Informed Consent and Deception in Psychotherapy Research: An Ethical Analysis

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In recent years, considerable attention and controversy have revolved around the use of research strategies involving human subjects. As a result, numerous codes have emerged, designed to protect the rights of people serving as research subjects, and to serve as guides to researchers. For many, such attention to ethical issues has been applauded. Others have found such attention an obstacle to the successful completion of the research work they are striving to accomplish. Robins (1977), for example, has reported that the recent regulations from the Department of Health, Education and Welfare have made it virtually impossible for him and others to do important research into psychopathology and deviance because privacy regulations deny them access to the records they need for adequate "follow-up-studies." He claims that without access to records it is impossible to come to an adequate understanding of the causes and consequences of psychopathology and childhood deviance, and to evaluate the effectiveness of the prevention and treatment of these disorders. He claims that his type of research can and does protect the right to privacy of individuals, because the researcher is interested in a person only as a representative of a class of persons, not as individuals.

Robins' concern awakens some important initial questions: "Why such controversy? Why has such interest in ethics and research emerged in recent years? Is such attention genuinely warranted? Can we not simply rely on the good judgment of researchers to protect human subjects and get on with the serious business of research?"

In order to understand and address these questions it is important to examine some of the historical events that lie behind the need for, and formulation of, many ethical codes. This will provide a context for the interest in and the controversy about the role of ethics in research with human subjects.

It is also important, at the start, to define clearly what research is, what it is designed to do, and some of the critical ethical concerns that emerge when research strategies are applied to the study of psychotherapy. Our considerations will also necessitate an in-depth analysis of the role of informed consent and deception in research, as most ethical problems revolve around these issues. And finally, some recommendations and conclusions for psychotherapy research will be offered.

Defining the Scope of the Problem

Stricker (1982) has defined research as a formal procedure that is designed to elicit knowledge that can then be generalized. In order to accomplish this goal research must be carefully designed and subject to methodological evaluation. Since research in psychotherapy represents an interaction between the scientific enterprise of research with the helping professions, in this case psychotherapy, it must also be subject to ethical evaluation from both domains. This means that a given treatment modality, under consideration, must itself conform to ethical principles and, the research methodology which is employed to scrutinize the treatment must also conform (Stricker, 1982). These requisites are difficult because of two potentially conflicting responsibilities: responsibility to client welfare and responsibility to efficacious research. In psychotherapy, the therapist and the client form a therapeutic alliance. In this therapeutic alliance the primary concern is the welfare of the client. On the other hand, in research, the researcher and the subject form a scientific alliance, the primary goal of which is the discovery of new knowledge. Clearly, priorities deriving from these two alliances can differ and create conflict for the researcher (Stricker, 1982). This means researchers in psychotherapy are faced with the critical, intricate, and difficult task of integrating these two potentially opposing dimensions.

It is clear, however, that research methodologies possess a critically important position in the present and future life of the psychological profession. These methodologies are designed to provide the critical research base upon which psychological theories and interventions can be based. Without responsible research, it is impossible to know what interventions are the most effective and which are not. To fail to do responsible and efficacious research, then, would not only threaten the quality of client care, but also the credibility of the profession. The implications of this statement are several. First of all, any experiment of worth depends at first on the question asked by the investigator. It must be a question that is both important to the profession and ethical. It seems clear that any study which does not show evidence of yielding important information should never be conducted, even if the risks are minimal (Stricker, 1982). Some questions are either too trivial to ask or too risky to ask. An example of the latter might be some of the research done during World War II in the Nazi concentration camps. For example, one question asked was: "How long can a human being survive in ice cold water?" (Rutstein, 1969). Research to address this question might provide some important information, but the question is unethical at the core, since it subjects human persons to extraordinary risk; a risk the question does not justify. Secondly, a poorly conceived and/or designed research endeavor can never be ethically tolerated, as it can never yield the reliable and valid data that is needed in science and it wastes limited financial and human resources.

