ***Discussion of methodology***

Issues related to the method used in this study will be discussed in terms of: sample, response rates, the procedure, the categories, the concept of ethical dilemma and intercoder reliability.

*Sample.* The populations (psychologists) from which the randomized samples were drawn differed between Sweden and South Africa. The Swedish sample was obtained from the register of members of the Swedish Psychological Association (SPF), which is a voluntary association for psychologists. In South Africa the sample comprised of psychologists registered with the Health Professions Council of South Africa (HPCSA), in which registration and membership is compulsory for psychologists. As a result, it has not been possible to assure similarity between the samples. It is uncertain whether the Swedish sample can be considered representative for the population of Swedish psychologists as it did not include all psychologists in Sweden. Therefore, the generalizability of the results from this study is limited. However, the content analysis of the reported dilemmas is the most interesting part of the study and reported dilemmas provide examples of and insight into what ethical difficulties psychologists do experience.



*Response rates.* The response rates of this study, 20% in Sweden and 8% in South Africa, are considered low for survey-type studies. There are several factors that might have contributed to the low response rates. First of all, the respondents were not asked to respond to the survey even if they had not experienced an ethical dilemma or ethical difficulty. Consequently, it is impossible to know if the respondents, who did not answer, lacked experiences of ethical dilemmas or if they refrained from answering because of other unknown reasons. Both Colnerud (1997) and Slack and Wassenaar (1999) asked for and received relatively high numbers of responses that reported 'no dilemmas'. Giving the opportunity to report no ethical dilemma might have increased the overall response rates but not necessarily the number of described dilemmas. The question is if the psychologists who lack experiences of ethical dilemmas have refrained from answering this survey. If this is the case, the data of this study would be considered more representative even though the low response rates. Furthermore, data could be interpreted in terms of ethical awareness.

Another factor that might have contributed to the low response rate in Sweden is that the survey did not clearly express cooperation with SPF. This might have influenced the impression of the study and the willingness of the members to participate. In South Africa the impression of the study and the willingness to participate might have been influenced by cultural differences in how to communicate with and address to the respondents in the survey. There are reasons to believe that the custom and courtesy when introducing a survey and asking for participation may differ between Sweden and South Africa. As the authors are Swedish, the survey and cover letter were formulated according to Swedish custom and courtesy which might have been perceived as informal and unsuitable by psychologists in South Africa, where the use of formal titles is of importance. Furthermore, the mail system in South Africa was found to be slower than expected. This fact has probably shortened the period of data gathering. In order to obtain the same period of data gathering in both countries, the time in South Africa would have needed to be extended. When considering that Colnerud (1997) and Slack and Wassenaar (1999) had more than twice as long a period of data gathering, it is not surprising that this study received lower response rates. Extended period of data gathering in both countries would presumably have generated a higher number of responses.

The questionnaire did not include questions about the respondent's age, sex or other related information, which indeed limits the possibility to analyze the low response rates. Pope and Vetter (1992) also excluded this type of information about the participants in their study. They thought that eliminating these survey questions would encourage participation and increase the number of responses by shortening the time required to answer the survey. The previous studies using

the Pope and Vetter design are not consistent regarding this information. However, in this study information about the respondents could have been useful in order to analyze the non-response rate. Golann (in Pope & Vetter, 1992) points out that about 15% response rate has tended to be the range of all surveys that request actual incidents of ethical dilemmas. According to Golann (in Pope & Vetter, 1992) the response rates of this study are around the expected rate as the survey asks the respondents to report situations that include ethical issues.

*Procedure.* In the Swedish part of the study the number of reminders was limited due to failure in keeping record of incoming responses. Reminders were sent out to the entire sample including the respondents who had already answered the survey. This procedure caused irritability among some members, which resulted in that a limited number of reminders were sent out. The response rates in Sweden and South Africa might have increased with additional reminders. Furthermore, the mail system in South Africa is slow, which caused difficulties in receiving data within the time frame of data gathering. This fact was not known before the design of the study was decided. Longer period of data gathering might have increased the number of responses. Another weakness of this study is that the authors are not native in the English language and the responses from the South African sample were written in English. This might have limited the analysis of data due to language confusion.

*The categories.* Copying the design of Pope and Vetter (1992) may be questioned because the method is not standardized and the categories in the original study overlap and are not distinct. Pope and Vetter (1992) found these categories when investigating ethical dilemmas among psychologists practicing in the American society 25 years ago and the relevance and application of these categories can be questioned today. The categories are only partially relevant to the data of this study as the content of many reported dilemmas do not correspond to several categories by Pope and Vetter. This fact can also be a consequence of the low response rate. With a larger amount of reported dilemmas it would be easier to evaluate the relevance of the categories.

