European Psychologist

Special Issue
Human Rights and Psychology

Guest Editors
Kerstin Söderström, Polli Hagenaars, Tony Wainwright, and Ulrich Wagner
How young people politicize and what factors lead to their political actions

Contents and topics include

• Civic and Political Engagement in Youth: Findings and Prospects
• Reducing Adolescents' Approval of Political Violence: The Social Influence of Universalistic and Immigrant-Friendly Peers
• Young People's Engagement With the European Union: The Importance of Visions and Worries for the Future of Europe
• Becoming Politicized: Political Socialization and Participation of Young People in the December 2008 Revolt in Greece
• Protesting Youth: Collective and Connective Action Participation Compared
• The Chicken or Egg Question of Adolescents' Political Involvement: Longitudinal Analysis of the Relation Between Young People's Political Participation, Political Efficacy, and Interest in Politics
• Conservative Ideological Shift Among Adolescents in Response to System Threat

Xenia Chryssochoou / Martyn Barrett (Editors)

Political and Civic Engagement in Youth

Zeitschrift für Psychologie, Vol. 225/4
2017, iv + 76 pp., large format
US $49.00 / € 34.95
ISBN 978-0-88937-545-1

Antithetical patterns of youth political and civic engagement have been observed in recent years. Many young people are uninterested in politics and political participation, whereas others are highly engaged political actors. The patterns of their engagement and participation are changing and new forms of activism have appeared with the increasing use of new technologies and social media. With the social fabric becoming endangered in certain areas by political and economic changes, it is important to understand young people's positions towards politics and the factors that lead some youngsters to be politically active and others not. In this collection of studies, social psychology partners with developmental psychology in order to focus on young people's political and civic engagement and investigate how young people politicize and what factors lead to their political actions.
## Contents

**Editorial**  
Human Rights Matter to Psychology - Psychology Matters to Human Rights  
*Kerstin Söderström, Polli Hagenaars, Tony Wainwright, and Ulrich Wagner*  
99

**Original Articles and Reviews**  
The Human Rights Committee at the Norwegian Psychological Association: 20 Years of Work and Future Challenges  
*Nora Sveaass*  
102

Human Rights-Based Approach to Applied Psychology  
*Nimisha Patel*  
113

Taking Ethics Seriously: Toward Comprehensive Education in Ethics and Human Rights for Psychologists  
*Duska Franeta*  
125

Critical Reflexivity and Intersectionality in Human Rights: Toward Relational and Process-Based Conceptualizations and Practices in Psychology  
*Marco Gemignani, and Yolanda Hernández-Albújar*  
136

The Human Right to Make One’s Own Choices - Implications for Supported Decision-Making in Persons With Dementia: A Systematic Review  
*Theresa S. Wied, Maren Knebel, Valentina A. Tesky, and Julia Haberstroh*  
146

Human Rights, Dementia, and Identity  
*Sarah Butchard, and Peter Kinderman*  
159

Children’s Rights and Educational Psychology  
*Johanna Fee Ziemes and Eveline Gutzwiller-Helfenfinger*  
169

A Human Rights and Ethics Crisis Facing the World’s Largest Organization of Psychologists: Accepting Responsibility, Understanding Causes, Implementing Solutions  
*Kenneth S. Pope*  
180

Psychology and Its Response to Major Human Rights Abuses: The Case of Australian Immigration Detention  
*Ryan Essex*  
195
Commentaries

US Attitudes Toward Torture: Commentary on Kenneth S. Pope, 2019
David J. Armor and Jeremy D. Mayer

Has US Support for Torture Continued to Increase? Reply to
David J. Armor and Jeremy D. Mayer, 2019
Kenneth S. Pope

EFPA News and Views

Meeting Calendar
Human Rights Matter to Psychology – Psychology Matters to Human Rights

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“Human Rights are of crucial importance to everyone in the world, psychologists included”. With this statement the European Federation of Psychologists’ Associations (EFPA, 2013) called for psychologists and their associations to engage in protection and promotion of human rights. EFPA aims to connect psychology with Human Rights in a way that psychology becomes more useful to the Human Rights agenda and Human Rights become an indispensable dimension of psychology.

The modern Human Rights framework grew out of the United Nations’ (UN) efforts to prevent future human suffering following the atrocities of World War II. The Universal Declaration of Human Rights (UDHR) adopted by the UN General Assembly in 1948, recognizes the inherent dignity and the equal and inalienable rights of all human beings as the foundation of freedom, justice and peace in the world. Human Rights provide a moral and legal platform to protect and promote the fundamental rights and well-being of people and peoples.

The UDHR and subsequent declarations and conventions formulate the very basis of human needs, safety, health and well-being and are a strong “companion” to psychological ethics. In accordance with this, EFPA adopted the Model Code in 2015, establishing the European Convention of Human Rights (ECHR) as a fundamental basis saying that: “Psychologists respect the principles of Human Rights as these are defined by international treaties and human rights conventions” (EFPA, 2015b). This makes the relationship between ethics and human rights for psychological practice very clear (Sveaass, 2019).

The World Health Organization acknowledges the strong links between health and Human Rights and prescribe a human rights-based approach to health policy and service delivery which targets “… discriminatory practices and unjust power relations that are at the heart of inequitable health outcomes” (WHO, 2017).

Despite their natural connection, there is no tradition of a strong alliance between the two fields of Human Rights and psychology (Twose & Cohrs, 2015). This is probably because the two frameworks have different origins, speak different “languages” – that of law and that of psychology – and are mostly played out in different arenas without recognizing the mutual benefit of working together. Few would contest that Human Rights are important, but it may not be self-evident what role psychologists can play or where and how Human Rights can be embedded in psychology.

The guest editorial team consists of members of EFPA’s Board Human Rights and Psychology whose mandate is established in the policy paper “Psychology matters in Human Rights – Human Rights matter in Psychology” (EFPA, 2015a). A central aim is to raise awareness of the mutual relevance of the two fields. EFPA emphasizes the unique expertise and competence of psychology and what psychology can add to what other social actors bring to bear. For the future of this work, EFPA has a number of objectives including:

(1) Developing psychologists’ understanding of how the human rights framework can inform psychology as a discipline and practice.
(2) Providing examples of how psychology, as an academic discipline and profession, and professional associations can contribute to the Human Rights agenda.
(3) Raising awareness of historical and ongoing human rights violations in the name of psychology and also of the positive initiatives psychologists have taken.
(4) The exploration of the relationship between ethics and human rights in psychology and to provide direction for future integration.

(5) The description of how human rights education and awareness can be integrated in the professional training of psychologists.

This special issue is published at a significant moment for this field. Progress on Human Rights has been impressive since the Universal Declaration of Human Rights in 1948, but we are witnessing a reversal in this generally positive trend as recorded in the World Justice Project report for 2017–2018 where the biggest reversal was in fundamental rights in over half the countries included (World Justice Project, 2018).

The special issue starts with four context-setting papers. These are followed by three in applied fields: two that cover the application of a human rights-based approach in the field of dementia care and another focusing on children’s rights and bullying as a human rights violation. The final two papers consider situations where psychologists are called upon to directly challenge authorities in contexts where public policy violates both ethical and human rights principles.

The first paper by Nora Sveaass highlights the close connection between psychology and human rights through a discussion of the Human Rights Committee of the Norwegian Psychological Association. It describes the political events and the strengthening of the international human rights field that inspired the establishment of the committee and the definition of its goals. Sveaass describes the various activities of the committee, such as inscribing Human Rights into the National Association’s statutes, engaging in political debates and criticizing ongoing practices within the own profession and in society at large where Human Rights are at stake, and taking part in the UN reporting and monitoring processes; in all this the importance of a human rights based psychology, and human rights education for psychologists, is emphasized. This is followed by Nimisha Patel’s discussion of applied psychology and human rights-based approaches where she proposes a professional stance of the psychologist as a practitioner-activist. Her article points to the intertwined nature of psychology and human rights and not always in a good way – for example, its Eurocentricity and bias towards individualism. However, the Human Rights framework and its status of negotiated, international accepted legal and moral principles is mainly seen as ethical guidelines, commitments, and valuable tools for psychologists’ effort to practice a human rights-based approach to health care. The third paper by Duška Franeta discusses the principles we should use when teaching ethics in professional education and, more specifically in psychology professional education. Franeta argues that this ought not to be restricted to consideration of Codes but be more comprehensive, and include discussion and debate on Human Rights. In the final paper of this context setting section Marco Gemignani and Yolanda Hernández-Albujar take a critical look at the epistemological and ontological underpinnings of human rights and psychology and suggests important reflections on how we need to step back and take a hard look at how we understand these two arenas from a critical perspective.

The second section begins with a paper authored by Theresa Wied, Maren Knebel, Valentina Tesky, and Julia Haberstroh providing a systematic review of the empirical evidence on supported decision-making in dementia care. As the first systematic review of this kind, this article contributes to the implementation of this approach in practice. Despite heterogeneous evidence, the findings have crucial implications on enabling people with dementia to exercise their human right to make decisions with legal effect. This is followed by Sarah Butchard and Peter Kinderman’s account of the development of the clinical applications of the Fairness-Respect-Equality-Dignity and Autonomy principles (FREDA) in clinical settings for people with dementia. The principles will provide valuable guidance for how rights based approaches can have the most impact in settings where rights are often at risk of violation. The article by Johanna Fee Ziemes and Eveline Gutzwiller-Helfenfinger is on children’s human rights in educational settings. The authors question the idea of a value free science and critique educational psychology for being too focused on psychological principles. Instead, they argue that educational psychology with more ecological approaches can create opportunities for children to realize the normative statements of the Convention of the Rights of the Child. The argument is made concrete by providing examples from bullying prevention and the creation of positive learning environments.

In the final section we turn to a more activist approach, beginning with Kenneth Pope’s account of the crisis of human rights and ethics by psychologists’ involvement in the so-called enhanced interrogation program in which detainees were tortured in Guantnamo Bay (Senate Select Committee on Intelligence, 2014) In Pope’s words, “A crisis of human rights and ethics has engulfed the American Psychological Association, leading the APA to confront culpability, accept responsibility, and “apologize for this stain on our collective integrity.” The paper not only describes the context and ongoing issues, but the importance of how we as psychologists need to understand the way our organizations function – the section on guild ethics is particularly revealing. We close the special issue with an account by Ryan Essex of the experience in Australia where psychologists have been faced with challenging public policy on the treatment of asylum seekers and other people.
in similar situations. The author provides important insights on the complexities of this work and the general lessons for all of us– the issues of asylum and refugees are universal– for contemporary practice.

In conclusion the papers in this special issue cover a wide field where human rights thinking and practice can enrich psychology and where psychological ideas can enrich human rights understanding and implementation. They provide inspirational examples of how psychologists can play a significant role in human rights protection and also object lessons on where violations can occur. We hope, that the papers will also play a part in developing the synergy between the two fields and their increasing integration.

References


Received February 26, 2019
Published online June 14, 2019

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The Human Rights Committee at the Norwegian Psychological Association

20 Years of Work and Future Challenges

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Abstract: The close connection between psychology and human rights is discussed through a presentation of the Human Rights Committee in the Norwegian Psychological Association. The importance of human rights education for a human rights-based approach in psychology is highlighted. The article describes the political events and the strengthening of the international human rights field that inspired the establishment of the committee and the definition of its goals. Main areas are presented, such as the psychological needs of refugees and their rights in resettlement countries, including the right to rehabilitation of victims of torture and the situation for separated minors seeking asylum, and their need for protection and care. Furthermore, human rights in mental health care, focusing on the rights of persons with disabilities, as well as children’s rights, and state obligations to prevent violence and abuse are central concerns. The right not to be discriminated or marginalized is emphasized and the need for psychologists to be involved in protection against discrimination. An international perspective focusing on psychologists involved in human rights abuses or psychologists themselves under threat is discussed as part of the committee’s engagement. The close collaboration with civil society organizations has enabled the committee to work with alternative reports to international monitoring mechanisms as part of periodic reporting, both to UN Treaty bodies and to the UN Human Rights Council (Universal Periodic Review). Finally, the importance of human rights-based psychology, and how joint initiatives can strengthen respect and promotion of rights, are reflected upon.

Keywords: human rights, psychology, mental health, political events, human rights education

“To believe that politics can be divorced from psychology is to confine the field [of psychology] to artificial boundaries that limit its potential for improving human well-being and social justice.”

Fox and Prilleltensky (1996, p. 21)

“Talking is not enough and social action has to become part of the repertoire of skills of clinical psychologists (…)”

Patel (2003, p. 34)

When looking closely at the aspirations and objectives of human rights, and scrutinizing the aims and ambitions of psychology, the relationship and similarities between the two are striking. Yet, there has been a gap between the two fields. Despite crosscutting issues and shared values, the dialogue between those engaged in protecting human rights and those working with the fulfillment of these aims within professional of psychology has been limited.

Ethics holds a central place in psychology, and important efforts to bridge the gap between ethics and human rights are seen (Hagenaars, 2016). The aim of this article is to describe the development and establishment of a Human Rights Committee (HRC) in the Norwegian Psychological Association (NPF) in 1998 and focus on some areas of priority for the committee. Creating such a committee was motivated by several factors – the need to include a human rights dialogue into psychology and psychological ethics, and the fact that major political events during this period brought to our attention the many psychological dimensions that these events entailed. Finally, the fact that the human rights system was growing and civil society came to have a stronger position in the monitoring and protection of these rights represented important events. This created a sense of urgency that something had to be done with regard to psychology and human rights. This was possibly the first committee of its kind, and we are not aware of any other working under similar mandate. Some of the political
events at this time and the development in the human rights system in this period and after are presented.

### Important Political Events During the 1990s

#### Post-Conflict and Post-Authoritarian Societies

The Latin American military dictatorships had fallen in the 1990s, and stories about the suffering of those victimized and abused by the dictatorships were disclosed beyond the countries where this had taken place. The devastating effects of torture, illegal executions, enforced disappearances, clandestine and incommunicado detention, and a systematic application of fear as a form of oppression were described in ways that was novel and shocking to many (Kordon et al., 1992; Sveaass, 2009).

Psychologists and other health professionals engaged in work with persons affected by the serious human rights violations, both as caregivers and human rights activists, spoke about the consequences of the abuses, not only on those directly affected, but on their families and on society at large (Lira & Castillo, 1991). The victims and the organizations caring for the victims expressed a strong claim for justice and that the responsible must be held to account. Impunity and lack of justice were considered ways of upholding violence and injustice and some even argued that impunity for crimes of torture was a continuation of the torture (see Rojas, 1995, 2000; Sveaass, 1994; Sveaass & Lavik, 2000). Lack of proper investigations and attempts to find those disappeared after abductions and unlawful arrests are ways of keeping fear and terror alive, in addition to violating rights to truth and justice. Justice and access to reparation were presented as vital by the Latin America colleagues, not only for legal reasons, but as part of a healing process for those who had lost and suffered. It seemed impossible to heal the wounds in a climate of impunity, and justice and reparations were the only possible avenues for attempts at closing the gaps, repairing what had been broken (Kordon, Edelman, Lagos, & Kersner, 1995).

To psychologists in different places in the world, these observations and reports highlighted the close connection between grave human rights abuses, impunity, severe psychological problems, and social insecurity. What we heard about this, combined with the direct encounter with refugees from the region, represented clear messages to psychologists in Europe and other places about the necessity to do something, both on a sociopolitical and a clinical level. Learning and understanding more about human rights violations and their consequences seemed a priority, together with ways of relieving pain and suffering, and providing opportunities after abuses, loss, and uprooting (Sveaass, 2013).

#### Justice and Accountability

The voices of the Latin American health professionals and human rights activists on justice and accountability were heard by the international community (Rojas, Espinoza, Urquieta, & Soto, 1998). Their experiences became important arguments in the debate and work that led to an international criminal justice system, such as the tribunals for war crimes in former Yugoslavia (ICTY, established in 1994) and Rwanda (ICTR from 1996), and the Permanent Criminal Court (ICC) under the Rome Statute (UN, 1998b). The principle strongly raised by the Rome Statute was that blanket amnesty was no longer an option and that accountability for crimes against humanity and reparation to the victims were conditions for peace, as well as for social and individual healing. The tribunals established called upon witnesses who had suffered violations, and the importance of supporting witnesses was acknowledged. Psychological assistance and forms of psychological monitoring of the trials were developed. Furthermore, ways of providing psychological support to the large groups of war-affected persons, following the end of the armed conflict, were needed (Ajdukovic, 1997).

In former Yugoslavia, the number of war-related rapes was catastrophically high, and it became evident that rape had been used systematically as a weapon of war and as part of ethnic cleansing (Skjelsbæk, 2012). Rape was for the first time considered a war crime and crime against humanity, not only as collateral damage in war (ibid.). This was an important step on the international level, because it allowed for considering sexual violence against women as grave human rights violations, and something states were obliged to deal with. For those who had suffered, the fact that these crimes were of concern to the international society and further that witnesses were entitled to protection and reparation were of great value (Stover, 2005). These events underscored the psychological complexity involved in justice and post-conflict and the need to develop support and psychological assistance.

The conflicts in Rwanda and in Balkan had consisted of brothers and neighbors fighting each other in the most brutal way. This was a shocking lesson to us all, and psychologists were required to ask how this could be understood and dealt with. Here, we still have a long path to go, but the actual understanding of some of our established social psychological insights became brutally timely and relevant and something that needed further exploration. The psychological aspects of genocide, and the role of those involved,
let alone the bystanders, had been well described by Staub (1989) in his book, “The Roots of Evil.” The relevance of this work became stronger than ever.

At the same time, peace processes after armed conflicts required reconciliation and a new start. The political ambitions, formulated by those negotiating the peace accords, were in stark contrast to the situation on the ground, where there was no sense of safety or security, nor a space for reconciling with persons with whom one recently had been in conflict. From a psychological point of view, it seemed evident that political decisions and processes could not be successful as long as justice and truth were not taken into account or the need for creating safety and security not dealt with (Skjelsbæk, 2012; Sveaass & Sonneland, 2015).

Truth and Reconciliation

An important event that brought energy to the psychology field was the way in which South Africa dealt with its brutal history. An apartheid government had been in power for years, but in 1990, the world’s most famous political prisoner, Nelson Mandela, was set free after 27 years imprisonment. A new era could begin, and four years later, he was elected president of South Africa. Following the release of Nelson Mandela, the important process of dealing with the past was initiated. The level of conflict was naturally high, but the new leadership managed to embark upon the first truth and reconciliation process seen. The “Truth and Reconciliation Commission” (TRC) was established and those responsible for atrocities as well as those who had suffered come forward and talked about what had happened (Hamber, 2002). The proceedings were broadcasted to enable everybody access to this. Those responsible for the violence were encouraged to admit to their crimes and if possible ask for forgiveness. Legal process was initiated only when people refused to testify. This was of course a very emotional process, where basic questions related to guilt, shame, loss, repentance, and forgiveness were on the agenda. The psychological processes involved were strong and often painful, but this unique initiative gave room for a peaceful transition, with a view to look ahead and reconcile.

The South African commission had given the world a new way of dealing with the painful experiences of the past. It was ground-breaking, also in terms of psychological approaches to these sociopolitical events. It allowed an important discussion to evolve, namely the relationship between truth and reconciliation.

The work that later took place in El Salvador, Guatemala, Chile, and Argentina was partly modeled by the TRC that is, to bring out the truth about what happened during the armed conflicts in the region (Espinoza, Ortiz, & Rojas, 2003). The questions raised through these commissions were about the relationship between truth and reconciliation, as reconciliation as part of the process is a contested one (ibid). More knowledge, insight and understanding of this, in order to develop processes within what we know as transitional justice, are needed (Sveaass, Agger, Sonneland, Elsass, & Hamber, 2014).

The political events described above were significant to the understanding of the psychological aspects involved in war and post-conflict. In particular, these events highlighted how psychological knowledge may be applied in these processes and further, how the consequences of conflict, abuse, and human rights violations are issues to be dealt with in psychology. The need to elaborate a better understanding and approach with regard to human rights and psychology became clear. The establishment of the committee was one response to this.

Human Rights Instruments Are Strengthened

Apart from the political events, international human rights principles were strengthened (Buergental, 1995; Risse & Sikkink, 1999). Systems to monitor compliance of these obligations by the states were further developed during this period, and respect for human rights was considered a way to ensure health, security, and well-being for the people in the world. This of course also calls for more engagement from psychologists, as part of the group of health professionals and as part of civil society.

Conventions and Declarations

Many of the most important human rights conventions were adopted and entered into force already prior to the 1990s, such as the Convention Against Torture (CAT) and the Convention for the Elimination of Discrimination of Women (CEDAW) (OHCHR, 2018a). The Convention for the Rights of the Child (CRC) was adopted in 1992, and the idea of a Convention for the Rights of Persons with Disabilities was born (CRPD) and finally adopted in 2006. One important event was the World Conference on Human Rights in Vienna, Austria in June 1993, attended by representatives of 171 states and 800 NGOs. The Vienna Declaration reaffirmed the “commitment of all States to fulfil their obligations to promote universal respect for, and observance and protection of, all human rights and fundamental freedoms for all in accordance with the Charter of the United Nations, other instruments relating to human rights, and international law” (OHCHR, 2018b). For the first time, human rights were announced as indivisible, interdependent, and inter-related. The conference called
for action to protect the rights of women, children, and indigenous people and the important role and participation of civil society organizations in the work for promote and protect human rights was established.

A number of other important UN documents and resolutions were adopted during this period. Of special relevance to psychology, were resolutions on the right to restitution, compensation, and rehabilitation, on impunity of perpetrators of human rights violations, and on effects of impunity (UN, 2000). The issue of justice and impunity and the consequences this had both for individual survivors and the communities were highlighted by these documents.

**Human Rights Defenders**

The first landmark declaration on human rights defenders (HRD) was adopted in 1998, namely the United Nations Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms (UN, 1998a). A human rights defender is anyone working for the promotion and protection of human rights, including professional as well as non-professional human rights workers, volunteers, journalists, lawyers, and anyone else carrying out, even on an occasional basis, a human rights activity (International Service for Human Rights, 2013). The declaration was an important step for civil society all over the world. Human rights defenders, seeking to promote and protect a wide range of different rights, are often threatened and persecuted for their work (UN General Assembly, 2018).

The declaration underlined the importance of human rights defenders and their need for protection. While not legally binding, it provides an authoritative framework for the recognition and protection of HRDs under international law. The first resolution marked its 20th anniversary in 2018, and in the most recent resolution on the situation for human rights defenders, the UN General Assembly calls on the Secretary General to “assist States in strengthening the role and security of human rights defenders” (§16–17). These resolutions, being a framework for protecting human rights defenders against reprisals, are relevant to many healthcare providers in the world, as they are frequently targeted, directly or indirectly for their work, supporting and assisting persons who have been subjected to severe human rights violations (UN, 2017).

Psychologists and their organizations have a role to play as part of civil society, to advocate for promotion and respect of basic human rights, and to protect and care for those who have been subjected to violation of the rights. Seeing psychologists and our organizations, not only as members of civil society, but possibly also as human rights defenders, has been understood by the committee as a good approach and one that could be a good guiding principle in our work.

**The Human Rights Committee Is Established in 1998**

The decision to establish a Human Rights Committee as a committee under the central board, counting six members, was taken at the Convention of the Association. A more elaborate process regarding aims and objectives could start, and some of the main focus areas will be described.

**The Mandate**

The mandate for the Human Rights Committee (hereafter HRC) was expressed in the following way, “to work for and promote the relationship between human rights and psychology, as these are expressed in the UN Conventions and psychological knowledge.” The ambition was to strengthen the knowledge about human rights and the application of international human rights instruments among psychologists in general and in particular in their working setting as psychologists. Secondly, and not less important, the committee should take up, discuss, and act upon situations and events where it found that basic human rights had been violated, in Norway or other situations where relevant. Responses would be writing (press), expressing opinions in public meetings or taking contact with relevant stakeholders in situations where rights are challenged and/or persons possibly at risk. The following aims were defined:

- Prevent human rights violations.
- Promote use of psychological knowledge to help individuals and groups subjected to human rights violations.
- Contribute to the development of knowledge and insight into the relationship between psychological knowledge, practice and human rights.
- Strengthen awareness regarding the connection between human rights, health, and quality of life.
- Contribute to the use of psychological knowledge in processes for peace and conflict resolution and that these processes always include respect for human rights.
- Contribute to the prevention of use of psychological knowledge and methods in ways that violate the rights of persons or in any way contribute to oppression and humiliation.

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1 As the author was one of the initiators and subsequent members, the description of the work will be from the inside and referred to as we and us.
- Ensure that psychologists do not participate in or in any way contribute to torture or cruel, inhuman or degrading treatment or punishment, toward any individual, no matter what charges are brought before them.
- Support psychologists and psychologists’ co-workers when they are prevented from performing their professional duties toward persons in risk or under threat. Likewise, psychologists and their co-workers must be supported when persecuted or in any other way exposed to threat and danger when performing their professional duties and/or promoting the human rights of others.

These were our aims then, and they still represent the central principles and goals guiding our work.

A Human Rights-Based Approach – What Have We Done?

Main areas of work and initiatives taken during these 20 years will be described briefly.

Refugees and Asylum Seekers

Identifying Torture and Right to Rehabilitation

Norway receives asylum seekers on a regular basis as well as refugees arriving to the country through the UNHCR. The refugees are re-settled directly in Norwegian municipalities, whereas the asylum seekers are hosted in asylum reception centers.

The committee has argued for and defended the right to seek asylum, especially in situations where immigration policy implied limited access and deterring persons from crossing borders. We have further argued to rights on arrival. The right to health care and respect of special needs have been major principles (Brekke, Sveaass, & Vevstad, 2010). The fact that there is no procedure in Norway, addressing and identifying victims of torture, nor a system that secures that victims of torture are attended in the way that seems fit, has been raised with the Norwegian authorities several times. The need for developing good procedures for initial health assessment has been highlighted, and standards for psychologists’ engagement in asylum procedures have been outlined. We have further reminded the state about the international obligations regarding rehabilitation of torture victims and the importance of identifying torture (including by applying the Istanbul protocol) as a way to ensure rights. In alternative reports to the different UN Treaty bodies, in particular to the Committee Against Torture, these issues have been raised several times in connection to the Norwegian periodic reporting to these bodies (NGO Forum, 2018a).

Situation for Separated Minors

This has been an area of priority. A public hearing “Childhood on wait” was organized in September 2006, where HRC invited politicians and psychologists to discuss the situation for this group of minors from psychological, clinical, and protection perspectives. Policy makers were challenged on these issues and the hearing received great interest from the public. The work was followed up in collaboration with other civil society organizations working on the rights of the minors. Among this was a parliamentary hearing where HRC reiterated the importance of the young asylum seekers being under child protection services instead of the immigration services, to ensure protection, treatment, and care. In 2009, the Norwegian authorities decided this for those under 15 years of age.

Another challenge where we have engaged is the discussion regarding age determination procedures and the fact that young asylum seekers can be returned at 18. We have argued that temporary stay for adolescents of 15, with the view to return at 18, does not create the kind of stability and motivation for learning and developing they should normally have. In different ways, we have argued against this situation explaining what this may mean in terms of both psychological development and rights.

Detention of Asylum Seekers

The practice of detaining asylum seekers who are awaiting deportation was established in Norway in 2010, following the adoption of the EU Return Directive by the Norwegian Parliament, which provides for periods of up to 18 months (Norwegian Ministry of Justice and the Police, 2010). This practice has been of great concern to HRC, and in 2015, we undertook a visit to Trandum Detention Centre, focusing on access to health services in general, and in particular, the possibility for having mental health assistance. The situation for families with children was also a major topic for the visit. A report was written, submitted to the authorities, and published. These concerns were later raised by the Norwegian National Preventive Mechanism (NPM) after a visit to Trandum. This became an important opportunity to reiterate the psychological issues raised by us (Menneskerettighetsutvalget, 2016).

Health and Irregular Migrants

The right to health care for those without regular stay permit in Norway has been an issue of public discussion. A healthcare center for “irregular migrants” was established
in 2009 by a Norwegian church organization and Red Cross. The activity was at first considered acts of civil disobedience, as the clients were “illegal” and soon to be returned. Health professionals were warned against participating in this work, but the HRC encouraged members to sign up this voluntary service, despite the risks entailed. Fortunately, the authorities changed their position; the center was “legalized” and users were not to be arrested while visiting the center. The committee has given a lot of attention to this work (Evang, 2011). We further participated actively in the campaign “Nobody is illegal” with other organizations, also professional associations. The idea was to protest against the authorities’ definition of irregular migrants as “illegal” migrants, risking stigmatization and marginalization of persons denied protection or other forms of stay in the country. This clear position by the HRC resulted in a discussion in the agenda by the entering into force of the Convention for the Rights of Persons with Disabilities (CRPD), a convention Norway ratified only in 2013. HCR as well as the Ombud on discrimination and equality (LDO) had frequently encouraged the state to do. Norway ratified with reservations to Art 12, 14, and 25, again resulting in fierce criticism from stakeholders (Stang & Sveaass, 2016). These reservations relate to the informed consent and the right to enjoy full rights of persons with a disability. Again, the HRC has been active in arguing against these positions and has submitted written comments to this interpretation and practice. Norway will be reviewed by the CRPD in 2019, and alternative reports have been submitted.

A special situation in Norway, that makes the need for involvement of and insight into human rights of persons with disabilities, is that the Norwegian mental health law allows psychologists to decide on involuntary admittance to hospitals of persons with psychological problems. The association had worked for this with the view of being political and activist. These comments were replied to, but at the same time, we saw that participation in campaigns should always be well prepared and discussed (Mohn, 2011; Sveaass, 2011).

Psychiatric Patients, Human Rights, and Coercive Care

Compared to other countries, Norway has had a higher number of involuntary hospitalizations of adults in psychiatric care, based on the population (Statistisk Sentralbyrå, 2011). Norway has until recently applied the so-called treatment criteria as a condition for hospitalization without consent, regardless of capacity for decision. In 2017, new legislation was introduced to ensure that persons with decision capacity may not be hospitalized without consent (Helsedirektoratet, 2017).

The number of involuntary hospitalizations varies, and hospitals in different regions report on very different numbers. This has been brought to the attention of the health authorities on numerous occasions, both from Norwegian and international bodies. The number is nevertheless, not markedly reduced, despite the many reports and initiatives to this end. The use of restraints in psychiatry is also according to reports a frequent one, and little reduction is observed, despite ambitions to do so (Husum, 2011). Finally, medication without consent is frequently applied in psychiatric clinics and hospitals, also including forced medication for persons not cared for in the hospitals (Husum & Nordvoll, 2014).

The committee has raised these issues as serious concerns directly to the health authorities, as part of alternative reports to the UN and as comments to public hearings. Such questions were placed even stronger on the agenda by the entering into force of the Convention for the Rights of Persons with Disabilities (CRPD), a convention Norway ratified only in 2013. HCR as well as the Ombud on discrimination and equality (LDO) had frequently encouraged the state to do. Norway ratified with reservations to Art 12, 14, and 25, again resulting in fierce criticism from stakeholders (Stang & Sveaass, 2016). These reservations relate to the informed consent and the right to enjoy full rights of persons with a disability. Again, the HRC has been active in arguing against these positions and has submitted written comments to this interpretation and practice. Norway will be reviewed by the CRPD in 2019, and alternative reports have been submitted.

A special situation in Norway, that makes the need for involvement of and insight into human rights of persons with disabilities, is that the Norwegian mental health law allows psychologists to decide on involuntary admittance to hospitals of persons with psychological problems. The association had worked for this with the view of reducing the number of involuntary placements. The idea was that psychologists would voice alternatives, stronger and with more effect. To this day, after 11 years, this has not happened, and the numbers have not gone down (Strand, 2011). The committee finds this problematic and an issue that should be dealt, also by the association, in a more direct way.

Another issue is the use of electroconvulsive therapy (ECT) without informed consent. According to the Norwegian mental healthcare law, all use of ECT should be based on informed consent, but despite this, ECT is frequently given without such consent and also to patients lacking the ability to give informed consent and often as “emergency measures.” This has been criticized by the HRC as well as at the hearing in UN torture committee in 2018 (UNCAT, 2018). Other concerns voiced by the HRC in relation to psychiatric care are lack of adequate registrations, lack of follow-up of complaint procedures and serious shortcomings with regard to the control commission, mandated to carry out regular visits to the hospitals and clinics. We regard these as potential violations of the rights of persons with disabilities. The Norwegian National Preventive Mechanism (the NPM established under OPCAT), at the Ombud’s office, visits psychiatric hospitals regularly and has published several reports, raising these problems. The HRC forms part of the advisory board of the NPM, and this gives a good platform and opportunity to work actively in this area (see https://www.sivilombudsmanden.no/en/torturforebyggning/).

Public Statements on Relevant Issues

Norway has frequently been criticized for overuse of isolation in prison, lack of specific remand prisons, and at some
instances minors in prison. The situation of minors in conflict with the law has been a focus point for the committee. On several occasions, we have presented written statements and comments to public documents and plans regarding minors in detention. Information about psychological consequences of isolation has been provided through newspaper articles and interviews in the media.

Discrimination is a serious experience, and persons who are discriminated for reasons of race, ethnic background, or sexual identity find themselves in vulnerable situations and at risk with regard to mental health and well-being. The committee has engaged through public statements and presentations, taking part in seminars and contexts where discrimination is discussed including by participating in alternative or supplementary reports to UN Treaty bodies (Anti-rasistisk Senter, 2015).

Our challenge throughout has been to link these possible human rights abuses to psychological knowledge and practice.

Human Rights Education and Disseminating Knowledge

Better education and training on human rights to psychologists have been a major ambition. The committee has worked systematically with this, contacting universities and places of higher education, providing input to teaching plans and literature, and being available as lecturers and conveners of seminars. We have also reminded the Norwegian state on its obligations to provide human rights training to professionals in different sectors. Focus has also been on including human rights in the training offered by the association, as part of specialization programs. Something has been obtained, but there is still a long way to go. Publishing textbooks and articles, as well as lecturing in different contexts, has been among our many activities to strengthen human rights education to psychologists and disseminate information about the application of human rights principles in psychology. A special edition on human rights and psychology, in the Journal of the Association, edited by the committee, was issued in December 2009. This edition included articles on coercion in psychiatry, refugee rights, the prohibition of torture, children’s rights, and an editorial on human rights-based psychology (TPNF, 2009).

Knowledge and oversight over human rights are important, but making a human rights informed approach in practice possible, more has to be done in terms of awareness raising and practical implementation. The aim must be to create a clear understanding of what human rights are, what is the relationship between these rights and psychology, and how psychologists can practice these principles on the ground. Members of the committee have developed ways of presenting a practical approach related to these issues and ways of dealing with specific questions and challenges that psychologists meet in their daily life (Stang & Sveaass, 2016).

Basic Principles for Psychologists

In 2010, the basic principles for Norwegian psychologists were amended. Based on a proposal from the HRC, the following text was adopted: “Psychological professional work must ensure that basic human rights are being respected. Such a practice implies that one shall always actively be oriented by and relate oneself to international conventions and relevant national legislation, and in the daily work, aim at securing the respect for the rights of people, and that it is reacted when violations of these rights take place” (NPFs prinsipp-program, 2010, p. 4). This decision was an important one. It firmly established that psychological practice rests on human rights and that reporting or reacting to violations falls within the remit of psychologists’ professional work.

Psychology and Ethics

The relationship between human rights and ethics in psychology merits a constant focus. Whether human rights should be an explicit part of ethics or if they are complementary is an ongoing discussion. The Universal Declaration of Ethical Principles for Psychologists (UDEPP) adopted in 2008 (IUPsyS, 2008) does not contain a clear reference to the human rights, but is formulated in a way that encourages the inclusion of these rights when considering professional ethics. Despite these principles being a valuable addition to the ethical standards, the HRC had hoped for a direct reference to human rights in the declaration, not only as guiding ideas but as obligations to adhere to, in psychological practice.

Then when the EFPA Model Code of Ethics was drafted, the HRC was invited to participate in this work. The Model Code was adopted by the EFPA Board of Ethics in 2015 establishing the European Convention of Human Rights (ECHR) as a fundamental basis. The following was included in the general principles: “Psychologists respect the principles of Human Rights as these are defined by international treaties and human rights conventions” (EFPA, 2015). This makes the relationship between ethics and human rights for psychological practice very clear, and the Model Code thus serves a very important purpose.

Protesting Against Abuse of Psychology

The principle of “do no harm” and fighting all forms of abuse of and by the psychological profession, including
abuse of psychological knowledge, were important perspectives when it became evident that psychologists engaged in national security issues and contributed to the so-called enhanced interrogations as part of the war against terror. A special task force had been established by the American Psychological Association (APA) in 2005 with a mandate to outline the role of psychologists in national security issues and in particular whether the APA Ethics Code applied in situations (APA, 2005). The task force gave legitimacy to the participation of psychologists in such activities and argued that the work was ethical, safe, and legal (Wessells, Sveaass, Foster, & Dawes, 2017). The recommendations from the task force were met with concern and surprise both from inside the APA and from other psychological associations internationally. The idea of having psychologists participating, directly or indirectly in forms of interrogation that the UN Committee Against Torture described as involving methods of torture (UNCAT, 2006), had to be reacted to. The HRC together with the NPF itself and other Nordic psychological associations took initiatives to write letters to the leadership of the APA as well as organize meetings with them, such as during the International Conference of Psychology (ICP) in Berlin in 2008.

Furthermore, HRC engaged in numerous discussions, panels, and workshops at the European Congresses for psychology and others, on this issue. Our position at all these events was that psychologists’ engagement in what was regarded as serious human rights abuses was absolutely unacceptable. The committee also wrote to the Director of the APA Ethics Office directly, Stephen Behnke, arguing that psychologists must never work in irregular places of detention such as Guantanamo and Abu Ghraib (MRU, 2009). The only exception would be “if they are part of independent teams to monitor, report or provide health care, and under the command of other bodies than those who are responsible for the detention settings themselves” (MRU, 2009, p. 1). The HRC also encouraged APA to establish an independent investigation on the participation in national security operations. The letter from the committee was never replied to. The APA ethical director continued presenting and defending APA positions blatantly and in full collision with the human rights principles, in particular with the absolute prohibition against torture. It was only in 2014 that APA itself initiated an investigation on the role of APA in these operations. The Hoffman report, based on an independent review of APA ethics guidelines, national security interrogations, and torture, was published in July 2015 (Hoffman Report, 2015; Sveaass, 2015). This resulted in major changes in the APA and finally allowed those who had criticized this policy to receive the praise and admiration they merited, for long-standing opposition and harsh treatment. The chair of the HRC was interviewed for this report, based both on prior discussions and membership in the UNCAT.

