Ethics

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Why do we need a code of conduct?

As professionals, it is important that psychologists have a code of conduct that guides their everyday activities (including treatment, research, and interactions with other psychologists, the media, students, patients and members of the public). The purpose of a code of conduct is mainly to protect the people within our care (be they patients, students or participants in our research), but ethical guidelines also aim to ensure that we treat our colleagues in an appropriate manner.

“Psychological investigators are potentially interested in all aspects of human behaviour and conscious experience. However, for ethical reasons, some areas of human experience and behaviour may be beyond the reach of experiment, observation or other form of psychological investigation. Ethical guidelines are necessary to clarify the conditions under which psychological research is acceptable.” (p. 8, British Psychological Society, 2000).

Ethical Guidelines for Experimentation on Humans

Researchers should consider the ethical implications and psychological consequences of their research. The guiding principle is that the study should be considered from the standpoint of all participants; foreseeable threats to their psychological well-being, health, values or dignity should be eliminated. In a multi-cultured and multi-ethnic society and where investigations involve participants of different ages, gender and social background, the researcher may not have sufficient knowledge of the implications of any study—the best judge of whether an investigation will cause offence may be members of the population from which the participants in the study are to be drawn.

Participants should have confidence in the experimenter and mutual respect and confidence between the experimenter and the participants should be encouraged. To this end there are several areas in which to consider ethical issues.

Consent

This issue is extremely important: Whenever possible, researchers should inform all participants of the objectives of the study and about all aspects of the research that might be expected to influence willingness to participate. Should the participant enquire about any other aspect of the research the investigator should, normally, oblige. Related to this is the issue of deception (where it is important to not disclose aspects of the research, or to actively deceive participants about the purpose of the study—see the next section).
Why is it so important to gain consent? The main problem is that researchers are often in a position of authority or influence over participants who may be their students, employees or clients. This relationship can be allowed to pressurise the participants to take part in, or remain in, an investigation that they find upsetting.

Two obvious threats to consent are work with children, or with adults who have impairments that may compromise their understanding of the experimental procedures. To overcome these problems, the real consent of children/impaired adults should be obtained where possible. If research involves any persons under 16 years of age, consent should be obtained from parents or from those in loco parentis. If the nature of the research precludes consent being obtained from parents or permission being obtained from teachers, the researcher must obtain approval from an Ethics Committee before commencing the study. Where real consent cannot be obtained from adults with impairments in understanding or communication, wherever possible the investigator should consult a person well-placed to appreciate the participant’s reaction, (e.g. a member of the person’s family), and must obtain approval from independent advisors.

Payment of participants is also a sticky issue because it can induce participants to risk harm beyond that which they would be prepared to risk without payment in their normal lifestyle. Related to this point is that when research involves potential harm, unusual discomfort, or other negative consequences, the researcher must obtain the approval of independent advisors, inform the participants, and obtain informed, real consent from each of them.

![Figure 1: Example of a consent form](image)

What’s the big problem with informing participants too much? 
- It could increase demand characteristics
Deception
Misleading participants is hugely problematic because it compromises their ability to make an informed choice about whether to participate (and of course it’s not nice to lie to people anyway!). The guiding rule here is that withholding information or misleading participants is unacceptable if the participants are likely to object or show unease once debriefed. If this is the case, the BPS recommend that you consult individuals who share the social and cultural background of the participants in the research (to gauge their objection/unease at the deception), although the advice of ethics committees or experienced and uninvolved colleagues may be sufficient.

Intentional deception should be avoided whenever possible. “Participants should never be deliberately misled without extremely strong scientific or medical justification. Even then there should be strict controls and the disinterested approval of independent advisors.” (p. 9, BPS code of conduct, 2000).

However, the BPS respect the fact that sometimes it’s impossible to study psychological processes without withholding information about the true object of the study or deliberately misleading the participants. Before engaging in such a study the researcher should:

- Ensure that alternative procedures avoiding concealment or deception are not available
- Ensure that the participants are provided with sufficient information at the earliest stage
- Consult appropriately upon the way that the withholding of information or deliberate deception will be received

Think of an experiment in which you might need to deceive your participants—why is the deception important?

