DEE DANCHEV &
ALISTAIR ROSS

RESEARCH ETHICS *for* COUNSELLORS, NURSES *and* SOCIAL WORKERS

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The researcher: researching and developing ourselves

Researchers usually have an idea for a research project or an area for exploration in place at the start of their research study and in the initial stages tend to focus on refining these ideas. We would argue that attending to ethics is an equally important factor that needs consideration at the beginning of any research study, and we recommend that researchers start this process by reflecting on themselves. This chapter focuses on how researchers can develop their ethical sensitivity in order to achieve a sound basis for ethical practice in relation to others. The usefulness of codes of conduct and ethical guidelines in helping the researcher to achieve ethical competence is considered, and we give an overview of the theoretical basis for ethical research practice. We hope that it will give readers an understanding of the theories that underpin research ethics and the practical decisions that they will be making. An integral part of heightening researchers' ethical awareness is ensuring that they are caring for themselves within the research process. Counsellors, nurses and social workers will be well aware that in order to care for others it is necessary to be proactive in maintaining self-care and this applies equally when conducting research.

We will begin by considering the meaning of ethics. Beauchamp and Childress (1994: 4) define ethics simply as 'a generic term for various ways of understanding and examining the moral life'. Slote (1995) provides a more descriptive definition. Ethics, according to Slote, encompasses a wide range of questions about what is good, right and/or virtuous, and questions of value: 'What kind of life is best for the individual and how ought one behave in regard to other individuals and society as a whole' (Slote, 1995: 721). Our aim is to be able to conduct research ethically but how do individual researchers achieve this? When attempting to behave ethically there is often an understandable desire for a set of rules that will tell us what to do.

Codes, guidelines, frameworks and principle ethics

Counselling, nursing and social work are relatively new professions and in recent decades they have moved towards attaining professional status. An important strand of this evolution has been the development of codes of conduct. These ethical guidelines set standards to ensure that professionals will be competent, trustworthy, refrain from the deception and exploitation of others, and contribute to the greater good through their work (Tjeltveit, 1999). Most caring professions have a basic code of ethics or an ethical framework and some, such as the British Association for Counselling and Psychotherapy (BACP) and the British Psychological Society (BPS), have developed separate ethical guidelines for research. Guidelines provide us with useful prompts and are usually based on principle ethics. At this stage it would be much easier for the reader if we said 'when you do research use this ethical code', but we are more ambitious in thinking that researchers need to understand the underpinnings of these codes and frameworks. We want to put ethics at the centre of the research process rather than treat it as an afterthought. In order to do this we are going to delve more deeply into principle ethics.

Principle ethics form the middle level of a five-level model of ethical reasoning developed by Kitchener and Kitchener (2009). This model provides a useful map of the different levels of ethical reasoning and we will take a closer look at it before returning to think about the usefulness of ethical guidelines and frameworks.

The first level of the model is the intuitive, immediate response of the individual's moral conscience, often experienced as the 'gut feeling', and is based upon moral upbringing and experience. Shillito-Clarke (2003) suggests that it is often a sound guide but it may not be adequate when there are time pressures or unusual circumstances. The second level consists of the specific laws and codes of conduct that shape and constrain behaviour, such as a professional ethical framework.

At the next level are principles, which are universal values of equal worth (Shillito-Clarke, 2003). This level is very useful in practical reasoning and forms the basis for most ethical frameworks and guidelines. Beauchamp and Childress (1994) have identified four principles that have a 'prima facie' validity. These are beneficence (do good), non-maleficence (do no harm), autonomy (respect for self-determination), and justice (fairness). Two further principles have been identified as integral to ethical reasoning and are useful additions. Shillito-Clarke (1996) adds Kitchener's (1984) principle of fidelity (faithfulness), which she identifies as important for forming and maintaining therapeutic relationships, and Meara, Schmidt and Day (1996) add veracity (truthfulness), as it is a fundamental ingredient in establishing trust between people.