Despite the need for doing efficacious research, Beauchamp and Childress (1979) have pointed out that frequently psychological research methodologies have relied on the deception of subjects for their successful completion. The use of deception very quickly brings into conflict the rights

of subjects to be informed of procedures which affect their lives, and in light of such information, to choose responsibly, to participate or not participate. As a result, the psychological profession is caught in a critical ethical dilemma. On the one hand, the profession must do responsible, efficacious research to further its knowledge of human behavior (APA, 1981, Preamble), and on the other hand, ethically must respect the autonomy of its subjects (APA, 1981, Principle 9). Increasingly, researchers are being called upon to manifest not only methodological rigor, but also ethical rigor (Barber, 1980), as was alluded to above. Concern for issues such as these has emerged not only from outside of the profession but also from within. Shipley (1977), for example, has spoken out strongly against the use of deception in psychological research, as he believes it attacks the very core of the profession (i.e., the trust of its constituents). Wolfensberger (1967) makes the necessity of ethical care all the more compelling by pointing out that unless the profession manifests ethical rigor from within, it will suddenly find itself controlled by laws imposed from without. He further argues that it is likely that such laws could very well be so inconsistent, inadequate, and selective, as to make most research methodologies virtually impossible to use. In light of these considerations, researchers must come to grips with the ethical issues that enable them to respect the rights of subjects, as well as advance the knowledge of the profession. These two mandates, to respect individual autonomy and to benefit humankind through research, do not always peacefully coexist, and yet they must be critically considered and resolved in any research design.

A Historical Perspective

The impetus for today's concern with the ethical adequacy of research began at the conclusion of World War II with the trials at Nuremburg. Twenty-three physicians were tried for the role that they played in Nazi experiments with concentration camp inmates. Some of the defendents were nationally known for their scientific investigations and some of the experiments considered in the trial were well-designed, as judged by objective standards of scientific inquiry. Furthermore, many of the studies could have led to important scientific information. For example, topics investigated included the limits of human endurance and existence at high altitudes, effective ways of treating severe frostbite (which involved subjecting individuals to extreme cold), and the treatment of diseases such as malaria, typhus, epidemic jaundice, and infected wounds (all of which demanded infecting subjects). But all of the experiments were also noteworthy for their brutality, and responsible for tremendous human suffering, which often led to the death of the subjects involved (Stricker, 1982).

As Blackstone (1975) has pointed out, however, we do not have to go to Nazi Germany to find examples such as these. For example, an important incident came to public attention in 1962, which has since been known as the "Thalidomide Scandal." Unlike the above cases, this did not involve scientific investigation, but it had a great impact on research. Thalidomide was a drug that had been used extensively in Europe and was introduced in the United States on an experimental basis. After several years, it was discovered that Thalidomide, a drug taken by pregnant women, was responsible for innumerable gross neonatal deformities. In 1962, the inedequacies of the procedure for determining its safety and efficacy became known, but only after thousands had been harmed. As a result of this scandal, the Food and Drug Administration introduced far stricter and more well-defined procedures governing product experimentation (Stricker, 1982).

Shortly after the Thalidomide scandal, "in an atmosphere already sensitized to the abuses of research" (Stricker, 1982, p. 406), widespread publicity was given to a program conducted by the Jewish Chronic Disease Hospital in Brooklyn. Twenty-two (22) chronically ill patients were given an injection of suspensions of cells from cultures of human cancer tissue. The patients were not informed of this, nor was the purpose of the experiment made known to them (i.e., to study the body's capacity to reject foreign cells), and the procedure was far from their normal treatment program. The ensuing hearings crystallized the issue of consent and led to clearer policies regulating experimenters' obligations to subjects (Stricker, 1982).

Finally, an example from the social sciences is in order. Campbell, Sanderson, & Laverty (1964) designed an experiment to assess the effects of traumatic conditioning upon subjects. The "volunteer" subjects (hospitalized alcoholics) were told that the procedure to be employed was "connected with a possible therapy for alcoholism" (p. 629). In fact, the study was not designed to treat alcoholism, nor was it apparent that the conditioning procedure would cure it. Rather, the methodology employed was designed to create a traumatic conditioning response by pairing a neutral tone with intense fear in a classical conditioning paradigm. This procedure would allow the neutral tone to evoke fear by itself. The experiment proceeded as follows. Subjects heard a tone, and then were injected with scoline (a drug which produces motor paralysis, including paralysis of the diaphragm, making breathing as well as movement impossible). The inability to breathe lasted approximately two minutes, and although no physical damage was incurred, real terror resulted; all the alcoholic patients believed that they were dying. The procedure produced a long-lasting, conditioned fear response to the so-called "neutral zone" in the subjects who participated. The fright reactions could not be extinguished in some of the subjects, despite a large number of attempts (Diener & Crandall, 1978) See Diener and Crandall (1978) for further examples in the social sciences.