- **False feedback**: imagine you wanted to know about the way frustrated humans respond to other humans compared to computers. You could engage participants in a game that they believe they’re playing against either a computer or a human. In actual fact every participant is playing a pre-set game that they can never win (to create frustration). The deception is important because you need to standardise the way in which frustration is created, and this couldn’t be done if you actually allowed participants to play the game against a human.

Debriefing
If participants are aware that they have taken part in an experiment it is only fair that the experimenter tell them something about the experiment; the researcher should provide any necessary information to complete the participant’s understanding of the nature of the study. In addition, the investigator should discuss the participant’s experience of the study to monitor any unforeseen negative effects or misconceptions.

However, this isn’t an excuse to be incredibly unethical or to deceive people (under the pretense that they’ll find out the truth eventually!), because some effects of an experiment cannot be negated by a verbal description following the research. The BPS therefore, encourages active intervention before participants leave the research setting.

Think of an experiment that would require active intervention?

- **Mood induction**: Imagine you conduct an experiment in which you induce a negative mood (e.g. by getting participants to repeatedly say ‘I am the scum on the sole of humanity’). Would it be enough to say ‘oh don’t worry I was inducing a negative mood in you? No, you must try to return the participant to their original mood state.
Freedom to Withdraw

You’ll remember on our consent form (Figure 1) there was a phrase informing the participant that they were free to leave the experiment at any time. It is vital that this principle is upheld, even if money has been offered to participate. In fact, you should still pay people who withdraw, so if you want to make lots of money (but not many postgraduate friends!) you should sign up for all of the experiments in COGS and then leave after 30 seconds claiming you’ve been scarred for life!

The right to withdraw can be difficult in observational or organisational settings, but nevertheless the investigator must attempt to ensure that participants (including children) know of their right to withdraw. How can we tell if children want to withdraw? Well, the BPS suggest that if they try to avoid the testing situation then this can be taken as evidence of failure to consent to the procedure.

A final issue is that having done an experiment, a participant has the right to withdraw retrospectively (resulting from their experiences or the debriefing). This withdrawal would mean them withdrawing their consent to you using their data (which should be destroyed).

Confidentiality

Legislation, including the Data Protection Act, means that information obtained about a participant during an experiment is confidential unless otherwise agreed in advance. Participants in psychological research have a right to expect that information they provide will be treated confidentially and, if published, will not be identifiable as theirs. Note that in the consent form (Figure 1) the participant is explicitly told that their data will remain confidential (I often explicitly say in consent forms that participants’ data may be published but that if it is their confidentiality will be maintained). If confidentiality and/or anonymity cannot be guaranteed, the participant must be warned of this in advance of agreeing to participate.

How can confidentiality be maintained?

- Assign a code: In every experiment I do, participants are assigned a code. This code is the only information that is transferred to any data files, so I never know from whom the data came (I could look back at the consent forms if I really wanted to know, but even I’m not that sad!).

Protection of participants

The primary responsibility of researchers is to protect participants from physical and mental harm during the study. The risk of harm should, ordinarily, be no greater than in everyday life. Where the risk of harm is greater than in ordinary life independent advice should be sought (see section on consent). Participants must be informed about factors in the procedure that might create a risk, such as pre-existing medical conditions, and must told any action that will help them avoid risk.

After the experiment, participants have the right to contact the experimenter regarding issues to do with their well-being. Procedures for contacting the investigator within a reasonable time period following participation should be made explicit and the situations in which contact is appropriate (i.e. if stress, potential harm, or related questions or concern arise despite the precautions taken). Researchers also have an obligation to remove and consequences that might arise from the experiment (see the section on debriefing).

Issues also arise when the research involves collecting personal information. The participant must be protected from stress by all appropriate measures (e.g. assurance that answers to personal questions need not be given). If the experiment involves collecting personal data there should be no concealment or deception.
Finally, psychologists have a responsibility when disseminating the results of their work to others (including parents and teachers). The main problem is that evaluative statements may carry unintended weight.

**Observational research**

If you do an observational study you must respect the privacy and psychological well-being of the individuals studied. Unless consent to being observed is first obtained, observational research is acceptable only in situations where those observed would expect to be observed by strangers. Local cultural values need to be considered and you should ensure that you’re not intruding upon the privacy of individuals who, even while in a normally public space, may believe they are unobserved.