Civil Society Collaboration

Being part of a network of human rights organizations has been important for the committee. This has allowed for a regular communication with the Norwegian authorities on compliance to human rights obligations and on reporting to the different mechanisms and bodies in the UN. The network, called the NGO forum, has regular contact with ministries, with the Norwegian Ombuds and National Human Rights Institution of Norway (NIM) (Norwegian Helsinki Committee, 2018). This enables the HRC to be part of public statements, provides input to Norwegian state reports to the UN, and contributes to alternative reports when Norway’s periodic reports are reviewed in the relevant treaty bodies. As part of the consideration of Norway in the UN Human Rights Council (the so-called Universal Periodic Review, UPR), the HRC presented information and recommendations to the council on the right to rehabilitation of torture victims, the need to identify and document torture, separated minor asylum seekers, lack of informed consent with regard to hospitalization, use of ECT, and on isolation in detention (NGO Forum, 2013, 2018b).

International Collaboration, Conferences, and Panels

International collaboration has always been essential to our work, both through bilateral contact with groups of psychologists and others engaged in defending and assisting persons in conflict situations and under threat and by participating on international conferences. We have had the chance to visit colleagues and collaborate with psychologists in the Palestine, in Cambodia and Vietnam, and in Latin American, in particular, Chile, Argentina, and Peru. The collaboration with the European Conferences of Psychology (ECP) with regard to organizing peace and human rights tracks at the conferences has been valuable. The first peace track took place in 2009 when the ECP was in Oslo. Later the human rights track was initiated, and today this takes place at all the ECPs, bringing together colleagues focusing on a human rights orientation in psychology. The HRC has further been active in panels and presentations at other conferences contributing to a stronger focus on psychology and human rights. The HRC was also engaged when EFPA was preparing a human rights task force.

The committee has on several occasions been informed about colleagues who have protested against violations of people’s rights and assisted and supported those who have experienced abuse, and who find themselves at risk of persecution and threats. In such cases, we have tried to express solidarity by letters and other actions of support for colleagues.
The Members

The HRC consists of 6-8 members, elected at the NPF conventions, all psychologists and members of the association, usually clinical psychologists, also engaged in research. Interestingly enough, this research has been on issues such as refugees, human rights and psychosocial care, PTSD and psychotherapy, use of restraints in Norwegian psychiatric institutions, and coercive measures in drug treatment. One has been a child’s ombud in Norway and one member of UN Treaty bodies. Others have contributed to establishing civil society organizations to defend refugees’ rights and health care to irregular migrants and all actively involved in teaching, public lecturers, media contributions, and international collaboration with colleagues.

A Human Rights-Based Approach to Psychology – Psychologists as Human Rights Defenders

Working from a human rights perspective means to be willing to look critically at our own practice and role as a psychologist. A particular focus has been on situations where there is a risk of abusing power or positions and forgetting the prime obligation to those seeking our attention and assistance. The “do no harm perspective” is vital, and in situations of dual loyalties, where rights of persons may be endangered, our obligations are to defend rights and oppose systems that deny rights or abuse them (Sveaass, 2013).

The committee has wanted to strengthen psychologists’ role and participation in public debates with regard to respect for human rights and make clear that our position is on defending these rights based on psychological knowledge and practice. All this is related to what we have had as an important perspective, namely identifying and elaborating what may be regarded as a human rights-based psychology (Hagenaars, 2016).

We have highlighted the role of the human rights defender and argued that psychologists may regard themselves as possible defenders of human rights. The fact that the first UN Declaration on human rights defenders was adopted the same year as the establishment of our committee has made this relation even clearer to us. We must always be aware, that colleagues in countries with weak democracies may risk their own safety when assisting people subjected to human rights abuses, if these are regarded as enemies, in opposition, as unwanted or marginalized.

Joining forces in order to strengthen human rights-based work by psychologists as well as other health professionals is a necessary strategy. Close collaboration between civil society organizations, nationally as well as internationally, and a further development of mechanisms and organizations within the professional associations worldwide should enable psychologists to be aware and informed about the challenges as well as the options with regard to human rights protection. The establishment of the EFPA Board Human Rights and Psychology represents an important step in the process of strengthening and further developing a human rights-based approach in our daily work as well as a platform for action (Hagenaars, 2016).

We therefore hope that in the future, with more human rights training, awareness and engagement in this area, our vision of what is good psychology in the defense of persons’ right to integrity, safety, and security, will develop and strengthen. We also hope that identifying ourselves as part of a human rights defender movement may constitute aspects of our professional approach to psychology and those who we collaborate with and for.

Closing Comments and Recommendations

The following are recommendations for strengthening a human rights-based psychology and refers to action and responsibilities of the institutions in charge of educating psychologists as well as of professional associations and interest groups.

1. Human rights education for psychologists must be strengthened on all levels, and the educational programs and curricula must be tailored to the professional reality in which psychologists work. Such training must thus form part of the basic education of psychologists as well of postgraduate training and specialization programs.

2. Develop aims and strategies for a human rights-based approach in psychology. This includes an understanding of how ethics and human rights may supplement each other and provide guidance to professional work. The development of awareness as to responsibilities for reporting or in different ways pointing at acts or situations that may be in violation of human rights is of essences.

3. All psychological associations should establish human rights committees or boards. These should have a clear mandate and be provided an independent function within the association and collaborate closely with boards of ethics and other relevant working groups in the associations. Such committees may have important role advocating for human rights education within the association as well as at university level and provide public input and perspectives on relevant questions regarding psychology and human rights.

4. A human rights-based focus in psychology should be oriented toward national as well as international issues and provide relevant information and guidance in
situations where psychological knowledge may represent contributions in the field of preventing abuse as well as protecting, supporting, and assisting individuals and groups in vulnerable situations.

5. Close collaboration with colleagues in other countries, for instance, through the psychological associations and human rights committees, is of importance in order to provide support if situations of threats or reprisals arise.

References


Human Rights-Based Approach to Applied Psychology

Nimisha Patel

Abstract: This article addresses the nature and framework of human rights and its relevance to health care and to applied psychology. It outlines some of the limitations of human rights, but argues that human rights provide a tool for psychologists, one which can help defend the human rights of those we work with and support, and which can help promote the application of human rights principles in psychological practice. A human rights-based approach (HRBA) is defined, particularly in relation to applied psychology and implications for adopting a HRBA in clinical practice, research, advocacy, and pedagogy are outlined. The professional stance of practitioner-activist is posited as apt for using a HRBA in applied psychology.

Keywords: human rights, applied psychology, human rights principles, human rights-based approach, activism

Human rights and applied psychology share one key focus, among others: health and well-being. In this article, a human rights-based approach (HRBA) to psychology is explored, by outlining the key features, principles, limitations, and the value of international human rights and by considering its relevance to psychological practice, research, advocacy, and pedagogy.

What Are Human Rights?

Human rights are international legal standards, conceived and constructed following World Wars I and II, first with the establishment of the United Nations, an intergovernmental organization, then by the development and adoption of the Universal Declaration of Human Rights in 1948 (UDHR). The UDHR, together with the International Covenant on Civil and Political Rights (1966) with its two Optional Protocols and the International Covenant on Economic, Social, and Cultural Rights (1966) form the International Bill of Rights. The UDHR is the origin of the other nine international legal treaties, which together with various regional conventions, declarations, principles of law, agreements, and judicial decisions, form international human rights law. While the doctrine of human rights, as derived from international human rights law, promotes human rights as norms which share key features (Table 1), they are perhaps more accurately to be understood as minimal moral claims, encoded and established in legal language.

Why Do We Need Human Rights?

One compelling justification for human rights is that they seek to protect against threats to fundamental human interests and that “an account of human rights requires reflection both on what are the most basic human interests and on which political, social, and legal abuses are most dangerous to those interests” (Nickel, 2004, p. 5). The notion of basic human interests is not new to psychology (e.g., Maslow, 1943) and indeed central to psychological practice. Yet, in psychology, human rights have often been ignored as peripheral: inequalities and injustices which happen “out there,” in “other” countries or by the “other,” rather than by us, and within our psychological practices and institutions. When human rights are acknowledged in applied psychology, the focus is on the adverse psychological consequences resulting from grave human rights abuses, but not on the root causes. Violations, such as racial violence, slavery, and egregious crimes of torture, are psychologized (Patel, 2011) and the causes and the structural, political,
and economic conditions which give rise to those violations are airbrushed away. Further, the survivor is objectified as the psychological impact (specifically, symptoms and diagnoses) become the main focus for forensic scrutiny by psychologists, as if the impact is best understood when stripped of its causes and context, thereby diminishing survivors’ own cultured, gendered, and politicized understandings of their suffering. Similarly, when human rights violations (e.g., breach of the right to liberty) are highlighted in the mental health field, psychologists are quick to step aside and point the finger at psychiatrists, without proper and equal scrutiny of how psychologists collude, and also may breach human rights. Unfortunately, what psychologists may easily forfeit are the low-hanging fruits—proactive and preventive activities within psychological practice which respect, promote, and defend human rights.

Table 1. Human rights

<table>
<thead>
<tr>
<th>Human rights are seen as:</th>
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<tr>
<td>• Minimal legal standards.</td>
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<tr>
<td>• Universal.</td>
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<tr>
<td>• Belonging to each individual, by virtue of being human; without discrimination.</td>
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<td>• Inalienable and cannot be forfeited or eliminated permanently.</td>
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<tr>
<td>• Not dependent for their existence on recognition or enactment by States.</td>
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What Is the Human Rights Framework Relevant to Psychology?

The term human rights framework refers broadly to human rights responsibilities, commitments, and principles, which are based in international human rights law.

Human Rights Responsibilities

Human rights responsibilities rest with the State which is obliged to protect the rights of its citizens. The responsibilities, relevant to health care and psychologists, include:

1. *The recognition that that every individual, by virtue of being human, has human rights.* This includes people who use psychological/health services, their carers, and family members who are rights-bearers, and staff working in State institutions or State-commissioned services are both rights-bearers and duty-bearers.

2. *The State and public authorities, as duty-bearers, have a responsibility to respect, protect and fulfill human rights of each individual.* Duty-bearers include the State, policy-makers, hospital managers, and health professionals (including psychologists) who work within State institutions, inspectors, regulatory bodies, and others. The term Public authority covers private organizations, including non-governmental or private organizations, which are commissioned to carry out a public function on behalf of the State.

3. *Accountability for human rights.* This requires duty-bearers to provide mechanisms to ensure the social determinants of health are known, understood, and addressed; to monitor discrimination and disparities in access to health care and support; and to identify the most vulnerable and marginalized. It enables duty-bearers to explain their practices and to make necessary changes. It also allows rights-bearers, including those who use services and their carers, to understand how service providers have fulfilled their duties and to claim redress where rights are violated.

4. *Implementation of human rights.* Human rights are legally enforceable entitlements, which should be put into practice. In health care, this means adhering to human rights commitments and principles in service design and delivery, organizational strategies and priority-setting, policies, procurement, commissioning and funding processes; in the organizational culture, clinical practices, and in all monitoring and evaluation activities of health services.

Human Rights Commitments

Of the 30 basic human rights based on the UDHR, all may have implications for health and to psychological practice. Regional laws, such as the European Convention on Human Rights and the Charter of Fundamental Rights, also have implications for health care. Additionally, domestic laws contain rights relevant to health care (e.g., laws safeguarding children, mental health, criminal justice, and anti-discrimination laws), and human rights have to be seen together with other statutory and ethical obligations of psychologists.

The right to health, first established in the United Nations International Covenant on Economic, Social, and Cultural Rights (ICESCR, article 12), is important for all health professionals. This is not a right to be healthy, but the right to access health care providing equality of opportunity for everyone to enjoy the highest attainable level of physical and mental health. Importantly, the right to health includes: (a) equal and timely access to basic health services, the provision of health-related education and information and services which are available, accessible, acceptable, and of good quality; (b) obligations for States to address the underlying determinants of health, which include adequate nutrition and housing, healthy working and environmental conditions, gender equality, and
health-related education and information; and (c) freedoms, such as the freedom from torture or other cruel, inhuman, or degrading treatment or punishment and freedom from non-consensual medical treatment and experimentation.

To understand how rights work in practice, it is essential to understand that different types of rights set out in the European Convention on Human Rights allow for different types of lawful interference with them, under certain circumstances. Absolute rights, such as the right to not be tortured or treated in a cruel, inhuman, or degrading way, addresses any treatment which causes severe pain or suffering, physical, and/or mental. The consideration of whether treatment amounts to torture or to cruel, inhuman, or degrading treatment depends on the particular circumstances of each case. As an absolute right, it cannot be limited or restricted in any way or derogated from under any circumstance or situation – whether during war, emergency, health care, and so forth. An absolute right cannot be balanced against the needs of another individual or public interests, except where two absolute rights need to be balanced.

Limited rights, such as the right to liberty and security of person, protects against the deprivation of liberty through arrest and detention, being locked in a room, or in detention setting, or to have movement restricted in any other extreme way. The right to a fair trial and to not receive punishment without law is also a limited right, and it applies to both civil and criminal matters, detention under mental health legislation, employment matters, and dismissal from employment and expulsion from a profession or withdrawal of license to practice a profession. Both rights can be limited in certain circumstances although any restriction has to be explicit, lawful, carefully justified by those responsible and finite.

Qualified rights are those which may need to be balanced against the rights of others and in the interests of the wider community, or public good, to achieve a fair outcome (as decided by courts). For example, the right to respect for private and family life, home and correspondence, highly relevant to health care, is a qualified right. It includes protecting an individual’s private life (e.g., lifestyle choices, choices of personal and sexual relationships, close personal relationships, and individual sexuality); protecting (keeping confidential) personal information, including medical, financial, and other personal records, including the storing, sharing, and dissemination of such information; and the right to access one’s own personal information (such as health records). It includes protection of personal autonomy and physical and psychological integrity (no one can interfere with an individual’s body, without consent); protection against domestic or sexual abuse; respecting one’s established family life, including close family ties (e.g., carers or family members of clients); being able to maintain and establish relationships with others (including family relationships and relationships between unmarried and married partners); being able to live with one’s family and where this is not possible, to have regular contact; respecting the right of each individual to influence decisions about their care and contact with family; right to not have one’s home life interfered with (e.g., by unlawful surveillance, unlawful entry, and arbitrary evictions); and the right to confidential, unsecured, and uncensored communication with others (e.g., no surveillance of phone calls or email, not reading personal letters – including when in a hospital or a mental health setting). Qualified rights can be restricted, either partly or completely, but with due consideration of the consequences for the individuals concerned. Where restrictions are made on qualified rights, they must have a legitimate aim (as set out in the relevant article, e.g., national security, public safety, and prevention of crime); be necessary (no other actions or methods could achieve the same end); and proportionate (not excessive).

### Human Rights Principles

Many of the principles underpinning human rights are similar to those embedded in ethical codes for psychologists (e.g., Meta-Code of Ethics of the European Federation of Psychologists’ Associations, 2005; Universal Declaration of Ethical Principles for Psychologists), which are also provided as a universally applicable framework (Gauthier, Pettifor, & Ferrero, 2010). Of the numerous human rights principles embedded in many international treaties and articles, 12 principles are summarized to illustrate their relevance to psychological practice and all health care (Table 2).

The interdependence, indivisibility, and inter-relatedness of rights, together, are an overarching human rights principle (Vienna Declaration and Programme of Action, 1993), emphasizing the need to consider rights together, since the violation of one right can impinge other rights. For example, the violation of the right to access to quality health care can impinge a person’s ability to engage in education or employment, leading to poverty and social conditions which further impair their health, and the deprivation of liberty can also impinge on the right to private and family life – for the person with mental health difficulties and their families/carers.

Another cross-cutting human rights principle is the need for gender and culture-appropriateness. In the context of patients’ rights, the WHO states that “everyone has the right to have his or her moral and cultural values and religious and philosophical convictions respected” (World Health Organization, WHO, 1994, article 1.5). The right to health also requires health facilities, goods, and services to be “culturally appropriate, that is, respectful of the culture of
Table 2. Examples of human rights principles and their relevance to applied psychology and health care

<table>
<thead>
<tr>
<th>Principle 1 Safety, security and physical and mental integrity of person</th>
<th>The safety, security and physical and mental integrity of every individual person using services, carer/family member and staff member is protected. Services should do no harm: people who use services should be able to live as freely as possible and safe from harm, including from any form of neglect, abuse, violence or exploitation.</th>
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<tr>
<td>Challenges:</td>
<td>• How can we ensure that people who use services are not harmed in any way by services, by staff or by other people who use services; or that their health and safety is not threatened by staff practices or by the environment and conditions in which they are provided services? • What are alternatives to compulsory treatment and restraint practices? • Which working conditions give rise to threats to staff health and safety?</td>
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<th>Principle 2 Fairness</th>
<th>Persons using services have access to fair, prompt and impartial processes and procedures for decision-making about their healthcare and treatment; and access to fair processes and procedures to provide feedback or make complaints about their healthcare and treatment. Decision-making processes to be based on the application of explicit criteria accessible to people who use services, carers and staff. Staff access to fair processes and procedures to provide feedback or make complaints about employment conditions and practices.</th>
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<tr>
<td>Challenges:</td>
<td>• How can we ensure that all people who use services and their carers are informed of, and can readily access, user-friendly complaints and feedback mechanisms? • How can we monitor clinical decision-making to ensure service criteria are fairly applied when accepting, rejecting or sign-posting referrals; and that this decision-making is made transparent to those referred to our services?</td>
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<th>Principle 3 Respect</th>
<th>People who use services are valued and respected as individuals and are listened to; decisions about their care are respectfully effectively communicated to them; and what is important to them is viewed as important by the service. Staff are valued and respected as individuals and what is important to them is viewed as important by their employer.</th>
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<tr>
<td>Challenges:</td>
<td>• How can we seek and meaningfully integrate the views of people who use our services in our psychological formulations and care? • How can we respectfully inform a person why they cannot be offered a service?</td>
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<th>Principle 4 Dignity</th>
<th>People who use services are always treated in a humane way—with compassion and in a way that values them as human beings and supports their self-respect, even if their wishes are not known at the time. Dignity is interlinked with the principles of respect and autonomy and includes the right to bodily integrity and to control one's body and health, as well as the right to informed consent in the context of healthcare. Respect relies on gaining and acting on the views of the person; but all persons should be treated with dignity regardless of whether their views are known, whether unconscious, lacking mental or physical capacity, having committed a crime, caused harm to another etc. Staff are treated in a humanitarian and compassionate way which values them as human beings and supports their self-respect.</th>
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<tr>
<td>Challenges:</td>
<td>• How can we ensure the dignity of a person with cognitive decline, or someone lacking mental capacity, whilst they are receiving care? • How can we prevent practices and healthcare conditions which could be considered degrading? • How can we ensure minimal and only lawful surveillance (e.g., cameras) when people are in hospital, care homes etc.?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principle 5 Autonomy</th>
<th>People who use services can exercise the maximum amount of choice and control possible – in their individual healthcare; in service development; in their relationships with others; and as citizens beyond the health and social care services that they are using. This includes the right to informed consent, ensuring information, encouragement and support to people who use services and their carers to evaluate the possible benefits and harms of any choice or decision; and to be able to contribute to decisions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenges:</td>
<td>• How can we best support people to freely choose or refuse a particular service or therapy on offer? • How can we respect the religious or other deeply-held beliefs (e.g., pacifism) of people who use services and of carers?</td>
</tr>
</tbody>
</table>

(Continued on next page)
Table 2. (Continued)

| Principle 6 Participation and inclusion | Everyone has the right to participate in decisions and in the development of policy and practices which affect them. Participation must be active, free, and meaningful. A participatory approach seeks to uphold human dignity of every person by ensuring that each individual using a service, and their family members/carers:
| Principle 7 Indivisibility of rights | Human rights are inter-related, indivisible and interdependent and need to be considered together, not in isolation. Violating one right can impair the enjoyment of other rights.
| Principle 8 Balancing of rights | Each situation has its own unique context in which there should be a careful consideration of the rights of each individual. There may be competing rights in some cases, and sometimes the rights of the person using the service may need to be considered alongside the rights of their carer, or the interests of the wider community. In these situations, there needs to be a balancing in reaching decisions. The classification and nature of the relevant human rights are considered in such balancing. Absolute rights (e.g., freedom from torture or other cruel, inhumane or degrading treatment) would take precedence over limited rights (e.g., right to liberty). Absolute rights can never be balanced with qualified rights.
| Principle 9 Proportionality | Restrictions placed on rights should be to the end that needs to be achieved; they should be lawful, legitimate and proportionate; and they should ensure a proper balance between the needs and rights of other people who use services, carers/family members and staff.
| Principle 10 Equality, non-discrimination and attention to vulnerable groups | People who use or provide health services, and carers, do not experience discrimination on any prohibited grounds.

Challenges:
- How can we ensure that service-user involvement mechanisms are not tokenistic and that they do not deter or exclude those who are from marginalised backgrounds or others (e.g., women, young people)?
- How can practitioners and teams keep in mind during decision-making that interfering with one right can affect other rights of the individual, or others? For example, restricting the right to exchange information to say or write what they like, may also interfere with the person’s right to private life; e.g., placing someone in seclusion in mental health setting restricts the right to liberty, but if it also prevents family visits, it can interfere with the right to family life for the person and their family members.
- How can the safety of an individual, and the possible risk of harm to their family or the wider community, be considered together?
- How are the views and the rights of children respected, whilst also considering the views and rights of their parents/caregivers?
- How can safety of an individual, and the possible risk of harm to their family or the wider community, be considered together?
- How services ensure that any actions and service policies (e.g., blanket bans on access to mobile phones when detained on mental health grounds); and restrictions to an individual’s rights (e.g., preventing contact with family members, or seclusion practices), are not excessive, and not primarily for the convenience of staff?

(Continued on next page)
individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements” (UN, 2000, para. 12(c)). A gender-based approach recognizes “that biological and socio-cultural factors play a significant role in influencing the health of men and women” and “where a gender perspective is integrated into health-related policies, planning, programmes and research to promote better health for both women and men” (UN, 2000, para. 20).

Similarly, equality and non-discrimination are important human rights principles, relevant to all health care (UN, 2009a). States have an obligation to prohibit discrimination and a positive obligation to ensure equality of opportunity for the enjoyment of the right to health by persons with mental health problems (ICESCR, article 2(2); UN, 2009a, 2009b). States are also obliged to prohibit and eliminate discrimination on all grounds in access to health services and to address underlying social determinants and to prohibit and to eliminate racial discrimination and guarantee the right of everyone to public health care (International Covenant on the Elimination of all forms of Racial Discrimination [ICERD], article 5). The principle of non-discrimination extends to those with mental health difficulties (UN, 2017a) and requires States parties to “recognize that persons with disabilities [physical or mental] have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability” (CRPD, article 25).

States must also recognize and address the needs of specific groups which face particular health challenges and which can be considered vulnerable, particularly because vulnerable and marginalized people are often less likely to enjoy the right to health (WHO, 2015). Vulnerable groups include, for example, those who have suffered from social inequalities, discrimination, and stigma, and who face challenges in relation to the right to health, including those who have been continuously discriminated against by State practices (UN, 2009b). The reliance on the person’s ability to pay can be seen as discrimination against those without the adequate financial means to access equal quality of psychological health care. Yet, there are different quality of psychological care provided to different social groups and to those from socially disadvantaged groups (e.g., low-income families, ethnic minority people, refugee people) and differential access to psychological therapies, dependant on the national health structures and health-financing systems.

### The Limitations and Value of Human Rights

There are many obstacles to the implementation of human rights globally, including geopolitical and economic national interests, lack of political will, weak or absent civil
society, corruption, lack of an independent judiciary, harassment and intimidation of human rights defenders, lack of awareness and understanding of human rights, fear of threats, marginalization, persecution, detention, torture, and ill-treatment. The reasons are multiple, complex, and variable, differing from country to country.

At the theoretical and philosophical levels, human rights remain deeply contested (e.g., An-Na‘im, 2016; Ignatieff, 2001; Pannikar, 1982; Shachar, 2001). Human rights are arguably a substitute to traditional, institutionalized morality. They are the legal codification of a certain set of moral principles, emerged from a process of consensus-building on norms and values, and fashioned by political interest, patriarchal, White, and economic privilege as well as by national, regional, and global power struggles, within the specific conditions and context of post-World War II. As such, human rights continue to draw criticisms from some States as being a neocolonialist enterprise of the West. It is the nature of those moral principles, also the bedrocks of applied Western psychologies, that betrays the Eurocentrity and individualism derivative of Western moral philosophies and culturally mediated understandings of what it is to be human. For example, the principle of autonomy, also rooted in liberal political philosophy, constructs the human in human rights as an individual, an autonomous agent, whose entitlement to autonomy to exercise choice and control requires certain conditions and safeguards. Such a construction of rights diminishes collective suffering and rights of those subjected to marginalization, persecution, and harm, as a group, for example, because of their ethnicity or beliefs. Similarly, the classification of some rights as absolute, and hence as conclusively valid, of their ethnicity or beliefs. Similarly, the classification of some rights as absolute, and hence as conclusively valid, of their ethnicity or beliefs. Similarly, the classification of some rights as absolute, and hence as conclusively valid, of their ethnicity or beliefs.

The recognition that every individual is worthy of respect and protection as a human being, and even more so when a person is vulnerable to marginalization, exploitation, or harm, is one of the core values central to both human rights and psychology. A pragmatic epistemological stance to human rights does not evade the shortcomings of human rights, including the Eurocentric, gendered, ideological, ethical, political, and constructed nature of human rights. It would mean recognizing that a human rights framework, despite its limitations, offers psychologists a compass and important tools, in the service of change, to improve the lives of all human beings.

This does not resolve the dilemmas of using potentially oppressive discourses and tools, or the incompatibility of some values and cultural norms or competing claims for human rights (e.g., rights of the person and those of their carer). Pragmatism, however, does not advocate that “anything goes,” nor is it a crude form of utilitarianism, with fluid principles and applications as situations and individual or institutional opinions and priorities dictate. Instead, pragmatism can enable ethical decision-making in psychological practice, which draws on human rights to achieve particular ends, for example, the prevention of harm toward, and the protection and improvement of the health and well-being of, individuals, families, and communities. A pragmatic and critical realist stance acknowledges the values and moral arguments psychologists use in support of moral positions on well-being, justice, humanity, and human rights (Patel, 2011) and accepts that human rights are not fixed, complete, objective, and definitive truths, simply in need of implementation. It is a stance which recognizes,
as argued by Mutua (2002), that the human rights movement is young and hence provides scope for experimental development and critique.

**What Is a Human Rights-Based Approach to Health Care?**

The World Health Organization holds that a “human rights-based approach [HRBA] to health provides strategies and solutions to address and rectify inequalities, discriminatory practices and unjust power relations, which are often at the heart of inequitable health outcomes” (WHO, 2015). The aims of HRBA are that States ensure that “all health policies, strategies and programmes are designed with the objective of progressively improving the enjoyment of all people to the right to health” (WHO, 2015). Globally, there is increasing ownership at the level of policy-makers regarding the importance of HRBAs in framing services to benefit disadvantaged populations, and human rights are being increasingly integrated into health policies and programs in different countries (Hunt, Ely Yamin, & Busatro, 2015).

In mental health, a HRBA is advocated by UN bodies. The UN’s High Commissioner for Human Rights, noting that stigma, discrimination, violations of human rights, and the denial of autonomy and legal capacity are some of the challenges faced by those who use mental health services, recommended policy shifts to include systematic inclusion of human rights and the recognition of the individual’s autonomy, agency and dignity and attention to the underlying social determinants; elimination of stigma and non-discrimination; and the application of the principles of participation, data collection/monitoring for accountability and free and informed consent for treatment (UN, 2017b). Both, this report and that of the Special Rapporteur on Health (UN, 2017c), support a HRBA to improve mental health service delivery and recommend an end to involuntary treatment, arbitrary deprivation of liberty and institutionalization; the unconditional application of the principle of non-discrimination associated with the mental health “impairment”; and an adoption and integration of such a HRBA in mental health policy (UN, 2017b). However, not all UN bodies support an absolute ban on involuntary detention and treatment (e.g., the Human Rights Committee and the Subcommittee on the Prevention of Torture and other Cruel, Inhuman, or Degrading Treatment).

The implications of HRBA for practitioners have been largely neglected, partly due to the lack of agreed definitions of a HRBA. In the UK, the FREDA principles of human rights (fairness, respect, equality, dignity, and autonomy; Curtice & Exworthy, 2010) and the PANEL principles (people’s right to participate in decisions that affect their lives; accountability of duty-bearers; non-discrimination and prioritization of vulnerable groups; empowerment of rights-holders; and legality; Dyer, 2015) are put forward as part of a HRBA to health services. A HRBA to applied psychology and mental health can be described as the adoption of human rights as a conceptual framework for all aspects of health care, from policy, research, practice, and monitoring; an approach which places physical, psychological, and social health firmly within the context of security, social justice, equality, and non-discrimination. Hence, a HRBA frames health not just as needs but as rights to safety, various protections, and freedoms, whereby every individual and community can enjoy health and well-being. In practice, it requires also a scrutiny of traditional notions of empowerment – for example, where is privilege and power and how does operate – who has the authority, means, and legitimacy to empower and protect who, why, in whose interests? For all psychologists and mental health professionals, the structural reality and operations of power cannot be denied; power is embedded in our professional knowledge production, methods, practices, and professional, academic, and regulatory institutions. The dynamics of power between psychologists and those we seek to support are also inevitable. In some cases, the site of psychological assessment, formulation, therapy or other research, or other psychological activities are the very source of disempowerment, subjugation, and discrimination, raising human rights issues.

A HRBA to applied psychology requires a critical examination of which human rights principles are privileged, which are subjugated or simply ignored, when and why; whose notion of health, rights, freedoms, dignity, and safety prevail – and what is surrendered or made invisible in our work. This demands transparency in how and where power operates in our theories (e.g., scientific racism), our professional roles, practices, and services (e.g., institutional sexism, homophobia, and racism), and the adverse impacts of psychological models, practices, and institutions on each individual, their family/carers, and communities. A HRBA also requires identification of the social determinants of health, social inequalities, patterns of discrimination, and human rights violations which happen “out there” and within health services and practices. It requires an honest examination and acknowledgment of how and when our practices and services lead to adverse consequences; collude with, condone, and perpetuate (directly or indirectly) human rights violations and social injustices; and how they ignore or deny the right to redress for those harmed by our practices, research activities, and services. A HRBA has implications for psychological practice, research, advocacy, and pedagogy.
A HRBA implies that psychologists can promote human rights principles and awareness in everyday professional practice with individuals, groups, and communities, in different settings and services.

HRBA and Psychological Practice

A HRBA implies that psychologists can promote human rights principles and awareness in everyday professional practice with individuals, groups, and communities, in different settings and services.

HRBA and Psychological Research

With respect to HRBA to psychological research (Table 3), most research ethics governance structures and processes, where available, help ensure ethical risks are minimized and breaches reported and addressed (Table 4). Yet, often research ethics governance fails to adequately address human rights principles explicitly and inadequate monitoring and accountability processes can render such governance toothless, where potential or actual breaches of human rights in research pass unnoticed.

HRBA and Advocacy

A HRBA to psychology includes two levels of advocacy (Table 5): individual-level (specific to an individual case – individual or family) and policy-level advocacy, both consistent with the role of psychologists as human rights defenders.

HRBA and Applied Psychology Training and Pedagogy

The adoption of a HRBA to psychology depends largely on the commitment of diverse professional bodies and psychology training institutions to prioritize and meaningfully engage with human rights. The broad components of any human rights training would ideally include knowledge and a critical appraisal of human rights and its relevance to psychology; skills in applying human rights principles, alongside ethical principles, in clinical practice, services, research, and advocacy. Human rights education is important for all health professionals (UN, 20017a, para. 45) and ideally should be integrated at every level of the curriculum pre-qualification, and post-qualification, it should be valued as a continuous process of learning and professional development.

A HRBA to pedagogy in applied psychology requires key competencies to be nurtured across the domains of awareness, knowledge, and skills (Table 6).
Table 5. Human rights-based approach to advocacy by psychologists

A human rights-based approach to advocacy by psychologists includes individual-level and policy-level advocacy:

**Individual-level advocacy (working with individual cases – individual/family)**

1. Acknowledges the social, economic, and political threats, abuses, and human rights violations (e.g., poverty, inadequate housing, religious persecution, sexual violence, and torture) which cause psychological suffering and pain.
2. Develops and implements psychological activities and interdisciplinary interventions, with others, which seek to protect and defend the person’s/family’s social, economic, and cultural rights and basic needs for safety, security, adequate housing, food, and clothing.
3. Develops and implements psychological activities and interventions which aim to protect the person/family from discriminatory abuse, violence or other physical, emotional, or sexual abuse or other forms of harm and exploitation, including economic and sexual exploitation and other human rights violations, in the wider society, public institutions and within psychological, health or social care services.

**Policy-level advocacy**

1. Acknowledges and identifies the relationship between certain policies (service, local, national, or international), which may lead to human rights breaches and their adverse psychological impacts.
2. Raises awareness of human rights issues and the adverse psychological impacts of certain policies and practices of public institutions (e.g., impact of national health policy, whistle-blowing within institutions, defending human rights of people using services and of staff).
3. Develops and supports the implementation of interventions to influence, change, or help develop new policies (e.g., for gambling-regulation, refugees and immigration, social welfare, and housing) which can better protect human rights and promote psychological health.
4. Ensures that professional bodies, their regulatory institutions and ethics committees, integrate a HRBA in their ethical codes and monitoring and accountability mechanisms.

Table 6. Competencies for human rights-based approach to applied psychology

**Critical awareness and understanding of:**

1. The underpinning and shared values of human rights and professional ethics.
2. The relationship between human rights and psychology.
3. Human rights and the human rights framework relevant to psychology and health care; key limitations and critiques of human rights and the implications for applied psychology.
4. One’s own values, experiences of social injustices, disadvantage, privilege, and experience of human rights (and their violations).

**Ability to:**

5. Critique the role of psychologists in perpetrating, condoning, or supporting human rights violations.
6. Assess and formulate the impact of human rights violations on psychological health of individuals, families, and communities, addressing context.
7. Use a range of interventions working with survivors of human rights violations, adopting a HRBA.
8. Apply a HRBA to psychological service design and delivery.
9. Apply a HRBA to conducting and evaluating psychological research.
10. Contribute to prevention activities including individual- and policy-levels of advocacy.

**Applied Psychologists as Practitioner-Activists**

In adopting a critical human rights-based approach to psychology, the role of applied psychologists can be conceptualized as practitioner-activists. The label of activism directly challenges traditional psychological approaches which focus primarily on the psychological manifestations and consequences of social adversity and rights violations. In adopting a HRBA, it is important to recognize that every aspect of psychological practice which is aimed at change processes, whether individual, interpersonal, familial, community, organizational, or societal, is activism – since such practices seek change to the status quo and the circumstances, factors, and conditions which impact adversely on psychological health and the well-being of individuals, families, and communities.

The practitioner-activist seeks to uphold and promote the rights of all people to be treated as human beings with dignity. It is a stance which is value-laden, against human rights violations and a role antithetical to being bystanders; a stance which seeks and values the views, experiences, and participation of survivors of human rights violations.
As practitioner-activists, psychologists acknowledge and seek to understand and theorize the relationship between social context, social injustices, and human rights violations and health; they commit to a HRBA in psychological practice, research, service design, and delivery. This in turn demands that practitioner-activists name, expose and seek to understand the dynamics of power as well as to address the root causes of suffering and the impact. A practitioner-activist works in collaboration with others, such as legal and advocacy practitioners, to engage in advocacy-related activities which seek to promote and defend human rights and to help prevent human rights violations, enabling access to justice, redress, and health care. This requires more than human rights education; it demands changes in our theories, methods of knowledge production, our professional training, and regulatory bodies, and in our practice so that human rights-based practice is a core, foundational competency.

Conclusion

Human rights set high international standards, yet the numerous political, economic, cultural, and other obstacles to the realization of human rights may mean that for the foreseeable future, human rights remain partially achievable and aspirational. For applied psychologists, often working with those who are particularly vulnerable and disadvantaged, a HRBA provides a framework and resources which complement our professional and ethical obligations. At best, a HRBA enables psychologists to use their knowledge and skills, as practitioner-activists, to help respect, promote, and defend human rights.

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History
Received June 4, 2018
Revision received October 28, 2018
Accepted January 24, 2019
Published online June 14, 2019

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Taking Ethics Seriously

Toward Comprehensive Education in Ethics and Human Rights for Psychologists

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Abstract: Education in ethics and professional regulation are not alternatives; education in ethics for psychologists should not be framed merely as instruction regarding current professional regulation, or “ethical training.” This would reduce ethics to essentially a legal perspective, diminish professional responsibility, debase professional ethics, and downplay its primary purpose – the continuous critical reflection of professional identity and professional role. This paper discusses the meaning and function of education in ethics for psychologists and articulates the reasons why comprehensive education in ethics for psychologists should not be substituted by instruction in professional codes. Likewise, human rights education for psychologists should not be downgraded to mere instruction in existing legal norms. Human rights discourse represents an important segment of the comprehensive education in ethics for psychologists. Education in ethics should expose and examine substantial ethical ideas that serve as the framework for the law of human rights as well as the interpretative, multifaceted, evolving, even manipulable character of the human rights narrative. The typically proclaimed duty of psychologists to protect and promote human rights requires a deepening and expounding of the human rights legal framework through elaborate scrutiny of its ethical meaning. The idea of affirming and restoring human dignity – the concept often designated as the legal and ethical basis, essence, and purpose of human rights – represents one approach to framing this duty by which the goals of psychology on the professional and ethical levels become unified.

Keywords: ethics for psychologists, professional identity, code of ethics, human dignity, human rights

Recent decades have witnessed substantial development in the professional ethics field. The amount of literature in the realm of medical ethics, legal ethics, media ethics, and so forth, has grown considerably. Since this millennium began, ethics has stood as a separate subject in the curriculum of medical schools in the EU (Claudot, Alla, Ducrocq, & Coudeane, 2007), also becoming a mandatory course in law schools in significant jurisdictions worldwide, such as in the US and Canada (Economides & Parker, 2011).