The principle of beneficence involves taking positive action to do good and includes an obligation to act. Choosing research topics that are most likely to make a positive contribution to knowledge and being proactive in ensuring that research participants are properly debriefed are examples of beneficent acts. Non-maleficence is defined as an obligation to do no harm. This embraces issues of competence as well as ensuring that exploitation and the abuse of power do not occur in practice, research or professional dealings with others. Autonomy means ensuring the right

of the other to self-determination. This applies to such aspects of research as ensuring informed choice and the identification and careful management of issues that may oppress or disadvantage participants. Justice, according to Meara et al. (1996), is primarily concerned with distributive justice, for example, ensuring sensitivity to inequalities, and attention to civil rights. Fidelity involves the obligation to be trustworthy and loyal within relationships and to ensure that disruptions of trust, such as inappropriate dual relationships, do not occur. Meara et al. (1996) describe veracity as truthfulness and cite Bok's (1989) argument that veracity is a foundation of human community. 'I can have different kinds of trust: that you will have my interest at heart, that you will do me no harm. But if I do not trust your word, can I have genuine trust …?' (Bok, 1989: 31). When making an ethical judgement, no principle is considered paramount. Principles are examined for their relevance to a particular situation and then weighed against each other. We will return to principle ethics in Chapter 5 where we will show how these ethical principles can be applied in practice to aid in solving ethical dilemmas.

The fourth level of the ethics model is ethical theory. There are, of course, a vast range of ethical theories but Kitchener and Kitchener (2009) identify the ethical theories that are especially useful to researchers. These are: natural law ethics, virtue theory, utilitarianism, deontology, and the ethics of care. Natural law ethics hold that morality is implicit in human nature and that ethical outcomes can be arrived at by reasoning. The Stoic form of natural law emphasises the equality of all human beings. Virtue theory maintains that the development of each person's moral capacity, rather than laws or sets of rules, forms the basis for ethical actions. Utilitarianism places emphasis on the outcomes of actions. If an action results in something beneficial, then it is judged to be morally good. Utilitarians also take the view that moral actions should produce the greatest good for the largest number of people. Deontology is the science of duty and its most famous proponent is Immanuel Kant. Kant argued that duty should be the guide for actions. He placed emphasis on the importance of motives and said that it is not the outcome of an action that matters but the motives of the person concerned. The ethics of care focus on the obligation to act with care towards others (Kitchener and Kitchener, 2009). This strand of ethics includes feminist ethics and the ethical theories that prioritise relationship and responsibilities towards others. It can be seen that each of these ethical theories has its strengths and each may be particularly relevant in certain situations. However, it is also evident that they are often in opposition to each other and deciding which theory should take precedence or how these theories can interact in ethical decision making is the concern of the fifth level of metaethics.

Model of ethical reasoning

Level 1. Immediate level: the intuitive response.

Level 2. Laws: ethical rules, codes, guidelines and frameworks.

Level 3. Principle ethics: beneficence, non-maleficence, justice, autonomy, fidelity, and veracity.

Level 4. Ethical theories: natural law ethics, virtue theory, utilitarianism, deontology, and the ethics of care.

Level 5. Metaethics: deciding which ethical theory takes precedence and how ethical theories might interact. (Kitchener and Kitchener, 2009)

Philosophical theory is a complex subject and we have given the briefest possible overview but we hope that it will act as a reminder of the basic ideas. For those who are interested in ethical theory and its relation to research, Kitchener and Kitchener (2009) provide a readable and more detailed guide.

Let us return to thinking about ethical guidelines and how helpful such guidelines are for researchers. In these guidelines, which are based on principle ethics, there is often a stronger focus on non-maleficence than on the other principles. Bond (2004) observes that the motivation for developing codes of ethics often arises from a concern to redress previous wrongs; they are developed primarily to avoid harm rather than to do good. This means that there is a defensive element to them and researchers will often check them to ensure that they are not doing anything wrong (O'Donahue and Mangold, 1996). Such codes can foster a tick-box approach and do not inspire or encourage in-depth ethical consideration.

So are these guidelines adequate and if we adhere to them will they ensure ethical research practice? On the positive side they form a basis for good practice and alert us to previously unconsidered aspects of ethical practice. They aim to protect the public and establish confidence in professionals and they underpin a pre-existing assumption on the part of the general population that professionals will behave ethically. However, ethical codes or guidelines may also have less admirable functions. They have been criticised as being too focused on the well-being of the professions and, as Bersoff (1994) notes, this is not surprising as they are usually generated by the professionals concerned. Ethical committees attempt to redress this problem by appointing lay people but they are often in a minority and Veatch (1989) argues that clients and key stakeholders should have a much greater degree of participation in the development of ethical standards. It is also important that if these codes are to cater for a diverse community, then this diversity must be represented on the committees and within the codes or guidelines. This point is emphasised by Pederson (1989), who warns that codes of ethics can inscribe the dominant culture. An often-stated aim is to protect the public, but do guidelines actually do this or is ethical behaviour generated from a different source?