As a result of examples such as these, society has increasingly become cognizant of potential research abuses and has demanded that certain requisites be met before research with human subjects is performed. It is within this milieu that research in psychotherapy must find its place.

Ethical Principles

Diener & Crandall (1978), in their recent work on ethical issues in social and behavioral research, and others (APA, 1981, Principle 9a; Beauchamp & Childress, 1979; Gray, 1975; O'Leary & Borkovec, 1978), have pointed out that the most basic guideline for social scientists doing research is that the subjects not be harmed by the research of which they are a part. And secondly, if risk is involved, those risks must be understood and accepted as reasonable by the subject. These mandates are clearly reflected in Principle

9g of the *Ethical Principles of Psychologists* (1981) that states:

> The investigator protects the participant from physical discomfort, harm, and danger that may arise from research procedures. If risks of such consequences exist, the investigator informs the participants of the fact. (p. 638)

Beauchamp & Childress (1979) refer to this fundamental ethical principle as the principle of *nonmaleficence* (above all do no harm), an ethical principle that encompasses both harm which is intentional as well as the risk of harm. They consider this principle to be *prima facie* binding (i.e., binding in all situations unless it is in conflict with stronger duties). The mandate for the researcher to act thoughtfully and carefully in inaugurating research strategies is clear since it is possible to harm participants without being either malicious or intentional (Beauchamp & Childress, 1979). Diener & Crandall (1978) have argued that the requisites of the principle of nonmaleficence in research can only be superseded if the benefits to be reaped are of great import and knowledgeable volunteers participate. This means that researchers must be able to substantiate that the potential benefits of a given research project are so overriding that despite the possibility of harm, it is worth pursuing, and even if such a case were to exist, it would demand that knowledgeable volunteers participate. Diener and Crandall note, however, that the social sciences are in a relatively primitive state and, therefore, research breakthroughs that may justify dangerous studies are extremely rare.

Much more than being a profession that simply strives not to harm its clients/subjects, however, psychology is a profession committed to ". . . the promotion of human welfare" (APA, 1981, p. 633). This clearly involves more than just the noninfliction of harm. It refers, rather, to the profession's duty to help further the legitimate and important interests of others. Beauchamp & Childress (1979) refer to this as the principle of *beneficence*. This principle includes the professional mandate to do effective and significant research, so as to better serve and promote the welfare of our constituents; a commitment clearly expressed in the Preamble of the *Ethical Principles of Psychologists* (APA, 1981). White & White (1981) further emphasize this responsibility when they write: "It is the responsibility of the mental health professional to make available to the patient all of the knowledge and skill it can marshall that might benefit the patient." (p. 961)

Standing alongside the above mentioned principles of nonmaleficence and beneficence, is the principle of *autonomy*. The principle of autonomy is considered to be "a form of personal liberty of action where the individual determines his or her own course of action in accordance with a plan chosen by himself or herself" (Beauchamp & Childress, 1979, p. 56). This right to self-determination is written into the fiber of American society and is generally considered most respected when individuals are allowed to make decisions that affect their lives for themselves (Diener & Crandall, 1978). It is also particularly central when the possibility of harm exists—harm which could, potentially, have lasting psychological or physical consequences. In fact, research participants have not always been accorded the right to self-determination, and at least in the cases mentioned above, have been exposed to harm without their knowledge and/or their consent.

It is from this central ethical principle, the principle of autonomy, that the concept of informed consent is derived. Misinformation or inadequate information makes it impossible for subjects to exercise, adequately and responsibly, their right to choose whether or not to participate in a given research endeavor. The principle of autonomy, as the others, is *prima facie* binding, and so, where scientific or human values justify withholding information, the investigator incurs a special responsibility to monitor the research and "protect the welfare and dignity of the research participants" (APA, 1981, Principle 9d, p. 638).