Pope and Vetter do not present the system for categorization and it is uncertain whether the context or the content should be dominant in the categorization. As dilemmas often arise in many contexts and include multiple ethical issues, they sometimes may be sorted into more than one category. This is problematic since content analysis is the method used, which claims that categories must be distinct (Neuendorf, 2002). Some categories refer to the context while others refer to the content. For example the categories “confidentiality” and “dual, blurred or conflictual relationships” refer to the content of the described dilemma while “forensic psychology” and “school psychology” refer to the

context in which the dilemma arises and is experienced. The category “assessment” is ambiguous because it can include dilemmas that are categorized either according to the content or the context of the described situations.

Furthermore, some categories tend to include dilemmas that involve difficulties with confidential information. It seems as if many dilemmas are sorted into this category due to the consequences that arise from having the confidential information. For example, the dilemmas that fell into the category “dual, blurred or conflictual relationships” included situations where the psychologists felt uncomfortable because of knowing certain information about a client that is discussed in another setting. Another example is the category “conduct of colleagues”. In this category psychologists described difficulties with being aware of a colleague’s inappropriate behavior and deciding whether or not to report the colleague, when revealed by a client. Once again, the psychologists have information that is confidential and they are uncertain about what to do.

In order to establish a more consistent method it might have been more distinct to categorize the dilemmas according to the content or the context only. Consequently, the Pope and Vetter design would become more valid and the categorization would become more consistent if the focus of the analysis was limited to one aspect. Considering that previous research about ethical dilemmas reveals similar findings concerning confidentiality, it might deepen the understanding to identify in which situations and contexts confidentiality occur. Most researchers who have conducted previous studies using the Pope and Vetter design acknowledge that the system for categorization is not ideal. Thus, adopting the same design enables international comparisons which also might be the reason for using the method repeatedly.

*The concept of ethical dilemma.* The questionnaire asked the respondents to describe an incident that was ethically challenging or troubling. No further explanation or example of a situation was provided. In research (Colnerud, 1995), distinction is made between ethical problem, ethical conflict and ethical dilemma according to the complexity of the decision-making. The respondents were not explicitly asked to describe an ethical dilemma according to the concept and distinction that is used in research (Colnerud, 1995). One assumption is that some of the responses might describe an ethical problem or an ethical conflict and not an ethical dilemma. Therefore, it is not possible to guarantee that the data have exclusively consisted of ethical dilemmas according to the adopted definition by Colnerud (1995). As a result, the construct validity can be considered limited.

*Intercoder reliability.* The authors independently analyzed the data to assure consistent and non-biased categorization. The number of dilemmas that

were discussed mutually was counted to rate the intercoder reliability. The overall intercoder reliability was 82%. The intercoder reliability for the Swedish data was 75% (n=44). 25% (n=15) dilemmas were discussed between the authors and 16% (n=10) were agreed upon. The remaining 9% (n=5) dilemmas were discussed with the supervisor. The risk for biased decisions is seen to increase when discussing data with a supervisor that is an authority and an expert within the field (Weber, 1990). This was something that the authors were aware of during the consultations with the supervisor. The authors had therefore identified two possible categories that the dilemma could be placed in and discussed the choice between these two prior to the consultation with the supervisor. This was done to limit the influence of the supervisor in the decision-making. In the analysis of the South African data the intercoder reliability was 83% (n=20). 17% (n=4) dilemmas were discussed between the authors and all were agreed upon.

### ***Implications***

The purpose of this study was to investigate ethical dilemmas and difficulties that psychologists in Sweden and South Africa experience. The results from the study indicate that ethical issues related to confidentiality are perceived as especially challenging for psychologists in both countries. The general trend of this study suggests that psychologists in Sweden and South Africa have ethical concerns that are consistent with international research, which has also found confidentiality to be a frequently reported ethical dilemma. Despite the methodological weaknesses and considering that the only way of comparing results from different countries is to use the same method, this study contributes to an understanding of ethical thinking of psychologists in Sweden and South Africa today.

The results from this study might indicate that the ethical awareness of psychologists is not well developed. It is important that psychologists identify and reflect on the ethical difficulties they face in their daily practice in order to protect the clients and ensure professional practice of psychologists. Ethical awareness is a crucial aspect for the application of professional ethics and this application relies on the psychologists' ability to be open and dedicative to study and critically examine their own professional judgment and behaviors. This study might provide insights and information about how to revise and develop the available codes of ethics in order to meet the needs of the psychologists. To have useful guidelines, which facilitate consistency in ethical decision-making to be more consistent, might also help to strengthen the psychologist profession.