In the field of psychology, a similar trend has been occurring. Not so long ago only scant literature addressing topics regarding the ethics for psychologists existed (Bobbitt, 1952; Pettifor & Sinclair, 2011; Sinclair, 2017). In several previous decades, however, the amount of attention paid to this area of knowledge has grown extensively (Sinclair, 2017; List of APA books on Ethics, https://www.apa.org/pubs/books/browse?query=subject:Ethics&sort=DateAsc). Furthermore, nearly all surveyed American Psychological Association (APA) accredited PhD programs in the US maintain ethics as a required course (Domenech Rodriguez et al., 2014). Contrastingly, in European institutions for higher learning of psychology, separate ethics courses are not necessarily standard, nor is there a consensus that they should be, despite research supporting this option regarding research ethics (Antes et al., 2009) and the growing awareness of relevance of ethics for psychologists. Indeed, there are recommendations on the European and national levels that ethics should be integrated in all psychology programs (European Federation of Psychologists’ Associations [EFPA], 2017; British Psychological Society [BPS], 2017) or specifically through seminars in educational models that qualify for practice in particular areas (EFPA, 2017).

Although the “osmosis approach” as critically labeled by Handelsman (1986, p. 371) – the idea that spontaneous and informal ethical training during supervision on its own is the right educational choice – is apparently under retreat, the current situation in Europe, regardless of how much the instruction is being based upon a more formalized practice tutorials, still does not fully foster comprehensive education in ethics for psychologists. This paper discusses the meaning and function of education in ethics for psychologists, articulates the reasons for why it should not be reduced to instruction in professional codes, and elaborates on a comprehensive approach to addressing essential ethical topics, such as human dignity (hereafter: dignity) and human rights.
Codes’ Limitations and Education in Ethics for Psychologists

Recent Developments

Ethical codes entered the psychology arena in the 1950s with the New York State Psychological Association standards (Harris, 1952) and the APA’s first provisional and later final standards (1953, 1959; Sinclair, 2017). These decades also characterized a considerable increase in number of articles on ethics for psychologists, professionalization of psychology, development of Nuremberg code (1949), first ethics committees in the realm of psychology, adopting of ethical standards by APA (1959) and developing of codes for psychologists in other countries, first courses in ethics, and so forth (Sinclair, 2017). However, already at that time the opinions on the purpose and contents of psychologists’ codes differed from clear skepticism of their benefits (Hall, 1952) to optimistic standpoints (Bobbitt, 1952), from views that they should be maximalist (Macfarlane, 1952) to those preferring minimalist ones (Hunt, 1952), from those favoring abstract codes (Pratt, 1952) to those requiring specific ones (Cook, 1952). During these early discussions important questions were raised:

“Will the adoption of a code give us inflexible standards in a world permanently changing? Will a code result in our leaning so heavily on institutional control that we stifle individuality and establish a cheap surrogate for individual conscience? Is officially codified morality a move toward undesirable and undemocratic centralization of authority and depersonalization of life?” (Bobbitt, 1952, p. 425)

The following decades would be marked by the codification of ethics for psychologists. Did this mean that the early questions, worries, and uncertainties were simply resolved or suspended? The next few paragraphs will examine how some of the troubling issues were addressed or integrated by some of the codes themselves.

The first APA code was created on the basis of empirical research of ethically troubling incidents psychologists faced (Pope & Vetter, 1992). Its function was to replace more centralistic, undemocratic, and unrealistic procedures, but from a contemporary perspective the research muted clients’, students’, citizens’, and the general public voice. Certain inadequacies of this code – such as legalism, ethnocentrism, lack of moral foundation, and so forth (Pettifor, 2004, p. 268) – led to its revision as well as to codes in other countries attempting to tackle the early worries and skepticism alternatively, such as the Canadian Code of Ethics for Psychologists (Canadian code, first adopted in 1986; fourth edition, 2017) or the Meta-Code of Ethics (EFPA, 1995/2005) which was designed as a general framework for codes of EFPA member associations. The Canadian code has been imagined as a “social contract” (Canadian Psychological Association [CPA], 2017, Preamble) – although its empirical basis also covered only psychologists’ voices, as both constituting the ethical maximum and minimum, as including a place for individual moral reasoning (Sinclair, 1998). Like the somewhat later EFPA Meta-code (EFPA, 1995/2005), it has been developed as an umbrella document for other codes and guidelines. Characteristic to these two and some later codes are also a series of recognitions that deserve mentioning.

The Canadian code recognizes that ethical principles and values may conflict, that ethical principles sometimes are by themselves insufficient for making decisions, that some issues are difficult to resolve in only one way, that there are significant differences in the understanding of moral rights, that psychologists’ own values and experiences influence their actions and choices (CPA, 2017). The EFPA Meta-code distinguishes knowledge of ethics and knowledge of code, recognizes possible tensions between different ethical duties, acknowledges the presence of ethical dilemmas and emphasizes what psychologists should be aware of instead of directly regulating the matter (EFPA, 1995/2005). The latter strategy has been also employed by the Universal Declaration of Ethical Principles for Psychologists (UDEPP), a document developed by an international working group chaired by Janel Gauthier and modeled as a framework for psychology organizations’ codes worldwide. The UDEPP requires awareness of acting in a larger social context, of differences in cultures, of influences of self-knowledge upon one’s work, of the need to balance openness and other duties and puts an emphasis on values and principles rather than on binary rules, and so forth (International Union of Psychological Science, 2008). Emphasizing the issue further, the Model Code of Ethics, another EFPA’s umbrella document for member associations which was adopted in order to complement the EFPA’s Meta-code and to model future professional legislation and codes, highlights that it is not possible to regulate everything nor does the code “provide answers to every ethical dilemma” (EFPA, 2015, p. 8). BPS’s Code of Ethics and Conduct (BPS code) acknowledges that “no code can replace the need for psychologists to use their own professional and ethical judgment” (BPS, 2018, I.5), the Order of Portuguese Psychologists Code of Ethics (2011) emphasizes that the enumerated principles are not exhaustive and that difficult conflicts of individual and social interests appear, while the Czech-Moravian Psychological Society (CMPS) code indicates that psychologists are aware that their actions develop amidst “political and power circumstances” (CMPS, 2017, I.3).
All these recognitions are testament to an awareness of the limitations of codes expressed in codes themselves; the awareness that codes are not self-sufficient instruments. Naturally, these limitations cannot be healed by codes. Certainly, huge differences exist between ethical codes at their best and worst, but even the most successful codes are, regarding the aims of ethics education and meaning of professional ethics, limited educational tools. Instruction merely in codes of ethics cannot substitute for professional ethics education.

The latter claim raises two more questions. The first relates to the meaning and role of professional ethics. The second concerns why mere instruction in codes is a downgraded type of ethics education. Yet, before examining these issues in detail, brief overview of views and trends regarding education in ethics for psychologists is required.

The general deficiency in literature on education in ethics for psychologists has recently been observed (Self, Wise, Beauvais, & Molinari, 2018) and finding the best way to teach ethics identified as an important contemporary challenge (Sinclair, 2017). Indeed, certain attempts have been made to evaluate teaching methods in ethics for psychologists or research ethics (e.g., Antes et al., 2009; Pettitfòr, Estay, & Paquet, 2002; Watts et al., 2017). Also, some steps have been taken to distinguish and recommend possible approaches to the matter. Most noteworthy are a more general principles-based approach (Kitchener, 1984), Rest’s model based on four objectives of moral education (Rest, 1982),¹ which was adapted to BPS’s Guidance on Teaching and Assessment of Ethical Competence in Psychology Education (Guidance) (2015) and to EFPA’s Recommendations, a model differentiating between “overriding principle” and “moral dilemma” approaches (O’Neill, 1998, p. 194) and the one contrasting “positive” and “floor” approaches (Knapp, Gottlieb, & Handelsman, 2018, p. 1). Worthy of mention is also a model differentiating among “traditional, empowering, postmodern and emancipatory-communitarian” (Prilleltensky, 1997, p. 525) approaches, which respectively relate to more general psychology ethos and standpoints than specifically to educational context, and a model of ethical acculturation, viewing ethics as part of developing professional identity instead of focusing on rules and cases (Bashe, Anderson, Handelsman, & Klevansky, 2007).

These approaches reflect examples of the growing awareness that ethics for psychologists should be broadened, deepened, and further developed. This same sentiment is found in certain claims observing the limitations of codes, ethics education, or psychology in general: that “the fullest understanding of codes” is not enough for ethics (Lindsay, Koene, Øvreeide, & Lang, 2008, p. 153), that codes are made “with little input from the public,” and “primarily protect the interests of professionals and offer a narrow and sometimes legalistic interpretation of ethics” (Prilleltensky, 1997, p. 518), that codes sometimes dissimulate existing conflicts between moral values (Kitchener, 1984; Ricoeur, 2007), that ethics education literature still lacks non-ethnocentric models (Pettitfòr, Sinclair, & Falender, 2014), considerations of virtue (Pettitfòr, 1996; Pettitfòr et al., 2014) and social justice issues (Louis, Mavor, LaMacchia, & Amiot, 2014; Sinclair, 2017), and fails to recognize psychology having political agendas (Pettitfòr, 1996). Added to this, BPS’s Guidance and updated EFPA’s Recommendations (2017) do recognize the need to escape “narrow ethics approaches” (p. 1) by virtue of connecting ethics “with broader human encounters” (p. 1), “developing ethical identity” (BPS, 2015, p. 14), the inclusion of “basic ethical theories and their relation to practice” (EFPA, 2017, p. 6), and so forth.

Although the mentioned papers and requests present some valuable critiques, ideas, and directions regarding future of ethics for psychologists, there is a need for expansion. Education in ethics for psychologists is in a developing phase and thus faces, beyond a deficiency in literature on education in ethics for psychologists, a lack in literature that thoroughly elaborates and integrates ethical narratives with the role and identity of the psychology profession. The brief general sketches of different views of ethics which some professional ethics books offer (e.g., Lindsay et al., 2008; Pence, 2015) cannot compensate for this.

Since ethical codes and their standards are not self-generated and self-evident, taking them as if they were such fails to fulfill the ultimate purpose of ethics education. The following sections will examine the limitations of codes and codes-focused ethics education and support emerging tendencies to escape narrow definitions of ethics education. Consequently, they will pave a path toward elaborating upon the meaning and function of education in ethics for psychologists.

**Code Instruction as Downgraded Ethics**

Although ethical codes have a place in teaching ethics for psychologists, they must not acquire the status of its basis, center, or purpose. Without sufficient studies on practiced approaches to ethics for psychologists in academia in Europe, how codes are being implemented contemporarily in teaching remains unclear. Yet, as already suggested, the current lack of literature elaborating and integrating ethical narratives does not seem to contribute to adequate

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¹ Education in ethics has to differentiate, focus on, and influence different processes internal to morality: Interpretation of the situation, moral reasoning and formulating of moral ideals, the way one decides what to do and implementing of intentions (Rest, 1982).
handling of codes. Analyzing approaches to teaching in other professional ethics fields, certain authors have indicated the “pragmatic” approach that accentuates “rules and procedures defined by regulatory bodies” (Illingworth, 2004, p. 9), while others have noted professional ethics courses focused explicitly on codes (Haws, 2001). Added to this, some mention courses in ethics for psychologists providing only information on standards, codes, and examples (LoCicero et al., 2016). Furthermore, some professional ethics teachers spoke of a tendency to treat ethics (for psychologists) as a set of rules (Knapp et al., 2018), some even arguing that “moral theory is always a waste of time in professional-ethics course.” (Davis, 2011, p. 51)

Consequently, the place of codes in teaching ethics for psychologists deserves an articulate stance. Indeed, equating ethics education and code instruction (hereafter called “code perspective”) is an intentionally exaggerated, Weberian ideal-typic and distopic picture of certain tendencies to narrow ethics education by overly prioritizing codes – and disregarding ethical narratives – thus misinterpreting their nature. However, why any form of overemphasis on codes, let alone code perspective, leads to downgraded type of ethics education must be understood.

In its pure form in reality unlikely present, code perspective is an approach which recognizes codes as the core and basis of professional ethics education. Professional ethics is conceived as a collection of standards, principles, and rules that are to be applied to concrete situations. These standards would be approached as demonstrated; as above existing axiological, that is, value and social, narratives, and discourses.

The basic problem with code perspective is that it misconceives the epistemological nature of ethics and consequently downplays basic ethical functions of exposing and challenging in favor of applying established ethical codes. There are at least three specific ways in which such an approach belittles ethical concerns (to an extent similarly against narrowing of psychiatrist ethics, see Radden, 2002).

The first relates to the fact that matters of professional responsibility cannot be restrained to the framework of any code. Either a code would be uselessly or dangerously abstract or certain significant issues and perspectives would be disregarded. Some of the examples for the latter case are the Nuremberg code (1949) which failed to address environmental concerns and conflicts of interests, a previous APA code that lacked “specific rights of clients in a counseling relationship” (Kitchener, 1984, p. 45), nowadays BPS code lacking specified ethics of payment or most European codes lacking specific standards on incompatibility with other vocations and on bioethical issues such as euthanasia and abortion. Indeed, some of the mentioned issues may be regulated by higher legal acts what leads us to the issue of the relation of law and morality, which is evidently being viewed in very different ways (e.g., Kelsen, 2000 viewed law as independent of morality). However, as a lower act, code depends on regulations inherent in all higher acts and cannot contradict them, but this should not remove legally unregulated or legally regulated issues from consideration from the profession and individual professionals or one could, for example, arrive at the absurd position of changing views about human dignity when crossing the border. In any case, constant revisions of codes (e.g., APA code revisions) also testify the upper alternative. Furthermore, these problems have also been recognized in literature (Lindsay & Colley, 1995; Pettifor, 1996; Welfel & Kitchener, 1992) and noted in some codes themselves (e.g., BPS, 2018).

Even worse, reducing professional responsibility to only a code implies conflating law and morality, assimilating their overlap into their identity at the expense of morality. Scheler long ago warned that ethical is not just what can be commanded and imposed (Scheler, 1966).

Complete codification means contextualizing something according to rules, procedures, and sanctions. Therefore, it is not possible to codify ethics without adding to it attributes of law. Such a perspective cannot fully correspond to the ethical viewpoint – the final aim of education in professional ethics – which transcends the law and does not rely on the authority of existing legal institutions.

Thus, a second danger of the code perspective is codes being read in a specific juristic manner, the manner of the “crooked operator” (Hall, 1952, p. 430), as it was once termed: everything not forbidden is allowed (e.g., the notorious Stanford Prison experiment case, or more recent Guantanamo Bay case, that included harsh interrogations – not adequately addressed in previous versions of APA code, Lindsay, 2011 – in which psychologists participated and “that amounted to torture”, LoCicero et al., 2016, p. 345); therefore everything not precisely coded or ambiguously codified is ethical. Take this one step further and not only that which has not been precisely regulated becomes ethical, but also that which is not being enforced. From this perspective, if a disciplinary procedure or lawsuit is avoidable, the ethical status of the issue is already resolved. Such defensive ethics, which may also relate to risk management framework, as some authors warned (Koocher & Keith-Spiegel, 1998, p. 4), culminates in the ideal of personal self-defense and not of professional responsibility. Whether codes or risk-based or both, this perspective could legitimate ethical relativism in matters not strictly defined by codes, diminish professional responsibility, and harm the idea of integrity, since a legally possible way of escaping a dilemma or resolving an issue must not always be the ethically best solution. If viewed only from a risk-management perspective and upgraded to the level of a professional association, professional ethics risks becoming an elitist perspective.
and potentially oppressive endeavor (how elitist professional ethics feeds on ethical relativism, see Veatch, 1999).

A third serious concern regarding the downgrading of professional ethics to a specific code is that the reversed ranking of ethics and codes disables one from critically reflecting on the code itself. If a code is understood as the alpha and omega of professional ethics, it becomes impossible to think professionally beyond it, what negatively affects identity of the profession. Remembering that codes are typically and inherently time-limited and lacking, or too abstract and therefore prone to different application, or even “imposed by elites” (Louis et al., 2014, p. 17), without critical perspective toward the codes in education, professional ethics risks transformation into an instrument of those in power in professional organizations or in professional relationships.

It must be reiterated that ethical codes are neither redundant nor needless; they are useful, but insufficient tools for promoting responsibility and raising ethical awareness among psychologists. Education and regulation are not alternatives, nor should education in ethics be just instruction regarding current regulations. Psychologists need an ethics education that is more than familiarity with enacted principles, rules, procedures, and case law. Instruction in codes and rules is no substitute for a comprehensive, elaborate, and critical approach to one’s professional role, to identity, and to values. Without such a thorough approach to the role and identity of the profession, ethical problems and values beyond the contents of codes are likely to be dismissed, professional responsibility reduced, codes dogmatically applied, and ethics downgraded to a system of governing and disciplining; a manual for avoiding lawsuits and discipline procedures.

As ethics is focused on ideas and interpretations rather than facts, it is as much about asking questions as yielding answers. Questions and answers have at least equal importance in ethics, as in any other form of philosophical inquiry. Gadamer explained how questioning could even be understood as epistemologically superior to answering since it leads to the weighing of different opinions as specific communications of meaning instead of channeling monologic and dogmatic expositions (Gadamer, 2006). Questioning enables contextualization along a horizon, the understanding of every text or speech as an answer to some other question. Invaluable ethical questions aim at what has not been thought of, indicating the limits of conceptual frameworks, highlighting suppressed ways of understanding and the price of such choices. Ethics is a pursuit of both constructing and deconstructing meaning, a process of integrating values and knowledge and reflecting their integration in theory and in the “lifeworld” (die Lebenswelt, ger.).

Regarding ethics for psychologists as a particular subtype of professional ethics, the aims, attitudes, behaviors, identity, and practices of psychologists – whether practitioners in any of the fields, educators or scientists, trainees or supervisors – are situated within the larger frameworks of the good and the just. Indeed, there are numerous individual and social factors shaping the former, but there are also underlying ethical ideas to be tracked and scrutinized. Ethical reflection on conceptions of psychologists’ roles should run the gambit: from the phenomenology of the mundane contact of psychologists and their clients through the (de)construction of the profiles and nets of these basic concepts (such as health, well-being, justice, or freedom), which these relations embody. Exposing the ethical meaning of prevailing lines of action and thought, and when necessary challenging them, should stand as the primary task of education in professional ethics.

The complexity of ethical inquiry means its claims and discourses cannot be refuted straightforwardly; they may be challenged as illogical, eclectic, hypertrophic, or reductive and therefore confusing, manipulative, hegemonic, or useless. Similarly, an ethical claim or standpoint cannot be true, but rather could be evaluated as more comprehensive, more logical, more grasping of existing phenomena, or more sensitive to subtleties of reality, and, therefore as superior.

Professional Identity, Values, and Ethics as Inquiry

An education in ethics for psychologists can contribute to psychologists’ knowledge in distinct and crucial ways, but its fundamental objective is to enable individuals to
continuously and critically reflect on their professional role and identity.

Dahrendorf (1965) typically understood one’s social role as an aggregate of requests or expectations directed at the holder of a specific social status. The professional role is a specific type of social role attributed to representatives of a certain profession in a society. Indeed, the role of mother, pupil, artist, and of course psychologist, in a particular contemporary society can be grasped in many fashions, from relaxed to fixed. Furthermore, there are more established roles and such recent additions as motivational speakers or bloggers. Culture itself is a dynamic and heterogeneous, diversified structure, which changes over time, gathering versatile ideas and worldviews, which then manifest in the distribution and definition of social and professional roles themselves.

What comprises a professional role is tied to the concept of professional identity. Drawing from Ricoeur’s (1994) seminal work, identity, for humans, is not a mere sameness, but a narrative preserved over time. Identity is simultaneously a definite fact and task; a chain novel whose previously written chapters influence future writings, yet the newest paragraphs themselves transform and give meaning to those preceding (Dworkin, 1986). At the core of such identities lie certain values, specific worldviews, conceptual frameworks, or their elements.

To reconstruct the ethical elements of a group’s professional identity, one must consider the mutual constitution of identity and culture (Markus & Kitayama, 1991) displayed among other in its characteristic language and customs, the respective legal and ethical rules pertaining to its identity, the foundations of professional authority, existing in-group and out-group comparisons (Tajfel & Turner, 2004), its symbolic self-completion (Wicklund & Gollwitzer, 1981), and, finally, perspectives regarding its basic concepts, values, and dichotomies (healthy-unhealthy, normal-pathological, useful-useless, etc.) that define it. This is the aforementioned task of exposing the existing ethical discourse.

Yet, professional identity is not an elemental social truth that exerts a gravity-like force, though social pressures can indeed result in it being experienced and interpreted thusly, or pushed in this direction. Some professional identities are still in their early, developmental phases. For instance, some years ago, concerns were raised regarding the identity of industrial-organizational (I-O) psychologists (Lefkowitz, 2004), its symbolic self-completion (Wicklund & Gollwitzer, 1981), and, finally, perspectives regarding its basic concepts, values, and dichotomies (healthy-unhealthy, normal-pathological, useful-useless, etc.) that define it. This is the aforementioned task of exposing the existing ethical discourse.

Professional identity is discovered, reflected upon, and reconstructed constantly. The perpetual result of this enduring intellectual pursuit means that in times of social crisis and transformations, professional identity or some of its aspects may be defended, certain professional profiles rejected, behaviors regarded as illegitimate, or the existing narrative or its elements redefined.

Ethical exposing and challenging depends upon situating acts and thoughts in an ethical narrative. An education in ethics introduces these narratives. A specific code could be an amalgam of distilled elements of an ethical narrative, but usually it contains elements from various ethical narratives. Education in professional ethics should bring professional identity into connection with these narratives. The foundation metaphor – seeking some eternal basis for moral claims – could be substituted for the framework or the lens metaphor, as has already been suggested (Sherwin, 1999), but the task of exposing the strength and the deficiencies of prevailing ethical discourses still remains.

Introducing differing narratives enables the exposing or challenging of certain aspects of professional identity, while also facilitates various ethical questions related to a specific problem that could be posed: for instance, from the Kantian perspective, the legitimacy of psychologists to make decisions on behalf of their clients could be raised; utilitarian approaches might highlight the questioning of the broader social consequences of a selected solution; post-Marxist and feminist standpoints would likely emphasize issues regarding the needs of all those taking part in the caring relationships being appropriately met and whether a solution is oppressive toward the most vulnerable (Sherwin, 1999).

This process of exposing and justifying, challenging, and eventually narrowing or widening the dominant discourse is necessary for an individual to be able to justify one’s own discrimination of relevant and irrelevant social expectations. It critically enables one to reflect upon one’s professional role; the ever-changing collection of social expectations pressing upon an individual.

Such (value) inquiry cannot be separated from the power relations inquiry. As a specific type of social role, the professional role is allocated a certain amount of power – derived from the professional authority, a monopoly on services, or the social status of the profession – power continuously exerted upon individuals, groups, or the general society. To discriminate between the use and abuse of power, one must recognize that prevailing discourses themselves are often raised amidst power relations or get pulled into situations involving them. The Foucauldian perspective, for example, challenges us to perceive institutional settings and bureaucratized systems of a hospital, school, or workplace as ethical issues themselves, to gain awareness of the larger abuse of knowledge supporting stigmas and
“spoiled identities,” to grasp inherent gender or ideological bias in psychological theories, to recognize practices pathologizing different forms of disobedience, to reveal the medicalization of social control (excessive widening of the realm of medical with the effects of disciplining, governing, ordering etc.) as existing ethical problems, and so forth. Building upon this viewpoint and other contemporary approaches, we are nowadays urged to consider how discourses of dignity regard children, the incapacitated, strangers, the unborn, and even non-human animals (Singer, 1999), or how the discourse on normality bears the ambivalence of “normal” as meaning, potentially, statistically average or ideal, and how this discourse is being reflected in our “hiding from humanity” (Nussbaum, 2004, book title).

Such critical reflection of one’s professional role is a continuous task that cannot be accomplished in some definite, prescribed way, since there are always new paths of applying knowledge (as observed in Lefkowitz, 2005; Lindsay & Colley, 1995; Lindsay, 1996, 2011; Sinclair, 1998), new environments – such as digital, multicultural, or transitional (Corey, 2009; Nicholson, 2011; Pettifor & Sinclair, 2011), and new modes of ethical awareness (e.g., respecting all living beings and future generations) that must be considered or ethically examined.

Finally, a significant segment of professional ethics literature (e.g., Day, 2006; Koocher & Keith-Spiegel, 1998; Lindsay et al, 2008; Pence, 2015; Wendel, 2007) emphasizes strong consideration of case studies and commentary. Situated in the context of the real, case studies provoke and stimulate thought and represent invaluable part of professional ethics, but if tied to a code perspective and not accompanied by a comprehensive ethics education, they risk encouraging the misplacing of emphasis on subordination to existing rules and practice rather than focusing on the ethical discourse and fostering continuous reflection. With this risk inherently comes a serious threat; that education is turned into training for hierarchy, as was warned more than thirty years ago (Kennedy, 1982).

**Human Rights and Human Dignity in Ethics for Psychologists Education**

The human rights narrative has both ethical and legal aspects. Human rights emerged as an ethical idea, and have since been elaborated both ethically and legally. These aspects developed as closely connected and are in some respects unified.

The protection and promotion of human rights is nowadays typically regarded as an *ethical duty* of psychologists (EFPA, 1995/2005, 21; CPA, 2017, p. 4). A prerequisite of this task is an awareness of the existing rules and an ability to ethically approach human rights issues; to ethically trace and frame current human rights norms.

The ethical duty of protecting and promoting human rights requires one to situate them in ethical discourse. One should be able to perceive human rights as a *narrative* so as to interpret its existing chapters coherently and, eventually, take part in writing new ones.

Yet, it is obvious that the narrative in question is multifaceted, versatile, and constantly developing. Different groups of rights – sometimes dubbed generations – have been raised by different ethical discourses, some examples being German idealism, expressing the idea of everyone being a subject (*das Subjekt*, ger.), Marxist, expressing the idea of human sociality, and existentialist, expressing human singularity and authenticity (Maihofer, 1968).

One particularly influential way of approaching human rights – some or all of them – is based on the idea of dignity. This approach is now upheld by both moral and legal arguments. Regarding legal perspectives, dignity has been designated – internationally and nationally, particularly in Europe – as the inviolable and inalienable core or foundation of human rights. It is present in most contemporary European constitutions and has acquired a place of distinction in certain ones, as well as in the Charter of Fundamental Rights of EU (EU Charter) and other important legal documents. It has been designated as the basis of human rights in major international legal documents (Preambles to International Covenant on Civil and Political Rights and International Covenant on Economic, Social and Cultural Rights), as a fundamental legal value (Const. S. Africa, 1996, art. 1), untouchable (*unantastbar*, ger.) (Const. Germany, 1949, art. 1; Const. Andorra, 1993, art. 4; Const. Serbia, 2006, art. 23), as a sacred value (Const. Czech R., 1993, preamble), as an unamendable constitutional guarantee (Const. Germany, 1949, art. 79), as inviolable (EU Charter, art. 1; Const. Finland, 1999, art. 1; Const. Poland, 1997, art. 30), as an indivisible and universal value (EU Charter, preamble), and so forth (see Constitutions worldwide, http://www.verfassungen.de/). Moreover, certain legal proceedings of the European Court of Human Rights have regarded it as the essence of the European Convention on Human Rights (ECHR: S. W. v UK, 1995; Christine Goodwin v. UK, 2002).

Conceived as legal instruments, human rights may enable certain vital conditions of dignity and freedom, but they cannot exhaust them. Dignity as a specific condition of a human being in the world goes beyond the law (Maihofer, 1968). Kant described this way of being as being a person, while Hegel explained that it is possible to be a person only through other persons. In short, there is more to dignity, freedom, and being a person than a legal framework can command and enforce. Kant (1977) asserted rationality (*die Vernunft*, german) and autonomy as the
core of dignity, while Ricoeur (2007) placed self-esteem at its roots. From this perspective, the ethical duty of protecting and promoting human rights goes well beyond the legal and reaches toward the basic ideas, values, and purposes of human rights. The request for dignity and human rights to be respected in psychologist-client relations and in every other role psychologists perform—researchers, practitioners, or educators—is aimed not only at abiding by current legal rules guaranteeing rights to physical and mental integrity, the right to privacy, or the right to fair working conditions, but also entails being aware of, revealing, and respecting different existing forms of human fragility, the effects of individual, cultural, environmental, and other types of deprivations, and various types of systemic and interpersonal macro- and micro-aggressions, while at the same time emphasizes the restoring and reaffirming of self-esteem and the autonomy of individuals and groups in manners that the law may still not address or can hardly mandate. In restoring and reaffirming dignity, the goals of psychology as a profession and the respective ethics of the profession coalesce.

Differing, in some respects even conflicting, discourses on human rights and dignity do, however, exist. Human rights have typically been approached from naturalistic, utilitarian, and contractualistic standpoints. In recent decades, they have also been framed as legal trumps (Dworkin, 1984), as products of history (“rights from wrongs”, Dershowitz, 2005, title), as rights pertaining to the development of central human capabilities (Nussbaum, 1997; Sen, 2005), and so forth. Centuries earlier, as well in recent times, dignity has been interpreted as the value of being person (Kant, 1977), as the essence of human rights (Dürig, 1956), as a value and the right to identity (Tiedemann, 2006), as a nexus of principles of self-respect and authenticity (Dworkin, 2013), as a right to rights (Enders, 1997), as the universal legal status of human beings (Waldron, 2009), as a request for the balanced development and exercise of different groups of human rights (Habermas, 2011), as the opposite of humiliation, degradation, and dehumanization (Kaufmann, Hannes, Neuhäuser, & Webster, 2011), and so forth. This discursive and dynamic nature of the human rights narrative and the interpretative variations of dignity must be considered and reflected upon, rather than human rights and dignity regarded as some static idea, some pure legal or ethical axiom. Furthermore, from previous through to contemporary times, the outcomes of this innate dynamic nature of ethical debate have presented serious challenges to the human rights narrative, often criticized as incoherent and even manipulable; yet the development of human rights depends upon such critique. A comprehensive education in ethics for psychologists should integrate its interpretative nature, and reiterate the limits and challenges to this narrative. By doing so, idolization of the existing set of rules is prevented, while protecting human rights and dignity is raised to the status of an ethical duty; moreover, the individual is encouraged to enrich and improve them in one’s own research and practice.

Conclusion

Professional ethics is a discursive inquiry into questions of good and responsibility in the professional context and therefore the education in ethics for psychologists should not be framed as mere training. Restricting professional ethics and human rights education for psychologists into instruction based only on existing ethical codes, legal standards, rules, procedures, and their application debases professional ethics and human rights discourse and diminishes the realm of professional responsibility. It confines ethical reflection to a given horizon, distorting its purpose from one of taking responsibility into one of acknowledging authority. Moreover, it mystifies the idea of human rights, replacing it with the existing set of rules and overshadowing their ethical, discursive, evolving, and interpretative nature—thus risking manipulative expositions and applications of rights.

Although often encountering urgent and complex dilemmas which require decisive action, education in ethics and human rights for psychologists is to be understood as a part of a broader ethical inquiry which itself generates responsibility. In this sense, an education in ethics and human rights of psychologists and the regulation of professional behavior of psychologists cannot be conflated. When this distinction becomes blurred and professional ethics, idea of human rights and responsibility are uprooted from their genuine niche, then the inquisitorial, apologetic, defensive, and even manipulable traits of professional ethics and human rights discourse become promoted at the expense of the vital elements of responsiveness, demystification, and emancipation.

References


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Critical Reflexivity and Intersectionality in Human Rights

Toward Relational and Process-Based Conceptualizations and Practices in Psychology

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Abstract: Within traditional social, community, and clinical psychologies, the human rights framework has typically been interpreted and adopted from a person- or patient-based perspective. While useful and well meaning, ideological values concerning empowerment, agency, and resiliency have often framed human rights interventions or programs within psychology. We propose in this manuscript a theoretical shift for psychology to decentralize the role of the individual human being while at the same time avoiding forms of social behaviorism that tend to portray the person as passive or as reacting to external stimuli. Following this first shift from the individual to the collective, we suggest adopting anti-essentialist discourses about the parties, agents, and issues involved in human rights. To this goal, the philosophical framework of process or relational ontology may be especially useful. Based on critical theory, critical feminism, social constructionist, and post-human views of knowledge and reality, process ontology considers reality as complex, fluid, discursive, and dialogical. The separations between the personal and the political are questioned to underscore the entanglement and inseparability of dimensions of possibility and actions, which are continuous reconstructions. To conclude, we reflect on the ways in which these two movements toward anti-individualism and relational ontology might inform specific practices and reflections within human rights frameworks in psychology.

Keywords: critical community psychology, process ontologies, post-humanism, reflexivity, relationality, participation

There is little doubt about the notional importance of the International Declaration of Human Rights as a milestone of civilization principles and as a post-WWII statement about the basics of human life and dignity. Yet, as it usually happens, the devil is in the details: It is at the interpretations of the specific content of human rights (HR) policies and how they should be applied where issues start emerging (Andreopoulos & Arat, 2014). No one questions, for example, the importance of the right to education for everyone (Art. 26 of the Universal Declaration of Human Rights), but concerns and challenges emerge about educational models, criteria for evaluation and excellence, and the national and international standards that may allow for a title to be recognized by and transferred to another country. Beyond the universality of the principle, this becomes a major issue for immigrants and refugees, whose school accreditations are seldom recognized internationally.

The promotion of HR within a society is not done in the abstract but can only occur in the here and now and the “muddy waters” of everyday reality. As Gregg argues, the universality of HR is always a “local fabrication” (2011, p. 2) whose goodness should not be assumed a priori without a serious analysis of the modes and means through which they can be achieved or, better, constructed through the participation and commitment of the local community. The promise is that, when HR are “grown” locally, “if possible by the addressees themselves,” “they would carry an exceptional motivating power, for theirs would be a validity that is indigenous rather than imposed from without or coerced from within” (Gregg, 2011, p. 3).

To be able to manage the pitfalls of concrete doing in specific situations, a theoretical reflection is needed especially in a field such as psychology, which is deeply interested in the “human” and, at the same time, is characterized by an array of subdisciplines and agendas that rarely talk to each other. A reflection on ideological assumptions is in order in order to avoid taking for granted assumptions about knowledges and practices of psychology that are ideological and not necessarily universal (Kirmayer, 2007, 2012).

To guide our reflections about the construction and practice of a HR framework within psychology, we will focus on two main theoretical moves that we deem central to the purpose: the shift from the personal to the collective in social, community, and clinical psychology and a critical
approach to knowledge and reality that is based on process or relational ontologies and on participation.

From the Personal to the Collective: The Critique of Individualism in Psychology

Even within psychological frameworks that underscore the importance of relational, social, and cultural aspects and dynamics, the focus on personal experiences, cognitions, and functioning remains often central. In the case of HR abuses, for instance, psychology is typically concerned with the effects of abuse on a person’s well-being and functioning. As Tim Ingold (2015, p. 12) observes, “even today, the forces that would reduce minds to built-in, interactive modules continue to command the mainstream, in disciplines ranging from psychology to economics.” While the personal repercussions of HR abuses are extremely important, “the parallel neglect of wider sociopolitical and historical factors and the economic, social, and psychological consequences for whole communities puts into question the ethics of the continued symbiotic relationship between psychology and the social order” (Patel, 2003, p. 20). Focusing only on personal suffering not only promotes a view of psychology as an individualistic discipline, but also distorts its attention from other readings of that suffering that may locate it socially and culturally. For instance, social reconstructions of traumatic memories may not necessarily pass through individual debriefing and may greatly benefit from psychological practices that are based on collective and cultural rememberings of the past (Gemignani, 2011b; Kevers, Rober, Derluyn, & De Haene, 2016).

When it comes to psychological experiences, the social and political circumstances that surround an issue are of foremost importance. In the case of refugees, for instance, despite their universal legal definition, the political conditions that led to their fleeing are unique of every situation and will deeply affect the experiences lived by these collectives. Still, clinical psychologists are rarely concerned with analyzing the ways in which the political causes of a forced migration may lead to different constructions and experiences of what only superficially seems to fall in the same diagnostic categories (Dudley, Silove, & Gale, 2012). As an alternative, critical analyses of discourses on trauma and its historical evolution to become a cultural focus of our times (Meskel, 2006; Summerfield, 1999) offer interpretative frameworks on what would otherwise appear as simply present or self-evident. Such critical process can help the community or clinical psychologist to collaborate with clients to contextualize and understand their concerns as social constructions and purposeful, political narratives, instead of mere problems to be solved (Worthen, Veale, McKay, & Wessells, 2010). This collaborative and critical process may also help to counter dangerous affirmations of dominant discourses, which normalize social categorizations of refugees’ psychological experiences and tend to erase within-group diversity (Malkki, 1995).

For instance, healing as based on “talk therapy” may assert a view of the person as a separate and independent being, who can change in isolation from the social context of his or her life. Giving the responsibility for change to the patient and the doctor, leaves the social order relatively unaffected and affirms a depoliticized view of psychological issues as personal rather than cultural or ideological matters (Gemignani, 2011b). By adopting an individualized or individual-based understanding of social process and psychopathology, “psychologists continue to focus on effects, not the root causes of distress” (Patel, 2003, p. 31), therefore engaging in damage control instead of bravely tackling the larger picture that links issues to social and cultural orders and settings (Foucault, 1963). Interpretations of social or clinical concerns that are merely cognitive tend to naïvely support the society’s indifference toward forms of human suffering that it has itself contributed to cause, such as the effects of colonialism and globalization on the contemporary migration crisis in Europe. The risk is that, “psychologists and their associated academic and professional networks stand accused of acting as ‘servants of power’, with their work more often sustaining rather than challenging the interests of the dominant classes in unjust societies” (Campbell & Cornish, 2014, p. 5).

A reflection on the ideological values that are implicit in the work of the HR psychologist may help to develop critical considerations on what may otherwise appear as a transparent and benign effort to help others to “be human” and enjoy a “dignified life.” This does not mean that individualism is wrong, as Caranti (2012, p. 96) provocatively asks,

“If rights in general and human rights in particular are intrinsically biased in favor of individualism, why should we abandon this perspective […] when and where such bias would be most beneficial, namely where the need of defending individuals from all possible forms of a majority’s oppression is particularly urgent?”

Rather, HR psychologists need to be aware that “individualistic conceptions of the good life may preclude shared community values that are central to one’s identity” (May, 2012, p. 313) and may distort the psychologists’ focus away from critical considerations on social dynamics and ideological orders that are likely to be part of a HR framework.