As well as being an issue of autonomy, providing adequate information is also an issue of fidelity; particularly in counseling or psychotherapy research. In counseling or psychotherapy, the client and the therapist enter into a special contractual agreement, a therapeutic alliance, wherein they decide together how they will relate to one another and the areas of concern they will address. To withhold pertinent information in this regard, could violate this agreement; this relationship. This makes withholding information in psychotherapy research particularly troublesome, ethically.

The fundamental ethical principles elucidated above are central to the ethical practice of research with human subjects. Because of the prior violation of these principles, ethical codes and guidelines governing research practice have been written which focus on the issue of informed consent. The belief is that the atrocities of the past can best be avoided in the present by affording people the right to make informed choices about what they are willing to participate in. This clearly creates problems for research strategies that demand deception or misinformed consent, and so these issues need to be considered, in light of the principles outlined above.

Informed Consent

In order to promote and protect the ethical principles mentioned above (autonomy, nonmaleficence, and beneficence), tremendous emphasis in recent years has been paid to the issue of informed consent (Annas, Glantz et al., 1977). This intense concern is reflected in such documents as the Nuremburg Code (1964), the Declaration of Helsinki (1975), the Institutional Guide to Department of Health, Education, and Welfare (DHEW) Policy on Protection of Human Rights (1975), and the APA ethical codes (1973; 1981). Gray (1975) goes so far as to say that informed consent ". . . is the central issue on which hangs most of the ethical problems with experimentation" (p. 202). It is seen as central because: (1) It protects individual autonomy by allowing individuals to make decisions about things that directly concern them (Diener & Crandall, 1978); (2) It reduces the potential of harmful research by having the investigator scrutinize the hazards and benefits of a proposed study (Miller & Willner, 1974); (3) It guarantees that subjects will be exposed to danger only if they voluntarily agree to it (Annes, Glantz et al., 1977; Beauchamp & Childress, 1979; Diener & Crandall, 1978; Gray, 1975; Miller & Willner, 1974); and (4) It decreases the possibility of an adverse public reaction to human experimentation (Miller & Willner, 1974).

It is important to keep in mind that the right to informed consent is based on the premise that the concerned person is "competent" to make informed choices (i.e., that they are presntly capable of making decisions based on rational reasoning (Beauchamp & Childress, 1979)). Clearly, not all potential subjects possess this capacity (e.g., young children, severely mentally handicapped persons, severely psychotic individuals, etc.) and those special populations are not the focus of this article. It should be noted however, that because these populations may not be competent to make such choices, their use as research subjects leads to additional obligations for the researcher (See articles by Fitting, Kitchener and Powell in this issue for further elaboration).

Since the issue of informed consent is of such paramount importance, it is crucial to define its meaning clearly so that it can be implemented responsibly. Annas, Glantz et al., (1977) point out the difficulty of this task as they consider informed consent the most controversial and least understood issue in human experimentation. Informed consent is controversial because certain experiments demand that subjects be deceived, not informed. For example, the experiment on traumatic conditioning (Campbell, Sanderson and Laverty, 1964), mentioned earlier, could not have been accomplished if the purpose and procedure of the experiment had been revealed to the subjects. But failure to inform the subjects brought about harm. The controversy, therefore, lies in balancing human welfare with the profession's need to grow in knowledge. Informed consent is also frequently not clearly understood by researchers or subjects. It has been shown that sometimes subjects have been presented a consent form to sign while having little or no understanding of what the consent means or implies (cf. Gray, 1975).

Wolfensberger (1967) has offered a helpful definition of informed consent when he writes: "This term (informed consent) refers to a person's ability to consent freely to serve in an experiment in which he adequately understands both what is required of him and the 'cost' or risk to him" (p. 48). The key word is *adequately*. The term, *adequately*, does not demand that *complete information* be given to the subject about the potential research and their involvement in it (Resnick & Schwartz, 1973). Rather, the researcher ought to be guided by the question: "What would a 'reasonable and prudent' person, cautious for his/her own welfare need to know before making a decision?" It is these factors which must be fully and frankly disclosed (Barber, 1980; Beauchamp & Childress, 1979; Diener & Crandall, 1978). "Complete information" is not required, nor is it desirable for several important reasons. First, providing a subject with *complete* information may lead to a consent form so unwieldy and technical that it is either unread by the subject or not understood, leaving the subject potentially less informed by more data than they would be by less, more pertinent data. This would clearly thwart the purpose of an informed consent procedure. Secondly, it is close to impossible for a researcher to tell a given subject everything about a given study, and thirdly, "telling all" might be ethically undesirable, for it may appear that the researcher is unwilling to take responsibility for his/her own actions (Wing, 1981). The full disclosure may appear as an attempt to place all responsibility for harm on the subject's ability to discriminate a potentially harmful situation from one that is not.