**Giving advice**

During research, you may (especially if you do clinical work) obtain evidence of psychological or physical problems of which a participant is, apparently, unaware. In such cases, the psychologist should inform the participant if, and only if, they believe that by not doing so the participant’s future well-being may be endangered.

If as a result of your research, or because you detected a problem, a participant solicits advice concerning educational, personality, behavioural or health issues, caution must be exercised. If the issue is serious and you are not qualified to offer assistance, the appropriate source of professional advice should be recommended.

Appreciating the limitations of your expertise is one of the key guidelines of the wider code of conduct. So, although it is reasonable for me to appear on Kilroy or on a radio show to talk about statistics (as if they’d ask) or childhood phobias, it would be unethical of me to appear on these shows to discuss face perception (because I know very little about it—only what Graham Hole tells me when trying to convince me to become a vision researcher!)

Let’s look at three examples of actual studies: for each think about the ethical issues (as detailed above) and write down what they have done right—and what they haven’t!

**Some Famous (and not so famous) Experiments**

**Experiment 1: Campbell et al.’s (1964) traumatic conditioning trial**

Campbell, Sanderson & Laverty (1964) were interested in the effects traumatic experiences on learning. You should be familiar with the learning account of anxiety (see Field & Davey, 2001 for a review) in which anxiety about a stimulus develops as a result of that stimulus being associated with some negative outcome (like little Albert becoming afraid of his rat because he associated it with Watson & Rayner making a loud noise with an iron bar). The Little Albert study (Watson & Rayner, 1920) is an ethical minefield in it’s own right but Campbell et al. wanted to extend these ideas to see whether anxiety would subsequently subside when the stimulus was presented without the associated trauma.

*Stimuli:* the conditioned stimulus was a tone (which was affectively neutral) and the traumatic outcome was respiratory paralysis induced by Scoline (succinylcholine Chloride). This drug has the effect of paralysing the participant without acting as an anaesthetic (so, participants are fully conscious except they can no longer breath).

*Participants:* 11 alcoholic patients who volunteered having been told that the experiment 'was connected with a possible therapy for alcoholism' (p. 629). 5 experimental participants, 6 controls (3 of whom heard only the tones and 3 of whom only received the respiratory paralysis). These six participants were either ‘discharged from hospital or ran away’ (p. 629) before the experiment was over.
Method: In essence, participants first habituated to the tone, and then the Scoline was administered. As the drug took effect ‘the most noticeable feature of the onset of the paralysis was a fibrillation of the facial muscles followed by closing of the eyes. The impression which one got ... was that he had been taken by surprise’ (p. 629). Paralysis lasted between 90-130 seconds after which ‘subjects recovered partial use of their limbs first and made ineffective jerky movements which appeared to be an attempt to remove something which was covering their faces’ (p. 629). At a later date the tone was presented without paralysis to see the time over which the conditioned anxiety response would continue.

How traumatic was the paralysis?

- “Once the paralysis had passed off the subject lay very quietly on the table. Several of them asked for a reassurance that they would not be given a second trial’ (p. 631).

- “After the conditioning each subject was asked to describe what had happened to him and to say what he had felt. The impression which one obtained from listening to these accounts was that, although each subject found it difficult to put his sensations into words, and that many of the feelings arising from the skeletal paralysis were so unfamiliar that they could not be referred to any ordinary conception of bodily function, the suspension of breathing was an experience that was horrific to a degree” (p. 631).

- “All the subjects ... said that they thought they were dying. One subject made this comparison: he had been a rear-gunner in a Stirling bomber which had flown, during one operation, straight and level for 5000 yards on a radar beam over Dusseldorf; he rated the Scoline trial as the more traumatic experience of the two”. (p. 631–2).

- “The subjects described their movements as part of a struggle to get away from the apparatus and to tear off the wires and electrodes. Though in fact their movements were small and poorly controlled the subjects were under the impression that they had been making large movements’ (p. 632).