The invitation is to move beyond the individual-society antinomy. For this, it is crucial to understand that the
presumed universality of HR is necessarily and uniquely located within a specific social context. Keeping a context-specific sensibility is instrumental to avoid forms of cultural imperialism and to connect with the participants in ways that help them develop a shared sense of authorship and belonging in their assertions of and strivings for a system of rights. As Habermas wrote, “a correctly understood theory of rights requires a politics of recognition that protects the individual in the life contexts in which his or her identity is formed” (Habermas, 1994, p. 113).

**Relational/Process Ontology**

Especially for the delicate balance in the HR framework between universal values and their local interpretations and applications, a non-essentialist view of reality may result particularly useful to increase the chances of success for practices based on HR. Processes ontology found inspiration on the works of Spinoza, Whitehead, Deleuze, and, more recently, Barad and Braidotti, to underscore the fluid interconnectedness of all things, against the tendency to reify social and human process and reduce them to self-contained entities or constructions. They do not preexist their interactions with other relevant processes, such as cultural interpretations or political milieus, which in their turn are not isolated and decontextualized realities. In other words, everything exists in connection with everything else in an ongoing web of intersecting constructions.

As Karen Barad writes (2007, p. ix), the emergence of realities, rights, or concerns does not happen “once and for all, as an event or as a process that takes place according to some external measure of space and of time”. Rather, “time and space, like matter and meaning, come into existence, are iteratively reconfigured through each intra-action, thereby making it impossible to differentiate in any absolute sense between creation and renewal, beginning and returning, continuity and discontinuity, here and there, past and future.” For example, freedom and dignity become typified according to other relevant “intra-actions”, such as gender, religion, economic power, and social roles, which, instead of being essential variables, dimensions, or structures, are localized relations and discursive constructions.

In contrast to thinking of the world through the metaphors of “the building block, the chain and the container” which underline the interaction of independent realities or lifeless “pre-cut pieces” (Ingold, 2015, pp. 14–15), intra-actions are agentic processes of reality construction. They are dynamic assemblages that constantly define and redefine the boundaries of what is allowed and not allowed within their entangled realities, such as cultures, identities, and rights. Although HR are discursively constructed as existing, it is only through intra-action that realities become phenomenologically present, actions become meaningful, and events become experiences (Scott, 1991). As John Shotter puts it, “we inhabit circumstances in which almost everything seems to merge into everything else; we do not and cannot observe this flow of activity as if from the outside” (Shotter, 2015, p. 62). In the moment in which we, as researchers or observers, take part in a HR framework, we are contributing to its own constitution. At the same time, we also become “intra-agents” to the possibility of constructing and reconstructing these rights in relation to the realities that articulate the participants’ life contexts.

Even the term “human” is an intra-action: “whatever counts as ‘human’ is not so much ‘born’ as ‘made’” (Baxi, 2009, p. 208). From this perspective, HR are relational practices which evolve in their doing. As such, HR are not simply given or granted out by someone with enough power to do so, such as governments or institutions. As we will further elaborate in the section about “participation,” the adoption of a position that is radically collaborative and reflexive toward the rights of others is instrumental to successful constructions and implementations of HR. Participating others become constitutive partners of ontologies, beyond individual free will and before determinants of social justice and well-intended practices of “othering.”

**Relational Ontology, Knowledge, and Methodology**

Process ontology underscores the ever-shifting fluidity of social and psychological realities, which escape any form of stable representation (Gemignani & Peña, 2008). This does not trivialize representations, but binds them to specific contexts and performances that are partially co-constructed by the observers and the methods of observation and representation (Gergen, 2014).

In a perspective about epistemology and ontology that goes beyond essentialism and universalism, being human cannot be reduced to descriptors or variables that are always expected to be about something specific and stable, as pieces of a jig-saw puzzle. In the context of a HR framework, the making of knowledge moves beyond mere representations and descriptions of abuse to include the
observational and interpretative acts as part of the very process that allows for specific realities to become more present. Representations, in other words, contribute to the construction of what is observed. Or, said otherwise, epistemologies are not separate from ontologies.

As Sara Harding evocatively puts it, realist conceptualizations in science have progressively adopted and imposed “unique ideals of objectivity, rationality, and good method, and […] ontologies that conceptualize nature as isolated bits of dead matter in motion” (Harding, 1998, p. 157. Italics added). Similar to Barad’s arguments against the “logic of sameness” that helps to maintain the status quo, Harding invites us to engage in a radical form of reflexivity that may allow for alternative systems of knowledge-making that extend beyond the scientific rationality of positivism and empiricism. In postcolonial and indigenous settings, for instance, the epistemology of modern science becomes “predatory” “while also destroying all other knowledge systems” (Harding, 1998, p. 157; Tuihiwai Smith, 1999).

In this context, methods need to be qualitative and post-qualitative to be able to engage in critical reflections on the ongoing interplay of creation, construction, and action and the inevitable connections between power and knowledge (Foucault, 1980) within which interpretations and practices of HR are situated.

Knowledge about abuses should of course be reported, but at the same time, it is important to realize the entanglements among the discursive reality that is being described, the researcher’s constructions of it, the victims’ complex interpretations, the psychosocial contexts of its occurring, the interventions that have already been tried out and those that are expected from future agendas, and the future-forming consequences of such knowledge-making. Knowledge develops, in other words, always in the place between the researched and the researcher (Gemignani, 2011a) which itself is located within other relations, contexts, and discourses.

Similar to what happens in psychotherapy, these relationships are the sites in which realities and constructions can be creatively explored and alternative possibilities considered (Anderson, 1997; Kelly, 1955). In the process of learning or developing knowledge about HR, “we imprint the provisional world we experience in and on our bodies and make it part of the coming to be. There is little distinction to be made between researcher and researched in a relationship that belongs to the world” (Helin et al., 2014, p. 11). This emphasis on the relational becoming of realities and knowledge well-fits participatory models of HR interventions that have long been advocated by liberation and critical psychologists (Martin-Baró, 1996; Parker, 2015; Watkins & Shulman, 2008).

When considered from the critical perspective of process or relational ontology, participation becomes a game-changing praxis for psychology (Fals-Borda, 1979). Experience, for instance, has always been a central interest for the discipline. Yet, what counts as experience is not straightforward. It has to fit within various systems of meaning that culturally, locally, and individually recognize something as worth-noticing and interpreting. As in a nomadic wandering, experience is not exempt from power, politics, and the limits and possibilities offered by existing frameworks of interpretation. Experience “is at once always already an interpretation and something that needs to be interpreted. […] it is always contested, and always therefore political. […] Experience is, in this approach, not the origin of our explanation, but that which we want to explain” (Scott, 1991, p. 797). The identification of (an) experience needs to pass through both master plans of ideological positions, which may be considered universal and untouchable (such as the sacrality of life and the body; or the rejection of imposed violence), and horizontal practices of participation and (de)territorialization, in which the participants point out experiences that they—and perhaps only them—deem dignifying of a life that is worthy “human.”

In the view of HR psychology that we suggest here, humanism needs a post-humanism that critically questions the possibility of a unique standard or model of “humanness” (Braidotti, 2013) and asserts the constant becoming of the meanings, understandings, and conditions of humanity. The interplay of humanism and post-humanism is needed to underscore that interpretations and practices entail both the authoritarian, vertical presence of “trees” (e.g., legal systems, cultural norms, and nation-state apparatuses) and rootlike “rhizomes,” which horizontally spread with “no beginning or end; always in the middle, between things, interbeing, intermezzo” (Deleuze & Guattari, 1987, p. 25). The rhizome simultaneously represents and constitutes an agentic and anarchic relationship to space and subjectivity that counters structural impositions. As resistance to any vertical imposition, the rhizome does not simply represent the individual or the community that struggles for empowerment and rights. Rather, it situates power locally to engage human capabilities and critically analyze societal distributions of power.

The weaving of vertical and horizontal lines undermines commonsense distinctions between the personal and the social. It follows that psychologists concerned with HR, power, and empowerment should be engaging with both micro- and the macro-levels of analysis and practice: The work with individuals and their agency needs to be paired to critical reflections and actions on the ways in which “societal hierarchies are set up and maintained through wealth, class, labor market position, ethnic dominance (majority/minority status), gender, etc., and the way societal structures impact on people” (Fryer, 2008, p. 242).
From this perspective, the work of critical psychologists can be instrumental to pinpoint that practices of subjectivation (the Foucauldian formation of subjectivities) may act as technologies to maintain the status quo. For example, the internalization of discrimination by victims (Jones, 2000) or the a-critical adoption by children and adolescents of life models that associate freedom with consumerism (Aitken, 1991) are likely to counter the development of human capabilities in vulnerable and disenfranchised groups. In these examples, the HR psychologist collaborates with victims and children to critically analyze their relational environment and the power games that are active within it.

The intersection of trees and rhizomes debunks the naïve images of the hero and savior. Rather than positioning agency and structure as polarities (Fryer, 2008), a more constructive inquiry and practice for psychologists may come from understanding and engaging their interplay. Both subjectivities and social structures are constructions whose ontological status depends on their function: It is at this level that a psychologist may, for instance, collaborate with participants to elaborate models of development and “good life” that, instead of being presented as politically and ideologically neutral, are localized and purposeful (Aitken et al., 2007).

Intersectionality Theory

As seen above, relational and non-essentialist positionings and understandings are not linear. The borders of each description are fluid and muddy; processes of constructing constructions and narrating narratives continually frame experiences and social phenomena. Reflections on such framing within interactive systems are at the core of intersectionality theory, which is another important source of conceptualizations in relational views of HR (Crenshaw, 1991; Hancock, 2013; Hill Collins, 1990). For instance, gender, power, race, culture, and class cannot be considered or used as separate analytic dimensions of HR that independently exist and contribute to the formation of the identity and sense of agency of, for instance, African-American women. Rather, they can only be understood and analyzed in their mutual relations of constructions and de-constructions:

First, identities and the differences that are attributed to them are not fundamentally disagreeable. There is something about being a woman of color that cannot be decomposed empirically into a “race” part and a “sex” part. Second, the shift from a margin center metaphor to one of intersections reshapes the way in which scholars conceptualize power distributions (Hancock, 2013, p. 262).

In intersectionality as well as in relational ontologies, the attention centers on the discourses and politics that allow for specific issues to become visible and present and for specific (im)possibilities to become dominant in an historical period. In other words, the focus moves from the real to the politics of reality. Translated into practice, this means that psychology cannot see HR and their affirmation and abuse as internal matters to the person or as social practices that linearly go from a perpetrator to a victim, in the same way as power (resistance) and responsibility and agency cannot be implemented without the interpretation and participation of local people and communities.

A Non-Individualized and Processual Model of Human Rights as “Intra-Actions”: Capabilities, Power, Liberation, and Participation

Human Capabilities

The vast majority of models that form a HR framework creatively and very often usefully put together various combinations of the relation between power and responsibility. Yet, in focusing on the “interaction of power dynamics in psychological and political domains” (Nelson & Prilleltensky, 2005, p. 131), we need to be careful to avoid seeing these dimensions or foci as discrete from each other. We suggest, instead, interpreting Prilleltensky’s idea of the “psychopolitical’ not as a component or realm of human functioning, but as an inseparable intra-action among discursive constructions of HR.

HR are not just concerned with the right to operate in the social context and to influence it. Rather, they are concerned with the building of human capabilities, which refer to what people can do and be, not simply as result of personal agency but also of socioeconomic arrangements and possibilities for change (Sen, 2005). It is neither a matter of saving nor of empowering others, as if agents were in positions of autonomy and followed the rationality of self-interest, as in liberalism. Rather, the concept of human capabilities underscores the need for fellowship (Nussbaum, 2006). By working at micro-, meso-, and macro-levels, the HR psychologist is therefore concerned with helping others to develop complex forms of agency and see themselves as constructed and constructing intersections. This reflection is crucial to analyze the context in which the interplay of “realities” and interpretative frameworks may operate, not as a sort of background against which personal and community agency emerge, but as a constitutive dimension to power, responsibility, knowledges, and ontologies.
A critical focus on human capabilities, for instance, blends the positioning of the player or community who is struggling for HR and sees itself as (dis)empowered and (un)responsible with the constructions of the social and political (im)possibilities that condition its agency. From this viewpoint, HR become constitutive constructions and narratives. Going beyond a view of the totality as made up from individual parts, HR are “always weaving, always in process and never finished.” The territory they present and their (dis-)“harmonies reside in the way in which each strand, as it issues forth, coils around the others and is coiled in its turn” (Ingold, 2015, p. 11).

As such, for instance, power is not something that people have in more or less quantity but is a relational narrative that “only exists within relationships” (Angélique, 2008, p. 249). For this reason, to the term “power”, Foucault preferred “relations of power” to avoid locating it in specific institutions and political structures. Instead of being crystalized in essential locations, Foucault invited us to see power relations as strategies that “are mobile, they can be modified, they are not fixed once and for all” (Foucault, 1984, p. 292). As for Ingold’s idea of “humaning”, here as well we should talk of “powering” to underscore the constant relational and therefore situated becoming of power, as a material performance that feeds and (re-)/(de-)territorializes itself. For instance, in a participatory project conducted with African young mothers formerly associated with armed groups, Worthen and her colleagues (2010) worked on the development of human capabilities through complex understandings of empowerment and the participants’ ongoing and critical dialoguing about freedoms and realities. Beyond the specific results, the reflexive process in itself allowed for localized constructions and developments of HR and for (de-)territorializations of relational spaces through the creation of communities of mothers with shared experiences.

The Limits of Empowerment

While the idea of empowerment is foundational in community psychology and is part of virtually any HR framework, it is crucial to explore the limits to this concept to avoid reducing it to a matter of personal responsibility and action. To this respect, Andreopoulos and Arat (2014) question the legitimacy of advocating under the overly broad and sometimes totalizing framework of HR. For these authors, power dynamics between the provider of humanitarian help and its beneficiary are always at play and will influence the ways HR violations are inferred and understood.

Without reflections on the complex intersection of interactions or, as we wrote above, of trees and rhizomes, unidirectional identifications and interpretations of abuse run the risk of becoming yet another way through which ethnocentric views of the Global North on human interactions are exported and imposed on the Global South. This is particularly dangerous in those circumstances in which such interpretations are decontextualized and do not take into consideration the impact that interventions in the name of HR may have in the long term, or the impact that they may have on groups other than the direct beneficiaries. This was the case of the Child Labor Deterrence Act: It intended to ban the import to the European Union of goods produced through child labor and, according to the UNICEF, caused around 50,000 children in Bangladesh to lose their jobs in the textile industry. Without their jobs and other means to sustain themselves, but also without education and social support, many of these children were forced into worse forms of exploitation, such as prostitution or stone-crushing (Andreopoulos & Arat, 2014).

HR violations are complex events, whose multiple layers of interpretation and experience intersect at various levels. As such, they cannot be solved by intervening only on a single aspect or manifest issue. Even if the fight against child labor is legitimate and necessary, the Child Labor Deterrence Act threatened economic sanctions toward some of the poorest countries of the world without really changing the social orders that contributed to the issue of child exploitation. At the psychological level, a similar logic might happen if the HR framework acted only on individuals and communities without understanding and eventually addressing the social and political dynamics through which realities and experiences evolved.

Liberation and Collaborative Psychology: HR as Process, Not as Result

Reflecting on his work and advocacy with oppressed indigenous populations of El Salvador, liberation psychologist Martín-Baró claimed that it was an historical mistake to move in the direction of understanding the psychology of societies and groups as a combination of individual features and personalities without considering the power of macrosocial structures of control and power (Martín-Baró, 1983). Rather, the role of the community psychologist entails fostering critical reflection and awareness among all members of a society, about their and others’ HR. In other words, it is “through increasing critical consciousness of the world that one becomes aware of the myth that oppression and dehumanization are natural” (Landsman, 2014, p. 346). Through his grassroots work, Martín-Baró realized that mental-health improvement needs to pass through the transformation of society to transcend its historical limitations and overcome its forms of oppression. He argued that community psychologists need to be “on the streets”, in close contact with the people with whom they work. They participate, become political, and often
in practices of social advocacy that go beyond safe professional roles and positions.

The same critical reflection on the boundaries and norms of disciplinary practices applies to HR as well. As Foucault argued, “one must guard against hegemonic thought on the pretext of presenting human rights theory or policy. After all, Leninism was presented as a human rights policy…” (Foucault, 1982, p. 472). Psychologists might unwillingly implement an hegemonic logic in the moment in which they uncritically refuse local knowledges and “opportunities to make use of culturally consonant forms of assessment and treatment” and to reflect on “cultural assumptions built into different systems of help and healing” (Kirmayer, 2012, p. 109).

**Participation**

Liberation psychology, social constructionism, and critical forms of inquiry share a view of psychology as based on the participation of local agents. “Participation” is here a keyword which underscores the importance of localized collaborations with individuals who are active parts and beneficiaries of the knowledge which psychologists contribute to develop (Fals-Borda, 1979) and of which they are part too. In addition to re-position the researcher, the praxis of “participation” radically moves the individuals with whom psychologists work from the position of passive subjects to those of agents of the change that they wish to see.

In practice as well as in research, to collaborate with others starts from recognizing their expertise (Anderson & Goolishian, 1992) and embedment in a cultural world (Bhatia & Ram, 2009). It then continues through engaging with them to build conditions of trust and empowerment (Revsbæk, 2016). Throughout this process, it is crucial to acknowledge central and marginal constructions of identities and social contexts. To achieve genuine participation, power needs to be seen and negotiated, not as something present, but as an “intra-action” that constantly weaves “subjective manifestations of societal distributions” (Fryer, 2008, p. 242). In this sense, the involved parties collaborate critically and reflexively to question the status quo of social roles, the absolute goodness of HR agendas or programs, the identification of issues or abuses, and the effectiveness of proposed solutions or interventions. Rather than thinking of power as something to subvert or invert, analyzing the practices in which the individual-society relation develops offers a more pluralized account of ways in which power games may collide in the everyday.

Participatory Action Research (PAR) and Community-Based Participatory Research (CBPR) are methodologies that champion radical ways of collaborating with the participants in all of the phases of an inquiry or practice. The persons and communities “become part” of the project, without feeling pressured to follow ideological or disciplinary values imposed from above or from the experts. The aim of the inquiry is not necessarily to create harmony or solutions, but to “probe the desirability of the direction of travel” and to “hold in tension the many ambiguities and contradictions” (Nolas, 2013, p. 133). This ongoing negotiation of power is often challenging: The participants might not be used to this level of collaboration with externals; people in power might be reluctant to give it up; and existing social orders are likely to play a normalizing pressure on power relations. The traditional role of the psychologist as external helper or researcher is deeply questioned in participatory models of psychology, as the figures of the observer, therapist, and community activist blend together to give rise to an entanglement of roles and expertises, the most important of which are the promotion of dialogue and the openness to recognize and capitalize on existing resources and knowledge.

From this perspective and in line with process/relational ontologies, research is not done on the other and neither for the other, but with the other (Parker, 2004). In addition to searching for solutions or the denouncing of abuses, participation based on relational ontologies analyzes the different ways through which realities can be configured and through which discourses promote specific realities, views of the world, and knowledges. In this sense, “the techne or craft of doing research becomes more like following, a going with things, rather than attempting to capture and fix them” (Helin et al., 2014, p. 10). While the approach is deeply bottom-up, the presence of the psychologist or the researcher is by itself constitutive of what is to be observed, analyzed, and reported (Gemignani, 2011a). Radical forms of reflexivity about ontologies and social positions are then in order to critical reflect on the constructive processes and agents of any inquiry (Gemignani, 2017).

**Conclusions: Toward an Ethical Psychology of Human Rights**

“As a helping professional, one may accept the status quo, or engage critically with institutions, disciplines, communities, colleagues, and clients for emancipatory purposes” (Dudley et al., 2012, p. 650). Yet, neither the status quo nor the problems from which to become emancipated or the parties involved are crystalized entities and identities, which operate in isolation from their contexts and from each other. The view of HR that we proposed in this manuscript underscores the ongoing process of co-constructions of constructions, in a web of meanings and realities that constantly re-constitutes itself through its performative and intersecting “intra-actions” (Barad, 2007). Moving
beyond arguments and conceptualizations that see the practices of psychology and the HR framework as value-free and universal, we invite adopting a relational view of reality and a critical approach to knowledge (Gergen, 2009; Gemignani, 2017). The result of such critical thinking is an openness toward radical forms of collaboration and participation, toward a view of psychology as deeply embedded in constructed contexts, and toward the development of critical awareness on ideological and cultural assumptions in psychology, such as the individualization of suffering and traumatic memories or the promotion of empowerment and agency as internal processes linked to personal will (Kevers et al., 2016).

In this perspective, ethics moves from what is right and normal to an ethical care of the self. Far from being an invitation to personal care or the celebration of the individual, here “caring for the self” concerns the politics, practices, and technologies that allow specific “selves,” realities, or issues to become true to some people in historical and cultural circumstances. The Foucaultian concept of “care of the self” is here seen as the reflexive psychologist’s effort to participate in processes that both analyze specific problems and understand the intersecting social dynamics that contribute to their existence and experiencing. This move encourages the HR psychologist to rediscover the discipline’s roots and basic foci, starting from a sensibility to ecologically understand the situated others and the phenomena that concern them in complex, not-reductive, and meaning-laden ways and continuing with an openness to a plurality of knowledges beyond what might otherwise appear true and inevitable.

Inviting HR psychologists to work critically means to acknowledge the entanglement of power, responsibility, subjectivities, and social dynamics (Fryer, 2008). This acknowledgment “entails understanding how helping professions may hinder people, engaging with service users’ concerns and pain, and promoting citizenship that involves advocacy and genuine partnerships across social divides” (Dudley et al., 2012, p. 650). Of course, this warning does not want to dissuade psychologists from helping others or researching psychosocial issues. Rather, it underscores that psychologists working for and with HR will benefit from engaging people and concerns as processes of becoming. Instead of being based on stable building blocks, territories, allegiances, solutions, or harmonies, HR become intersecting “lines of flight” that simultaneously connect and swirl in the in-between, through multiple paths of differentiation (Deleuze & Guattari, 1987; Ingold, 2015). Through ongoing critical reflections, a HR framework develops its potentials to become a complex material process which is shaped through the “intra-actions” of ongoing inquiries and dialogues, rather than through the imposition and morality of single narratives and interpretations.

While we understand that embracing critical reflexivity and relational ontologies represent a major move from the post-positivist and neoliberal logics that has so far dominated Western psychology, especially in the academia, taking this theoretical step becomes a way to looking at the larger pictures, “to avoid playing small ball [. . .]. To do otherwise will limit our future ability to transform the society we sought to change by becoming change-oriented scholars in the first place” (Hancock, 2013, p. 296).

HR are not merely practices of making people more human, as in universalist frameworks. Neither they are truths or givens to be applied. Rather, rights are intersecting intra-actions through which “human” becomes an action and a differentiation. When we acknowledge the process of becoming in the making, HR rights are always not yet. They are a process of aspiration. Or, as Ingold poetically writes about “humaning” (i.e., human as a verb), “Whereas other creatures must be what they are in order to do what they do, for humans it is the other way around. They must do what they do to be what they are” (Ingold, 2015, p. 118).

It is not simply a matter of applying a HR framework that makes people more human: People’s becoming “human” continually overrides their being.

HR practitioners and clients (need to) engage in ongoing processes of critical reflexivity and radical participation to endlessly challenge the status quo of existing orders and simultaneously construct themselves in the doing. We started this manuscript by saying that “the devil is in the details.” We conclude hoping that both the devil and the details can now be seen as intersecting and relational processes that co-construct each other in their necessary, situated, and yet always unfinished practices of becoming human.

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History
Received May 14, 2018
Revision received October 23, 2018
Accepted January 10, 2019
Published online June 14, 2019

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Special Issue: Human Rights and Psychology
Original Articles and Reviews

The Human Right to Make One’s Own Choices – Implications for Supported Decision-Making in Persons With Dementia

A Systematic Review

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Abstract: Autonomy is a human right and implies the “freedom to make one’s own choices.” The UN Convention on the Rights of Persons with Disabilities (UN-CRPD) is a human rights treaty granting persons with disabilities, such as persons with dementia (PwD), legal capacity regardless of their impairments. State parties and healthcare practitioners (HCP) are obliged to enable PwD to make decisions with legal effect. The UN-CRPD does not specify the nature of support, thus, the implementation of supported decision-making (SDM) remains unclear. The objective of this review is to compile empirical support strategies for decision-making in dementia and address the specific needs of PwD. Using search terms related to “dementia,” “decision-making,” and “support,” we conducted a systematic review (following PRISMA guidelines) and searched MEDLINE and PsycINFO for empirical studies. References were cross-referenced. Information on support strategies was extracted, summarized, and thematically categorized to provide an overview of international literature on SDM in dementia. Initially, we found 2,348 articles. Thirty-five full-text articles were screened for eligibility (criteria followed PICOS model), 11 of which met the inclusion criteria. Strategies to support decision-making in PwD were categorized according to approach. Support began either with the individual and his/her specific abilities or with the social, spatial, and procedure-oriented environment. As the first systematic review on SDM for PwD, this article contributes to the implementation of SDM in practice. Despite heterogeneous evidence, the findings have crucial implications for HCP on how to enable PwD to exercise their human right to make decisions with legal effect.

Keywords: supported decision-making, dementia, human rights, autonomy, informed consent

In recent years, the importance of autonomy in health and social care contexts has been increasingly reflected in an emphasis on user involvement in decision-making (DM) (Wilkinson, 2001). The right to make self-determined decisions is an integral part of autonomy. As dementia is a mental disorder involving progressive decline in cognitive functions, the decision-making abilities of PwD are frequently mistrusted (Marson, Ingram, Cody, & Harrell, 1995).

Legal Framework

Human rights laws do not question the right to make autonomous decisions, regardless of a person’s impairments. The first human rights treaty this century, the UN Convention on the Rights of Persons with Disabilities (UN-CRPD, 2006), uses a broad definition of the term disability (Article 1) that includes persons with dementia. Individual autonomy is demanded in Article 3, including “the freedom to make one’s own choices” (UN-CRPD, Article 3 (1)). Furthermore, the UN-CRPD grants people with disabilities legal capacity and recognizes them as persons before the law (UN-CRPD, Article 12).

State parties are requested to help persons with disabilities to exercise their legal capacity (Article 12, UN-CRPD), meaning PwD need to be enabled to make decisions with legal effect.

“Article 12, paragraph 3, does not specify what form the support should take. ‘Support’ is a broad term that encompasses both informal and formal support arrangements, of varying types and intensity” (Committee on the Rights of Persons with Disabilities, 2014, p. 4).
However, the nature of support remains unclear.

For ratifying countries, the UN-CRPD will have major implications for the implementation of SDM. Country-specific laws may require redefinition in line with changes in the legal standing of PwD while SDM should replace concepts like guardianship (Kohn & Blumenthal, 2014).

**Practical Implementation**

The UN-CRPD and its emphasis on SDM have extensive implications for practice and healthcare professionals (HCP). HCP have a legal and moral obligation to support PwD and encourage them to participate in decision-making to the best of their ability (Black, Wechsler, & Fogarty, 2013; Groen van de Ven, Smits, Oldewarris, et al., 2017; Moore & Hollett, 2003). Support strategies within the IC process are called enhanced consent procedures (ECP) (Mittal et al., 2007) and aim to facilitate autonomous decision-making (Eyler & Jeste, 2006).

The crucial question is how to balance autonomy and protection against harm (non-maleficence) in the decision-making of PwD (Beauchamp & Childress, 2013; Webb & Dening, 2016; Wilkinson, 2001) and whether SDM can help achieve this desirable balance. Based on their diagnoses, PwD should neither be excluded from decision-making, nor considered incompetent (Kim, Karlawish, & Caine, 2002; Marson, Schmitt, Ingram, & Harrell, 1994).

A paradigm shift from negating the perspective of PwD in research to actively incorporating their experience, views, and perceptions as experts in their disease (e.g., De Boer et al., 2007; Moore & Hollett, 2003; Von Kutzleben, Schmid, Halek, Holle, & Bartholomeyczik, 2012) has resulted in a variety of studies and findings on decision-making in dementia.

Several studies concerning decision-making capacity (mental capacity) focus on assessing deficits and resources of PwD (e.g., Kim et al., 2002; Marson et al., 1995; Moye et al., 2006; Palmer et al., 2005).

A growing body of literature examines if, how, and to what extent PwD take part in decision-making (Black et al., 2013; Boyle, 2013; Feinberg & Whitlatch, 2002; Hamann et al., 2011; Hirschman, Joyce, James, Xie, & Karlawish, 2005; Menne & Whitlatch, 2007), and how informed consent is provided (Black, Kass, Fogarty, & Rabins, 2007). Further research focuses on decision topics and the influence of key events (Bronner, Perneckzky, McCabe, Kurz, & Hamann, 2016; Horton-Deutsch, Twigg, & Evans, 2007; Groen van de Ven, Smits, Oldewarris, et al., 2017), while another concentrates on the controversial role of caregivers and proxy consent (Black et al., 2013; Hirschman et al., 2005; Horton-Deutsch et al., 2007; Karlawish et al., 2008).

An almost unaddressed area of interest is SDM in dementia and relevant evidence is scarce (Fetherstonhaugh, Tarzia, Bauer, Nay, & Beattie, 2016). Studies that focus more on assessing mental capacity than explicitly on SDM have developed certain recommendations. Firstly, support can address the decision-making environment, for example, by creating a calm and undisturbed atmosphere for the informed consent process (Eyler & Jeste, 2006; Moye et al., 2006). Secondly, support may address the resources and deficits of PwD. On a deficit-based level, it is possible to consider someone’s individual cognitive profile (Eyler & Jeste, 2006). Depending on individual impairments, for example, verbal retrieval, support can deal with aspects of understanding by varying information delivery methods (Haberstroh et al., 2014; Moye et al., 2006). Moreover, the consideration of cognitive fluctuations in PwD during assessments is important. In this case, the underlying cause should be diminished, the time of the “best cognitive moments” exploited, and additional support can aim at simplifying and summarizing relevant information (Trachsel, Hermann, & Biller-Andorno, 2015). On a more resource-based level, individual communicative behavior of PwD can be considered. Support may, for example, include non-verbal content aspects (e.g., pictograms) and relational aspects (e.g., emotions) (Knebel, Haberstroh, Kueimmel, Pantel, & Schröder, 2015; Kueimmel, Haberstroh, & Pantel, 2014).

The aim of this systematic review is to compile a comprehensive overview of current international evidence on possible support for PwD in decision-making and to contribute to the urgently needed clarification of Article 12 (3) of the UN-CRPD. Thus, the main research questions in this review are:

**Research Question 1 (RQ1):** What decision-making support strategies exist for PwD? To what extent have existing support strategies been empirically evaluated?

**Research Question 2 (RQ2):** What support needs and demands do PwD have, and how do they think the decision-making process could be improved?

To our best knowledge, no systematic review of SDM or ECPs exists that focuses specifically on PwD.

**Methods**

**Search Strategy**

The authors followed the systematic approach of the Preferred Reporting Items for Systematic Reviews and
Meta-Analysis (PRISMA). Both PRISMA components were used, these being a 27-item checklist and a four-phase flow diagram (Figure 1) (Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group, 2009). As this systematic review was not registered, we cannot provide a registration number. A review protocol was not prepared.

The international literature search was conducted in two scientific databases: Medline via PubMed and PsycINFO. These databases are the most suitable for the area of interest and include millions of records. The search was conducted in December 2017.

The search strategy was developed by establishing three main categories of content-related relevance. Subsequently, related terms and synonyms were formulated for each category and were used for both databases (see Table 1). We used controlled vocabulary, medical subject headings (MeSH), thesaurus (descriptors), and free-text terms.

The main Boolean Search Operators were used in the search process. We linked all terms of one main category using OR (or-relations) and afterward linked the terms within the three main content categories using AND (and-relations). The search strategy and the imposed limitations are presented in Table 1.

We ensured a comprehensive search by “snowballing” references of relevant articles. After duplicates were removed, two reviewers (Julia Haberstroh and Theresa Wied) conducted three independent screenings. Firstly, the titles were screened, and then the abstracts of the remaining articles. The third screening consisted mainly of one reviewer reading full-text articles.

Selection Criteria

A number of systematic overviews and reviews of related research areas (e.g., SDM for general target groups like vulnerable persons) enabled the authors to gain a rough idea of the current literature (Dunn & Jeste, 2001; Eyler & Jeste, 2006; Fields & Calvert, 2015; Flory & Emanuel, 2004; Kim et al., 2002). These studies provided information on the scarcity of current existing evidence, for which
the inclusion criteria were defined widely to identify as many suitable articles as possible. Beyond formal eligibility criteria (imposed limitations), criteria on a more content-and methodology-related level followed the PICO(s) model (participants, interventions, comparisons, outcomes, and study design):

(P) PwD functioning as decision-makers, regardless of the decision; all decisions were included.
(I) Support interventions and strategies for PwD; demands and needs of PwD relating to support in decision-making process.
(C) No, or an alternative support intervention, no involvement of PwD in decision-making process.
(O) Benefits for PwD, that is, improved understanding, higher satisfaction, and increased involvement.
(S) Empirical studies (qualitative, quantitative, and case studies; reviews).

Articles addressing other target groups, for example, persons with schizophrenia, other decision-makers, such as surrogates, other decision-making concepts, such as advance care planning, were excluded.

Disagreement on whether to include an article was resolved by discussion or incorporating a further reviewer.

### Data Collection Process

Theresa Wied extracted most data, and a second reviewer checked for completeness by examining random samples. We used an individualized data extraction form to extract data and summarize information (simplified version see Table 2). The development of the data extraction form was based on examples from the Joanna Briggs Institute Reviewer’s Manual (Aromataris & Munn, 2017).

### Data Analysis

For a systematic overview of existing support, we analyzed the provided details and assigned them to thematic categories. One reviewer categorized the passages of the articles that described strategies to support decision-making in PwD. The reviewer returned to the primary studies to check indicated reasons for support (underlying needs of PwD or concrete targeted outcomes) when the support category was unclear. The wide variety of support was summarized in general and subcategories. To reach consensus, the research group subsequently discussed categorization.

### Results

The database search revealed 2348 articles. Eight further articles were identified by cross-referencing the reference lists. After removing duplicates, two reviewers conducted the initial screening of 1,926 records. After the second screening of abstracts, 35 articles remained. Thirty-three full texts were assessed for eligibility as the full texts of two articles were not accessible. A total of 11 articles were ultimately included in the systematic review. The stepwise study selection process is displayed in a flow diagram inspired by PRISMA (Figure 1).

Six of the 11 included studies focused specifically on SDM, while the remaining five dealt more with the meaning of decision-making for PwD, their decision-making needs, and their involvement in the decision-making process. Summarized information from the 11 included articles is shown in Table 2. We found four intervention studies: two quantitative studies, one qualitative study, and one mixed-methods study (Mittal et al., 2007; Murphy & Oliver, 2013; Rubright et al., 2010; Span et al., 2015). The other seven are predominantly qualitative interview studies that describe support strategies based on experiences and perceptions of PwD or caregivers and practitioners that work with or care for PwD. We therefore subdivided our findings into the major categories “interventions” and “strategies.”

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**Table 1. Search terms and database search strategy**

<table>
<thead>
<tr>
<th>No.</th>
<th>Search terms and relations</th>
<th>Category of search terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Dementia [MeSH]/[DE]</td>
<td>Dementia</td>
</tr>
<tr>
<td>#2</td>
<td>Alzheimer* [TA]</td>
<td></td>
</tr>
<tr>
<td>#3</td>
<td>&quot;cognitively impaired&quot; [TA]</td>
<td></td>
</tr>
<tr>
<td>#4</td>
<td>&quot;cognitive impairment&quot; [TA]</td>
<td></td>
</tr>
<tr>
<td>#5</td>
<td>#1 OR #2 OR #3 OR #4</td>
<td></td>
</tr>
<tr>
<td>#6</td>
<td>Decision making [MeSH]/[DE]</td>
<td>Decision-making capacity</td>
</tr>
<tr>
<td>#7</td>
<td>Capacity [TA]</td>
<td></td>
</tr>
<tr>
<td>#8</td>
<td>Competence* [TA]</td>
<td></td>
</tr>
<tr>
<td>#9</td>
<td>Consent [TA]</td>
<td></td>
</tr>
<tr>
<td>#10</td>
<td>&quot;Mental capacity&quot; [TA]</td>
<td></td>
</tr>
<tr>
<td>#11</td>
<td>&quot;Capacity to consent&quot; [TA]</td>
<td></td>
</tr>
<tr>
<td>#12</td>
<td>#6 OR #7 OR #8 OR #9 OR #10 OR #11</td>
<td></td>
</tr>
<tr>
<td>#13</td>
<td>Support [TA]</td>
<td>Support</td>
</tr>
<tr>
<td>#14</td>
<td>Enhance* [TA]</td>
<td></td>
</tr>
<tr>
<td>#15</td>
<td>Assist* [TA]</td>
<td></td>
</tr>
<tr>
<td>#16</td>
<td>Facilitat* [TA]</td>
<td></td>
</tr>
<tr>
<td>#17</td>
<td>#13 OR #14 OR # 15 OR #16</td>
<td></td>
</tr>
<tr>
<td>#18</td>
<td>#5 AND #12 AND #17</td>
<td></td>
</tr>
<tr>
<td>#19</td>
<td>Limit: English and German</td>
<td></td>
</tr>
<tr>
<td>#20</td>
<td>Limit: humans</td>
<td></td>
</tr>
<tr>
<td>#21</td>
<td>Limit: abstract</td>
<td></td>
</tr>
</tbody>
</table>

Note: MeSH = medical subject headings; DE = descriptors; TA = title/abstract.