> [T]hey do little or nothing to protect the public. They tell us nothing, surely that we do not accept for ourselves as a result of how we understand the process of psychotherapy. As a psychotherapist I do not need a code of ethics to tell me not to exploit someone…. I do not do this because of my own personal ethics and because of my understanding of transference and of the power relationship between therapist and patient.

> (Gordon, 1999: 35, 36)

Gordon firmly places the responsibility to behave ethically within the individual and argues that it cannot be imposed by external regulation. This means that fundamentally good research practice depends on individual researchers taking responsibility to treat others with care and it is not dependent on regularly consulting ethical codes. As Kitchener (1996: 369) says, 'No code can legislate goodness.' In other words, codes of conduct are not enough to ensure ethical practice. Moreover, interpreting such codes or guidelines is not a simple matter. At times it requires a good deal of ethical sensitivity and experienced researchers differ on how the principles and guidelines should be applied in particular situations (Corey, 1991). There is even concern expressed that strict adherence to codes of conduct may encourage unethical behaviour. 'They do little to develop or support the active independent critical judgement or discernment that should be associated with true moral responsibility. They may engender confusion, passivity, apathy and even immorality – the antithesis to ethical discourse and responsibility' (Pattison, 1999: 375). Lowenthal and Snell (1997) expand on this perspective. They underline Levinas's (1989) emphasis on the importance of putting the other first and highlight two consequences that follow from this position. If the other is to be put first, then a code of conduct cannot be put first as it provides us with the wrong conceptual starting point. Secondly, they say that codes of conduct militate against being thoughtful about practice.

Bond (2005: 9) places codes of conduct in a useful perspective. He argues against rules 'becoming too dominant as a method of constructing ethics'. As an external authority, codes of conduct demand compliance and weaken the capacity of the researcher to develop an individual sense of ethical responsibility. However, Bond feels that a basic code of conduct is necessary and that it can provide a springboard for the individual practitioner to develop ethical mindfulness. He describes ethical mindfulness as a heightened awareness of the interplay between externally imposed ethics (extrinsic ethics) and individual ethical values (intrinsic ethics).

It is also important to recognise that ethical opinion is not a static entity. What is considered to be good ethical practice at one point in time may be viewed very differently twenty years later. Ethics are subject to transformation and our views on morality change as new challenges are met and we appreciate the complexities of our rules and regulations at a deeper level. Ethical guidelines have to be regularly reviewed in order to reflect changing times and mores.

A more positive view is that research guidelines and codes of conduct have served the purpose of raising the level of ethical discourse within the caring professions. However, it can be argued that the ethical principles that underpin codes and guidelines are themselves value-laden. Principle ethics have been developed from the Western individualistic tradition and have attracted criticism in their application to other cultural settings. The emphasis on the principle of autonomy, it is argued, is inappropriate for non-Western cultures where the well-being of the family or group is considered to be more important than that of the individual (Varma, 1988).

Principle ethics are also criticised from a feminist perspective by Rave and Larsen (1995), who assert that the feeling-intuitive dimension is under-emphasised. Gilligan (1982) supports the view that subjective feelings should be given a greater

emphasis, and argues that intuition is a significant factor in the decision-making process. Robson et al. (2000) suggest that a rationalisation of actions takes place after the intuitive decision has been made, creating the illusion that a logical process has been followed. Their view is that the role of intuition should be fully acknowledged and balanced by opening the decision-making process to the scrutiny of peers and the public.

It is also evident that principle ethics focus on dilemmas and quandaries. In their ground-breaking paper, Meara et al. (1996) argue that professional ethics encompass more than just moral actions. Principle ethics emphasise the obligations of practitioners. Meara et al. argue that individuals should have ideals to which they aspire and they say that this 'ethical gap' can be filled by virtue ethics. We should develop our ability to engage morally with others rather than focusing on complying with rules. The key here is 'to aspire to the ideal'.

Virtue ethics

Rather than just seeking an external source of guidance for our actions, we need to develop our own capacity for ethical behaviour and reasoning. MacIntyre (1981) has made a significant contribution to the contemporary study of ethics by refocusing philosophical thought on the Aristotelian idea of virtues. Virtue ethics emphasises people's ethical characteristics (such as prudence, fortitude, integrity) rather than ethical principles, their dilemma-solving capacity or individual behaviour. However, Meara et al. (1996) do not want to discard principle ethics. They argue that virtue ethics complement principle ethics and should be integrated with them. For Meara et al. (1996: 24), the addition of virtue ethics 'calls upon individuals to aspire toward ideals and to develop virtues or traits of character that enable them to achieve these ideals'. They propose five attributes of virtuous agents (for our purposes, researchers). These are: motivation to do good; possession of vision and discernment; ability to realise the role of affect or emotion in assessing or judging proper conduct; having a high degree of self-understanding or awareness; and understanding the importance of community and diversity in moral decision making. They suggest the four virtues of prudence, integrity, respectfulness and benevolence as important ways of being for practitioners. These virtues form their profile of the virtuous professional. Meara et al. (1996) relate prudence and integrity to the goal of competence; and respectfulness and benevolence to the development of practice that is sensitive to all cultures, difference and the common good.