Although there is no unanimity of thought as to what a "reasonable and prudent" person might need to know, several aspects emerge consistently in the literature. These aspects indicate that: (1) A description of the procedures of the study (i.e., what is going to happen to the subjects, is necessary (Diener & Crandall, 1978; Turnbull, 1977)); (2) A statement indicating that participation is voluntary and that the subjects may withdraw at any time without penalty is required (APA, 1973; DHEW, 1975; Diener & Crandall, 1978; Gray, 1975); and (3) A clear description of risks and/or personal rights that are jeopardized in a given research procedure and safeguards that will be undertaken should be explained.

The issue of "voluntariness" is a critically important component that is frequently discounted or compromised. For example, in a review of some 1,000 articles that appeared in APA publications in 1971, Menges (1973) discovered that in approximately 60% of the studies, subjects participated under some external requirement. Most often these were college students who were either meeting course requirements or who were not aware that they were participants at all. Such "pressures and constraints" (Gray, 1975, p. 204) thwart the informed consent procedure at its core, and violate clearly the principle of autonomy discussed earlier. Potentially, the principles of beneficence and nonmaleficence would be violated as well. It is critical that no doubt is left in the minds of subjects that the research in which they participate is voluntary (Diener & Crandall, 1978). Shipley (1977) emphasizes this strongly, accusing psychological research in the United States of being particularly guilty in this regard.

Describing the potential risks and/or rights that may be jeopardized in a given research design to potential subjects is crucial, whether that potential danger is physical or psychological (APA, 1973; Diener & Crandall, 1978; Wolfensberger, 1967). However, arriving at an acceptable definition as to what constitutes "harm," particularly psychological harm is an intensely difficuly task. It would seem, though, that a minimum requisite would be that subjects not deteriorate as a result of the research in which they participate.

Because harm is so difficult to define and because only researchers themselves may be aware of the potential for harm hidden in their design or instrumentation, it is also essential that researchers carefully scrutinize their design for its inherent risks before they decide to conduct a project and attempt to remove and/or minimize those risks. Diener and Crandall (1978) suggest that potential risks ought to be as minimal as is necessary to test a given hypothesis. Where it appears that direct research interventions will pose serious risks to subjects, analogous situations in the natural environment ought to be sought out as an ethical alternative, or the design altered, or the decision made that the research cannot be ethically carried out.

In addition, since it is impossible to foresee each and every potential risk factor (Wolfensberger, 1967), it becomes crucial to screen subjects before selecting them for involvment in a study in order to ascertain susceptibility to harm. Diener and Crandall (1978) have suggested running pilot

subjects and carefully interviewing them afterwards for their reactions and suggestions.

It should be noted that unless a serious and responsible approach is taken by researchers to adequately inform research participants, researchers risk violating the autonomy of subjects, and may also subject research participants to harm. Because informed consent seems to safeguard well the ethical principles of autonomy and nonmaleficence, it must never be discarded lightly.

Despite the above argument, pointing to the centrality of informed consent procedures in the protection of subjects, there are times when it appears that informed consent procedures need not be actively sought because the research design offers very little threat to autonomy and possesses little risk for harm. Therefore, the ethical principles of autonomy and nonmaleficence are adequately safeguarded. The clearest cases where informed consent is irrelevant are those that involve simply the observation of public bheavior or examining information that is part of public record. Diener & Crandall (1978) cite as a specific example a study which involved subjects picking up a lost letter and returning it to a mailbox, where it is clear that subjects would be affected in only minor ways.