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<table>
<thead>
<tr>
<th>First Author (Year)</th>
<th>Participants</th>
<th>Design and methods</th>
<th>Setting/context of decision</th>
<th>Categories and subcategories of support approaches</th>
<th>Aim/outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fetherstonhaugh (2016)</td>
<td>80 staff members</td>
<td>Qualitative - Semi-structured interviews - Focus groups</td>
<td>Decisions in residential aged care facilities, e.g., clothing</td>
<td>Understanding - Relationship - Procedure - Space</td>
<td>Perceived support</td>
</tr>
<tr>
<td>Fetherstonhaugh (2013)</td>
<td>6 PwD</td>
<td>Qualitative - Interviews</td>
<td>Not specified</td>
<td>Relationship Understanding Procedure</td>
<td>Meaning of DM for PwD</td>
</tr>
<tr>
<td>Lord (2016)</td>
<td>4 dyads - 4 PwD - 4 family carers and additional - 3 PwD - 9 family carers</td>
<td>Qualitative - Semi-structured interviews</td>
<td>Move to a care home/future place of care</td>
<td>Procedure</td>
<td>Experience of/involvement in DM Perceived support</td>
</tr>
<tr>
<td>Mittal (2007)</td>
<td>35 PwD or mild cognitive impairment</td>
<td>Quantitative - Randomized controlled trial</td>
<td>Research participation in a hypothetical clinical trial of a cognitive-enhancing drug</td>
<td>Understanding</td>
<td>Improved understanding (MacCAT subscale)</td>
</tr>
<tr>
<td>Murphy (2013)</td>
<td>18 dyads - PwD - family carers</td>
<td>Mixed Methods - Intervention: Discussion of decisions under two different conditions: Talking Mats Framework; usual communication methods - Interviews - Questionnaire (Involvement Measure)</td>
<td>Decisions about managing daily living, e.g., personal care</td>
<td>Procedure</td>
<td>Feelings of involvement in DM Satisfaction with the discussion Improved interaction/communication</td>
</tr>
<tr>
<td>Rubright (2010)</td>
<td>80 PwD - 30 cognitively normal older adults</td>
<td>Quantitative - Randomized controlled trial</td>
<td>Research participation in an early phase clinical trial</td>
<td>Understanding</td>
<td>Improved overall DMC Improved understanding</td>
</tr>
</tbody>
</table>

(Continued on next page)
<table>
<thead>
<tr>
<th>First Author (Year)</th>
<th>Participants</th>
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<th>Setting/context of decision</th>
<th>Categories and subcategories of support approaches</th>
<th>Aim/outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samsi (2013)</td>
<td>12 dyads</td>
<td>Qualitative</td>
<td>Everyday decisions, e.g., meals, shopping</td>
<td>Understanding</td>
<td>Experience of DM Negotiation of decisions Occurrence of decisions</td>
</tr>
<tr>
<td></td>
<td>- 11 PwD</td>
<td>- Interviews</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 12 carers</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Smebye (2012)</td>
<td>10 triads</td>
<td>Qualitative</td>
<td>Three types of decisions with varying complexity: Daily activities Medical care Moving to sheltered housing</td>
<td>Understanding Space Procedure Relationship</td>
<td>Participation of PwD in DM Influence on DM of family carers and professional caregivers</td>
</tr>
<tr>
<td></td>
<td>- 10 PwD</td>
<td>- Semi-structured interviews - Observations of interactions</td>
<td></td>
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<td></td>
<td>- 10 family carers</td>
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<tr>
<td></td>
<td>- 10 professional caregivers</td>
<td></td>
<td></td>
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<tr>
<td>Span (2015)</td>
<td>Dementia care networks</td>
<td>Qualitative</td>
<td>Not specified</td>
<td>Procedure</td>
<td>Facilitation of communication/shared decision-making Feeling of involvement Acceptance of/satisfaction with the tool</td>
</tr>
<tr>
<td></td>
<td>- 4 PwD</td>
<td>- Intervention: 5 month use of a DecideGuide (web tool) - Structured interviews - Observations of home visits - Information recorded in the DecideGuide</td>
<td></td>
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<tr>
<td></td>
<td>- 12 informal caregivers</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>- 3 case managers</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tyrrell (2006)</td>
<td>21 dyads</td>
<td>Qualitative</td>
<td>Decisions concerning health and social care</td>
<td>Relationship Understanding Procedure</td>
<td>Conditions of DM Involvement/Participation in DM</td>
</tr>
<tr>
<td></td>
<td>- 21 PwD</td>
<td>- Semi-structured interviews</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 21 primary carers</td>
<td></td>
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</table>

Note. PwD = persons with dementia; DM = decision-making; DMC = decision-making competence.
Within these two major categories and despite their heterogeneous nature, support strategies and interventions could be categorized with respect to overall approach. The possible support approaches focused on “person” or “environment.” Environment-related support aims to influence external factors that are not obviously linked to the impairments or abilities of PwD. It may address (1) the “technical” process of decision-making by including supportive materials or considering time constraints, (2) the space design and its optimization, and (3) the person-centeredness and relationships initiated during the decision-making process. In contrast, support that takes a person-oriented approach focuses on individual abilities. This kind of support might address understanding, appreciation, reasoning, and expression of a choice, whereby these subcategories are selected in accordance with Grisso and Applebaum’s (1998) definition of decision-making abilities. All categories and subcategories of support are shown in Figure 2.

While the qualitative studies presenting strategies described underlying needs of PwD and formulated aims of the support, the intervention studies sometimes named concrete outcomes (see Table 2).

**Strategies**

The strategies were either developed jointly by practitioners and PwD, or derived from expressed or interpreted needs and demands of PwD. The identified strategies were applied in decision-making processes with and by PwD, but not empirically evaluated.

**Environment – Procedure**

As the underlying need of PwD was to contribute to the decision-making process, feelings of productiveness and useful ness were encouraged by working within frameworks, for example, writing task lists to facilitate the choice what to do and when (Fetherstonhaugh, Tarzia, & Nay, 2013). The inclusion of further material in the process appeared to make sense. According to Lord, Livingston, Robertson, and Cooper (2016), PwD appreciated decision aids and expressed specific wishes regarding delivery and content of such aids, for example, aids should not be provided at the point of diagnosis, but during the interaction with the HCP.

The consideration of time appeared to be important. Several authors described the need to adapt the decision-making process to the pace of PwD, and to provide time to recognize the need to decide, reflect on alternatives and the final decision. Furthermore, decision topics should be introduced slowly and pressure or haste avoided (Fetherstonhaugh et al., 2013, 2016; Groen van de Ven, Smits, Elwyn, et al., 2017; Smebye, Kirkevold, & Engedal, 2012; Tyrrell, Genin, & Myslinski, 2006). Tyrrell and colleagues (2006) mentioned that PwD felt they had insufficient time for reflection and needed time to think through options and let them ripen.

**Environment – Space**

Smebye and colleagues (2012) described the simplification of the spatial environment with the aim of clarifying choices for PwD. This goal could be achieved by “[…] keeping things tidy, removing irrelevant objects and keeping order by labelling drawers” (Smebye et al., 2012, p. 5). According to Fetherstonhaugh and colleagues (2016), noisy or distracting environments, including numerous attendant persons, should be avoided during the decision-making process.

**Environment – Relationship**

To establish appreciative and trusting relationships and a person-centered attitude meant support should be offered subtly and disempowerment and taking-over avoided (Fetherstonhaugh et al., 2013). PwD appreciated support as “backup” and corrective feedback when decisions seemed inappropriate. An environment was perceived as supportive when it encouraged the development of confidence and self-esteem and gave PwD the feeling something was expected of them (Fetherstonhaugh et al., 2013). That might mean making suggestions, establishing a plan, forming strategies together, enabling a dialog to develop rather than simply providing information, and checking PwD felt comfortable with the decision-making process (Fetherstonhaugh et al., 2013; Smebye et al., 2012; Tyrrell et al., 2006).

PwD should be encouraged to express views, wishes, and preferences actively, perhaps by using a conversational interview style, or proposing compromises, and giving levels of choice that fostered participation in decision-making (Fetherstonhaugh et al., 2016; Smebye et al., 2012; Tyrrell et al., 2006). PwD frequently mentioned...
having no chance to express themselves and felt unheard (Tyrrell et al., 2006).

According to Fetherstonhaugh and colleagues (2013), it was important to treat PwD as adults and talk with rather than about them. PwD mentioned a strong need to play a central role in decision-making, which was sometimes impeded by being ignored and marginalized.

To support decision-making, information should be tailored to the wishes and preferences of PwD or to what they think is important to know (Tyrrell et al., 2006). Bothering PwD with options they have no interest in may lead to anger and agitation. Knowledge about them and the development of trust encouraged them to relax and feel comfortable during the decision-making process (Fetherstonhaugh et al., 2016). PwD perceived a lack of satisfying information, which could result in a reduced ability to make decisions (Tyrrell et al., 2006).

PwD wanted to make the final decision and complained when they saw no chance to revoke or modify decisions. Where possible, the final decision should be left to PwD and it should be emphasized that decisions could always be revoked or modified (Fetherstonhaugh et al., 2013; Tyrrell et al., 2006).

**Person – Understanding**

Support strategies focusing on individual abilities and impairments aimed predominantly to help PwD understand. Smebye et al. (2012) described the need for a balanced approach. “On the one hand they [caregivers] needed to explain matters thoroughly but on the other hand giving excessive information overwhelmed and confused the person” (Smebye et al., 2012, p. 8).

To avoid miscommunication and indicate the need for a decision, it was also important to highlight the start of the decision-making process by raising and defining a decision topic and discussing goals (Groen van de Ven, Smits, Elwyn, et al., 2017).

As PwD mentioned they were dissatisfied with the provided information, rethinking the presentation of information is necessary (Tyrrell et al., 2006). Studies showed that using simple and clear language, focusing on consistency of expression, and employing additional non-verbal communication fostered understanding (Fetherstonhaugh et al., 2016; Smebye et al., 2012; Tyrrell et al., 2006).

Visual illustrations, aids, and props, such as pictures, could help compensate for impaired memory and support understanding (Fetherstonhaugh et al., 2016; Smebye et al., 2012).

The use of reminders, such as alarms or calendars, could help PwD reflect on the past and future and encourage them make timely decisions (Fetherstonhaugh et al., 2013).

In view of limited powers of concentration and deliberation, several authors recommended presenting fewer options to avoid confusion, being side-tracked, and losing focus (Fetherstonhaugh et al., 2013, 2016; Samsi & Manthorpe, 2013; Smebye et al., 2012).

Appraising the level of PwD engagement during the process and asking questions accordingly could also reduce cognitive overload (Samsi & Manthorpe, 2013).

Verifying that PwD understood information by (inter alia) using a question-answer pattern, waiting for answers, and checking understanding (Smebye et al., 2012; Tyrrell et al., 2006) were essential.

**Person – Appreciation**

Assisting in overseeing what is relevant to the PwD’s situation and focusing on each individual’s situation when checking understanding could foster appreciation of the person (Groen van de Ven, Smits, Elwyn, et al., 2017; Smebye et al., 2012).

**Person – Reasoning**

When no standard alternative existed, alternatives should be clarified (Smebye et al., 2012) by jointly recognizing and developing them, weighing pros and cons, and deliberating on them. As deliberation was sometimes difficult for PwD, trying out alternatives may be a suitable support strategy (Groen van de Ven, Smits, Elwyn, et al., 2017).

**Interventions**

Interventions in the remaining four studies were evaluated empirically. Details on design, methods, and outcomes are shown in Table 2.

**Environment – Procedure**

The DecideGuide is an interactive web tool, introduced to support decision-making. According to Span and colleagues (2015), the aim of the aid was to enable communication (chat function: messages), encourage joint decision-making (deciding together function: assist stepwise in decision-making), and allow individual views and opinions (individual option function: questionnaires) to be expressed. Despite little overall usage and rare use of the deciding together function, participants valued the tool positively. PwD in particular mentioned no perceived improvement in decision-making, but appreciated easier communication and information sharing. Technical failure was mentioned as an important barrier to the tool’s use (Span et al., 2015).

Murphy and Oliver (2013) aimed to support PwD in communication and decision-making processes with carers via the implementation of the Talking Mats Framework (TM). Within the framework, picture symbols for a (decision-) topic were placed below a visual scale (“managing,” “needing assistance,” and “not managing”). Topics were converted into comprehensible and highly visible symbols.
Furthermore, PwD were assisted in demonstrating their feelings and views about options. One of TM’s aims is to help PwD stay focused and organize thoughts. Findings showed that PwD felt significantly more involved and satisfied with the overall discussion. TM helped PwD to remember the issue, relevant words, and to express their views. According to Murphy and Oliver (2013), TM helped views to be expressed, engaged PwD in decision-making, and improved relationships.

**Person – Understanding**

Based on PwD’s cognitive deficits, Mittal and colleagues (2007) developed two enhanced consent procedures to support PwD’s understanding in IC. As part of an enhanced written consent procedure, understanding should be supported via a written consent form that included highlighted key elements and a bigger font. Study coordinators provided verbal information, checked understanding, and directed the attention of PwD to critical elements.

To promote understanding, a PowerPoint slideshow presentation consisting of graphics, a video of the proposed treatment, and voice narrations, replaced written consent forms. Key elements were summarized, and the study coordinator gave verbal information and highlighted important issues. Following a simulated IC procedure (trial 1), both ECPs were used in a second trial. Both intervention groups showed significant improvement in understanding after re-explanation (trial 2), but there were no significant differences in scores between the ECPs. Mittal et al. (2007) concluded it was premature to draw final conclusions on the value of ECPs and particularly of PowerPoint slideshow presentations.

Rubright and colleagues (2010) strived to support recognition memory and executive functions by comparing two different ways of assessing decision-making capacity. During the standard assessment, PwD received and retained a consent form written in the standard style and format, including mandated content. The interviewer transferred the information entirely, asked PwD to read aloud sections of the consent form and summarize them step-by-step. PwD were encouraged to use the consent form when summarizing, and the interviewer corrected the errors.

The enhanced assessment was similar to the standard procedure, except that a memory and organizational aid was provided to support PwD. The aid presented information using the same sequence and header titles as the consent form, summarized key elements, and simplified important points at sixth grade reading level. After summarizing each section’s content, interviewers directed PwD’s attention to the relevant section of the aid and asked them to read it aloud again.

Findings showed that with the aid’s support, PwD were more likely to be judged capable and had higher scores in understanding, but not in appreciation, reasoning, and expressing a choice. According to Rubright and colleagues (2010), the findings showed that when tailored to the cognitive patterns of PwD, support could improve ability to provide IC.

**Discussion**

The main aim of this review was to summarize empirical studies on needs/demands and support strategies for decision-making in PwD. The findings show that support generally focuses on the person’s understanding, relational environment, and on procedure-oriented environmental aspects. This may reflect concrete indications on how to support decision-making that have been generated by thorough empirical and theoretical examinations of cognitive impairments in PwD. As the whole decision-making process is based on understanding information and alternatives, it appears plausible to focus on understanding in SDM. Support to the relational environment may be provided by emphasizing person-centered care (Kitwood, Hermann, & Müller-Hergl, 2008), particularly in the care settings under review in most included studies.

Many support strategies presented here are described by several authors (expert-consensus). We believe they have demonstrated their practical value and can positively influence PwD. Based on practical knowledge, these strategies have important implications for the implementation of SDM and further research. Moreover, agreement between developed strategies and both applied interventions and experts’ recommendations underline the value of deriving recommendations from these strategies.

The following recommendations were derived.

**Person – Understanding**

In IC procedures, re-explanations of information (Mittal et al., 2007; Rubright et al., 2010), summaries of key elements, and simplifications of written information (Rubright et al., 2010) resulted in increased understanding. As the interventions did not improve appreciation and reasoning, it is uncertain whether understanding really increased, or PwD simply answered questions by reading from the aid. The consideration of language in the decision-making process and the use of clear, simple, verbal and non-verbal communication, and consistent expression patterns was recommended several times (Fetherstonhaugh et al., 2016; Smeyte et al., 2012; Tyrrell et al., 2006). This indicates that HCP require further communication training during their formal education. To prevent PwD from losing focus due to cognitive overload, various authors mentioned
reducing the number of options (Fetherstonhaugh et al., 2013, 2016; Samsi & Manthorpe, 2013; Smebye et al., 2012). This strategy needs to be handled with care, as its application may lead to unwanted results. Verification of PwD’s understanding certainly appears to be an important support strategy (Groen van de Ven, Smits, Elwyn, et al., 2017; Smebye et al., 2012; Tyrrell et al., 2006). This could be achieved by, for example, using a question-answer interview technique (Smeye et al., 2012).

Environment – Relationship

Enabling PwD to contribute to decision-making by empowering them via subtle support may promote independence and satisfaction with the decision-making process (Fetherstonhaugh et al., 2013). Such support could take various forms, for example, by encouraging dialog and developing strategies together (Fetherstonhaugh et al., 2013; Smeye et al., 2012; Tyrrell et al., 2006). PwD needed to be encouraged to express their views, wishes, and preferences rather than be passed over (Fetherstonhaugh et al., 2013, 2016; Smeye et al., 2012; Tyrrell et al., 2006). The results of actively attained knowledge about wishes and preferences should then be integrated into the decision-making process, for example, when providing information (Tyrrell et al., 2006).

Many strategies exist within this category but can be summarized as the development and application of a person-centered approach during the decision-making process, whereby PwD need to be understood as equal partners. Our findings indicate that especially in decision-making on medical treatment and research participation, which are strongly influenced by dependence, power, expert opinion, and resulting paternalism, HCP should improve awareness of their own attitudes and roles during decision-making processes. In addition to communication trainings, HCP should learn about person-centered behavior.

Environment – Procedure

Environmental interventions focus on decision-making procedures and the application of tools to support decision-making. PwD mentioned several barriers and concerns about the usability of the DecideGuide, but no improvements regarding decision-making. Nevertheless, they regarded the tool favorably (Span et al., 2015). This may be because they valued increased communication and attention from researchers, caregivers, and HCP during research.

Talking Mats is recommended as a framework that facilitates communication (Murphy & Oliver, 2013). According to Murphy and Oliver (2013), it improved satisfaction with and involvement in discussions and supports PwD’s memory, concentration, and expression of views. This finding served as a successful example of the strategies “working in frameworks” and “inclusion of further material” such as decision aids (Fetherstonhaugh et al., 2013; Lord et al., 2016). As both tools were applied in the context of daily living, transferability to and appropriateness for more complex decision contexts need further investigation.

Almost half the studies indicated the consideration of time as crucial. PwD should be given time to reflect and decide at their own pace (Fetherstonhaugh et al., 2013, 2016; Groen van de Ven, Smits, Elwyn, et al., 2017; Smeye et al., 2012; Tyrrell et al., 2006).

The findings in this review indicate that support in the remaining four categories is either relatively abstract or does not exist (Person – Expressing a Choice).

Ethical considerations result in different balances between support and outcomes. While language simplification may help PwD understand, they may also feel they are not taken seriously. Besides positive effects, knowledge about PwD and the development of trusting relationships may lead to over-confidence regarding wishes and preferences (Fetherstonhaugh et al., 2016) and the exclusion or manipulation of PwD. Presenting fewer options to prevent cognitive overload and PwD being side-tracked may lead to the oversimplification of complex decisions and intentional omission of important information. Most of these ethical concerns are not addressed in the included studies. The assumption that support always leads to positive outcomes for PwD needs to be viewed critically, as support can also overshoot its target.

Limitations of Included Studies

The methods applied in the few included studies vary considerably. Very few support interventions have yet been examined in terms of effectiveness. Conducting a meta-analysis was therefore impossible, and we chose to perform a narrative systematic review to summarize diverse information on SDM in dementia. It remains unclear what kind of support is suitable for which severity level or type of dementia, as few of the predominantly qualitative studies differentiated between support strategies for particular severity levels, or even specified the type of dementia, or the degree of severity of participants.

In the absence of a clear theoretical SDM framework, few studies based their choice of approach and outcome measures in theory. The inclusion of mainly qualitative studies shows that authors rarely name specific outcomes. Qualitative studies generally describe underlying needs of PwD and formulate the aims of their support measures. The categorization of outcomes was therefore not feasible.
Limitations of this Review

This study has some limitations. First, our inclusion criteria did not differentiate between stages or types of dementia, so we could not classify our findings accordingly. As participants in most of the included studies were able to express themselves verbally, it is likely their disease was mild to moderate. Second, time constraints meant we could not prepare and provide a review protocol. Third, although some support strategies applied in care and everyday life contexts would probably be of little use in other decision-making contexts, we did not focus on specific decisions or decision-making contexts due to scarcity of evidence. Fourth, the choice of more specific search terms may have resulted in fewer non-relevant papers. Nevertheless, we identified only eight additional articles using other sources. Finally, the detected support strategies were categorized to provide a systematic overview. We would like to emphasize that this categorization is just one possibility and other categorizations would also have been appropriate. As SDM can be conceptualized as person-relationship interlinkage, we conclude that strategies and interventions could sometimes have been allocated to several categories. In most instances, a clear assignment of findings to a single category was feasible.

Conclusion

Overall, the findings of this systematic review show that research on SDM is scarce, particularly in dementia, and it is generally performed on other target groups, for example, vulnerable groups or at-risk populations. Furthermore, developed support strategies and interventions are not carefully adapted for PwD. Even the studies included in this review do not all explicitly deal with SDM but with aspects of SDM under the umbrella of different concepts such as participation or involvement. To fulfill the legal and political objectives of the UN-CRPD, it is important, on a theoretical and conceptual level, to find out how concepts of participation, involvement, and empowerment are linked with SDM and to clarify overlap and clear distinctions between them. Although the UN-CRPD provides practitioners with no clear recommendations how to support PwD in the exercise of their legal capacity, our findings show HCP consider the need to support PwD in decision-making in terms of care or everyday life within care networks or dyads. This means HCP are partly aware of their influence and do not recklessly deny PwD the right to make their own decisions (Fetherstonhaugh et al., 2016; Groen-van de Ven, Smits, Oldewarris, et al., 2017). In contrast, SDM in dementia is rarely discussed in the contexts of medical treatment and research participation. For politicians and practitioners, the derived recommendations of this systematic review can serve as a first clarification of Article 12 (3) of the UN-CRPD, in particular on how to redefine and support the legal standing of PwD in line with human rights law.

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European Psychologist (2019), 24(2), 146–158


**History**

Received April 27, 2018
Revision received August 28, 2018
Accepted January 19, 2019
Published online June 14, 2019

**Acknowledgments**

The authors would like to thank Frank Oswald, Johannes Pantel, and the whole ENSURE project team for useful remarks and helpful advice. Furthermore, the authors would like to thank Phillip Elliott for proofreading the document.

**Conflict of Interest**

The authors declare that no conflicts of interest exist.

**Funding**

This work was funded by the Network of European Funding for Neuroscience Research (ERA-NET NEURON), the German Federal Ministry of Education and Research (Grant Number 01GP1623A), and the Volkswagen Foundation.

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Human Rights, Dementia, and Identity

Sarah Butchard and Peter Kinderman

Abstract: Human rights are integral to the work of applied psychologists, particularly when supporting people who may be experiencing some form of vulnerability. As dementia progresses, potential vulnerability increases and the need to protect and promote the fundamental human rights of people living with dementia becomes even more important. However, we also need to translate complicated human rights law into practical strategies which facilitate upholding people’s rights on a day-to-day basis. The FREDA principles (of Fairness, Respect, Equality, Dignity, and Autonomy) provide a framework to make this translation. Recent research has highlighted the applicability of the FREDA principles to dementia but also added an important new element – identity – to this rubric. This paper explores the links between identity and human rights and the ways in which preserving identity can enhance human rights-based approaches. The similarity between human rights-based approaches to care and the more traditionally cited model of person-centered care are noted, and it is suggested that the legal underpinning of human rights-based approaches affords them weight that is sometimes lacking in other care frameworks. It concludes that no one single framework is sufficient to ensure optimum care but that recognizing a person’s right to maintain and express their identity, as well as the other FREDA principles, allows us to understand more fully the individual and her or his needs and in turn allows us to better apply the law and guide professionals in delivering care that is of the highest possible standards.

Keywords: human rights, dementia, identity, FREDA, personhood

Human Rights and Psychology

Applied psychologists are acutely aware that human rights abuses feature prominently in the lives of the people they support. Many clients of clinical, educational, and forensic psychologists report egregious abuses, clearly related to the circumstances that led them to need the help of professionals. Although not true for all our clients, we know that much of our mental health is dependent on the same social and economic pressures (and especially inequalities) as those which are associated with wider issues of abuse and discrimination. We also know that crises such as divorce, family difficulties, unemployment, stresses at work, financial difficulties, illnesses in family members, crime (both as a victim and as a perpetrator, when caught up in the criminal justice system), assaults, bullying, and childhood abuse are all powerful direct causes of mental health problems (Kinderman, 2014). Psychologists are therefore necessarily closely involved in understanding and caring for people whose human rights have been infringed. Clinical psychologists work every day with people receiving mental health care under compulsion, as well as with people who cannot care for or make decisions for themselves. Forensic psychologists work in the Prison Service and in the Immigration Service, and educational psychologists work in education and in social services. And, sadly, within mental health and other services, psychologists work with people who continue to be socially excluded, discriminated against, and even abused and assaulted.

Psychologists also have a distinctive perspective on human rights (Kinderman, 2004). The underlying assumption of applied psychological practice and human rights-based approaches is highly congruent (Butchard & Greenhill, 2015). Maslow (1954) suggested that we all have needs – from basic physiological needs such as food, water, and sleep, through to needs such as safety and security to higher social needs such as love, self-esteem, and respect from others. He argued that these basic needs must be met before we can achieve our full potential in life. Doyal (2001) and others have extended this perspective to human rights, arguing that what we define as rights reflect basic human needs.

Moreover, these needs and rights are expressed and negotiated in social relationships. This means that, for psychologists, human rights also reflect formalized systems designed to ensure that these basic needs can be achieved.
(Fitzgerald, 1977; Gallatin, 1976; O’Neill, 1994). From this perspective, human rights are normative social representations embedded in institutional juridical definitions (Doise, 2003). In 2004, the UK’s most senior Government law officer (quaintly and historically called the Lord Chancellor) said: “The big human rights questions … are about balancing one person’s interests against another…values we can all share, and practical respect for each other’s dignity” (Department for Constitutional Affairs, 2004). For psychologists, perhaps human rights might be explained as formal codifications of how we collectively understand our relationships and obligations to each other (Kinderman, 2004).

Human Rights and Dementia

Discussions around dementia and the difficulties it causes to individuals have historically been dominated by a medicalized narrative of the condition, in which there is no cure and nothing can be done other than watch the person decline (Guleria & Curtice, 2016). As a result, there often exists a sense of hopelessness about the opportunities for people living with dementia to maintain a good quality of life and fear of developing dementia is endemic in our society (Alzheimer’s Society & Saga Home Care, 2012). A study carried out by the Alzheimer’s Society highlighted that over two-thirds of people believed that if they were diagnosed with dementia, their lives would be over (Alzheimer’s Society, 2017). Associated with this was the perceived, and feared, loss of ability and loss of identity, with 68% of people thinking that they would no longer be the same person if they were diagnosed with dementia. Consequently, the ultimate aim for most researchers is to find a cure for all forms of dementia. But, even if we were to find a cure tomorrow, we have an urgent and moral case to improve the care for those currently living with dementia. And this, essentially, includes protecting and promoting fundamental human rights.

It is, of course, a reality that as dementia progresses, a person’s needs and reliance on others to provide support increase. This can result in people being placed in circumstances where their fundamental rights are under even greater threat, as they become reliant on others to provide care that upholds dignity, is respectful and as far as possible promotes autonomy. It is comforting to believe that the human rights of the most vulnerable people in our society are routinely upheld and promoted by those tasked with caring for them. Unfortunately, the sad truth is that this is not always the case. The Care Quality Commission (CQC) routinely uncovers practices that threaten the human rights of people living with dementia. For example, in one care home, inspectors noted that many residents stayed in bed all day for no apparent reason. When the inspectors questioned staff about this practice, they were told, “One side [of the house] we get up Monday, Wednesday and Friday. The other side we get up Tuesday, Thursday, Saturday” (Merrifield, 2016). This is obviously unacceptable and in direct conflict with the principles of the Human Rights Act (Her Majesty’s Stationery Office, 1998). Similarly, a recent UNISON report (2017) found that fewer than 20% of care home staff who responded to their questionnaire felt that they had enough time to provide care that upheld the dignity and individuality of residents. This led to residents not receiving treatment such as assistance to go to the toilet, efficient monitoring of their condition, and meeting of personal care needs, and 88% of workers reported that they did not have time for a conversation with their residents. Laird (2010) has provided examples of how fundamental human rights can be violated in healthcare settings: Situations cited by British Institute of Human Rights include failure to change soiled bed sheets, neglect leading to pressure ulcer development, not helping people to eat when they are too frail to eat themselves, excessive force used to restrain people and washing or dressing people without regard to dignity.

Quality care is distinguished by being both person-centered and respectful of an individual’s human rights (British Institute of Human Rights, 2013). Too often, substandard care is accepted and unquestioned. It is expected that quality of life will be low when people are living with dementia and that little else is aimed for. This can lead to care that is task orientated and driven by goals and objectives rather than being person orientated and reflecting our unique individuality. Culture has been defined as “the basic assumptions, values and norms shared by and influencing how members of an organization behave and interact” (Sehein, 1985). Given this definition, it is clear that in order to provide high-quality care, there must be an appropriate culture in which to provide this care. The Francis report (2013), arising from the lack of care provided at Mid-Staffordshire NHS Foundation Trust, highlighted the importance of creating the “right culture of care.” The law – whether we are talking about assault or about the Human Rights Act (Her Majesty’s Stationery Office, 1998) or the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2007) – should protect us. But these legal protections are also underpinned and supported both by good practice on the part of the caring professions and on the attitudes and values of the general public.

More recent social movements to recognize dementia as a disability have opened up opportunities to frame dementia within a rights-based approach (Mental Health Foundation, 2015). It has been suggested that this has a number of benefits, including greater legal protection,
entitlement to services, and a positive cultural shift in the way that dementia is perceived and understood (including by people with dementia themselves). This shift in emphasis has not happened in isolation but is rather against the backdrop of more active service user involvement in dementia services, changes in the language used to describe dementia and a shift in national legislation.

In recent years, there has been an increase of interest in the links between human rights and dementia, with the publication of a number of documents and policies focusing on this issue (World Health Organization, 2015). There has however been a tendency for this work to focus primarily on policy rather than on the practical application of the principles of human rights in supporting people living with dementia. In 2016, Dementia Alliance International launched “The Human Rights of People Living with Dementia: From Rhetoric to Reality.” Although this was a move to ensure that people living with dementia are aware of their rights, it stopped short of outlining the specific applications of human rights-based approaches. Similarly, the Dementia Engagement and Empowerment Project (DEEP) has worked alongside people living with dementia to produce “Our Dementia, Our Rights” (Hare, 2016). Although this was a positive move to raise the issue of rights in the collective minds of society and to produce a document in an accessible format, it did not evaluate the impact that the practical application of human rights law could have on the day-to-day lives of people living with dementia.

Without a thorough understanding of the ways that human rights can practically influence the lives of people living with dementia, there is a danger that rights-based approaches fall short of having the impact that they potentially could and should have. Part of this must inevitably involve understanding more fully the experience of rights from the point of view of people living with dementia. Similarly, while the Human Rights Act provides the legal framework to apply human rights principles, there is a need to translate law into principles which can inform day-to-day life.

FREDA Principles

Clearly, human rights have most commonly (and perhaps most powerfully) been operationalized from a legal perspective – rights to be enshrined in law and prosecuted through the judiciary. But laws (and perhaps especially human rights laws) are also based on principles. The rights enshrined in the European Convention on Fundamental Rights (Council of Europe, 1952) have been argued to be based on the principles of fairness, respect, equality, and dignity (the “FRED” principles; Butler, 2005; Kinderman & Butler, 2006), further amended to include the principle of autonomy (Equality and Human Rights Commission, 2009). These principals or core human rights values are not replacements for statutory provisions (which remain enshrined in law), but are rather intended to be practically useful, for example, as “flags” that help people recognize when human rights may have been violated, or as “prompts” when solutions or suggestions to human rights issues are needed.

There is no inherent incompatibility between understanding our rights from a legal perspective and appreciating the principles underpinning the law. Indeed, it has been argued that these principles are fundamental to the provision of high-quality public services. Human rights principles are intended to transform the way in which public services are delivered so that users are always treated fairly, equally, and with dignity and respect. This has been described as the “human rights-based approach,” and it has been argued that if public authorities adopted such an approach to the provision of public services, the risk of violations occurring would be reduced and overall standards should rise, leading to improved services for all (Butler, 2005; Kinderman & Butler, 2006). Human rights-based approaches therefore refer to the process of applying human rights to a specific issue or practice (Gready, 2008). They not only help conceptualize how we work with individuals and systems seeking help but also help us shape organizations that are more ethical (British Institute of Human Rights, 2013).

FRED, FREDA, and FREIDA

A recent randomized control trial conducted by the authors and funded by the UK’s National Institute for Health Research (NIHR) developed a research program to investigate the effectiveness of training in human rights for frontline care staff (Kinderman et al., 2018). The first draft of the training package was based around the FREDA principles of human rights in practice – of Fairness, Respect, Equality, Dignity, and Autonomy. An integral part of the study however was the systematic collection of data with people living with dementia and carers to explore the meaning of “fundamental human rights” in that particular context. A series of focus groups involving both people living with dementia and carers were held during the study, with the aim of eliciting information about the relevance of human rights to people living with dementia. In total, 79 people attended these groups from a formal service user and carer forum in Liverpool, UK (SURF) and other relevant groups within Mersey Care NHS Foundation Trust; some continued as part of the public and patient involvement (PPI) reference networks.
group, while others attended just one or more focus groups. No existing human rights models were initially presented to the groups; instead, they were asked to reflect on, and explore, elements of their experiences that had had a positive and negative impact on their sense of well-being as individuals living with dementia. Thematic analysis of the discussions identified strong support for the FREDA principles in that participants felt strongly that these principles reflected, summarized, and described the reality of human rights in their lives. However, in addition to these FREDA principles, participants indicated that “identity” should also be regarded as a particular and important aspect of human rights in dementia. Specifically, the importance of preserving identity in the face of changing abilities experienced in dementia. These themes were then shared with the PPI reference group and translated into statements, directly relevant to dementia care, which reflected the rights of people living with dementia. These statements are presented in Table 1.

Those living with dementia asserted that, as they adjusted to living with dementia, it was important to them that their identities, choices, personality, lifestyles, and preferences were protected and respected. It was recognized that as dementia progressed people may need help with many aspects of their lives including memories, mobility, the activities of daily living, reading and writing, and even recognizing loved ones but those involved with the research stressed how important it was to them to be confident that their essential identity, and how other people treat them, must be protected, even as they need the help of others. As one person put it, “as the disease progresses, my needs might change, but that doesn’t change who I am.” In describing, in human and practical terms, therefore, the application of the principles of human rights to the care of people living with dementia, the research would indicate that we need to adhere to the principles of: Fairness (ensuring that our decisions are made fairly and on the basis of robust and transparent processes), Respect (e.g., ensuring that we respect people’s private and family life), Equality (ensuring that people are not discriminated against particularly in relation to their dementia diagnosis), Dignity (and, particularly in the context of care for people living with dementia, this may well involve protection against inhumane or degrading treatment), and Autonomy (again with particular relevance to people living with dementia, ensuring that people are supported in making decisions themselves in respect to their care), but we also need to apply the principle of “Identity.”

The research participants also thought that it was of utmost importance that the abstract principles of human rights were translated into practical examples that were relatable to those living with dementia. In response to this, a series of films were produced called “These Rights Are

<table>
<thead>
<tr>
<th>FREIDA Principle</th>
<th>Statements developed</th>
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<tbody>
<tr>
<td>Fairness</td>
<td>Do not make assumptions about me</td>
</tr>
<tr>
<td></td>
<td>Give me time and space</td>
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<td></td>
<td>Do not exclude me because of my dementia</td>
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<tr>
<td>Respect</td>
<td>Listen to me</td>
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<tr>
<td></td>
<td>Find out who’s important to me</td>
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<td></td>
<td>Make a positive effort to get to know me</td>
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<tr>
<td></td>
<td>Speak to me</td>
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<td></td>
<td>Lock at me when you speak to me</td>
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<tr>
<td>Equality</td>
<td>Give me input into the care I receive</td>
</tr>
<tr>
<td></td>
<td>Respect my culture, race, and religion</td>
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<td></td>
<td>I have the right to intimate relationships</td>
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<tr>
<td></td>
<td>I have the right to vote</td>
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<tr>
<td>Identity</td>
<td>Respect my intelligence</td>
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<tr>
<td></td>
<td>Recognise my skills and talents</td>
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<td></td>
<td>Respect my choices about how I want to live my life</td>
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<td></td>
<td>Let me live my life</td>
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<td>Dignity</td>
<td>Do not embarrass me</td>
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<td></td>
<td>Ask my opinion</td>
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<td></td>
<td>Do not patronise me</td>
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<td></td>
<td>If you are helping me, explain what you are doing to me</td>
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<tr>
<td>Autonomy</td>
<td>Allow me to express my views</td>
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<td></td>
<td>Respect my personal freedom</td>
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<td></td>
<td>Give me the freedom to do what I want, which may include taking risks</td>
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<td>Provide assistance to make decisions for myself</td>
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<td></td>
<td>Provide assistance to make decisions for myself</td>
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<td></td>
<td>Take my significant others into account</td>
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<tr>
<td></td>
<td>Give me advice but do not try to control me</td>
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</tbody>
</table>

Our Rights” (SURF Liverpool, 2018) which highlighted the FREIDA principles by showcasing times when human rights had been undermined in everyday situations.

**Basic Psychology of Identity**

Sharma and Sharma (2010) discuss how a sense of identity – both in an individualistic and in a social sense – is key to our relationships with other people and to our health and well-being. The concept of “identity” is central to psychology, but is often an implicit element of psychological theory. There is perhaps relatively limited discussion of identity per se. Across psychology, identity – or identities, as we tend to integrate multiple, shifting, and dynamic identities (Maalouf, 2000) – is an umbrella term used to describe our understanding of ourselves as discrete, separate, entities (Stryker, 1980). This refers to those
Idiosyncratic things that make each person unique and the meaning they hold. Identity then appears as a basis for social role and group membership (Tajfel & Turner, 1979). We relate to others from the starting point of who we are. In cognitive psychology, the term “identity” refers to capacity for self-regulation and the awareness of self, functions that obviously develop in early childhood. As children and young people age, there is a change in key elements of the content of their self-concept. Very young children describe themselves in physical terms, using descriptors of appearance. Slightly older children refer to abilities or activities, and these elements of self-concept become gradually more abstract as the young person ages. Group membership and friendship circles become significant, and, as young people enter adulthood, ideas of principles, values, and beliefs become important as self-descriptors. Beyond these evolutions of content, however, the sense of identity self-sameness and self-continuity despite changes and growth is a key psychological concept (Sharma & Sharma, 2010). This is significant in the context of dementia, as inevitable changes in ability affect our sense of what we can do, but not necessarily who we are.