MacIntyre (1981) regards the development of virtues as not just an individual endeavour. He emphasises the role of the community in shaping virtues, an approach which contrasts with the individual development and other forms of individualism that are more familiar to Western cultures. This shaping of virtues by the community makes virtue ethics more relevant than principle ethics for ethical discussions in multicultural settings (Jordan and Meara, 1990).

The emphasis on the development of virtues adds strength to the previous arguments that we cannot just rely on a set of rules or guidelines to ensure that we are conducting ethical research. Before embarking on a research project we need to look more deeply within ourselves and ask the question 'What are the virtues that I personally need to develop in order to be a good researcher and how can they be achieved?' The emphasis that virtue ethics place on individual integrity brings to mind the idea of vocation. Vocation derives from the Latin verb *vocare*, to be called, and has been primarily associated with having a religious or spiritual calling. These days, the emphasis in many workplaces is on competencies, skills, targets and professional status. The word 'vocation' sounds rather old-fashioned and is rarely mentioned. Recently, Bennett (2005) has sought to revive this concept. 'Perhaps we need to rekindle our notion of professionalism more in line with a sense of vocation and calling, away from career, status and material rewards' (Bennett, 2005: 155). The basis of his argument is similar to Strawbridge's (2002) views on the 'McDonaldisation' of counselling, where she argues that counselling is being reduced from a social movement to a service delivery enterprise and, in the process, is in danger of becoming detached from its moral and ethical values. Although the word 'vocation' may not be much used these days, when asked what being a professional means to them, people in the caring professions often talk about it in ways that link it primarily to moral values (Danchev, 2006). In Box 1.1 Safia, a social worker, tells us what being a professional means to her.

BOX 1.1   BEING A PROFESSIONAL

Being a professional means to me that I have a particular relationship to others and the world that I live in. It's not just a qualification. It's not something that I put on when I go into work and leave there when I go home. You certainly don't become a social worker for money or status. It's about having a set of beliefs about people and the way that the world impacts on them. It's about how I relate to people. It affects everything I do. It's a core part of me. When I do research, that ingrained way of being informs my decisions and how I act. You can't get that from reading a list of rules. It has to be inside you.

Safia, a social worker.

Safia's view of what it means to be a professional also highlights the fact that the people who decide to become members of the caring professions and undergo training already possess the virtues that are necessary for ethical research practice. The issue is can these pre-existing virtues be brought more into the foreground and honed in ways that will ensure they are applied effectively to research practice? A related question is: are there ways of thinking about the world that need to be understood more fully in order to research effectively?

Developing an ethical approach to research

The view that researchers can assume an objective position in relation to their research is widely disputed (Willig, 2001). Whether quantitative or qualitative approaches are taken, the researcher has an agenda and a perspective. It is not possible to be neutral. The researcher can strive for a position of neutrality but realistically perhaps the best that can be achieved is to understand their own standpoint as fully as possible and to be transparent about it. Having become aware of their standpoint, it is then necessary to consider how this may influence the research agenda and attempt to balance this bias. If we are not aware of the ways in which our own values impact on our research, we are likely to produce distorted findings. As Pessoa says, 'What we see is not what we see but who we are' (Pessoa, 1991: 76). There are two major aspects to this process. The first is to gain an understanding of the impact and biases of our own worldview and the second is to try to understand the motivational forces that have led us to research a particular topic.

Researchers' values

We need to become aware of our own sets of values and these sets of values are often underpinned by ethical theories of which we are usually unaware. May (1984) describes these theories as underground root systems. Much of the ethical theory by which we operate at personal and professional levels is implicit and unacknowledged. These rarely examined ethics can be subtly conveyed in our language, behaviour and practices, and we may be so widely or deeply embedded in a particular culture that they remain unnoticed (Tjeltveit, 1999). In the unaware state, we often consider that the rules that we live by and the givens of our own way of life are the default position and regard the practices of others as strange, unusual or even wrong in some way. So a first step is to think about the context of our own lives and to attempt to view ourselves from a distance, to try to see ourselves as others see us. The aim is to move to the position of being able to see ourselves as 'other' and recognise our own 'strangeness'.