### ***Further research***

International research repeatedly confirms that ethical issues related to confidentiality are frequently reported among psychologists. In order to further investigate the nature of these ethical issues it would be interesting to study the contexts in which difficulties with confidentiality arise. Awareness is required since there might be more or less significant discrepancies between the different contexts in which psychologists work and the context of the society surrounding the psychologists. Therefore, cautions should be made when making international comparisons which do not take into consideration cultural differences between countries. It is of crucial importance to investigate the context, the society and the culture in which psychologists practice in order to deepen the understanding of ethical difficulties and dilemmas.

An interesting result from this study was that difficulties related to assessments and evaluations were reported. Some psychologists experienced increased demands when conducting assessments and difficulties in how to manage the different expectations on the result. It would be interesting to further investigate whether this is commonly experienced by psychologists. These demands and expectations influence the basic conditions of work of the psychologists. Another interesting finding was related to the lack of legitimacy of the assessments and evaluations conducted by psychologists. Investigating if this is a general experience by psychologists might provide insights into the practice of psychologists today. If this is a common experience among psychologists, it might indicate that the legitimacy and status of psychologists as a professional group are questioned by other professionals and authorities. This information would then be useful in the work of developing and strengthening the psychologists profession.

The available codes of ethics for psychologists have been criticized for providing insufficient guidance when an ethically difficult situation occurs. There is limited research about the usefulness of ethical codes and little is known about the practical application of the ethical principles. It would be interesting to study the practical use of the ethical codes and how frequently they are used as guidelines when psychologists are confronted with ethically difficult situations.

The importance of ethical awareness has been discussed by many researchers internationally (Ahlin, 2008; Burke et al., 2006; Colnerud, 1997; Pettifor, 1996; Pope et al., 1987). Since the results of this study might indicate that the ethical awareness of psychologists is not well developed, it would be interesting to further investigate this indication. The ability to be ethically aware can be seen as a consequence of sufficient and adequate training in applied professional ethics and ethical decision-making. Therefore, it would be interesting to know

whether psychologists, during their initial education and in professional practice, are provided with the training required for this ability. One can assume that formalizing training in applied professional ethics and ethical decision-making would increase the general level of ethical awareness. As a result, the ethical decision-making of psychologists would become more consistent, which in turn would strengthen the perception of psychologists as a responsible, reliable and competent profession.

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## APPENDIX 1

### STUDIE OM PSYKOLOGERS ETISKA DILEMMAN

Vi vänder oss till dig med en kort enkät om psykologers etiska dilemman. Studien utgör vårt examensarbete på Psykologprogrammet vid Linköpings universitet. Syftet med vårt examensarbete är att utforska och jämföra svårigheter och dilemman som svenska och sydafrikanska psykologer möter i sitt yrke. Forskning inom det här området bidrar till att utveckla etiska riktlinjer för att underlätta beslutsfattande för psykologer.

Du ingår i ett slumpmässigt urval på fem procent av Svenska Psykologförbundets registrerade medlemmar. Totalt kommer ungefär 300 psykologer att ingå i urvalet.

Undersökningen utgår från en öppen fråga, som besvaras skriftligt. Frågan som ställs är:  
*Beskriv, med några ord eller mera detaljerat, en händelse som Du eller en kollega stått inför de senaste två åren och som var etiskt utmanande för Dig.*

Att delta i studien är frivilligt och vi garanterar anonymitet. Vi kommer inte att kunna länka det skrivna svaret till respondenten. Psykologförbundet kommer att ansvara för administration och identifiering av ifyllda formulär innan de vidarebefordras till oss för bearbetning och analys. Du kan avstå från att delta i studien genom att inte svara på frågan och ignorera påminnelse.

Vi ber dig vänligen besvara frågan innan den **3 mars**.

Du erbjuds möjligheten att ta del av resultatet från studien när den har blivit granskad och godkänd av Linköpings universitet. Det färdiga examensarbetet kommer att publiceras på Electronic Press på Linköpings universitet. Websidan är: <http://www.ep.liu.se>. Det kommer även att finnas en kopia av examensarbetet på Linköpings universitetsbibliotek.

Om du har några frågor eller funderingar är du välkommen att kontakta oss på nedanstående e-mailadresser.

Tack på förhand för ditt deltagande!

Med vänliga hälsningar

Ellen Lindén  
[elli230@student.liu.se](mailto:elli230@student.liu.se)

Johanna Rådeström  
[johra875@student.liu.se](mailto:johra875@student.liu.se)

## APPENDIX 2

Beskriv, med några ord eller mera detaljerat, en händelse som Du eller en kollega stått inför de senaste två åren och som var etiskt utmanande för Dig.