Write down some of the ethical issues in this experiment:
Experiment 2: Harlow’s Monkeys (1958)

Harry F. Harlow studied the development of emotional responses of neonatal and infant monkeys. Initially he had discovered that baby monkeys raised on a bare wire-mesh cage floor survived with difficulty, if at all, during the first five days of life. However, if a wire-mesh cone covered with terry cloth was introduced, “husky, healthy, happy babies evolve”. So, subsequently he separated baby monkeys from their mothers after birth but gave them access to two artificial, inanimate mothers. One of these mothers was made out of a naked wire frame with a wooden face and had a milk bottle at breast level. The second was the same but was covered by warm cloth pads (folded gauze nappies). In this latter case, the result was “a mother, soft, warm, and tender, a mother with infinite patience, a mother available twenty-four hours a day, a mother that never scolded her infant and never struck or bit her baby in anger”.

For half of the newborn monkeys the cloth mother lactated and the wire mother did not; and, for the other half, this condition was reversed. The experiment, therefore, was designed to test the relative importance of the variables of contact comfort.

The babies stayed with both "mothers", but showed stronger attachment to the cloth mother. When threatened by a strange stimulus (e.g. a mechanical bear), their initial response was to run to the cloth "mother" and grab it. Once comforted and less anxious they examined the toy. Similarly, when placed in a strange room, they immediately sought the cloth "mother" and made contact before exploring the new environment. When comparing those raised on wire mothers compared to those raised on cloth ones, these two groups did not differ in the amount of milk ingested or in weight gain, but the composition of their faeces did: the wire-mother monkeys had softer stools suggesting psychosomatic activity (nervousness). He concluded, “The wire mother is biologically adequate but psychologically inept”. In addition, the baby monkeys that had neither their real mother nor a cloth surrogate were incapable of normal social relations, later in life.

For more information read the original article at:

- [http://psychclassics.yorku.ca/Harlow/love.htm](http://psychclassics.yorku.ca/Harlow/love.htm)

Experiment 3: Bandura’s Bobo Doll (1961)

Bandura et al. (1961) looked at how aggressive behaviour develops in children. Thirty-six girls and 36 boys acted as participants in the study. Children were evenly split into three groups: a control, those exposed to an aggressive model, and those exposed to a non-aggressive model. Those that were exposed to a model were subdivided into those exposed to a same-sex model, and those exposed to a different sex model. All children were taken into an experimental room containing several objects to interest the children (a table, chairs, potato prints and picture stickers). The adult model was then escorted to the opposite end of the room where there was a small table, a bobo doll, a chair, a mallet and a tinker toy. In the non-aggressive
condition the adult model assembled the tinker toy in a quiet and subdued manner and ignored the bobo doll. In the aggressive condition the adult model started to assemble the tinker toy but after 1 minute turned to bobo and was aggressive to the doll in a stylised and distinctive way. The aggression was both physical (picking up the doll and hitting it) and verbal (e.g. shouting ‘sock him on the nose’). After 10 minutes the experimenter returned and took the child to another room.

In the next stage the child was taken to another room containing toys but after starting to play was told that they were the experimenter’s special toys and were reserved other children (this manipulation was supposed to increase frustration). The child was then escorted to another room in which there were non-aggressive (e.g. three bears and crayons) and aggressive (e.g. a mallet peg board and a bobo doll). The child was kept in this room for 20 minutes and their behaviour observed through a one-way mirror.

They found that (1) boys were generally more aggressive than females; (2) children observing the aggressive model were more aggressive than those that saw the passive model; (3) boys showed more aggression if the aggressive model was male (except for punching bobo, which they did more if the model was female); and (4) girls showed more physical aggression if the aggressive model was male, but more verbal aggression if the model was female.

For more information read the original article at:

- [http://psychclassics.yorku.ca/Bandura/bobo.htm](http://psychclassics.yorku.ca/Bandura/bobo.htm)

And see some film footage at:

- [http://www.emory.edu/EDUCATION/mfp/07BoboDollExperiment.mov](http://www.emory.edu/EDUCATION/mfp/07BoboDollExperiment.mov)

Write down some of the ethical problems in this experiment:
References

Most of this handout is based on the British Psychological Society Code of Conduct (reference below).


British psychological Society (1995). Code of conduct, The Psychologist, 8 (10), 452-453. This is an abbreviated version of the full 1991 code of conduct (reference for the full updated code of conduct is below).