From many psychological perspectives, a positive sense of identity is seen as important for well-being (Sharma & Sharma, 2010). Our sense of self, our social identity, our concepts of who we are, what we believe, and what we do all contribute to psychological well-being, but also affect our ability to deal with stress and solve problems that would otherwise threaten our mental health. As we grow older, we contemplate our accomplishments and review our lives – with good fortune, able to see ourselves as having led, and continuing to lead, a successful life. Erikson (1959) believed if we see our lives as unproductive, feel guilt about our past, or feel that we did not accomplish our life goals, we become dissatisfied with life and develop despair, often leading to depression and hopelessness. The World Health Organization (WHO) definition of health includes not only physical but mental (psychological), social, and spiritual well-being, linking self and identity intimately with physical as well as mental health (Contrada & Ashmore, 1999).

**Human Rights and Identity**

In retrospect, we should not have been surprised that the principle of “identity” is related to human rights. There is clearly considerable overlap between ideas of dignity and respect and identity, but it is also clear that the history of human rights abuses includes a history of stripping people of their personhood and identity. Indeed, psychological research examining the processes of abuse (e.g., the infamous “Stanford Prison studies” or the historical record of genocides and war crimes; Haney, Banks, & Zimbardo, 1973) indicates how abusers take planned steps to remove or disguise the identity of their victims. Persons abused are no longer referred to by name, are stripped (physically) of their personal identifiers (dressed, e.g., in institutionalized clothing), and are referred to in the third person or actively identified as non-humans. In the field of health care, and more specifically the care of people living with dementia, this process of dehumanization, contributing to and facilitating abuses of various kinds, has been highlighted in a number of reports and research projects (Cornwell, 2012; Featherstone et al., 2018).

**Dementia, Identity, and Human Rights**

The centrality of identity as an important factor in maintaining well-being and delivering high-quality care in dementia is obviously not a novel idea. The concept of a continued self and identity in the face of changing cognitive abilities associated with dementia has been a longstanding debate. While some researchers have contested that the self diminishes when living with dementia, “until nothing is left” (Davis, 2004) a more widely held, and supported, view within the literature is that the self remains intact throughout the course of dementia (Caddell & Clare, 2010; Fazio & Mitchell, 2009). One contributing factor to the uncertainty surrounding this issue is the lack of a clear and consistent view of what constitutes a sense of self. Martin Conway (2005) drew on the classical work of William James, which emphasizes that memory is an important feature of yourself. It would appear intuitively correct that your idea about yourself is based on your recollections of memories about yourself. If this definition were adopted above all others, it is obvious that issues may arise when the cognitive changes associated with dementia progress. Similarly, a number of studies have tried to identify different components of the self and quantify these abilities as dementia progresses. These have focused on areas such as role identity (e.g., Cohen-Mansfield, Golander, & Arnhem, 2000), self-knowledge (e.g., Klein et al., 2003), and self-recognition (e.g., Biringer & Anderson, 1992). Evidence collected in this way seems to suggest that some components underpinning our sense of self do deteriorate in dementia; however, there are also questions over the ability of people living with dementia to complete some complex measures designed to assess the respective components, which may show effects other than a deterioration of the sense of self. More qualitatively based studies have tended to show that a sense of self persists across the course of the condition (Caddell & Clare, 2010).

Caddell and Clare (2011) have however proposed that for people living with dementia, there exists a complex
interaction between continuity and change in the sense of identity simultaneously. In this explanation, people living with dementia are in a state of flux as they maintain an overall sense of their identity being preserved while acknowledging that there are aspects of them that are different following the dementia diagnosis. While the emphasis appeared to be on continuity, all participants were able to describe changes that had occurred. The changes however were related to more specific difficulties as opposed to a more general deterioration in their sense of self. It was interesting to note that a prominent feature for many people was the uncertainty about the impact future changes would have on identity. While no participants explicitly stated that they expected their identity to change in the future, the possibility of this happening was not ruled out.

A social constructionist model of self-identity in dementia (Sabat & Harre, 1992) would posit that the interactions between the person living with dementia and other individuals are key in upholding the self-identity of the person living with dementia. This idea of our identities being dependent on the behaviors and actions of others is a widely held concept. The Zulu phrase “Umuntu ngumuntu ngabantu” translates literally to “a person is a person through others.” Receiving a diagnosis of dementia can in itself lead to a change of perceived identity with others around you, as Sabat, Napolitano, and Fath (2004, p. 178) report:

“When healthy persons refrain from engaging in malignant positioning of the person with Alzheimer’s disease in the early stages of the disease, the degree to which the person with Alzheimer’s disease experiences a loss of control, humiliation, embarrassment, and other losses can be ameliorated. As a result, the person’s remaining intact cognitive abilities may be sustained for a longer period of time than might otherwise be the case.”

This conveys the idea that our interactions can promote or inhibit our own sense of self and identity. As a result, it has been suggested that efforts should be made toward encouraging a person with dementia to maintain meaningful relationships and interactions with others in order to promote psychological well-being and a clear sense of self (Sabat, 2005).

This has huge implications for the way in which we support, and relate more generally to, people living with dementia. The language we use to describe dementia has a role to play here in conceptualizing dementia in ways which either uphold or undermine a person’s sense of self. Recent co-produced guidance from the Dementia Engagement and Empowerment Project (DEEP, 2014) highlights the impact use of language has on people living with dementia. In an emotively titled paper, “The living dead? The construction of people with Alzheimer’s disease as zombies,” Behuniak (2011) suggests that people living with dementia face a particular form of stigma, one which features “dehumanisation based on disgust and terror.” In this account, it is suggested that the attribution of characteristics associated with “living death” construe people with dementia as “animated corpses and their disease as a terrifying threat to social order” and therefore positioned as “other” with the emotional responses of disgust and terror (Scholl & Sabat, 2008). In this way, people living with dementia are dehumanized and less worthy of empathy and compassion than others. The implications for care and support related to this are staggering.

In his seminal work, Kitwood (1997) outlined the psychological needs of people living with dementia and emphasized the importance of identity in preserving personhood. These psychological needs are illustrated by the “Kitwood flower” in Figure 1. In this context, personhood was defined as “a standing or a status that is bestowed on one human being, by another in the context of relationship and social being” (Kitwood, 1997, p. 8). The development of this position was influenced heavily by the earlier work of Buber and Smith (1937) who encouraged viewing relationships as “I-Thou,” thereby engaging on a human-to-human level with the people we provide care and support for, as opposed to “I-It,” which adopts a detached task-orientated approach whereby people are viewed as jobs to be done and tasks to be completed. It has been suggested that, in many care settings, “the gap between the rhetoric and the reality remains uncomfortably wide” (Mathers & Paynton, 2016) when we are considering models of person-centered care.

It is not a coincidence that many of the human rights violations reported in the media and therefore in the public’s attention (e.g., Department of Health & Social Care, 2012; Equality & Human Rights Commission, 2011) occur in populations where there is a level of cognitive impairment. Society places emphasis on the value of intact cognition above all else in our understanding of humanity.
Bar-Tal defines delegitimatization as, “categorization of groups into extreme negative social categories which are excluded from human groups” (1989, p. 170). Although people can often agree that human rights apply to all equally the stripping of humanity in this way makes behaving in ways that undermine and disregard human rights easier. People’s actions are attributed to their dementia diagnosis as opposed to their wishes and desires.

Kitwood (1997) highlighted ways that people can intentionally or unintentionally undermine the personhood of people living with dementia. He termed these practices “malignant social psychology”; treachery, disempowerment, infantilization, intimidation, labeling, stigmatization, outpacing, invalidation, banishment, objectification, ignoring, imposition, withholding, accusation, disruption, disparagement, and mockery. It is clear that many of these practices would directly undermine the identity of a person living with dementia.

There are high levels of congruence between the fundamental principles of person-centered care and a human rights-based approach, such as empowerment and inclusion. A human rights-based approach gives backbone and a legal framework to person-centered principles (Butchard & Greenhill, 2015) potentially making them clearer to operationalize and more accessible to rigorous research. There is no obligation to carry out person-centered care other than knowing that it is the right thing to do. With their statutory weight, human rights approaches can strengthen person-centered approaches (Mansell & Beadle-Brown, 2004) and maximize the chances that they will be adopted as it frames particular actions as legal infringement of rights as opposed to poor practice.

Given the centrality of identity and the promotion of this concept in upholding personhood within dementia care, it is not a huge leap to assert that if we seek to truly promote the human rights of people with dementia then identity must play a clear role in this. Failure to positively promote the identity of those living with dementia and a dismissal of the importance of continuity of perceived identity can easily result in care practices which may undermine the abilities and decrease the quality of life of people living with dementia. Examples mentioned by participants in our research which, often inadvertently, threaten a sense of continued identity include all preferences being disregarded however minor, decisions being made on their behalf with no consultation, being excluded from society because of the diagnosis, lack of appreciation of people’s sexual needs, and past achievements being underplayed. Many participants mentioned how, after a diagnosis, previous identities as spouses, parents, members of the community, and successful professionals seems to be sublimated into a generic identity of “person with dementia.” As commented earlier, the linkage of identity with preserved personhood in dementia is not new. However, the fact that people living with dementia and their carers linked identity so closely to human rights is not only consistent with this tradition, but also gives credence to the idea that a legal, human rights, framework could help protect this key element of psychological well-being.

Conclusions

No one single framework is sufficient to ensure optimum care. The very well-established “bio-psycho-social” model (Engel, 1977) offers one route to integrating different perspectives on mental health, with the implicit assumption that no one of the component elements is individually sufficient. But we have also seen many frameworks of different kinds. “Person Centred Care” (Brooker, 2003) is a well-known framework, especially in the field of dementia care. Both psychiatrists (Royal College of Psychiatrists, 2017) and clinical psychologists (British Psychological Society, 2011) offer “formulation” (or more specifically, “co-produced formulations”) as a core element of their profession, but also as a key element of care. The list could continue, but the over-riding point is that none of these “frameworks” renders the other approaches unnecessary.

Such “frameworks” are ways of informing professional practice. Like the ethical principles widely used in medicine – beneficence, non-maleficence, justice, and autonomy – the principles of applied science (Shapiro, 1967), and clinical guidelines such as those produced by the UK’s National Institute for Health and Care Excellence (NICE), these various recommendations complement and support each other. Similarly, conceptual models of the principles underpinning rights-based care (FREIDA, Fairness, Respect, Equity, Identity, Dignity, and Autonomy) are entirely consistent with quasi-legal Charters of Fundamental Rights and, ultimately, the statute legislation of sovereign nation-states. It is fair to say that legislation has (by definition) greater legal weight than clinical guidelines, which are more influential than the professional practice guidelines, which in turn have more weight than academic papers. But these ideas all dovetail.

Our research supported the widespread idea that the principles supporting legal charters of human rights can offer helpful frameworks of understanding these complex but clinically important issues in dementia care. In addition, however, our research highlighted the importance of protecting our identity and sense of continuing identity, as we begin to receive support in living with dementia.

We therefore recommend that the concept of “identity” should join other key principles in our understanding of fundamental human rights. Our sense of identity has obvious links to the concept of “personhood,” a central tenet
of psychologically informed person-centered care. An appreciation of our sense of identity makes sense of our relationships and our concept of meaning and purpose in life, key elements of personal well-being. This emphasizes care as a relational, rather than instrumental, process and personalizes decision-making in difficult circumstances.

Frameworks or professional practice guidelines will always be necessary to complement and contextualize legal charters. Making decisions that concern people’s health care and quality of life involve complex ethical dilemmas, where staff and carers have to choose among alternatives. When the individual’s own capacity is compromised, those decisions are even more complex (and stressful) with inevitable challenges to our human rights. Recognizing a person’s right to maintain and express their identity, as well as the other FREDa principles, allows us to understand more fully the individual and her or his needs. This allows us better to apply the law – the various Charters of Fundamental Rights and local legislative instruments. The rights themselves are inviolate, and the laws are, by definition, enforceable, but they must also reflect individual circumstances. The concept of autonomy is universal, but each person will make his or her own autonomous decision, with inevitably different outcomes. Similarly, there is no one definition of what constitutes “best interests,” applicable to all. The United Nations Universal Declaration of Human Rights and the Charter of Fundamental Rights of the European Union are fundamental legal texts. But they are also useful guides offering healthcare professionals insights into what constitutes highest possible person-centered care. The principles underlying the legal texts – of Fairness, Respect, Equality, Dignity, and Autonomy – in particular, can provide helpful frameworks for clinical decision-making. Our work with people living with dementia suggests that, in addition, a key principle of the application of human rights in practice must also respect and support our rights to personal identity.

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History
Received May 30, 2018
Revision received September 19, 2018
Accepted January 24, 2019
Published online June 14, 2019

Conflict of Interest
The authors have no competing interests to declare

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Funding
The research described in the paper was funded by the National Institute for Health Research (NIHR) Health Services and Delivery Research Programme. Reference: HSDR-12-209-53.

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Children’s Rights and Educational Psychology

Johanna Fee Ziemes and Eveline Gutzwiller-Helfenfinger

Abstract: Psychology aims to be descriptive but depends on norms and values to guide both research and practice. Educational psychology, as a sub-discipline and applied branch of psychology, focuses on describing processes of teaching, learning, and development. This article aims to connect notions of human and children’s rights with concepts of educational psychology to illustrate the interdependence of normative and descriptive frameworks. We use Martha Nussbaum’s capability approach as an operationalization to move from a normative legal framework toward concrete research topics and practices within educational and school psychology. According to the Convention on the Rights of the Child, children have the right to feel safe, learn, participate, and form an identity. We argue that educational psychology can help to specify these normative postulations of the CRC and aid the implementation of positive rights. The phenomenon of school bullying is introduced as a specific area where children’s rights are affected. After a brief characterization of its major features from an ecological-systemic perspective, we draw on research on bullying prevention and the creation of positive learning environments to illustrate the aptness of educational psychology for realizing children’s positive rights. We conclude that educational psychology is not only able to prevent human rights infringements but also to promote children’s rights and capabilities, especially in reference to competencies, participation, and identity.

Keywords: educational psychology, children’s rights, positive development, bullying prevention, political mindset

The Convention on the Rights of the Child (CRC) by the United Nations General Assembly (1989) does not only state protection rights of children against the state but also formulates rights which require active provision. The CRC includes the rights for education, active participation, identity, and self-development (§2, §8, §23, §28, §29). Human rights in general are increasingly seen as requiring provision by governments, institutions, societies, and even individuals instead of being “mere” protection rights (e.g., Clark & Ziegler, 2014; Nussbaum, 2011). Health has been increasingly conceptualized as multidimensional and involving more than the absence of illness (WHO, 2014, p. 1). The considerable development of the field of positive psychology indicates that this shift has also reached the discipline of psychology (e.g., Brown, Arnold, Fletcher, & Standage, 2017). In educational research the discussion and promotion of competencies has led to a shift away from constructs conceptualized as stable such as intelligence at least since the 1970s (McClelland, 1973).

In this paper we will take up the discussion and examine children’s rights within a framework of educational psychology as a sub-discipline and applied branch of psychology. Psychology in general, as an overarching discipline, aspires to study the human mind and behavior. As a descriptive science it does not carry an inherent goal but aims to describe lifelong human development. However, it intends to do so without judging morally or making normative statements about individuals. This aim is impossible to fully realize. Conceptualizations such as Bronfenbrenner’s ecological approach (1989) do not free researchers from their socialization but do offer a tool to view individuals (and research) within different levels of context, such as student, school, and culture (Atkins, Hoagwood, Kutash, & Seidmann, 2010). Within psychology, the sub-discipline of educational psychology basically refers to the study of human learning: “Educational psychologists apply theories of human development to understand individual learning and inform the instructional process” (American Psychological Association, 2018, para. 4). More specifically, educational psychology, as a theoretical, empirical, and applied branch of psychology, addresses issues of human maturation and development, learning in school and further educational settings, teaching-learning methods, guidance, and the evaluation of aptitude and progress using standardized tests (cf. Merriam-Webster online, 2018). Accordingly, it is concerned with the study, description and promotion of learning processes, their determinants, and outcomes in all areas of learning (academic, social, emotional, practical, etc.) involving all ecological levels of the educational system and its related agents (students, teachers, school staff, parents, etc.). The conceptualization of educational psychology in this article refers not only to academical, but also
practical, on-site work on various levels of the educational system, such as the involvement in the preparation and training of teachers. We offer a general outline, with subsequent analyses having to translate and specify it for particular conceptualizations and role descriptions in a given national and professional context.

While the non-normativity of psychology as a descriptive science makes it possible to study human functioning from a more objective perspective that is largely free from doctrinal constraints and inclinations, it engenders also some serious drawbacks. One drawback refers to the danger of instrumentalization. A science which aims to describe can easily be instrumentalized if it lacks a normative foundation. Such an instrumentalized psychology could lose its freedom of defining its own research directions. Moreover, it is capable of causing great harm. Indeed, psychology has already been criticized for enhancing neoliberalism (Sugarman, 2015) and even torture (Mausfeld, 2009). The ethical development of psychology as a discipline has been as long-standing as its clinical function and spans through the history of the Nuremberg Trials and their consequences for research and practice (e.g., Golann, 1970). The discussion relating to professional ethics and research ethics has been alive ever since (e.g., as reflected by the ongoing discussions of the Milgram studies; Miller, 2009).

One way to escape instrumentalization is the critical engagement with normative frameworks such as human rights and the capability approach. We deem the capability approach as especially helpful to engage with normative notions in the context of educational psychology. Nussbaum (2011, p. 65) does not conceptualize human rights as protection rights against governments but claims that “all liberties are positive (…) and all require the inhibition of interference by others.” At its best, psychology in general and educational psychology in particular can help us to operationalize and realize these provision rights. Equality in education, also regarding the provision of equal resources, is often not enough to provide equal opportunities. The capability approach is sensitive to contexts and social inequalities. Different groups of people may depend on differential prerequisites for their development of capabilities. For example, basic reading competencies are a prerequisite for many forms of participation. A “one size fits all” approach may be hurtful for many children, compromise their capabilities, and therefore injure their rights. A confident and responsible (educational) psychology needs to reflect on the foundations of its effects and take part in discussions on fundamental rights and their protection (British Psychological Society, 2003).

The capability approach, although first formulated for adults, can be applied to children. Nussbaum and Dixon (2012) argue that children are different from adults due to their vulnerability and developing cognitive abilities, and that human rights therefore need to be implemented adaptively to enhance the development of capabilities. While the capability approach is focused on individual agency, it does not subscribe to a notion of individualism (Saito, 2003). Accordingly, it is a useful tool for the analysis and critique of social and educational arrangements which aim to foster positive development and agency (Robeyns, 2006; Smith & Seward, 2005).

There are two large areas where psychology as an overarching discipline is already contributing to the enhancement of human rights: The first role of psychology lies in its commitment toward preventing (psychological) harm. The second, younger part concentrates on positive development, competencies, and health. This second area promotes research on successful identity formation, participation, efficacious citizenship, and the development of an appreciation of diversity, all of them aspects which enhance the cohesion of society and enable peaceful cooperation and reciprocal support (Christie, Tint, Wagner, & Winter, 2008). Both aspects of psychology need not be seen as separate, especially as they both contribute to the promotion of human rights.

Relationship Between Educational Psychology and Human Rights

Before we proceed to discuss possible benefits of educational psychology within and in interaction with human rights, we will briefly discuss its relationship with human rights. Few new arguments have emerged since the exchange between Olsén (1993a, 1993b) and Schwieso (1993a, 1993b) which focused on criticism concerning positivistic and (more importantly) individualistic approaches in educational psychology. Educational psychology was claimed to be blind for structural components and therefore unable to address the roots of inequalities. This criticism of individualism evolved into a criticism of a neoliberal ideology within psychology, especially regarding positive and educational psychology. This is relevant for the discussion of human rights, as these approaches may be seen as ways to prevent individuals and societies from acquiring critical perspectives through education as well as the motivation and opportunities to wield their positive rights. While advocates of competence-oriented international large-scale assessments stress the importance of the concept of competence for evaluating and improving educational systems (Weinert, 2001), critics lament an overly strong emphasis on the individual’s responsibility (Lederer, 2014, pp. 524–535; Sugarman, 2015). There are concerns that interventions within positive psychology decrease political engagement, because individuals are taught to focus on their individual
well-being and competencies and thus withdraw into the private sphere.

This critique withstands scrutiny only poorly. The WHO conceptualizes good mental health as an important precursor of civic engagement and participation (Friedli, 2009). Depression in particular seems to decrease political participation and efficacy (Ojeda, 2015). The positive relationship between positive development and political engagement does not seem to be restricted to privileged individuals; members of marginalized groups often need to overcome internalized negativity in order to engage in activities leading to social change (e.g., Cass, 1984).

But we do not only want to approach the topic on an empirical, but also on a theoretical level. Arguments against psychology in general often stem from a social model of pathology, where diagnoses such as (dis)ability, depression and happiness, degree or lack of competencies are seen as primarily socially constructed, while psychologists continue to attach these same attributes to individuals. Thus, psychologists stigmatize others while at the same time impeding their opportunities to develop their capabilities. According to Shakespeare (2010) the social model of disabilities differentiates between disability and impairment and declares that disability is purely socially constructed. Supporters of this position generally ask for societal solutions for impairment (such as building ramps for wheelchair users) and criticize individual based approaches, be they medical or psychological, as stigmatizing. To put it simply: This argument implies that if social inequalities are addressed at the individual level (e.g., the psychological), the development of equal opportunities cannot be realized.

While the social model is empowering for some people with disabilities, it is criticized by others as too simplistic. In contrast, the biopsychosocial model aims to integrate the perspectives of different disciplines, that is, medicine, psychology, and sociology (Bartolo, 2010; Shakespeare, 2010). Each discipline is uniquely equipped to approach topics of human rights infringement and basic needs. Bartolo (2010, p. 573) notes that “[psychologists] are indeed very well placed to understand the impact of prejudice and discrimination on the lives of individuals and groups.” Psychologists are experts for change within individuals and groups (in contrast to societies) and have to be aware of the barriers within contexts and societies. The biopsychosocial model, by aiming to integrate perspectives from medicine, sociology, and psychology, may be especially useful both to overcome stigmatization and to enable individualized aids for positive development (Bartolo, Borg, Cefai, & Martinelli, 2010).

Within educational psychology, the influence of context on individual learning and functioning has always been recognized. International large-scale assessments like PISA, TIMSS, and ICCS allow the usage of multi-level models and thus permit the statistical separation of different social levels, thereby offering insights how structures can be changed instead of just changing individuals (e.g., Best et al., 2013).

However, not all initiatives within educational psychology were directed toward social justice (see e.g., Richards, 1997 on racism and eugenics in psychology). The drive toward assessment and categorization carries the danger that such categorization might be abused. Still, as will be expanded in the next section assessment and categorization can also be used for the analysis of processes and inequalities, thereby providing information on avenues for positive development for individuals and educational systems. Close exchange with neighboring disciplines such as educational sciences and sociology are fundamental for analyzing challenges related to human rights from multiple perspectives. No single discipline can fulfill the promise of equal capabilities in isolation.

Prevention in Educational Psychology

School bullying has been conceptualized as a violation of human rights in general and of children’s rights in particular for two decades now (e.g., Cornell & Limber, 2015; Lansdown, Jimerson, & Shahrooz, 2014; Olweus & Limber, 2010; Smith, 2000), indicating that an incorporation of human rights into relevant areas of (educational) psychological research and practice is both feasible and necessary. Educational contexts in which bullying occurs will not be able to foster capabilities. Very basically, classrooms, playgrounds, and schools where bullying occurs are no longer safe places (e.g., Cornell & Limber, 2015; Waasdorp, Pas, Zablotsky, & Bradshaw, 2017). The physical and psychological safety is a fundamental aspect of both children’s rights (CRC § 3) as well as the capability approach. A safe environment is an important prerequisite for learning and positive development. To better understand why school bullying harms children’s rights, we first need to address the specifics of the phenomenon from an ecological perspective. Afterward, we will identify some of the core rights of children affected by bullying and discuss the crucial role of teachers in protecting and, in case these rights have been violated, re-establishing these rights.

Bullying is a serious problem, as it negatively affects the social and learning climate in classrooms, impedes classroom management, has grave psychosocial consequences for bullies, victims, and witnesses, and impairs students’ academic achievement (e.g., Cook, Williams, Guerra, Kim, & Sadek, 2010; Cornell, Shukla, & Konold, 2015). This does not only hold for so-called Western cultures, but has
been confirmed by a growing body of research in Asian, South American, African, or Middle Eastern countries as well as by comparative studies including data from a large number of countries. An example is the study by Elgar et al. (2015) involving adolescents from of 79 African, American (North, Middle, and South), South East Asian, European, and Eastern Mediterranean countries. Bullying is characterized by a certain repetitiveness and an imbalance of power between bully and victim (Olweus, 1991). Aggressive acts against the victim are intentional, may be direct (physical, verbal, etc.) or indirect (isolation, relational aggression, etc.), and often include humiliating elements (Perren, Gutzwiller-Helfenfinger, Malti, & Hymel, 2011). The term "bullying" denotes the (more) active part of the process, whereas "victimization" (or bullying victimization) refers to the passive, enduring role (cf. Swearer, Siebecker, Johnsen-Frerrichs, & Wang, 2010). Cyberforms of bullying and victimization include the use of electronic media as an additional element (e.g., Sourander et al., 2010). As there is a high degree of overlap between cyber and traditional (or offline) forms (see e.g., the meta-analysis by Modecki, Minchin, Harbaugh, Guerra, & Runions, 2014 or the study by Perren & Gutzwiller-Helfenfinger, 2012) we will mainly present results from studies involving traditional bullying and victimization.

Bullying can be observed already in preschool (e.g., Alsaker & Gutzwiller-Helfenfinger, 2009; Godleski, Kamper, Ostrov, Hart, & Blakely-McClure, 2015), indicating that children’s safety and well-being are being jeopardized early on. Bullying is a group phenomenon, with everyone present and/or belonging to the group participating, even if indirectly as bystanders (e.g., Cornell et al, 2015; Rodkin, Espelage, & Hanish, 2015). If a child or adolescent is harassed at least once per week or harasses a peer at least once per week, s/he is considered a victim or bully, respectively (e.g., Perren & Alsaker, 2006). For example, the meta-analysis by Modecki et al. (2014) based on 80 international studies indicated that 35% (traditional) and 15% (cyberforms) of adolescents aged 12-18 years were involved in bullying as perpetrators or victims. In the case of elementary children, Jansen et al. (2012) found that one third were involved in bullying as perpetrators or victims.

Victims of bullying suffer discrimination by being treated as inferior group members (CRC, §2, §30) based on arbitrarily selected (personal) characteristics like ethnicity, personal appearance, sexual orientation, body weight, and so forth (Oliveira et al., 2015). Overweight children, for example, suffer regular stigmatization in many domains of their lives which over time leads to pervasive victimization (see e.g., the review by Puhl & King, 2013). They are being excluded, ridiculed, and subject to stereotypes such as being lazy, stupid, ugly, selfish, and so on. As victims of school bullying are often not heard or taken seriously by teachers (e.g., Kochenderfer-Ladd & Pelletier, 2008; see also below), they cannot express their views or tell about their negative experiences. Moreover, as they are de facto excluded from participation by having no voice, they cannot acquire the self-esteem and confidence necessary to empower them for challenging these abuses of their rights (cf. Lansdown et al., 2014). This large body of research illustrates how educational psychology can help to identify especially vulnerable groups and advocate for their health and safety, enabling the promotion of their capabilities to learn and explore their identity.

There is a vast international body of research documenting the grave psychosocial consequences children and adolescents involved in chronic bullying suffer from (see e.g., the meta-analyses by Gini & Pozzoli, 2009, 2013; Nielsen, Tangen, Idsoe, Matthiesen, & Mageroy, 2015; van Geel, Vedder, & Tanilon, 2014). Victims suffer especially from internalizing behavior problems like low self-esteem, loneliness, poor academic performance, school anxiety, depressive symptoms, and suicide ideation (e.g., Gini & Pozzoli, 2013). All these aspects have been identified as being linked to core capabilities such as health (Nussbaum, 2011). Perpetrators show mainly externalizing behavior problems like an increase in aggressive behavior, affiliation with aggressive peers, (later) substance abuse and delinquency (e.g., Gini & Pozzoli, 2009). Bystanders display both internalizing and externalizing problems like school anxiety, increased risk of school dropout, academic difficulties, and depression (e.g., Blazer, 2005). This is not surprising, as they realize that school is no longer a safe place. Therefore, the psychological (and physical) wellbeing of all children involved in bullying is impaired (CRC, §19), even that of “mere” bystanders. Furthermore, children’s right to protection and care to enable health, wellbeing and flourishing (CRC, §3) is violated, as the psychosocial consequences affect them both in the short and in the long term (e.g., Ttofi, Bowes, Farrington, & Lösel, 2014).

School bullying is an indicator of toxic social relationships (cf. Lencl & Matuga, 2010) and is negatively associated with classroom and school climate (e.g., Cornell et al., 2015; see also the reviews by Hong & Espelage, 2012; Thapa, Cohen, Guffey, & Higgins-D’Alessandro, 2013). Consequently, children and adolescents in classrooms where bullying occurs suffer from a negative learning climate and are deprived of basic learning opportunities (e.g., Quesel, Möser, & Husfeld, 2014). Their opportunities to actively participate in shaping school life and making decisions (CRC, §12.1) are compromised because part of the students (victims, helpers of victims, passive bystanders) live in fear of the bullies and their supporters, who themselves have become powerful enough to undermine equity and equality in classrooms and schools. Indeed, some scholars see school bullying as a form of anti-democratic behavior (e.g., Lundström,

Because bullying and the accompanying deprivation of rights does not occur in isolation but in a given, structured context, we need to more closely examine that context to identify core actors responsible for promoting children’s rights at school. Research has identified the critical role of adults’, especially teachers’, appropriate intervention and of their preventive actions in successfully tackling bullying (see e.g., the review by Hong & Espelage, 2012, or Dedousis-Wallace, Shute, Varlow, Murrihy, & Kidman, 2014). Both the attitudes (e.g., Kochenderfer-Ladd & Pelletier, 2008) teachers hold and the reactions they show in the context of bullying and aggression (e.g., Bauman & Del Rio, 2006; Dedousis-Wallace et al., 2014) are co-determinants of the establishment and chronification of bullying. This is especially true when teachers have a very narrow conception of aggression as referring only to direct, physical forms (Bilz, Steger, Fischer, Schubarth, & Kunze, 2016). As school bullying does not simply stop or vanish on its own but often becomes chronic in the absence of adults’ (especially teachers’) intervention (cf. Bauman & Del Rio, 2006), teachers are among the primary stakeholders within the school ecology responsible for preventing and intervening against bullying. Given the educational role teachers are invested with, the amount of time they spend with students, as well as the moral and ethical basis of their professional teaching practice (Campbell, 2003), it is most likely that the reactions they show in cases of bullying will directly impact their student’s behavior. In line with socialization theories (Bandura, 1986; Dodge, 2002) children’s experience of significant others’ beliefs and attitudes will contribute to modeling their own set of cognitions and consequently influence their behavior. Teachers are likely to play a fundamental role in affairs that mainly involve peers, as they send direct and indirect messages on the (in-)acceptability of bullying through their own behavior, even if only by ignoring it. Accordingly, if bullying is perceived of as a violation of several of children’s rights, it follows that schools are responsible not only to maintain children’s rights, but to re-establish them in case they have been violated. This illustrates the importance of conceptualizing rights not only as protection rights against the state.

Teachers as state representatives have to take action in order to provide the positive right of safe development as stated in the capability approach. This in turn makes it necessary for teachers to be sufficiently sensitized regarding bullying both in its own right and as a violation of children’s rights; to command the necessary skills in addressing bullying; and to know about effective and sustainable measures to tackle bullying and both establish and maintain a positive climate in their classrooms. Indeed, a positive school and classroom climate promoting mutual respect and acceptance has been shown both to reduce and to prevent bullying (e.g., Guerra, Williams, & Sadek, 2011). Recent research by Cornell et al. (2015) suggests that an democratic school climate characterized by respect, support, and positive discipline, is conducive to lower bullying and peer victimization. This example shows that educational psychological research attends to the role of contextual factors, that is, both the school and the peer ecology and helps identify relevant stakeholders responsible for establishing and of protecting children’s rights.

Protecting children’s rights at school and in the classroom does not only refer to preventing harm, but to actively fostering a positive social and learning climate. Educational psychology aids both the analysis of problematic situations and the development of options to improve social cohesion in classrooms. As the social ecology of bullying includes all levels of the system, these levels need to be included in anti-bullying work (see e.g., the review by Card & Hodges, 2008; the meta-analysis by Ttofi & Farrington, 2011; or the study by Cornell et al., 2015). Apart from individual teachers and teacher teams, this includes further school personnel (and associated educational support professionals) like headmasters, school social workers, and school/educational psychologists. Recent research indicates that staff connectedness, that is, the degree to which individuals in the school environment (students, teachers, administrators, educational support professionals) feel connected to each other is related to their willingness to intervene in bullying situations (O’Brennan, Waasdorp, & Bradshaw, 2014). Moreover, the availability of resources, being trained in the school’s bullying policy, and involvement in bullying prevention were associated with staff’s comfort in intervening against bullying. Hence, both the protection and the re-establishment of children’s rights (here in the context of school bullying) are the responsibility not only of teachers but of the whole school staff, including educational support professionals like school/educational psychologists.

The specific role of educational psychology includes the reception of up-to-date research findings on bullying prevention and intervention as well as the translation of these findings into educational practice, for example by summarizing and explaining them at school and teacher conferences. As O’Brennan et al. (2014, p. 876) conclude: “This line of research has considerable relevance for educational psychologists interested in improving conditions for learning and engaging school staff in prevention efforts.” Educational psychologists are not part of the “core” school staff and therefore hold the perspective of an interested, related “outsider.” Thus, they are not subjected to the same expectations, policies, rulings, and so forth on the part of school administrators as for example teachers are. This enables them to observe educational practices at school from a less involved viewpoint and offers them the opportunity...
to compare the actual effects of those practices to those intended by the underlying pedagogy. Teaching is a highly complex process involving not only a multitude of tasks but also an ever-present degree of uncertainty (e.g., Floden & Clark, 1987) as well as inherent antinomies and tensions (e.g., Helsper, 1996). Thus, it is not possible for teachers to fully monitor and reflect on their practices and on the impact of those practices on all levels of the teaching-learning process. The same is true for headmasters, who also face a multitude of tasks and expectations in a complex, not fully predictable environment (e.g., Davis, Darling-Hammond, LaPointe, & Meyerson, 2005). Having the support of educational psychologists working toward the same overarching goals of a positive school, classroom, and learning climate and of protecting children’s rights contributes to schools’ empowerment toward reaching these goals. Here, educational psychological analyses help us to understand what teachers, school staff, and teacher educators need in order to provide students with the opportunity to learn in a safe environment without any infringements on their mental or physical health. We argue that psychological research and practice offer a core contribution toward sensitization, knowledge and skill building, as well as the promotion of agency on the part of students, teachers, headmasters, and further relevant stakeholders at school, in the educational system, and society in general. In this way not only students’ capabilities are promoted, but the whole staff can be supported in forming a climate of non-violence. Finally, tackling school bullying requires concerted actions and programs on the school, district, and state levels (e.g., Piscatelli & Lee, 2011), which in turn necessitates a sound empirical foundation to base these efforts on.

The specific role of psychologists in general and both educational and school psychologist in particular is twofold: On the one hand, they can take a critical perspective in examining pedagogical principles and actions from a vantage point relating to children’s rights. On the other hand, they can act as advocates of youths’ welfare, health and wellbeing, or, generally speaking, of their thriving. Due to their perspective of an interested associate, they can add acounterweight to the hierarchical structure of school which places students in a position of relative powerlessness and dependence, and consider students’ welfare and wellbeing from a unique perspective. As educational psychologists are not subject to the normative, pro-bullying attitudes (i.e., positive attitudes toward bullying) students and teachers often hold and share in the absence of a more informed view (e.g., van Goethem, Scholte, & Wiers, 2010), they also add a counterweight to detrimental normative attitudes and related practices. Moreover, based on their expertise in both conducting research and interpreting research findings, educational psychologists bring an informed knowledge base into their professional cooperation, which helps school staff develop a deeper, up-to-date understanding of the phenomenon, its characteristics and ecological embeddedness and discard pro-bullying attitudes by relating back to their educational responsibility. In the case of teachers, such in-depth understanding inspires their pedagogical ethos (Gutzwiller-Helfenfinger, 2018).

Promotion in Educational Psychology

Promotion in a broader sense can be linked to the concept of flourishing, referring to individuals, groups, and societies. Flourishing, as based on the ancient Greek notion of Eudaimonia (i.e., the good life; Cloninger, Salloum, & Mezzich, 2012) entails more than (mere) survival or gain in wealth or power. Instead, the optimal realization of one’s potential, that is, leading a meaningful life and enjoying positive social relationship, is actualized from a position of care toward others, nature, and humankind. Physical, mental, social, and emotional aspects of health and wellbeing are seen as connected (Cloninger et al., 2012).

A psychological formulation for the positive notions of participation can be found within self-determination theory (Ryan & Deci, 2000), in which competence, autonomy, and relatedness are linked to growth and motivation as well as positive development. Motivated participation relies on a safe environment, as discussed in the previous section. If a secure environment is created, experiences of competence, autonomy, and connectedness can foster positive development. Ryan and Niemiec (2009, p. 270) state that the “opposite of freedom and capability is voicelessness and powerlessness: an absence of autonomy and competence to achieve one’s aims.” The theoretical notions of capabilities can be translated into the language of self-determination theory and become accessible for quantitative analytical approaches. Self-determination theory does not close the gap between the tension of paternalism and participation, but provides a theoretical framework for operationalizing children’s participatory rights; It can help to recognize children as social subjects endowed with agency (Liebel, 2014), to determine when and what forms of participation are healthy and helpful for psychological and motivational development, and thereby enhance children’s current and future capabilities.