When we have gained an understanding of our own standpoint the next step is to be transparent about it so that readers of our research can assess our findings in the light of it being researched from a particular perspective. They can then make a judgement as to whether we have been successful in balancing any possible biases.

Researchers' motivation

Another aspect of the importance of increasing our self-knowledge relates to our choice of research topic. Why do individual researchers choose to explore particular subject areas? The reasons may be relatively benign, for example, the topic may fascinate us, we may have noticed a gap in our profession's knowledge base, or we may have been alerted to the need for deeper understanding by some aspect of our practice. However, we may be drawn to

a topic because we feel passionately about it. This can stem from a personal experience or a deep feeling that previous researchers are wrong and we may want to prove that we are right about an issue. The latter types of attachment to a project can be problematic if individual motivations have not been thoroughly explored. Of course we may not be conscious of the depth of our motivation. A revealing test is to ask yourself how you would feel if you had to change topic. Do you feel relatively calm and relaxed about the change or does it evoke strong feelings? Unexplored motivations can have a significant negative impact, as is evident from the experience of the research supervisor described in Box 1.2.

BOX 1.2   THE UNCONSCIOUS ATTACHMENT

I was supervising Mike, a social work student, who had reached the writing-up phase of his Master's dissertation. At a personal level Mike was informed, insightful and worked to all required deadlines, and so we had established a good supervisory relationship. However, when it came to cutting his data down to fit within the parameters of his dissertation, Mike became defensive and argued over every line, even though his dissertation was 5,000 words over the 20,000 limit. It became clear that Mike's research area on the impact of school bullying had touched an unacknowledged part of himself and his story. This had been his unconscious motivation to research this particular area. Mike felt that to take out any words from his research participants' data would be to undervalue them and repeat a form of bullying; it would feel that their words were not being heard, believed or valued. I insisted on some cuts and while Mike successfully passed his dissertation, he never really forgave me for being 'too brutal'. In a parallel process, I think I too came to be viewed as a bully.

Personal knowledge of a subject area, and even passionate feelings, are not necessarily linked to poor research. Insider knowledge can be a great asset as it can enhance and inform the research, but it is probably harder work. It can demand a good deal of personal strength to understand how personal experience may distort and influence the research and to ensure that a balanced approach is maintained. It is necessary to keep asking oneself the question 'How is my past experience influencing how I am conducting this research?' Researchers may well be adept at self-reflection and their insider knowledge can be a valuable asset as it can sensitise them into asking deeper and more pertinent research questions. However, researching emotionally-charged topics can be exhausting so it is important to factor in the extra time, space and the support network needed for effective self-care while conducting the research.

Reflexivity

Closely tied to understanding individual standpoints and motivations is the concept of reflexivity. Reflexivity is not always well defined in the literature and sometimes it is

used synonymously with reflection. Reflexivity is the ability to observe, assess and comment on the impact that we have on our research and the impact that our research has on us. We do this through reflection but it is a deep form of reflection where we take the usual, the normal, the given, and attempt to view them from different perspectives. When researching it is important to factor in time to consider proposed actions thoroughly. This also involves creating an internal reflective space where the emotional pulls and influences to which we are subject can be observed. This should not be done in a punitive way but with a supportive gentle approach that is underpinned by an awareness that we are trying to do our best in the circumstances in which we find ourselves.

Shillito-Clarke (2010) and Bond (2000) both refer to ethical mindfulness. They encourage us to approach every aspect of our research with ethical questions in the foreground. Shillito-Clarke (2010) speaks of ethical mindfulness as being consciously aware of our values and routinely asking moral questions of ourselves, our practice and our professional relationships. It is sort of ethical minesweeping of our actions and can be regarded as part of the reflexive process. How can we develop this practice and use it in a balanced way? It is a little like resetting our ethical thermostat. This comes about by understanding that almost every action of our lives encompasses an ethical element and monitoring how our behaviour and actions impact on others. Rather than a set of skills to be learned, it is a state of being that needs continuous attention.