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## APPENDIX 3



### COVER LETTER

The purpose of this study is to explore ethical difficulties and dilemmas that South African and Swedish psychologists encounter in their work as professional psychologists. The study will be conducted in two parts in both Sweden and South Africa and will result in a master thesis.

The students conducting the study are Ms Johanna Rådeström and Ms Ellen Lindén. They are students at the Professional Psychology Programme at the University of Linköping in Sweden. The Professional Psychology Programme offers a five year course of graduate study leading to a Master of Professional Psychology. With this thesis the students will graduate in June 2008.

In recent years the complex ethical responsibilities and decision-making of psychologists have been given attention. Research has focused on situations that psychologists identify as being ethically problematic. Pope and Vetter (1992) studied ethical dilemmas and difficulties among American psychologists and their design has been used and replicated in several studies around the world.

The supervisor of this master thesis is Professor Gunnel Colnerud PhD. She conducted a study about ethical dilemmas in Sweden using the Pope and Vetter method in 1997. The contact in South Africa during the study is Professor Douglas Wassenaar PhD. Professor Wassenaar and Catherine Slack investigated ethical dilemmas encountered by psychologists in South Africa in 1999. They also used the design by Pope and Vetter. The results from the studies conducted in 1997 and 1999 showed that similar ethical issues are prominent in South Africa and Sweden.

Considering the development in both countries, follow up studies would be interesting. Follow up studies would generate new perspectives of the society today and how ethical dilemmas now are perceived by psychologists. The findings could be useful in supporting efforts to refine general professional regulations that are more congruent with the reality of practice and are helpful for psychologists in their decision-making.

Professor Gunnel Colnerud PhD

[gunco@ibv.liu.se](mailto:gunco@ibv.liu.se)

Department of Behavioural Sciences and Learning

University of Linköping



**Linköping university**

Department of Behavioural Sciences and Learning

SE-581 83 Linköping

Sweden

[www.ibl.liu.se](http://www.ibl.liu.se)

## APPENDIX 4

### STUDY ABOUT PSYCHOLOGISTS' ETHICAL DILEMMAS

We invite you to answer a short survey about psychologists' ethical dilemmas. The study is our master thesis at the Professional Psychology Programme at the University of Linköping in Sweden. The purpose of the study is to explore and compare dilemmas and difficulties which Swedish and South African psychologists encounter in their work. Research in this area can be helpful for the development of ethical guidelines. It can also ease decision making for psychologists in their practice.

You have been randomly selected from the national register of HPCSA to take part in this study. A sample of 5% of psychologists registered with HPCSA has been randomised by a third part in Sweden. Thus, every 20<sup>th</sup> psychologist on the members' list of HPCSA has been allotted a number and selected to participate. The total amount of respondents is approximately 312. In Sweden the sample will be 5% of the total members of the Swedish Psychological Association, which makes a total number of about 300 respondents. In total approximately 600 psychologists will be asked to answer the survey.

The survey consists of one single question that we ask you to answer in writing. The estimated time required to complete the survey is between 15-45 minutes. The question asked is: *Describe, in a few words or in more detail, an incident that you or a colleague have faced in the past year or two that was ethically challenging or troubling to you.* Due to our language limitations, we ask you to answer the survey in English. We apologize for any inconvenience and appreciate your cooperation.

Participation in this study is voluntary and anonymous. We will not be able to link completed surveys to respondents. The allotted numbers will be dislinked from the list used for sampling prior to analysis. This is to reassure anonymity and confidentiality. You can refuse participation by not answering the survey form and ignoring the reminder.

We ask you to complete the survey form and mail it back in the enclosed postage included envelope before the **28<sup>st</sup> of April 2008**.

We will offer you access to the results of the study once it has been approved and published by the University of Linköping. You will be able to find the thesis on Linköping University Electronic Press by following the link: <http://www.ep.liu.se>. A copy of the thesis will also be available at the School of Psychology, University of KwaZulu-Natal.

This study has been approved by the Research Ethics Committees of the South African Human Sciences Research Council and of the University of Linköping, Sweden

If you have any questions you are welcome to contact us by email.  
Thank you for your time and consideration!

Sincerely,

Ellen Lindén

[elli230@student.liu.se](mailto:elli230@student.liu.se)

Johanna Rådeström

[johra875@student.liu.se](mailto:johra875@student.liu.se)

## APPENDIX 5

*Describe, in a few words or in more detail, an incident that you or a colleague have faced in the past year or two that was ethically challenging or troubling to you.*

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.