Large-scale assessments such as PISA, TIMSS, and ICCS employ theories of educational psychology to assess the capacity of educational systems in fostering competence and important attitudes. One consistent finding has been that educational systems are very differently equipped to
foster competence in students with few socioeconomic resources (Weinert, 2001). Such assessments can therefore be seen as indicators of how well educational systems enable all children to receive basic education (CRC §24(e), §28); such education is a de facto prerequisite for individuals to (politically) participate in their respective cultures (e.g., Hoskins, Janmaat, & Melis, 2017). The International Civic and Citizenship Education Study (ICCS) by the International Association for the Evaluation of Educational Achievement (IEA) is not only focused on civic competencies, but also on opportunities and intentions to participate, attitudes, tolerance, and identity (Schulz, Ainley, Fraillon, Losito, & Agrusti, 2016). The interaction of these aspects can be described as the political mindset of students, which itself is a useful tool to analyze both student’s civic development and the preparational capacities of educational systems (Abs, Hahn-Laudenberg, Deimel, & Ziemes, 2017).

Participation can be used to foster development, but not all activities and methods that are labeled as being “participatory” provide stimulating contexts. Opportunities to participate can be brought into a hierarchical order based on the degree to which they realize some principles of participation within schools. Hart (1992) uses Arnstein’s (1969) concept of the ladder of citizen participation to differentiate between multiple levels of participation, ranging from manipulation and tokenism (non-participation), consulted and informed participation up to child initiated shared decisions with adults, and connects them with the notion of children’s rights to participate. Civic participation offers emerging citizens the opportunity to escape boredom, form relationships, identifications, and reflect upon norms (Larson, 2000). Work in community organizations is linked to identity exploration, prosocial norms, and linkage to the community itself (Hansen, Larson, & Dworkin, 2003). It is not only important for emerging citizens, but also for the respective societies children and adolescents are already part of. Participation can enrich and improve projects and societies (Lansdown et al., 2014), and societies ultimately depend on their members’ support, illustrating the interconnectedness of human rights, capabilities, and societal needs.

Participatory structures can also enhance identity formation, which is both an important developmental task for adolescents and an aspect of their political mindset. Exploratory behavior can be employed constructively in educational contexts (Waterman, 1989). The protection of the child’s identity is explicitly stated in the CRC (§8, §29c). Identity formation is fundamentally important for personal development and individuals’ relation to their environment (Erikson, 1959/1994). Identity formation is also a good example for the psychological connection between different aspects relating to human rights. In a longitudinal study, Crocetti, Garčija, Gabrailavičiūtė, Voslij, and Žukauskienė (2014) found that identity styles and civic participation were reciprocally connected, although the predictive power of identity on participation was somewhat stronger. Identity, especially in developmental psychology, is connected to tolerance and respect (Ziemes & Abs, 2017). Fostering tolerance and positive attitudes toward gender equality and different ethnic groups has its foundation in the CRC (§29). Those attitudes are not just connected to identity, but also to competencies. Attitudes toward migrants and especially attitudes toward gender equality were found to be connected to civic competencies in European countries (Ziemes & Jasper, 2017).

Conclusions for Research and Practice

School environments have the capability to aid the fulfillment of human rights, and (educational) psychology has a role in co-constructing the environment in ways which enhance the opportunities to fulfill requirements of human rights (British Psychological Society, 2003). Psychologists in general and educational psychologists in particular can help to foster learning, participation, and identities. All participating professionals, including educational scientists, should incorporate notions of human and children’s rights within their mindset and learn, teach, and advocate them at the appropriate (ecological) level. While some interventions are effective at the individual level, others may be more appropriate at the classroom or school level. Multilevel analyses can aid to separate the levels statistically. Political work therefore can and should be part of this endeavor as well (Lansdown et al., 2014). Thus, despite not being a normative discipline per se, educational psychology is called upon to incorporate both human and children’s rights as a normative framework into their own professional self-understanding and practice. Notwithstanding, it is both desirable and valuable that educational psychology aims to be descriptive rather than normative. Educational psychology can offer theories as tools to analyze how human rights can be positively realized. To achieve this, professionals need to take a critical look at processes such as bullying within classrooms. The critical potential of psychology lies not primarily on the level of societies but on concrete, operationalizable processes. Operationalization can make norms visible and foster valuable discussions.

Some practical implications for practitioners can be derived from our deliberations regarding the example of bullying as a violation of several of children’s and adolescents’ fundamental rights. Practitioners at school need to be aware that bullying is harmful, violates children’s rights, and inhibits positive development. Further, they need to recognize that no stakeholder in the various educational
contexts stands outside the ecological frame, and that their very own attitudes and actions can prevent or promote bullying. What is especially dangerous is the normalization of bullying behaviors by practitioners, for example by holding pro-bullying attitudes. According to our view, it is not appropriate to see children’s rights as inborn or inherent. Children are not in a position to ensure, guarantee, implement, or re-establish their rights in the hierarchical context of school. Rather, staff and stakeholders in schools and the larger educational system are responsible to create environments that incorporate and foster children’s rights. Educational psychologists can assist schools and educational systems in critically analyzing and – if necessary amending – conditions and practices with respect to children’s rights.

We further expanded some theories on positive development. By fostering positive relationships, identity formation, and participation within the classroom, the positive formulation of children’s rights can be realized to a certain degree. The capability approach and the notions of positive development can be aligned with each other, providing researchers and practitioners with a framework to approach problems and find solutions. Competencies, identity formation, and participation are good examples for the role of educational psychology in fostering capabilities and the rights of children.

There are important limitations to our analyses and transfers. First, not all human rights can (or need to) be operationalized within the framework of capabilities, and not all (psychological) needs need to be included in human rights agreements. While it is insightful to analyze human rights through a psychological lens, we must not underestimate their political and juridical foundation and scope. While human rights are often described as inherent or inborn, declarations, theories, and research are the results of social co-constructive processes, therefore never inherent, but conceptually different and consequently useful for different ends. Constructs are easier to adjust to new insights and results; they hold the potential to translate rights into interventions and lived experience. Translations can never be objective and are always in part interpretations. Objectivity can be strived for, but never fully achieved.

In this paper, psychology in general and educational psychology in particular was labeled as a descriptive science which aims not to reify nor reproduce cultural bias. Even though categories can be used in the best interest of providing interventions for positive development, we need to be aware of the stigmas which are connected to categories and diagnoses and thus often lead to forms of discrimination (Hinshaw, 2005). Psychologists are not immune to these processes. While we support the aim of descriptive-ness, we also recognize the impossibility of actually achieving it. Psychologists, and this of course includes the authors, are always part of the ecologies they want to study and therefore never truly objective nor neutral. As previously discussed, we do not need nor want (educational) psychologists to be neutral, but dedicated to positive development of individuals and groups, especially those who are disadvantaged. Therefore, we must treat all (educational) psychological research and resulting categories as preliminary parts of a discussion of theory, data, and human rights considerations in close cooperation with all stakeholders, especially the vulnerable and disadvantaged.

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**History**

Received May 14, 2018

Revision received January 22, 2019

Accepted February 8, 2019

Published online June 14, 2019

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A Human Rights and Ethics Crisis Facing the World’s Largest Organization of Psychologists

Accepting Responsibility, Understanding Causes, Implementing Solutions

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Abstract: A crisis of human rights and ethics has engulfed the American Psychological Association (APA). The APA acknowledged “this stain on our collective integrity.” What caused this continuing crisis? How did the APA become so ethically lost that the president-elect announced the need to reset their moral compass? This article documents decisions and policies that address those questions. It reviews factors that weaken our defense of human rights and ethics, such as confusing the map with the territory, legal duties with ethical duties, guild ethics with professional ethics, and ineffective methods with ethical methods. It considers cultural, racial, and religious aspects of the crisis. It examines the dangers of euphemism and ambiguity and maps the failure of prohibitions, policies, and public pronouncements. It traces organizational tendencies to point fingers elsewhere, outsource ethics, and roll back reforms. It highlights our responsibility to search actively for opposing views and disconfirming information to help us overcome confirmation bias, GroupThink, WYSIATI (What You See Is All There Is) bias, optimistic bias, and false consensus. It discusses the APA’s crisis in the context of the rollback of human rights in most countries and the US’s growing public support for torture. It notes current controversies, including reform rollbacks, subordinating ethics to the power of the state, and three lawsuits alleging false and defamatory statements made with malice. The article suggests six principles to help bring APA’s continuing crisis to an end and prevent future crises.

Keywords: human rights, torture, American Psychological Association, Nuremberg, professional ethics


What steps led the world’s largest organization of psychologists into this still-unresolved human rights and ethics breakdown, which the APA has acknowledged as not only a “crisis” but also a “stain on our collective integrity” (Kaslow & McDaniel, 2015; see also Voice of America, 2015)? How has the highly respected American Psychological Association (APA), which has done so much good, gotten so ethically lost that the president-elect announced at the annual meeting: “We’re here today to reset our moral compass” (quoted by Wilhelm, 2015; see also Aldhous, 2015; Hanlon, 2015; O’Neill, 2016, p. 228)?

This article highlights key decisions, trends, policies, and public statements that can help us answer those questions and avoid repeating the mistakes that have been made during what has been called the APA’s “darkest period” (Hanlon, 2015). The history of this crisis suggests that fundamental principles have been forgotten or swept aside. Holding these principles firmly in mind and making them a focus of undergraduate, graduate, and continuing education programs can strengthen efforts to resolve the current
crisis and avoid future wrong turns. Looking at how the crisis began and evolved up to the present also gives us a chance to think through not only what we have to say about these events but also what the events have to say about each of us as an individual. Knowing what we know now, what would we have done differently? What can each of us do to become a more active and effective supporter and defender of human rights and ethics? How can we escape the passive – and enabling – role of bystander when human rights and ethics are under attack?

Reviewing this history can also help us remember what has actually happened so far in this evolving crisis and avoid lapsing into revisionism, denial, institutional amnesia, dismissing it as fake news or false narratives, or trying to “move past it” when “move past it” means “pretend it never happened” or “forget about it.” Santayana reminds us that freeing ourselves from the past hinges on memory: “Progress…depends on retentiveness…. Those who cannot remember the past are condemned to repeat it” (Santayana, 1905/2017, p. 103).

Searching the past to learn how we can promote and protect human rights more effectively seems fiercely urgent because those rights now face widespread attacks and those attacks meet little resistance. The UN High Commissioner for Human Rights reports:

Time and again, my office and I have brought to the attention of the international community violations of human rights… Time and again, there has been minimal action…. Today oppression is fashionable again; the security state is back, and fundamental freedoms are in retreat in every region of the world. (Zeid, 2018)

The Amnesty International Secretary General sounds a similar alarm, warning us that perpetrators face only weak resistance as they bear us back into a past stripped of basic rights: “The feeble response to crimes against humanity and war crimes…underscored the lack of leadership on human rights. Governments are shamelessly turning the clock back on decades of hard-won protections” (Shetty, 2018). Writing the introduction to the Human Rights Watch World Report 2018, the Executive Director points out a tragic result of the “minimal action” and “feeble response” to attacks on human rights: “The retreat of many governments that might have championed human rights has left an open field for murderous leaders and their enablers” (Roth, 2018, p. 1). Since 2016, fundamental human rights have been successfully rolled back in 71 out of 115 countries according to 2018 Rule of Law Index (Bordell & Robins, 2018).

Governments often pay no price for violating human rights. Individuals who try to prevent or expose those violations can face threats, assaults, prison, torture, or death. The Amnesty International Report 2017/18: The State of the World’s Human Rights warns that “the cost of speaking out against injustice continues to grow” (Amnesty International, 2018, p. 13). Survey data show a “34% global rise in attacks against human rights activists last year” (Kelly, 2018). In the past year alone, hundreds of human rights defenders were killed, and hundreds more threatened or detained (United Kingdom Mission to the United Nations, 2018).

Torture

As attacks on both human rights and defenders of human rights grow, one human rights violation – torture – continues to gain wider support. The Roper Center for Public Opinion Research (2015) found the percentage of those in the US saying that torture is sometimes or often justified climbed from 43% in 2004 to 51% in 2015. A 2016 Reuters/Ipsos poll found that just short of two-thirds of US adults believed that torturing “suspected terrorists to obtain information about terrorism” could be justified (Kahn, 2016; see also Mayer & Armor, 2012).

This growing public support for torture provides a context for the APA’s human rights and ethics crisis. Does the stronger support in the US, compared to most other countries, help explain why it is a US-based organization of psychologists that created this crisis? A 2015 Pew Research Center survey of 38 nations found that 58% in the US believed torture was justified to prevent terrorist attacks, and that only 5 other countries showed larger percentages of support: Nigeria, Kenya, Israel, Lebanon, and Uganda (Wyke, 2016). An International Committee of the Red Cross (2016) survey of 16 nations found only 2 other countries (Nigeria and Israel) had smaller percentages of people answering “no” when asked “Can a captured enemy combatant be tortured to obtain important military information?” (International Committee of the Red Cross, 2016, p. 10).

Mindful of the growing support for torture, which is stronger in the US than in most other countries, and the fierce urgency of finding ways to avoid continuing to repeat critical mistakes, we turn now to major markers in this human rights and ethics crisis.

Mapping the Failure of Prohibitions and Public Pronouncements

Professions profess their values, making clear what they stand for. Professionals adopt policies and elect leaders who will express those values and keep their profession on track. The APA’s history includes strong public stands supporting human rights and opposing torture. These formal stands intensified during the post-9/11 period when, as the newspaper articles cited earlier showed, the APA’s professed commitment to human rights started coming under sharp questioning.
Responding to the 9/11 terrorist attacks on civilian men, women, and children, the US interrogated suspected terrorists at the Detention Centre at Bagram Airbase in Afghanistan; Abu Ghraib Prison in Iraq; Camps Delta, Iguana, and X-Ray at Guantánamo Bay Naval Base; and other sites. The APA saw psychologists as central to these interrogations, explaining to the US Senate Select Committee on Intelligence that “conducting an interrogation is inherently a psychological endeavor... Psychology is central to this process” [emphasis in the original] (APA, 2007b). The APA’s strong advocacy for psychologists’ central involvement in the US interrogation programs, in sharp contrast to the American Psychiatric Association’s stance, convinced the Pentagon to include psychologists when designing interrogation methods.

Pentagon officials said they would try to use only psychologists, not psychiatrists, to help interrogators devise strategies to get information from detainees at places like Guantánamo Bay, Cuba. The new policy follows by little more than two weeks an overwhelming vote by the American Psychiatric Association discouraging its members from participating in those efforts (Lewis, 2006).

In “Advocacy As Leadership,” the American Psychiatric Association president described a stark difference in ethical values to explain why his organization took a different stance from the APA’s:

I told the generals that psychiatrists will not participate in the interrogation of persons held in custody. Psychologists, by contrast, had issued a position statement allowing consultations in interrogations. If you were ever wondering what makes us different from psychologists, here it is. This is a paramount challenge to our ethics... Our profession is lost if we play any role in inflicting these wounds (Sharfstein, 2006, p. 1713).

The public was assured that psychologists would keep all interrogations safe, legal, and ethical, in line with the APA’s strong stance opposing torture and other violations of human rights. For example, an APA Ethics Office statement in Psychology Today underscored what psychologists would achieve in all interrogations: “The ability to spot conditions that make abuse more likely uniquely prepares psychologists for this task. Adding a trained professional ensures that all interrogations are conducted in a safe, legal, ethical, and effective manner...” (Hutson, 2008; italics added).

The APA backed its stance that psychologists were central to the interrogations and would keep them safe, legal, and ethical (see Pope, 2011 for additional examples and discussion) with a series of strong anti-torture policies. These public statements against torture had begun long before. For example, in the mid-1980s, the APA adopted “Against Torture: Joint Resolution of the American Psychiatric Association and the American Psychological Association” (APA, 1985) and the “Resolution Against Torture” (APA, 1986, p. 661). After 9/11, the APA repeatedly restated its anti-torture policy in a “Reaffirmation of the 1986 Resolution Against Torture” (APA, 2006, p. 459), a new “Resolution Against Torture” (APA, 2007a, p. 448), a “Reaffirmation of the APA Position Against Torture” (APA, 2008, p. 412), an amendment to the “Reaffirmation of the APA Position Against Torture” (APA, 2009, pp. 425–426), and a “Resolution to... Safeguard Against Acts of Torture... in All Settings” (APA, 2016, pp. 378–380). The APA’s public commitment was not just to oppose torture but also to advance all human rights. The “APA Vision Statement” set forth a vision of the APA as “the primary resource for all psychologists” and “champion of the application of psychology to promote human rights” (APA, 2009, p. 451).

The APA mapped out its anti-torture and human rights values in formal policies and public assurances, but as Korzybsky reminds us: “A map is not the territory it represents...” (1933/2010, Kindle location 1179). Mistaking the map for the territory is a slip I often find myself making and I believe this error was widespread during this period, helping to create the APA’s continuing crisis of human rights and ethics. It is easy for us to think that our work is done once we choose good leaders and adopt policies that state our values clearly. Leaders and non-leaders alike may forget that policies, prohibitions, and public statements are necessary but not sufficient, that maps may mislead because they fail to match the territory itself. It is as if we try to shift our own ethical responsibility away from ourselves and onto written and spoken words. But we can’t outsource our ethical responsibility, even to the best policies and leaders. The inescapable ethical duty stays with each of us. When fundamental ethics are at stake, it falls to each of us to ask “Does the map accurately reflect the territory?” The territory itself may show a spreading “stain on our collective integrity” that is missing from the map.

Like the APA, the US mapped out public policies prohibiting torture and public assurances from leaders that the US would not torture and was leading the fight to rid the world of torture. Griffin (2015) wrote that the “US had the most restrictive ban against torture, compared to the definitions of the World Health Organization [and] the United Nations” (see also “Legal Prohibition Against Torture,” 2004; “Summary of International and US Law Prohibiting Torture and Other Ill-treatment of Persons in Custody,” 2004). President Bush insisted early on that the “United States is committed to the world-wide elimination of torture and we are leading this fight by example” (2003) and later gave assurance that was strong, absolute, and unambiguous: “I want to be absolutely clear with our people and the world: The United States does not torture. It’s against our laws and it’s against our values” (2006).
When the Demands of the State Eclipse Ethical Responsibilities

When caught committing an ethically questionable act, US politicians frequently follow a familiar script. They assure the public that they have broken no law, as if following the law places their behavior safely beyond question. This strategy cleverly confounds legal and ethical standards. It exploits our difficulty untangling legal and ethical duties and the ways in which the power and demands of the state – expressed through laws, regulations, and legal authority – can eclipse ethics.

The APA struggled to speak clearly on the relation between ethical responsibilities and the demands of the state during this period. But a key principle was downplayed, denied, and distorted: That obeying the orders of the state never allows us to escape our ethical responsibilities.

On August 21, 2002, the APA adopted a revised ethics code allowing the power of the state to trump ethics. The code made a sharp break with how the APA had previously balanced ethics and state power. The APA took an extremely radical stand that whenever our “ethical responsibilities” cannot be reconciled with state authority, “psychologists may adhere to the requirements of the law, regulations, or other governing legal authority” (APA, 2002, section 1.02, p. 1063). An earlier draft required this abdication of ethics in deference to state power to “be in keeping with basic principles of human rights” both in the code’s introduction and in the enforceable section. However, the APA adopted the new code only after cutting that requirement out of the code’s enforceable section.

No other profession adopted the APA’s ethically questionable policy during the 8 years (2002-2010) that the APA promoted, the APA Ethics Committee endorsed, and psychology students were taught this new code’s approach of allowing the power of the state to eclipse ethics. After backing away from the position in 2010, APA would not revisit this issue again until 2018, when it began to outsource ethics enforcement to the government and other organizations. However unintentionally, this new approach would in many cases again grant the state power over ethics.

As discussed in more detail in a later section, “Outsourcing Ethics Complaints & Adjudication,” the APA recently announced: “Starting immediately, complaints will be accepted against APA member psychologists only if there is no alternative forum to hear the complaint,” noting that the APA does “not have powers of investigation that governmental bodies and others possess” (American Psychological Association Ethics Committee, 2018). Consequently, when a complaint involves a conflict between ethical responsibilities and the government’s power (e.g., “law, regulations, or other governing legal authority”), the APA now defers to government bodies (e.g., an Inspector General, the military chain of command, or the other government channels addressing complaints against military psychologists, police psychologists, psychologists working for the Department of Homeland Security (DHS) or for DHS-funded centers, and so on) to adjudicate conflicts between a psychologist’s ethical responsibilities and what that government is ordering, requiring, or compelling the psychologist to do or refrain from doing.

As noted earlier, the President of the American Psychiatric Association described how contrasting approaches to the interrogations at Guantanamo and other sites showed that psychiatrists and psychologists embraced starkly different ethical values. The APA’s decision to outsource ethics enforcement to the government and other bodies, each forum enforcing whatever standards it has adopted and prioritized, also differentiates the APA from the American Psychiatric Association, which continues to hold its members accountable to their own ethical values by receiving and adjudicating complaints against its members (American Psychiatric Association, 2010).

Less than a year after the APA adopted the 2002 code, Dr. Kati Myllymaki, President of the World Medical Association (WMA), issued a stark reminder:

“At Nuremberg in 1947, accused physicians tried to defend themselves with the excuse that they were only following the law and commands from their superiors… This defence was condemned…and the court announced that a physician could not deviate from his ethical obligations even if legislation demands otherwise.” (WMA, 2003)

Predictably, an ethics code allowing state power and authority to override ethical responsibilities has evoked a scalding cascade of criticism, for example:

- An issue of The British Medical Journal displayed a gruesome photograph from the Abu Ghraib Prison on the cover. It included a special statement from the journal editor that the Nuremberg trials “… made clear that obeying commands from superiors didn’t remove personal accountability. Doctors couldn’t deviate from their ethical obligations even if a country’s laws allowed or demanded otherwise… It’s surprising, even shocking, to find that the same code isn’t shared by psychologists, at least in the United States.” (Godlee, 2009, p. 7704)
• An article in the British Psychological Society’s *The Psychologist* also placed the APA ethics code change into historical context:

> “Most concerning of all, the APA allows its members the ‘Nuremberg defence’ that ‘I was only following orders.’ . . . The implication is that psychologists are permitted to assist in torture and abuse if they can claim that they first tried to resolve the conflict between their ethical responsibility and the law, regulations or government legal authority. Otherwise they can invoke the Nuremberg defence.” (Burton & Kagan, 2007, p. 485)

• A former president of the Canadian Psychological Association (CPA) wrote:

> “During the decade of ‘enhanced interrogations,’ both CPA and APA revised their codes of ethics. APA’s changes made it easier to cooperate with the US Department of Defense. CPA’s went in the opposite direction, strengthening the link between professional ethics and respect for international law.” (O’Neill, 2016, p. 228)

• The founding director, codirector, and associate director of the Criminal Justice and Health Program at the University of California, San Francisco, have focused on how

> “. . . APA’s misplaced loyalty to the state directly undermined the health and human rights of patients at Guantanamo Bay. APA policy allowed psychologists to participate in practices termed ‘enhanced interrogation’ and was used by the US Department of Defence and others to justify, expand, and prolong torture ostensibly approved by experts from healthcare profession.” (Ahalt, Rothman, & Williams, 2017)

The continuing criticism confronting the 2002 ethics code’s controversial section 1.02 presented the APA with a challenge: How to respond to criticism and to information that was critical but unwanted, which is the focus of the next section.

### Criticism and Critical Information

During the post-9/11 period, the APA has faced criticism not just from individuals but also from human rights organizations and related associations. For example, Amnesty International, Physicians for Human Rights, the Center for Constitutional Rights, and 10 other organizations sent an open letter condemning the APA for “providing ethical cover for psychologists’ participation in detainee abuse” (American Friends Service Committee et al., 2009).

The APA has confronted not only criticism but also information and evidence – coming from diverse sources – that called APA’s public stance into question. For example, soon after the detainee interrogations began, reports from newspapers, humanitarian organizations, and the US government contradicted the APA’s assurances that psychologists were keeping interrogations safe, legal, and ethical. The *New York Times* spotlighted the 2003 and 2004 reports by the International Committee of the Red Cross discussing psychologists’ role in abuses at Guantánamo. The Central Intelligence Agency (CIA) Inspector General (2004) noted that an array of psychologists, both outside and on-site, provided assurances that waterboarding causes no lasting psychological harm (US Central Intelligence Agency, Inspector General, 2004; see also Davis, 2011; Mayer, 2008). McCoy (2006) documented how “Guantánamo’s integration of psychologists into routine interrogation perfected the CIA’s paradigm, moving beyond a broad-spectrum attack on human senses, sight and sound, to a customized assault on individual phobias or cultural norms, sexual and religious” (Kindle locations 3390-3392).

James Risen, a Pulitzer Prize-winning investigative reporter for the *New York Times*, uncovered primary source documents that include e-mails secured by a CIA-connected researcher. He reported that the APA’s actions conflicted with its anti-torture policies and public statements. “The emails reveal how the American Psychological Association (APA), the nation’s largest professional group for psychologists, put its seal of approval on those close ties [among leading psychologists and CIA and Pentagon officials] and thus indirectly on torture” (Risen, 2014a, p. 178; see also Risen, 2014b, 2015).

A vital principle passed into hibernation during the post-9/11 period: We need to do more than just welcome criticism and critical information. We need to actively search for them, and evaluate them carefully, openly, and non-defensively. Hunting for facts, views, and possibilities that call into question what we assume, suspect, believe, or want to believe helps us overcome such shared human tendencies as confirmation bias, GroupThink, WYSIATI (What You See Is All There Is) bias, optimistic bias, and false consensus. I’m guessing this is one of the hardest principles for all of us to practice. And it can be much harder during times of great stress and uncertainty, such as the years falling in the shadow of the 9/11 attacks.

In late 2014, the APA turned away from its stance of rejecting criticism and critical information that conflicted with its policies and public statements. During the post-9/11 years, the APA had held out a vision of itself as “champion of the application of psychology to promote human rights” (APA, 2009, p. 451) and as establishing and maintaining “the highest standards of professional ethics” (APA, 2004, Article 1; see also APA, 2005, p. 2) despite steps like adopting an ethics code (APA, 2002) that contained a loophole – one rejected by the Nuremberg courts
– allowing members to escape their ethical duties whenever those duties stood in irreconcilable conflict with the demands of the state. However, in October 2014, the APA took a decisive step requiring courage and leadership. It commissioned “a definitive, independent and objective review” (APA, 2014) to be conducted by David H. Hoffman, a former Inspector General, federal prosecutor, and Supreme Court clerk, who had directed hundreds of investigations, and advised numerous public and private entities on ethics and compliance matters.

When organizations facing scandal hire an experienced investigator, it is a tacit acknowledgment that organizations are not unbiased judges of serious charges against them. An outside independent investigation is less likely to steer clear of information that an organization has kept secret or misrepresented, to whitewash findings, to push responsibility away from those in power, or to recommend superficial fixes. The Independent Review Report (Hoffman et al., 2015) and the six binders of e-mails and other supportive documentation that accompany it describe in detail how the “APA intentionally decided not to make inquiries...thus effectively hiding its head in the sand” and “remained deliberately ignorant” (p. 11). Prior to the Independent Review Report, the *New Jersey Star-Ledger* Editorial Board published an editorial, “Doctors Without Ethical Borders,” which summarized a separate study – conducted and released prior to the Hoffman Report – of e-mails and other documents. The *Star-Ledger* condemned the APA’s “See No Evil” policy, as had Boulanger (2009) much earlier. Scott Horton, national security contributor for *Harper’s Magazine* and former president of the International League for Human Rights, was one of earliest to write about this refusal to acknowledge unwanted information: “Of all the major professional organizations addressing the torture and prisoner abuse issue, one has an unbroken record of clear ethical evasion. It has adopted a new professional mantra, it seems: hear no evil, see no evil, speak no evil” (Horton, 2007). What has been termed APA’s “Head in the Sand” or “See No Evil” tendency has continued to be a theme in the literature for over a decade (see, e.g., LoCicero, 2018).

The Independent Review Report also documents ways in which criticism was deflected and critics disparaged (see also Elkins, 2016; Gómez, Smith, Gobin, Tang, & Freyd, 2016; Pope, 2016; Thomas, 2016, 2017). APA member Jean Maria Arrigo serves as a vivid example. The Independent Review Report (2015) describes how she was attacked in a highly personal manner that included claims about her supposedly “troubled upbringing.” *The Guardian* reported how she had been “largely ignored and the subject of a smear campaign for sounding alarms about psychologists’ post-9/11 torture complicity” (Ackerman, 2015). The American Association for the Advancement of Science (AAAS) honored her with the AAAS Scientific Freedom and Responsibility Award because she “confronted systematic efforts by the American Psychological Association (APA) to allow and conceal the involvement of psychologists in the torture and abuse of detainees” (Korke, 2016). To its credit, the APA finally formally acknowledged that this whistle-blower faced not only “efforts to discredit, isolate, and shun” that were “orchestrated movements by those in positions of power” but also “harsh, hostile personal criticism and attacks” (Watt, 2015). And to her credit, Jean Maria Arrigo continues to speak out and bring to light new information about this continuing crisis (e.g., Franz & Arrigo, 2017).

If we are to bring the current crisis to a just resolution and prevent future crises of human rights and ethics, the events of this period suggest we must be ready to speak up, as Jean Maria Arrigo did, despite the costs, an act that may require moral courage (Pope & Vasquez, 2016, Chapter 10: “Moral Distress and Moral Courage”; Pope, 2017, Chapter 7: “Finding Moral Courage and Putting It To Work”); listen respectfully to whistle-blowers, critics, and those with contrary views and unwanted news; and avoid the role of passive – and enabling – bystander whenever whistle-blowers, critics, and reporters of bad news are threatened, bullied, or attacked.

**Ethics, Effectiveness, Euphemisms, and Ambiguity**

US detainee interrogations have been described as “harsh,” “rough,” “aggressive,” “enhanced,” “extreme,” “coercive,” “abusive,” or “torture-lite.” These terms carry many meanings. Sometimes, they point to a large, vague group of accusatory or aversive interrogation techniques that might – or might not – include torture. Other times, they seem to hide torture behind euphemism (Bennett, Lawrence, & Livingston, 2006; Council of Europe, 2007, p. 3; Henley, 2007; McGreal, 2012).

More than other countries, the US tends to use ambiguous categories and euphemisms to describe interrogations. A comparison of news articles from leading publications in seven countries found striking differences in reporting the 2004 Abu Ghraib prison story:

“At one extreme, American journalists overwhelmingly avoided torture to describe Abu Ghraib, emphasizing instead more ambiguous, and arguably more innocuous, terms such as abuse or mistreatment. At the other extreme, German, Italian, and Spanish journalists tended to define what happened at the prison as torture rather than as abuse or mistreatment.” (Jones & Sheets, 2009, p. 278; see also Downie, 2004; Gruber & Helyk, 2009; Rosen, 2014; Umansky, 2014).
Ambiguity and euphemism create a fog of conceptual confusion around methods of interrogation. The confusion makes it easier to assume that the central ethical question is: “Do the methods work to save American lives?” According to this view, if methods work, using them is not just ethical but an ethical duty. A member of the APA’s special ethics task force explained “the real ethical consideration” underlying this duty. To address such ethical considerations, the APA created a select “blue ribbon” committee (James 2008, Kindle location 3163) of experts – the Presidential Task Force on Psychological Ethics and National Security – who would craft the APA’s ethics policies in this area. The task force member noted that the idea of psychologists inflicting pain seems

“... at first blush, something that would be wrong because we do no harm. But the real ethical consideration would say ... by producing pain or questioning of somebody, if it does the most good for the most people, it’s entirely ethical, and to do otherwise would be unethical.” (“Military Psychologist Says Harsh Tactics Justified,” 2009; see also Richey, 2007)

More recently, a group of six university-based psychologists presented a similar view based on consequentialist ethics, deontological ethics, virtue ethics, and efficacy. They concluded “that psychologists, in order to behave consistently with their moral obligations to the community, to their ethical duties, in order to minimize harm, and to act virtually may, in certain circumstances, need to participate in torture” (O’Donohue et al., 2014, p. 121; see also O’Donohue, Maragakis, Snipes, & Soto, 2015; for critiques and sharply opposing views, see Arrigo, DeBatto, Rockwood, & Mawe, 2015; Eisenhower, 2017).

Evaluating these claims requires commitment to clarity. To defend human rights and ethics effectively, we must scrub euphemism and ambiguity out of what we say and write. We need to know the difference between torture and other interrogation techniques, some of which may be accusatory or aversive, that do not violate human rights.

If we humans possess inherent, inalienable rights – as opposed to human privileges or perks that the state can give or refuse – then perhaps an ethical analysis of whether torture “works” falls into the same category as asking whether genocide or slavery “works” for a country is useful in defending the country, or benefits a majority of its citizens.

Professional Ethics and Guild Ethics

A key question that helps reveal the depth of an organization’s ethical commitment is: Has the organization set its moral compass to protect itself over public interest? The set point of the moral compass divides professional ethics from guild ethics. Sometimes, professions seem virtually identical to guilds. Both may be made up of deeply dedicated, highly skilled members. Membership in both may come only after years of training and tests that supposedly show expertise or at least competence. Both may point with pride to their lofty ideals and aspirations, their rich history, their impressive accomplishments, their leadership, and their record of significant contributions to the public good. But professional ethics protect the public against the abuses of professional power, specialized knowledge, and prominent positions. They place protecting the public interest above advancing the profession’s self-interest. They hold members truly accountable for violating these values. Guild ethics, on the other hand, place members’ interest above the public interest when both come into conflict. They tend to blur or evade accountability when it clashes with self-interest. Guild ethics are written to masquerade as professional ethics, exploiting our tendency to mistake the map for the territory. Guild ethics can find ways around even the most absolute, unambiguous prohibitions, discover loopholes in seemingly solid standards, and offer the appearance but not the reality of fair, just, and meaningful mechanisms of accountability.

The APA’s vulnerability to a human rights and ethics crisis in the post-9/11 era may have been created in part by having shifted from a professional ethics code to a guild ethics code almost a decade earlier, and later revising the ethics code to express an even more extreme version of guild ethics. The 1992 revision of the APA ethics code marked the start of this trend. Bersoff (1994), the APA’s former legal council and later an APA president, wrote frankly about his own assessment and summarized the judgments of others who reviewed the code. In “Explicit Ambiguity: The 1992 Ethics Code as an Oxymoron,” he wrote that “commentators agreed that the 1992 code “seems to protect the profession rather than the public” (p. 382), adding that “as almost all the reviewers pointed out, the code is full of such lawyer-driven ‘weasel words’ as reasonable and feasible” (p. 383).

Carolyn Payton was a widely known and respected psychologist who wrote a landmark evaluation of the code. Payton was the first woman and first African-American to serve as director of the Peace Corps. She had served on the APA Policy and Planning Board, the Committee on Women in Psychology, the Committee on Lesbian, Gay and Bisexual Concerns, and the Public Policy Committee, and had received the APA award for Distinguished Professional Contributions to Public Service among other honors. Placing the new code into historical context, Payton noted that “all previous codes seemed to have been formulated from a perspective of protecting consumers. The new code appears to be driven by a need to protect psychologists.
It reads as though the final draft was edited by lawyers…” (Payton, 1994, p. 317). She described how the code provided loopholes that opened wide avenues of escape from accountability and enforcement:

“The forcefulness of the proscriptions on harassment, e.g., is diminished in…Standard 1.12, which brings up the qualifier ‘knowingly’…as in psychologists do not knowingly engage in harassment. Try using the argument of ignorance with the Internal Revenue Service” (p. 320).

For more details and documentation of the APA’s shift from professional ethics to guild ethics, and how the APA adopted a more extreme version of guild ethics in a subsequent revision of the code, please see Pope (2016), upon which this section is based.

The Unfinished Business of Race, Religion, and the Victims

Jennifer Gómez (2015) and the Ethnic Minority Interest Caucus of the APA Council of Representatives (2015) are among those who call attention to one of the most unattended and actively disregarded pieces of unfinished business: that the torture that psychologists helped enable – and in some instances helped design and implement – fell disproportionately on those who, in the United States, would be considered cultural, racial, and religious minorities. Gómez et al. (2016) remind us that various psychology associations such as

“…the American Middle Eastern/North African Psychological Network…, the Asian American Psychological Association…, the Association of Black Psychologists…, the National Latina/o Psychological Association…, and the Society of Indian Psychologists, have condemned APA for its lack of protection of minorities in this context.” (pp. 533-534)

Three years ago, the American Middle Eastern/North African Psychological Network (2015) asked the APA to “formally apologize to communities of color” who were disproportionately harmed by the APA’s acts and failures to act during this period. The APA continues to decline this request.

It seems worth exploring why the APA has apologized to “Psychology Colleagues,” stating that the APA is “deeply sorry” that “these events have cast a pall on psychology and psychologists in all countries, with the potential to negatively affect perceptions of the integrity of our discipline worldwide” (Kaslow & McDaniel, 2015) but has never addressed an apology for “these events” to the victims of torture and their families.

Externalizing, Outsourcing, and Backtracking

The APA faces the continuing challenge confronting all organizations struggling to end a crisis: Once the spotlight of public attention that shines most intensely at the height of the crisis moves on, can it follow through on its promises of reform? Can it avoid airbrushing history and heading back toward “the way things were before” the crisis?

Decades of research and case studies in organizational psychology show how hard it is for organizations to follow through on resolutions to reform made when a crisis breaks open. As time passes, the urgency of reform fades and the urge to externalize accountability, source responsibility, and backtrack takes hold. Powerful incentives inside and outside the organization, as well as organizational character, culture, and other factors that caused the crisis and allowed it to metastasize reassert themselves, often with renewed force and determination. The map of reform starts to look less and less like the territory.

This section presents three recent examples of APA’s struggle with the tendency to externalize, outsource, and backtrack.

Externalizing Accountability

Eidelson was one of the earliest to identify, trace, and document the push to externalize accountability by attacking the Hoffman report and to point fingers elsewhere. His article “Making a Choice: APA reform or business as usual? A new campaign aims to discredit the Hoffman Report” (2015), written only 3 months after the report’s release, notes that if successful, the campaign “will obstruct an already rugged path toward accountability and reform within the APA.” The article documents attempts to attack and discredit not only the Independent Review Report itself but also the report’s authors and those who support it. His documented examples include “attack[ing] the patriotism of Hoffman and those who have criticized psychologists’ participation in abusive detention and interrogation operations,” denouncing the report as a “classic attack of cowards,” and accusing those who had a hand in releasing the report of being “a willing co-conspirator to the likes of al Qaeda and ISIS.” He uses an APA letter to the editor of the Washington Post to illustrate externalizing responsibility and pointing fingers elsewhere. Eidelson (2017b) writes that the APA’s letter holds the “APA blameless, portraying the profession’s dark-side participation as solely that of ‘two rogue psychologists.’”
Outsourcing Ethics Complaints and Adjudication

As noted in the section “When the Demands of the State Eclipse Ethical Responsibilities,” the APA recently announced that “Starting immediately, complaints will be accepted against APA member psychologists only if there is no alternative forum to hear the complaint,” noting that the APA does “not have powers of investigation that governmental bodies and others possess” (APA Ethics Committee, 2018).