The situation changes considerably, however, where "substantive rights of subjects are jeopardized, where subjects are placed at risk, or where subjects incur a substantial cost in time or money" (Diener & Crandall, 1978, p. 41). It is generally agreed that informed consent must be sought whenever a procedure is intrusive, whenever there are significant risks to persons, and whenever the purposes of the procedure might be questionable (Beauchamp & Childress, 1979; Diener & Crandall, 1978; Turnbull, 1977). Where the risks are foreseeable and considerable, but informed consent would ruin the procedure, the research becomes infeasible because subjects cannot be exposed to substantial risk without their consent (Diener & Crandall, 1978). To expose subjects to foreseeable and formidable risk without their consent, would clearly violate the principles of autonomy, nonmaleficence, and beneficence. To override these principles in a given research design would demand an informational need that would be absolutely immediate and critical: An example in psychology would be hard to imagine.

In order for subjects to make free and autonomous choices they must adequately understand what the procedures involved will demand of them. Unfortunately, many of the current procedures designed to elicit consent usually do not contain any attempt to determine whether subjects have an understanding adequate for *informed* consent (Miller & Willner, 1974). This observation was clearly exemplified in a study done by Gray (1975). Gray interviewed 51 women who had been subjects in a study on induced labor, involving the use of an experimental drug. All of the women had signed an informed consent form, some had already delivered their children, and all had already received an injection of the "experimental" drug. Of the 51 women interviewed, 20 (39%) did not even know they were involved in a study, four said that they would have refused to participate had they known they had a choice, and even among those who did know of the research, most did not understand at least one important aspect of the study (Barber, 1980). "This study shows without question that informed consent is not achieved simply by making information available to subjects with no further explanation or discussion" (Gray, 1975, p. 244). In light of findings such as these, Miller & Willner (1974) have recommended a two-part consent form. This consent procedure would include a statement of the purposes, procedures, risks, discomforts, alternatives and rights, as is the usual case in such documents. In addition, it would include a short list of questions which would check the subject's comprehension of the information. They further recommend that the investigator have an impartial judge read the subjects' consent for adequacy of understanding and provide additional follow-up where that is necessary (Miller & Willner, 1974).

The approach of Miller and Willner is very important because subjects can be yielding, by signing the consent form, one or more of their fundamental rights to the experimenter without their actual knowledge. Wolfensberger (1967) outlines the potentially forfeited rights as invasion of privacy, sacrifice of personal resources (such as time, energy, mental and emotional energy), autonomy (as in hypnotic, drug or brain stimulation studies), and exposure to physical or mental discomfort that may either be of lasting or passing consequence. The observations of Gray (1975) and of Miller and Willner (1974) make it very clear that informed consent procedures cannot be merely passive events where subjects are merely presented with information, but rather, must be an active process, such that researchers take the precautions necessary to elicit consent that is informed, understanding, and voluntary.

Deception

The ethical dilemma in research escalates in research designs that rely on deception or misinformed consent. This strategy ". . . either withholds or distorts the true purpose of the study, and/or withholds or distorts the probabilities and the meaning of the results" (Shipley, 1977, p. 94).

Menges (1973), after reviewing the APA articles appearing in 1971, concluded that the extent and types of deception frequently employed in psychological research was alarming. While the observations of Menges may have changed in the past 10 years with the renewed emphasis on informed consent, his observations give some indications of the types and breadth of deceptive practices.

> Inaccurate information about the independent variable given in 17% of the studies . . . . In 80% of the studies, information was incomplete, leaving 3% in which complete information was provided . . . . Inaccurate information most likely involved information about the behavior of others (35%) and information about the subject's own behavior (31%). Misleading information about instruments was given in 24% of the studies. In the remainder (11%), subjects were misled about the overall purpose of the experiment. (pp. 1032-1033)

Menges (1973) concluded his survey by pessimistically noting that he doubted the use of deception in psychological research would decline. His observation reveals clearly, the potential conflict between research practice

and the research guideline which reads: "Openness and honesty are essential characteristics of the relationship between investigator and research participant" (APA, 1973, p. 1).

At the same time, however, the APA guidelines do give room for exceptions to this mandate provided the investigator takes extra precautions. The major criteria for making such a decision emerge in situations where the research problem is seen to be of great importance, the objectives are unattainable without the use of deception, the participant, *post factum*, is debriefed, and the rationale for deception is reasonable. In addition, the participant must be free to withdraw at any time, and the investigator takes "full responsibility for detecting and removing stressful aftereffects" (APA, 1973, p. 37).