Another means of strengthening our reflexive practice is to increase our sensitivity to the feelings and circumstances of others; to develop our capacity for empathy. Researchers with therapeutic training will already be skilled in this. It involves being able to see the world from the perspective of another person. The classic metaphor is to be able to walk in the other person's shoes. Empathy is important from an ethical perspective because it heightens our awareness of the experience of others and we are more likely to respond appropriately and sensitively if we have an in-depth understanding of their viewpoint. Perhaps the most important aspect of empathy in relation to reflexive practice is that by being able to view the world more accurately from the perspective of our participants, it alerts us to the nature of our own world view and how this might impact on our research.

For researchers, Halpern's conceptualisation of empathy as an engaged curiosity is useful. It 'involves a real interest in going beyond surface emotions and easy sympathetic identifications' (Halpern, 2012: 237). She recommends cultivating genuine curiosity and non-verbal attentiveness. The arts are also useful in widening our capacity for empathy. As Ricoeur (1984) says, artistic work extends an invitation to the reader or audience to occupy a world. Through engagement with books, film, drama and the arts in general, we can come to understand more deeply the emotions and dilemmas of human existence that we have not personally encountered. The sculptor Antony Gormley crystallises this effect by describing the arts and literature as 'instruments of reflexivity' (Gormley, 2011).

Balancing the biases

Having identified our standpoint and developed our reflexive capacity, how can preconceptions and biases be balanced? The concept of 'bracketing' can be a useful way of

approaching this task. Bracketing was first suggested by Husserl, who argued that if we are to see and experience phenomena in their purest form, we have to set aside our pre-conceptions and existing knowledge of those things in order to see them anew. Whether it is possible to set aside these preconceptions has been contested by Heidegger and other philosophers. Whether it is theoretically possible is not something we are going to debate here, but we do think that the endeavour of setting aside prior knowledge and biases can be useful in practice. Rolls and Relf (2006) argue that this cannot be a one-off process that happens at the beginning of research; it ideally continues throughout the process. There needs to be an active attitude of and commitment to openness to learning from the data, a preparedness to change our views and to be modified by the research process. This applies equally to quantitative and qualitative research methods. Tufford and Newman (2012) suggest that the following activities may be helpful in aiding the process of identifying and setting aside or balancing our biases: keeping a reflexive diary, reflective interviews and memoing.

Keeping a research diary aids self-reflection. Begin it by writing down what you expect the research findings to be and then monitor how the process impacts on you and changes your perspective. If you reach the end of the study and your findings exactly match those you initially proposed, then it is possible that you have not man-aged to set aside your own perspective on the subject. Research journals are a particu-larly useful means of gaining insight into biases. By writing down our thoughts and feelings we externalise them and can then view them from this different perspective, which can be helpful in enabling us to identify predispositions and distortions in our thinking.

A valuable resource in this endeavour is other people. Reflective interviews can be arranged with a colleague or other trusted person who can challenge the way we are thinking about our research process. The person may be a research supervisor(s), col-league, fellow student, friend or family member. Ensure that there is a relationship with at least one other person with whom it is possible to feel safe in expressing unformed thoughts. Speaking our thoughts out loud also enables us to hear our own words and reflect on them more deeply.

Tufford and Newman's third suggestion is utilising the grounded theory method of memoing. Memos are a means of capturing research-related thoughts that occur as we are working on specific parts of the research process. So, for example, while we are col-lecting data we may think that particular patterns are emerging that may suggest causal relationships. These thoughts are captured in a separate notebook and kept for later reflection when they can be reviewed and tested against the data. If they turn out to be wrong, it could indicate that we were hoping for a particular outcome. Reflecting on why this might be can be revealing.

It can be said that throughout the research process we are not only researching a cho-sen topic but are also researching ourselves. These active ways of reflecting on ourselves ensure that we are taking as ethical an approach as possible to our research. As well as trying to develop our capacity for becoming ethical researchers, it is also worth consid-ering the types of unethical behaviour that may occur in research. What are the pitfalls that need to be avoided?

What might cause us to act unethically?

Even though we may strive to do our best, it is part of the human condition that we will make mistakes and the most common form of unethical behaviour stems from errors. The philosopher Popper (1996) firmly rejects the idea that mistakes are avoidable. In accepting that mistakes will occur, the unethical action is to cover them up as this prevents learning from taking place. The hiding of mistakes is the 'greatest intellectual sin' and the ethical duty is to be open about them (Popper, 1996: 202). Unfortunately, unethical behaviour is not restricted to mistakes. Palmer Barnes (1998) draws our attention to three additional forms: poor practice, negligence and malpractice. Poor practice often results from not possessing the adequate skills needed to conduct a particular form of research, or rushing into a study without good preparation. Negligence is about failing to ensure that no harm comes to others, either through ignorance or from other motivations. Malpractice involves committing active misdemeanours such as falsifying data, misrepresenting research findings, making erroneous claims, or exploiting participants. It can result from external pressures to produce results as well as from individual career and/or financial motivations.

Serious research malpractice is relatively rare and unethical behaviour in research stems more often from more usual pressures. If studying for a degree, time may be short and the temptation to cut corners arises. The pressure to produce a thesis or research dissertation by a particular deadline and of an acceptable quality can lead to behaviour such as the falsification of data through panic, the recruitment of friends or close colleagues as participants, or the distortion of analyses to make the results more interesting. Unethical behaviour may also result from a fear of failure or a fantasy of rejection. This can manifest itself through a reluctance to ask people to participate or a failure to ask for help and guidance when it is needed.

Other forms of organisational pressure may contribute to misrepresenting research. An important factor in the professionalisation of the helping professions has been the establishment of an evidence base, and in recent years economic constraints and the allied struggle for survival may have added pressure to produce 'hard' evidence for efficacy and efficiency. This can create ethical dilemmas, as the manager of a workplace counselling service found in the example given in Box 1.3.

BOX 1.3   THE TEMPTATION TO CREATE DATA

When I was appointed to the post of manager of the counselling service, I had had no managerial experience. It came as a shock to me to realise that probably the most important part of my job was defending the service against financial cuts. Almost every time a counsellor's contract was due to be renewed I would have to justify its renewal. A similar thing would happen if one of the permanent staff left. I quickly became adept at gathering hard data to underpin my arguments for maintaining the staffing levels. One year the client numbers dropped and the temptation to add a few more sessions

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into the statistics was enormous. I didn't actually do it, but it was very hard to resist, especially if you knew that it was likely that a contract would not be renewed as a result of that year's stats. I remember sitting at my desk agonising over it. I was very aware what the loss of a job would mean to the people concerned. They were my colleagues and friends.

Responsibilities towards self

A good deal of thinking about research ethics focuses on acting in the best interests of others, but it is equally important to include ourselves in this deliberation. If you are not in a good physical and mental state, then you will probably not do your best work. Cramming four interviews into one day is not only likely to produce poor data, but it is also going to take its toll on you. Being in good condition to do your best work is also about respecting your participants. They are giving up their time and providing you with information and they deserve the best from you. Attention to self-care is an important part of ethical practice.

There are also more serious aspects of self-care to consider. Before commencing any project it is essential to think about whether you might be at risk in any way by conducting this research. Several areas need particular consideration. These are researcher safety, researcher traumatisation, and researcher guilt and shame.

Researcher safety

The practical aspects of safety need to be borne in mind when planning and conducting research. For example, are you recruiting from a completely unknown population or exploring a subject where particular risks may be encountered? Do you need to ensure that contact with participants takes place in a safe environment? Do you need to have another person present, nearby or aware of your whereabouts? The degree of protection that you need to have in place will depend on the subject of your research, but whatever you are researching your own safety and that of your participants needs to be carefully considered. The checklist in Box 1.4 will help you to think these issues through.

BOX 1.4   RESEARCHER SAFETY CHECKLIST

Do you understand the extent of your own connections to the subject you are researching?

Have you had adequate training to deal with sensitive or emotional material?

(Continued)

(Continued)

Have you arranged to meet participants in a safe environment?

Do you need another person to accompany you?

Do you need to have an alarm system?

Have you told a reliable person about your whereabouts?

Do you have some form of debriefing in place?

Can you contact a supportive person as and when needed?

Will your research be disseminated in a way that will address your participants' issues?

Researcher traumatisation

When you gaze long into an abyss the abyss also gazes into you.

(Nietzsche, 1990: 102)

Nietzsche's warning may feel a little extreme to prospective researchers. Counsellors, nurses and social workers generally have good empathic qualities and are skilled at gaining a deep understanding of their clients' lived experience. In relation to research, this is good in that the description and understanding of the participants' concerns will be faithful and of a high quality, but it also means that researchers may be more vulnerable to secondary traumatisation. It has also been suggested that an ethic of commitment can expose researchers to feelings of stress (Reinharz, 1992). Counsellors, nurses and social workers may have a deep commitment to improve the lives of participants through undertaking a particular research project. This is admirable, but it is important to be aware that really good support systems for the researcher need to be in place before the research has started. There is also evidence that exploring the lived experience of traumas, such as sexual abuse or domestic violence, can impact negatively on researchers (Coles and Mudaly, 2010; Fontes, 2004). Common emotional responses experienced included anger, guilt, shame, fear, sadness, crying and feelings of depression. Symptoms more closely associated with trauma, such as nightmares, intrusive thoughts, fear, anger, irritability and difficulty concentrating, have also been reported (Coles et al., 2010).