However, the central issue is skirted in the guidelines since the use of deception violates the autonomy of the participant who may be subjected to potential harm, without being adequately informed and freely choosing to take that risk. The cost of such practices is not only ethical, but also social (psychological) and scientific. As it becomes known that respected professionals practice deception in their work and that such procedures are accepted and even approved of, the public may assume that either the members of the profession cannot be trusted to tell the truth or to keep promises, and/or others may be expected to emulate their deceptive behavior (Levine, 1981). From a scientific perspective, Baumrind (1978, 1979) has argued that social support for behavioral scientific research is placed in jeopardy when investigators promote idiosyncratic values that conflict with more universal principles of moral judgment and moral value (Levine, 1981). When researchers choose to deceive research participants and violate their rights, they place the profession and themselves in a position which may jeopardize their future ability to do research with human subjects.

One of the most problematic of ethical dilemmas in this regard, is the use of "placebos" in counseling and clinical research. Placebos, by definition, are inert and not expected or designed to do anything really helpful for the subject. By contrast, when people enter treatment and develop a contract with a therapist/agency, it is with the understanding they will receive an active treatment designed to help them. If clients are given a placebo in place of the active treatment they seek, that contract is violated. In addition, if and when clients discover that they have received a placebo rather than the active treatment they sought, they may feel angered and betrayed by a profession committed to their betterment. As a result, their autonomous choice is violated by using inaccurate and insufficient information. The principle of nonmaleficence is also violated because the possibility of deterioration in the absence of psychotherapy cannot be eliminated. Finally, the principle of beneficence is violated, for they may be no better after "treatment" than before. These ethical violations would be all the more severe in cases where effective alternative forms of treatment were available (O'Leary & Borkovec, 1978). These arguments could hold for no treatment control groups as well.

It is important to point out that there do seem to be alternative designs available that could be used in place of placebos and no treatment control groups. For example, O'Leary and Borkovec (1978) argue that since placebo conditions are difficult to create, researchers ought to compare a treatment of interest with an alternative treatment which also appears to be effective for a problem.

> As long as two treatments are equated for duration of contact time and other nonspecific variables, and as long as independent assessments . . . indicate equivalent generation of expectancy for improvement through the treatment trial, such a design provides control for some of the usual factors addressed by placebo conditions. (p. 826)

Also, by replacing control groups with comparison groups, as O'Leary and Borkovec have argued ought to be done for placebo groups, we avoid the ethical problem of leaving some clients without treatment who stand in need of it.

The one exception to this procedure would be in situations where resources are scarce, such that the relatively large number of clients needing treatment exceed the available psychotherapists. In such a situation, to randomly assign some to no treatment control groups would be ethically acceptable (Stricker, 1982).

By using comparison groups, the assignment of clients to the various treatment groups becomes important. It would seem that randomization is the wisest choice, with each client being informed that s/he will be randomly assigned to one of a number of treatments, each of which is viewed as potentially capable of being helpful (Stricker, 1982; O'Leary & Borkovec, 1978). The clients could then make an informed choice (O'Leary & Borkovec, 1978) as to whether they would be willing to be randomly assigned or not. At the conclusion of the study, if one particular method proved to be the more effective treatment, then it could be offered to members of the other treatment groups if they still needed assistance (Stricker, 1982).

In cases where deception has been used as a methodology, it is frequently dealt with through the process of "debriefing." Debriefing, *post hoc* explanation, does not undo the violation of deception since the autonomous choice to participate is denied. Shipley (1977) argues that debriefing does not give psychologists the right to conduct deception or stress-producing experiments without exceptionally compelling scientific reasons, and he suggests there are never such compelling reasons.

Another alternative for coping with the ethical dilemma of deception is the use of "role-playing" (Berscheid, Baron et al., 1973). This process involves sampling a group of people similar to those desired for a study. The breadth of the research program is revealed to this select group, including the purpose of the experimentation. Their feelings concerning their involvement and the involvement of others in such a program are elicited. However, despite the usefulness of such a process, several problems emerge. One is that it is very difficult to predict how others might behave in a complex situation (Shipley, 1977), and secondly, since normally one individual cannot give consent for another person, such a technique would be more useful as a means of discovering whether informed consent procedures were necessary than it would be in justifying deception (Diener & Crandell, 1978). Miller (1972) has observed further that people may or may not be able to role play in a way similar to their actual behavior.

There is a theme underlying this discussion of deception that is of paramount importance to the profession. Shipley (1977) and Baumrind (1971), both social psychologists, have pointed out the threat that deception poses to psychology as a whole. If their observations are true for social psychologists, they may be even more compelling for counseling and clinical psychologists, as these persuasions rest on the assumption of trust and respect for the autonomy and welfare of clients. As Shipley (1977) has pointed out:

> Volunteering is a process of faith. It includes within it a belief in the internal consistency of words and acts and science and truth. Certainly it is possible to overcome physical and emotional stress created overtly in situations which one has entered voluntarily. But it is seldom if ever possible to overcome the sense of overt betrayal which must ensue . . . when . . . one had volunteered for one thing and been used for another. (p. 102)

In a profession that depends on the trust of its constituents, the question can quickly be raised, is the deception of research subjects worth the risk of the potential dissolution of their trust?

Baumrind (1971) argues in a similar vain when she writes:

> Fundamental moral principles of reciprocity and justice are violated when the research psychologist, using his position of trust, acts to deceive or degrade those whose extension of trust is granted on the basis of a contrary role expectation. It is unjust to use naive, that is, trusting subjects, and then exploit their naivete, no matter if the directly resulting harm is small. The harm is cumulative to the individual and society . . . and the research enterprise does not intrinsically require that they do so. (p. 890)

As was true in the discussion of informed consent, deception is not always and everywhere excluded as a possibility. If it is clear that there is little or no risk and that deception is required, and the research is significant, it may be justifiable, provided that no other moral principles are violated (Beauchamp & Childress, 1979). If the risk is significant and subjects are deceived, it is a fundamental violation of the principle of autonomy.

Recommendations

It seems clear that in order to best protect the rights of subjects that research designs should be carefully reviewed by committees, especially constituted to ethically evaluate a given design. These committees ought to consist of both colleagues and ethicists as is becoming increasingly common in medical research. Just as research designs are commonly examined critically for scientific stringency, so ought they be examined for ethical adequacy. This approach is important since others who are less intimately involved in a given research project may recognize dangers that the investigator has not foreseen and they may be able to recommend safeguards that have not been considered by the researcher (Diener & Crandall, 1978; Gray, 1975). Secondly, as has been suggested by some (Blackstone, 1975; Rutstein, 1969; Stricker, 1982), editorial boards of journals ought to be so constituted as to evaluate the ethical adequacy of a given study, as well as its scientific stringency. This would communicate clearly to researchers the need for ethical rigor in research with human subjects. And finally, psychology ought to focus its methodological expertise on finding designs that are both ethically and methodologically sound. The point is that ethical rigor needs to find as central a place of prominence in research as does methodological rigor.

Conclusion

Psychology as a profession, has accepted the responsibility to develop effective interventions and comprehensive theories. The *Ethical Principles of Psychologists* (APA, 1981) speaks explicitly to this responsibility. Clearly, this ethical responsibility, in light of the principle of beneficence, makes the necessity of research a clear mandate. To employ treatments and interventions that lack a sufficient research base is irresponsible, unethical, and potentially harmful to the people the profession strives to serve. The ethcal dilemmas discussed in this article emerge in research designs that employ deception or fail to adequately secure the consent of participants. As a profession that is based upon trust, it seems clear that alternatives to placebo groups and no treatment control groups ought to be sought actively by researchers. Along with the omission of informed consent, deception cuts away at the very core of the profession and fosters the already too prevalent distrust in our society. Trust is at the heart of the profession, as well as human interaction in general. Without it the profession cannot endure. The point of this article is that the profession must begin to engineer new and more creative research designs that adequately protect the ethical rights of subjects while still yielding important data for the advancement of the profession. If the profession does not confront these crucial ethical considerations, it is likely, in time, that trust in psychologists will progressively be "chipped away" until their effectiveness is so diminished that they will have little left to contribute. If this happens, it will be because they have failed to respect the autonomy of those they strove to serve, and failed to act on their behalf.

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Footnote

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