A good subject for future research would be to consider whether being a member of the counselling, nursing or social work professions increases vulnerability to researcher traumatisation. In their daily practice these researchers will have seen a lot more in terms of extreme human behaviour and distress. In a variety of ways they have already stared into the abyss and studying a potentially traumatic subject area may be adding to the existing load.

Additionally, the nature of the research process itself can be inherently stressful. There are times of overload when there are deadlines to meet and moments when errors occur,

such as erasing digital interviews or losing data sets through computer failure. There are also equally stressful periods of time when nothing much seems to be happening. A lesser but more subtle form of negative experience may also occur. The treasured assumptions of the researcher are often called into question as the research progresses and letting go of a deeply held viewpoint can be an uncomfortable and disorienting experience.

On the positive side researchers will probably have had some form of therapeutic or mental health training and will be more likely to notice changes in themselves and seek help. Post-traumatic stress research indicates that not everyone has the same response to exposure to traumatic material or events. The degree of impact depends on factors such as the intensity of the trauma, the length and frequency of exposure to it, the researcher's personal history and the quality of the support network that is available to them (Hetherington, 2001).

Prevention is better than post-event remedies. At the beginning ensure that there is someone you can talk to about the emotional impact of the research. This may be your supervisor or colleague or someone else that you trust. It is good practice to have some form of debriefing in place so that you can work through any difficult feelings that remain. At times the nature of the project is such that professional support may be needed, as is evident from the experience of the researcher related in Box 1.5.

BOX 1.5   DIRECT OBSERVATION OF TRAUMATIC EVENTS CAN HAVE RISKS

Early in my counselling career I was a research assistant on a project that explored stress in firefighters. The study included observation of operational work and I attended several incidents that involved fatalities. One incident involved the death of a person in the back of a car. For several months afterwards I had flashbacks while driving my car and experienced feelings of panic when getting into the back of a friend's car. As I knew beforehand that I would be experiencing some traumatic incidents, I had arranged regular counselling with a psychiatrist and he helped me to make the connection that explained why this particular incident had affected me so deeply. Many years earlier, a close relative had died suddenly in the back of a car and this prior event was unconsciously connecting with the research incident. Once I understood what was happening, the symptoms began to diminish and they eventually completely resolved.

The above example clearly shows how a researcher may be traumatised by their experiences and how their personal history can connect unconsciously to the trauma. It also shows that the impact of these experiences can be lessened by having effective support in place.

Researcher guilt and shame

Guilt and shame can be felt when there is a sharp difference between the circumstances of the researcher and their participants. Common factors are poverty, disease or danger. The

researcher is in the position of witnessing and can feel powerless when brought face to face with inequalities and iniquities. The resulting feelings of guilt and shame can be mitigated by a conviction that the research is needed and will make a difference (Campbell, 2002). If we are exploring sensitive issues without a clear commitment to disseminating the results in a fashion that will ultimately benefit participants, then we may be vulnerable to feelings of guilt and shame. Occasionally, feelings of shame and guilt evoked by research activity may have deeper roots that go beyond the particular piece of research we are engaged in, and it may require professional help to explore the origins of these feelings.

Conclusion

In this chapter we have explored the meaning of ethics. Research codes of ethics and guidelines are based on important philosophical principles designed to act as a guide to ensure that our research is beneficial to others as well as to ourselves. However, it is clear that research codes and guidelines are not enough to ensure ethical behaviour. Who we are is the crucial factor. In particular, it is essential to understand the context within which we have developed our own view of the world and recognise how this standpoint might influence the research process. By enhancing self-awareness and our reflexive skills, we can increase our openness to new perspectives. Finally, we have emphasised that self-care is an integral and very necessary part of the ethical research process if we are to produce the best possible research. In the next chapter we are going to look at the research experience from the other side and explore what it means to be a participant.

> **REFLECTIVE QUESTIONS**
>
> - What is motivating you to explore this particular research topic?
> - How might this choice of subject impact on you?
> - What do you consider to be the most important virtues for a researcher to develop?
> - When you read your profession's code or guidelines for research ethics what were your reflections?
> - What personal safety issues do you need to consider in relation to your research?
> - If any of your reflections raise ethical concerns, who could you talk to about this?

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