Outsourcing the adjudication of ethics complaints to government bodies and others (e.g., corporations for which psychologists conduct research, consult, consult, etc.) allows these organizations to define the enforceable ethical standards for psychologists. Unless the government, corporation, or others have adopted the APA’s ethics code as their standard and made enforcement a priority, they may enforce standards that differ sharply from or conflict with the APA’s ethics code.

Ethics complaints against psychologists regarding work at Guantánamo Bay Naval Base and other detention sites, human rights, interrogation, torture, and so on can now be resolved by an Inspector General, the military chain of command, or other government grievance channels, as the APA no longer accepts ethics complaints regarding these ethics policies. This ethics outsourcing prompted David H. Mills (2018), who had served as director of the APA Ethics Office for over 10 years, to write an open letter to the APA noting his decades of active membership as well as what he had learned from his military service. He wrote that the outsourcing of ethics adjudication shows “that APA has not adequately appreciated the issues which were raised in the Hoffman Report…. For that matter and with great sadness I tender my resignation from APA for both ethical and moral reasons.” (for discussion of 5 far-reaching consequences of this outsourcing policy, see Pope, 2018).

A Proposal to Backtrack

At its 2018 annual convention, the APA considered a proposal that would backtrack on reforms taken at the height of its human rights and ethics crisis. The APA Board of Directors backed the proposal even though an array of human rights organizations had strongly condemned it and urged that it be rejected.

The proposed change would remove a prohibition that the APA had adopted almost unanimously in response to its human rights and ethics crisis. On August 7, 2015, the APA Council voted overwhelmingly (157-1) to adopt Resolution 23B, which emphasized that it was

“… a violation of APA policy for psychologists to work at the Guantánamo Bay detention facility, ‘black sites,’ vessels in international waters, or sites where detainees are interrogated under foreign jurisdiction “unless they are working directly for the persons being detained or for an independent third party working to protect human rights’ or providing treatment to military personnel.” (APA, 2015)

This key reform prohibits psychologists working directly for the US government (e.g., military psychologists employed by the Department of Defense, or psychologists working under contract for the CIA or Homeland Security) from monitoring, conducting assessments, or engaging in other psychological interventions with detainees in settings like Guantánamo or Abu Ghraib. Psychological services are to be provided only by psychologists working directly for the detainee or for independent organizations like the Red Cross or Amnesty International, and not by psychologists working as employees or agents of the US government.

This mandating of clear and nonconflicting roles and responsibilities avoids potential ethical, clinical, and practical problems of conflicting roles. Clear roles and responsibilities are critical in special settings in which the US government asserts the right to hold detainees indefinitely — potentially for their entire lifetime (Jindia, 2018; Rosenberg, 2018; Ryan, 2018) — without charges or trial. Clarifying roles and responsibilities so that clinical services are provided by independent organizations and those working directly for the detainees avoids the obvious dilemma faced by detainees asked to trust a therapist or other clinician employed by the same government that (1) has imprisoned them for an indefinite time without charges or trial, (2) has classified them as enemy combatants, and (3) is interrogating them in order to obtain accurate, actionable information, perhaps on an urgent, mission-critical basis to prevent an imminent terrorist attack. It avoids the government “owning” the detainee’s clinical chart. If a detainee reports being tortured or subjected to other violations of human rights, it avoids putting the psychologist in the position of having to chart and formally report these allegations of human rights violations regarding fellow soldiers — perhaps the psychologist’s commanding officers or supervisors — and others working for the government. Finally, it avoids issues of conflicting dual loyalty (e.g., to the detainee and to a critical mission).

The article “Mixed Agency in Military Psychology: Applying the American Psychological Association Ethics Code,” published in an APA journal, addresses issues of conflicting dual loyalties: “At times, psychologists employed by government agencies may feel compelled to limit the freedom or overlook the best interests of one person to promote or safeguard the best interests of a larger group, or even society at large” (Kennedy & Johnson, 2009, p. 27). One of experts APA appointed to its “Blue Ribbon” presidential ethics panel (described in the earlier section on “Ethics, Effectiveness, Euphemisms, and Ambiguity”) to guide
ethics policy in the area of national security provided an ethical analysis:

“The ethical consideration is always to do the most good for the most people. And America happens to be my client. Americans are who I care about. I have no fondness for the enemy, and I don’t feel like I need to take care of their mental health needs” (Military Psychologist Says Harsh Tactics Justified, 2009).

The 2015 reform that the APA enacted to avoid conflicting roles and responsibilities is based on more than considerations of potential ethical, clinical, or practical issues. It is based on what has actually happened at Guantánamo, Abu Ghraib, and similar settings. Two of the major problems concerned what has happened to the information that detainees disclose to clinicians working for the government.

First, a specific category of information seemed simply to disappear – it was never reported to the proper authorities nor was it recorded in the charts. Researching this problem of information missing from charts, Iacopino and Xenakis (2011) found “that allegations by these nine detainees of torture were corroborated by forensic evaluations by non-governmental medical experts and that DoD medical and mental health providers at GTMO failed to document physical and/or psychological evidence of intentional harm.” Similarly, Clark (2006) wrote:

“Although knowledge of torture and physical and psychological abuse was widespread at both the Guantánamo Bay detention facility and Abu Ghraib prison in Iraq, and known to medical personnel, there was no official report before the January 2004 Army investigation of military health personnel reporting abuse, degradation or signs of torture. Military medical personnel are placed in a position of a ‘dual loyalty’ conflict.”

Second, other categories of information obtained by clinicians were supposedly protected by clear rules, policies, and assurances of confidentiality, thus creating a clear wall between clinical work and interrogations. But despite outright denials of any breaches, clinical information was weaponized for use against detainees in interrogations (Bloche & Marks, 2005; Buckley, Rokadiya, Kessel, Porter, & Dar, 2014; Clark, 2006; Fink, 2016; Institute on Medicine as a Profession, 2003; Lewis, 2004; Miles, 2004; Physicians for Human Rights, 2014). Taking advantage of what they had learned either from clinical charts or in some cases directly from clinicians, some interrogators devised tactics based on diagnoses, phobias, sources of shame, religious beliefs, sexual issues, concerns for family members from whom they were separated, and other vulnerabilities that detainees had confided to therapists or other clinicians.

Prior to the APA’s 2018 vote, human rights organizations and experts voiced strong opposition to this proposal. Juan Méndez, former UN Special Rapporteur on Torture (2010–2016) and current Professor of Human Rights Law, wrote that adopting the proposal “at this time – and risking a return to a situation where member psychologists participate in systematic human rights violations – would not only undermine the fundamental human rights of detainees but signal the APA’s indifference to the protection of their rights” (Méndez, 2018). Physicians for Human Rights warned that this proposal “scheduled for a Council vote at the August 2018 meeting and closely monitored by the human rights community, would undermine APA’s hard-won position against torture and ill-treatment” (Physicians for Human Rights, 2018).

This controversial proposal came to a vote at APA’s 2018 annual convention. BuzzFeed News (Aldhous, 2018) described what it termed an “emotional fight” leading up to “the American Psychological Association’s governing council [voting]…against a proposal made by its military psychology division and backed by the body’s leaders.” LoCicero (2018) notes factors making it likely that this proposal and others like it will return and may ultimately prevail.

Practicing Humility

The chronicle of APA’s continuing crisis of human rights and ethics is by no means settled and complete (Handelsman, 2017, p. 282). Controversies continue on many fronts. For example, five psychologists whose names appeared in the Independent Review Report filed suit in Ohio against the APA, David Hoffman, the law firm of which Hoffman is a partner, and several other parties whose names and addresses were yet to be determined. The suit focuses on allegations of “unprivileged, false and defamatory statements made in the report with actual malice.” An appellate court upheld an Ohio trial court’s dismissal of the original suit on jurisdictional grounds (James et al. v. Hoffman et al., 2018). That appellate decision may itself be appealed. A second, similar suit filed by the same plaintiffs against the same defendants in the District of Columbia (Behnke et al. 2018).
v. Hoffman et al., 2017) has not yet been resolved. The plaintiffs filed a third, similar suit in Massachusetts (Behnke et al. v. Soldz et al., 2018), adding a psychologist to the defendants named in the previous cases.

More will be revealed as these complex controversies unfold, as the lawsuits in Ohio, Washington DC, and Massachusetts progress and reach resolution, and as investigative reporters and researchers turn up new information. But the emails and other public and private documents from individuals and organizations – including confidential government papers which were later declassified – that have become accessible so far are instructive. And we have learned from the fact-finding investigations by the CIA, newspaper reporters, human rights organizations, and others. The facts at hand suggest that several principles may help bring APA’s continuing crisis to an end and prevent future crises.

They also suggest that we need to practice humility. I believe that all of us psychologists have been seeking to “do the right thing” as each understood it, though in sharp disagreement about the best path. But events remind us that however justly proud we are of a profession that has done so much good, none of us acted effectively to prevent the crisis or to resolve it. Each of us could probably think of ways that we could have put in more time, more thought, or more effort – done some things differently – to help prevent this crisis, lessen its harm, or bring about a just resolution. Perhaps, we can think of what more we can do from now on as the crisis continues to unfold.

We can also prepare psychologists to meet future challenges by making human rights a central focus of our undergraduate, graduate, and lifelong education. “Through a structured human rights education curriculum, psychologists would gain better access to knowledge and develop the necessary set of skills that would allow them to relate human rights to professional practice, and professional codes of ethics and conduct” (Experts Meeting: Human Rights Education and Fundamental Rights Awareness for Psychologists, 2016; see also Gauthier, 2009; Hagenaars, 2016; LoCicero et al., 2016; McFarland, 2015; Oomen, 2016; Plavšič, 2016).

Recognizing the tragic and potentially deadly consequences if we fail to safeguard human rights and ethics, we can remember what our own history teaches us about the vital importance of the following principles:

1. The map is not the territory – prohibitions, policies, and public statements can mislead us.
2. The power, authority, and demands of the state can never relieve us of our individual ethical responsibilities or our duty to support and defend human rights.
3. When human rights and fundamental ethics are at risk, we must always be prepared to speak up despite the costs, search actively for opposing views and disconfirming information, and avoid the role of passive bystander when whistle-blowers, critics, bearers of bad news, or others are threatened, bullied, smeared, or attacked.
4. We are more likely to think, speak, and write clearly when we avoid euphemisms, ambiguous terms, and equating “is it ethical?” with “is it effective?”
5. If we – as organizations or individuals – allow self-interest to eclipse our ethical responsibilities to other individuals, specific groups, or the general public, we weaken our ability to defend – or even to recognize and respect – human rights and ethics.
6. Searching our own attitudes and behaviors for arrogance can save us from countless blunders (as well as making life a lot easier for our friends and colleagues). If we look back at what we have written, said, and done since this crisis began and see nothing wrong – no flaws, mistakes, or “I wish I could take that back” – it is likely we have yet to completely master this principle.

The post-9/11 period is not the first human rights and ethics crisis for psychologists – Geuter’s book The Professionalization of Psychology in Nazi Germany, for example, reviewed historical archives to reveal how “psychologists cooperated with the army, state, party, and industry, and yet still seemed to believe that they were acting as reformers” of the Third Reich (1992, p. 284) – but if we take its lessons to heart, include them in our formal education, and put them into action, we may help it become the last.

Acknowledgments

After the manuscript was accepted on June 21, 2018, there was a subsequent revision to document and discuss more recent developments in the area of human rights and ethics (e.g., at the APA convention in August, 2018). The subsequent revision was accepted August 28, 2018.

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Received April 2, 2018
Revision received June 20, 2018
Accepted June 21, 2018
Published online November 19, 2018

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Psychology and Its Response to Major Human Rights Abuses
The Case of Australian Immigration Detention

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Abstract: Australian immigration detention has been criticized both domestically and internationally for the harm that it creates and promotes and for violating human rights and international law. Psychologists have worked within centers and have thus been central to their operation, but have also long called for reform of these policies. Despite this and despite broader criticism from all corners of Australian society, the government has continued to consolidate power in relation to the administration of these policies and has actively attempted to shut down dissent. How should Psychologists respond? This article will argue that current approaches are inadequate and more adversarial action is needed. Supporting such an approach, social movement theory will be introduced and applied to examine how it may inform future action. Psychologists have an obligation to protect human rights and health, and while more adversarial action may not typically fit in traditional repertoires, there are few other professionals who are better skilled to begin to deal with these questions. In light of this, Psychologists in Australia and across the globe should carefully consider their roles in social change and whether they can do more in the face of major human rights abuses.

Keywords: refugees, human rights, immigration detention, social movements, psychology

Australian Immigration Detention

In 2017, 68.5 million people were forcibly displaced. Of these people, 25.4 million were refugees and 3.1 million asylum seekers (United Nations High Commissioner for Refugees [UNHCR], 2018). Those seeking safety often face numerous adverse experiences. In addition to a range of traumatic experiences in their countries of origin, dangerous journeys and protracted uncertainty in camps or third countries, there has been a growing hostility toward migration more generally, often from countries who are best positioned to help. While this has been a global phenomenon, Australia has demanded complete impenetrability of its borders for over two decades. Below I will discuss these policies, the involvement of psychologists and how I believe they should respond.

Australian immigration detention was introduced in 1992. Onshore detention centers have been maintained since this time, while offshore detention centers on Manus Island (Papua New Guinea) and Nauru were introduced in 2001, repealed and then re-introduced in 2012 (Phillips & Spinks, 2013). While anyone without a valid Australian visa can be detained for an indefinite amount of time, the most punitive elements of this policy have targeted refugees and asylum seekers and particularly those who have traveled to Australia by boat. Offshore detention was re-introduced explicitly as a deterrent to others seeking to reach Australia by boat (Abbott, 2013; Dutton, 2015; Morrison, 2014a, 2014b, 2014c; Rudd, 2013). That is, the Australian government detains men, women, and children seeking Australia’s protection in environments where violence, sexual and physical abuse, self-harm, and suicide have all been well documented as a means of deterring others traveling to Australia (Australian Parliamentary Select Committee, 2015; The Guardian Australia, 2016). The suffering produced by these policies is deliberate and completely avoidable. This has led a number of authors to draw comparisons between these policies and torture (Berger, 2016; Bouchani, 2016; Doherty & Hurst, 2015; Essex, 2016d; Isaacs, 2015a; Perera & Pugliese, 2015; Sanggaran & Zion, 2016). Others have described these policies as “state-sanctioned... child abuse” (Owler, 2016) and “a crime against humanity” (Doherty, 2017).

Australian immigration detention has long been criticized by human rights organizations both domestically and internationally. In late 2014, the UN High Commissioner for...
Human Rights raised concerns about Australia’s policies of offshore processing and boat turn-backs, noting that these were “leading to a chain of human rights violations, including arbitrary detention and possible torture following return to home countries” (Al Hussein, 2014, p. 48). Shortly after, the UN Committee against Torture released its periodic review which again cited concerns about offshore processing (United Nations Committee against Torture, 2014). In 2015, the Special Rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment found that Australia’s policy of offshore processing had systemically violated the convention against torture, more specifically violating the “right to be free from torture or cruel, inhuman or degrading treatment” (Mendez, 2015, p. 8).

For over 25 years, the government has been belligerent and combative in the face of criticism and has continued to consolidate its power to administer these policies. Under the Australian constitution, immigration detention is considered administrative detention. That is, it is administered by the executive rather than the judiciary. Such detention is legal as long as it is not used as a form of punishment. Despite what was outlined above, the High Court of Australia has found the indefinite mandatory detention of men, women, and children to be legal and not constitute punishment (Al-Kateb v. Godwin, 2004). Since its introduction, the government has expanded its power, further shutting out the judiciary and leaving little room for legal redress. Additionally, these policies have received support from both major political parties, limiting any scope for political reform, as discussed by Grewcock (2013, p. 11):

“...both the ruling Labor party and the opposition Liberal-National party coalition share a mutual disdain for the arrival of any new boat bringing refugees into Australian waters, distinguishing themselves only by a willingness to blame the other for allowing such breaches of Australia’s forward defences or indulging in squabbles over the impact of government policy on refugee movements in the region. While this occasionally throws up superficial differences in emphasis about how best to ‘stop the boats’, there is, fundamentally, a high level of bipartisan agreement that unauthorised refugees should be deterred through measures such as the mandatory and indefinite detention of all unauthorised non-citizens; the use of offshore processing; extensive naval interdiction programmes; and a punitive anti-people-smuggling regime.”

Despite near legal impunity and despite the power held over Australian immigration detention, the government has also sought to limit oversight and increase secrecy in relation to Australian immigration detention. The Border Force Act (2015) was passed on July 1, 2015 with bipartisan political support. For 15 months, it outlawed current and former employees speaking about any aspect of their employment in detention. Only after ongoing protest, with this legislation creating controversy where the government wanted none, was it quietly amended to allow clinicians (including psychologists) to speak out (Doherty, 2016a; Hutchens, 2017; Newhouse, 2015).

The Border Force Act was not the only means employed by the government to attack information they saw as unfavorable. Journalists have had little to no access to centers (Labour & Hurst, 2014). The offices of contractors have been raided and their equipment seized in attempts to find journalists sources (Farrell, 2015b, 2015c). The government has also referred journalists and clinicians who have spoken about the conditions within detention centers to the Australian Federal Police (Farrell, 2015a, 2016). Attacks have extended to the Australian Human Rights Commission (AHRC). After the release of the AHRC (2014) Forgotten Children Report, which found that “[t]he mandatory and prolonged immigration detention of children is in clear violation of international human rights law” and that immigration detention had “profound negative impacts on the mental and emotional health of children” (p. 29), the government called for the resignation of the Commission’s President, Gillian Triggs (Borrello & Glenday, 2015). This disdain for human rights extends beyond Australia with the former Prime Minister Tony Abbott attempting to deflect international criticism by suggesting that “Australians are sick of being lectured to by the United Nations” (Kozaki, 2015, p. 5).

Responses From Psychologists and the Australian Psychological Society

Health care is provided within Australian immigration detention centers by a private company, International Health and Medical Services (IHMS). IHMS employs a range of healthcare professionals, including Psychologists, and has held the contract to deliver health services in immigration detention since 2007. Psychologists have therefore had a central role working within immigration detention centers.

Delivering health care in Australian immigration detention has been described as a Sisyphean task (Joint Select Committee on Australia’s Immigration Detention Network, 2012). As can be imagined from the above introduction, in addition to having a devastating impact on the health and well-being of those detained Australian immigration detention also changes the nature and scope of health care. The principles that underpin clinical and ethical decision making in more orthodox settings are either absent or
Psychologists have also taken action outside of detention. The inadequacy of simply working within the system has not gone unrecognized. This action has taken a range of forms but broadly has included protest, advocacy, research, and whistle-blowing (Doherty, 2016b; Tazreiter, 2013). Psychologists have formed a small but important part of a larger chorus of criticism outside of detention and in calling for broader social and political change.

Along with a range of other professional healthcare bodies, the Australian Psychological Society (APS) has also called for change. The APS (2011) Position Statement on the Psychological well-being of refugees and asylum seekers in Australia, like statements from other bodies, sets out to do at least two things, makes explicit the position of the APS and provide guidance in relation to these issues. The APS calls on the Australian government to meet its human rights obligations and uphold the fundamental right of refugees to seek protection. It calls for immigration detention to be used only as a short-term option and not in offshore or remote locations. The APS opposes the detention of children. They have also notably framed their position statement more broadly than other professional bodies, avoiding the discussion of how clinicians should manage the dilemmas faced while working within immigration detention. The position statement instead raises concerns about the impact of xenophobia and racism, along with their consequences for health and well-being. The APS calls for national debates on policies such as immigration detention and for the government to refrain from actions and comments that inflame negative sentiments toward refugees and asylum seekers. They also promote Psychologies role in assisting Australian residents in adjusting and responding to refugee migration (e.g., understanding contributions refugees make, developing awareness of human rights obligations, de-bunking myths and misperceptions, and assisting them with any concerns) and promoting community-level responsibility for positive inter-ethnic relationships, understanding, collaboration, and unity.

**The Need to for an Adversarial Approach**

The first and most obvious reason as to why Psychology needs to reflect on its current approach to Australian immigration detention is that people remain detained, people continue to suffer, and the Australian government remains recalcitrant. Psychologists also remain central to the operation of these centers. Another reason is that Psychologists are too often involved in human rights abuses. Even recent history shows, responses from Psychologists and professional bodies have not only been inadequate, they have resulted in collusion with abuses (Boyd, 2015).

What can be learnt from Australian Psychologists’ engagement with these policies over the last two decades? First, little will be achieved from working within the system. This is well established. This is not to say that Psychologists should not be involved (and the debate in relation to a boycott is beyond the scope of this article; e.g., Berger & Miles, 2016; Essex, 2018; Jansen, Tin, & Isaacs, 2017; Sanggar, 2016); however, such involvement is unlikely to lead to justice or redress for the many and ongoing rights abuses. This is why it is encouraging that the APS has framed its position statement broadly, debates are needed, racism and xenophobia are a problem, and Psychologists should have a leading role in public discourse. However, simply calling for change often does little to remedy these issues. In fact, discussion on what to do, particularly in the face of a recalcitrant government, has evolved little beyond McNeill’s (2003, p. 501) recognition of this fact over 15 years earlier:

“The acceptable public health strategies of disseminating information and advocacy may not be enough. Something more is needed. Not violence – although the Australian Government has resorted to it – for the obvious reason that in resorting to violence we become the perpetrators of harm ourselves. Reasoned advocacy may not be sufficient. It is time for a more passionate response... These actions may go beyond dissemination of information and reasoned...
advocacy, and could include any number of political activities including: participating in demonstrations, direct lobbying of government members and political parties, and withdrawal of services.”

While since this time, demonstrations, sit-ins, protests, and whistle-blowing have occurred, the literature has remained relatively stagnant in its approach, largely focusing on the role of clinicians within Australian immigration detention centers. While this is of course necessary and there remains a need to support psychologists who work in these environments, this appears to have largely distracted from strategies that deal with the complexities of social and political change. Greer et al. (2017, p. 40) discuss this frustration more generally:

“Numerous ‘calls to action’ exist in the literature, alongside calls for ‘political will’. Still more articles identify problems but offer at most policy recommendations that go unheard beyond our paywalls, as it the politicians were to blame for not reading our journals and inferring what to do. This reveals a weak understanding of politics. Public health professionals would not, for example, call for ‘individual will’ as a solution to obesity. Nor should we call for political will as a solution to policy problems.”

In moving toward a more sophisticated approach, it is useful to turn to a distinction drawn by Raphael (2009) who suggests two possible avenues for action, “professionally-oriented rational or knowledge-based approaches” and “social and political movement-based materialist or political economy-oriented approaches” (p. 145). Professionally-oriented approaches entail “research, knowledge dissemination, and public policy advocacy with the aim of convincing policymakers to enact health-supporting public policy” (p. 160) and assume that governments will be receptive to ideas, whereas a movement-based approach recognizes powerful interests may be resistant to such ideas and “suggests the need for developing strong social and political movements with the aim of forcing policymakers to enact health-supporting public policy” (p. 160). Raphael (2009) argues that a movement-based approach is more effective when attempting to shift “liberal political economies” (p. 161).

Given the circumstances found in Australia, in particular the limited avenues for legal and political redress, including the governments’ recalcitrant attitude, a movement-based approach should be pursued. Psychologists (and other healthcare professionals) should re-orient their approach accordingly. Some clinicians have already taken such action. It was only recently that a boycott was debated, in large part because it appeared as though all other options had been exhausted (Berger & Miles, 2016; Essex, 2016c; Jansen et al., 2017; Sanggaran, 2016). Doctors have also been involved in civil disobedience and disruption (Essex & Isaacs, 2018; Isaacs, 2015b). While Professional bodies have typically supported such action, there has been a reluctance to fully embrace more adversarial approach with little leadership in this area (Laughland & Davey, 2014; Safi & Farrell, 2015). Often overlooked as it relates to Australian immigration detention, the social movements literature has the scope to not only better explain how Australian immigration detention is currently approached, but also assists in applying these lessons to future responses.

**Protest and Social Movements**

Social movements form in the face of injustice and recognize that change must be fought for. Social movements can be defined as “collective challenges, based on common purposes and social solidarities, in sustained interaction with elites, opponents, and authorities” (Tarrow, 2011, p. 9). In short, social movements are collective sustained action that attempt to bring about social, cultural, or political change (Della Porta & Diani, 2009, 2015; Martin, 2015). The relationship between human rights and social movements goes beyond simple legal aspirations, with this relationship best summarized by Nash (2015, p. 11):

“Social movements have a crucial role to play in constructing human rights if they are to be realized in practice. Rights are never effective simply because they are legal rights. Enjoying human rights in practice depends on how people use them—on what they claim, and how they make rights claims. This, in turn, depends on collective identity, on the pressure that people bring to bear because they have a “right to rights”—even where they do not have rights in law, or law is administered unjustly... Collective action is needed at every level if human rights are to make a real difference. Grassroots organizing is necessary if people are to be able to define human rights in ways that are appropriate to dealing with the injustices they face.”

The social movements literature is large and diverse, theorizing all aspects of movements including the action they employ, how the gain and galvanize support and how they respond to political threats and opportunities (Tarrow, 2011, 2013). While Australian immigration detention has galvanized a number of social movements and has been one of the most contentious political issues in Australia, the literatures on these respective topics have rarely met. Exceptions include Tazreiter (2010) who provides a descriptive account of social movements in response to the Howard
government in Australian from 1996 to 2007 and Gosden (2006) who also examines the rise of an asylum seeker and refugee advocacy movement. There is scope for greater engagement with this literature and a need to connect it to action that has already been undertaken. There are a number of reasons for this, but most importantly because it provides a foundation on which future action can be evaluated and planned.

More specifically, how could social movement theory inform a response to Australia’s policies? Social movement theory first and foremost provides a more sophisticated vocabulary to describe social and political action. It moves beyond describing a lack of political will or a simple repertoire of action, identifying important elements of movements and introducing concepts such as political opportunities, threats, and cycles of contention.

Social movement theory allows for reflection on the type of action employed and the reasons for doing so. Movements do not simply cycle through action, moving from one action to the next until something works. Civil rights were not won by simply staging boycotts. Movements employ a range of action, all of which have different impacts, but that also come with different trade-offs. Disruptive action, for example, while drawing attention to a cause, may only serve to further polarize those on either side of the debate. This is perhaps best evidenced by refugee protest within detention (Fiske, 2013, 2016). While it may garner sympathy from those who already support more humane policy, others have used refugee protest to reinforce their position that such protest is one of the reasons why detention is needed. More contained action, which is likely to attract less committed supporters, and thus, larger numbers, while less risky, may simply go unnoticed. For example, the recent Palm Sunday rallies across Australia, while large, failed to garner any significant media attention (SBS News, 2018). Beyond this, social movement theory also explores how movements organize and network, how they frame their grievances and utilize emotion to gain new supporters and galvanize existing support, and how they exploit political opportunities and respond to political threats. Below two recent examples that touch upon many of these areas are discussed through the lens of social movement theory.

Whether action is successful or not depends on a range of external factors, some more controllable than others. For example, (and as was briefly discussed above) after the AHRC Forgotten Children Report (2014) was released the government went on the attack, calling for the resignation of the then Commissioner, Gillian Triggs (Borrello & Glenday, 2015). This report, while shocking, said little that wasn’t already known about the impact that detention had on children and families. So why was there such a vitriolic reaction that inevitably increased the profile of this report? There were a number of external factors that explain this. The government at the time was defensive, attempting to justify their policies against ongoing reports of violence, assault, riots, self-harm, and suicide. The then Prime Minister was particularly sensitive to criticism, blaming the current circumstances on the previous government and even dismissing international calls for reform (Kozaki, 2015). This report came at a time when the government was actively attacking the credibility of alleged whistle-blowers and was soon to pass the Border Force Act (Doherty & Davidson, 2016; Farrell, 2015b, 2015c). The focus of this report was also a more vulnerable group (children and families) where public emotions could more easily be tapped. Thus, it was not the report itself which added anything shockingly new to the debate, but a range of external factors that led to this report gaining significant attention. Through the lens of social movement theory, the governments’ particular sensitivity to criticism could be seen as an opportunity, to further highlight the harms of these policies and generate further pressure. While protests ensued after the release of this report and children were eventually released from detention in May 2016 (Department of Immigration and Border Protection [DIBP], 2016), one can only speculate the impact of a more coordinated action.

Another important and relatively impactful campaign was the #LetThemStay campaign (Hall et al., 2018) which was launched in February 2016. National protests were staged against the transfer of 267 asylum seekers, including 54 children and 37 infants, from Australia to Manus Island (in Papua New Guinea) and Nauru. This action occurred at the same time of a High Court challenge into the legality of offshore detention and a hospitalized infant who became known as Baby Asha (Essex & Isaacs, 2018). Flown to Brisbane after being accidentally burnt, doctors at Lady Cilento Hospital in Brisbane refused to discharge her to be returned to Nauru. The media promoted this case and a protest mobilized outside of the hospital around the clock for 10 days, placing the government under increasing pressure to honor the doctors refusal to discharge (Hall et al., 2018). A number of things can be learnt from this case. Like the AHRC Report, a political opportunity was exploited. However, most importantly in this case, this opportunity was communicated to others, the media and those already sympathetic to this cause. This only further leveraged the doctors, power in refusing to discharge. What this example also shows is that without the media or the mobilization of the broader #LetThemStay campaign, the actions of these doctors may have gone unnoticed. This is a particularly important point; clinicians have often effectively leveraged their already powerful positions by engaging with the media. Doctors4Refugees are another organization who have taken similar steps. Doctors4Refugees President Barri Phatarfod provided this account:
"One of the first cases we successfully advocated for was that of an 11-year-old boy who sustained a double fracture of his forearm when he fell off his bicycle in Nauru in 2015. The hospital plastered it up and sent him on his way, but after two weeks when he still experienced debilitating pain his mother contacted us with his X-rays. Doctors for Refugees obtained the opinions of various Australian specialists, including paediatricians, orthopaedic surgeons, radiologists and emergency physicians, who all reached the same conclusion: this boy needed an urgent surgical repair (ORIF) to avoid permanent disability and that the time to do this had almost passed. When the Immigration Department essentially fobbed us off, with the permission of the boy’s mother we went to the media – complete with the X-ray. The result was quite astounding. Within a week the Government flew an Australian orthopaedic surgeon (and an entire operating theatre) to Nauru to do the requisite surgery on this young boy. The absurdity of this expense aside, this appeared to be a successful outcome and almost immediately our group was inundated with requests from others to similarly assist them” (Phatarfod, 2018, pp. 15-16)

Before moving forward, there are some potential criticisms that should be addressed. The first being that more adversarial action, to this point, has not led to change. Australia’s policies remain, rights violations are ongoing, and even in the case of Baby Asha, the family was eventually returned to Nauru (Hall et al., 2018). This is of course a reasonable position to take; however, it should also be said that other movements that have historically (and many to this day) pushed for equality and justice, such as the civil rights movement, feminist movements, the anti-apartheid struggle in South Africa, have all demonstrated that social change does happen, but often over long periods of time and in a nonlinear fashion. Social movement theory is thus not a silver bullet, it does not offer immediate solutions or a blueprint for success.

Why should Psychologists engage in such action? First there is a moral case. The harms of this system and the government’s refusal to act on evidence have already been outlined; few would deny that these circumstances are exceptional. Psychologists have also played a central role in allowing this system to function, providing health care within centers. They thus have a particular responsibility to take action, which is only amplified by the close relationship between health, human rights, and justice. There is also another good reason. There is substantial empirical evidence concerned with social change and collective action, most of which has come from psychological research. There are few other professionals who are better skilled to begin to deal with these questions. Psychologists should be familiar with how emotions, beliefs, and behaviors impact attitude and how these may be shifted. There is a growing body of work that has examined strategies to challenge prejudice and build community cohesion and ultimately solidarity with refugees and asylum seekers (Subašić, Reynolds, & Turner, 2008). Other research has focused on collective action (Louis, 2009) including why people engage in (Fielding, McDonald, & Louis, 2008; Thomas & Louis, 2013; Thomas, McGarty, & Mavor, 2009b) and persevere with collective action (Thomas, McGarty, & Mavor, 2009a). Research has also explored the impact of different types of collective action (Thomas & Louis, 2014), how objectives (or demands) are shaped and pursued (Blackwood & Louis, 2012) and how social movements network and organize (McGarty, Thomas, Lala, Smith & Bliuc, 2014). Closely related to the #LetThemStay campaign above, there is also a substantial literature which has examined the role of the media in creating and shaping opinion related to asylum seekers and refugees (McLaren & Patil, 2016). Such breadth of research in this area reinforces the moral responsibility to take action. Additionally, it also puts Psychology in a position to respond with action that is based on theory and evidence.

Beyond Australian immigration detention and Australian psychologists, the social movements literature has broader relevance. Migration throughout Europe has become increasingly contentious with governments taking increasingly harsh measures to stop people crossing borders (Walker, 2018a). Immigration detention has also proliferated, increasingly become the go-to option for many states (Blomfield, 2017; Bosworth & Fili, 2016; Mainwaring, 2016). Furthermore, European governments or those seeking power have expressed a growing disdain for the rights of migrants and for those defending them (Walker, 2018b). More generally, throughout Europe and globally, at a time which has been characterized by the growth of populism and xenophobia (Roth, 2017) and where evidence and reasoned argument appear to be under increasing threat, Psychology is well positioned to take a central role in fighting for health, justice, and human rights.

Conclusions

Psychologists can and should engage in more adversarial action in the face of human rights abuses, particularly when those in power are unwilling to listen and other more orthodox forms of action have been exhausted. This applies not just in Australia but globally. While in this article I expressed skepticism about calls to action, this conclusion is, somewhat ironically, just that. This call to action however should only be the beginning with substantial scope...
to further our understanding of how Psychologists may contribute to social change. A more sophisticated understanding and engagement with politics is needed as a shift in how Psychology views itself in the face of authority. Future work should also be informed by history; one does not have to look far for a repellant literature that attempts to make sense of atrocities in which psychology has played a part. And finally, for those outraged, take to the streets, consider how your skills may be used be used in combatting human rights abuses and in pursuing the greater good.

References


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European Psychologist (2019), 24(2), 195–203


Commentary

US Attitudes Toward Torture

Commentary on Kenneth S. Pope, 2019 (https://10.1027/1016-9040/a000341)

David J. Armor and Jeremy D. Mayer

Schar School of Policy & Government, George Mason University, Arlington, VA, USA

A recent essay by Kenneth Pope (2019, published online—first November 2018) addresses major ethical and human rights issues facing the APA over its past involvement in US policies promoting prisoner torture. This commentary does not address the broader principles of professional ethics for psychologists. Rather, we are concerned about one portion of the Pope essay which argues that “…one human rights violation – torture – continues to gain wider support” (Pope, 2019, p. 181). In the next paragraph he states, “This growing public support for torture provides a context for the APA’s human rights and ethics crisis.”

Pope supports his argument with several citations, including a Roper Center article in 2015 (Roper Center for Public Opinion Research, 2015, March 6) and a study on this topic by Mayer and Armor published in 2012. The Mayer and Armor paper uses most of the data points used in the Roper Center article, starting with a Pew poll in July 2004 showing that 42% of Americans agree that torture can often or sometimes be justified for suspected terrorists. That support increased somewhat over the next 5 years, with some ups and downs, until late 2009 when another Pew poll found support had reached 54%, for an overall gain of 12% points. Our characterization was that “public torture has increased over time, although not dramatically.”

The 2015 Roper Center article adds two more data points for this trend analysis, one in 2012 and one in 2015 (see Figure 1). However, the actual level of support is not provided for the 2009 and 2012 poll, which is 54% and 53%, respectively. Understandably, a casual observer might see an increasing trend. A more accurate characterization of the trend is increasing support for torture between 2004 and 2009 and then slightly declining support for torture between 2009 and 2015. In the comparative context, the US is an outlier among developed democracies in its level of public support for torture, but there’s little reason to think it is becoming more so (Mayer & Koizumi, 2017). We favor a characterization that the US public is pretty much divided into two relatively stable camps when it comes to support of torture, and it has been divided for some time.

Perhaps more important, when one examines correlates of support, political party is the strongest single predictor, and it is about twice as strong as the second strongest predictor, political ideology. Over the past several decades, there has been a deep partisan divide between Democrats and Republicans on many issues, particularly what might be called “law & order” issues. For example, similar divisions have been observed in the US over gun control, border security, and support of strong police enforcement.

Seen in light of other political controversies in the US, the public opinion divide on torture is neither growing nor exceptional, which may or may not explain ideological divisions in professional associations.

References

Figure 1. Americans’ beliefs about whether torture is justified (adapted with permission from Roper Center for Public Opinion Research, 2015).

History
Received December 16, 2018
Accepted December 19, 2018
Published online June 14, 2019

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Do you think the use of torture against suspected terrorists in order to gain important information can often be justified, sometimes be justified, rarely be justified, or never be justified?

- Often/Sometimes justified
- Rarely/never justified


53% 54% 51%
43% 43% 47%
Commentary
Has US Support for Torture Continued to Increase? Reply to David J. Armor and Jeremy D. Mayer, 2019

Kenneth S. Pope
Norwalk, CT, USA

I wish to thank David Armor and Jeremy Mayer—two of the most respected and influential researchers of attitudes toward torture—for providing such a thoughtful and well-documented commentary (Armor & Mayer, 2019) on my article (Pope, 2019).

Before discussing our point of disagreement, I’ll comment on one of our areas of agreement. Armor and Mayer note that “the US is an outlier among developed democracies in its level of public support for torture” (2019, p. 204). The surveys cited in my article show that the US is indeed an outlier and is among a handful of countries (including Nigeria, Kenya, Israel, Lebanon, and Uganda) with the largest percentage of support for torture. This significantly stronger support for torture relative to most other countries seems an important context for understanding the American Psychological Association’s continuing human rights and ethics crisis.

Armor and Mayer question my view that torture continues to gain support in the US. They write that “an accurate characterization of the trend is increasing support for torture between 2004 and 2009 and then slightly declining support for torture between 2009 and 2015” (p. 204) and that “the public opinion divide on torture is neither growing nor exceptional” (p. 204). I respectfully disagree. The data, in my view, suggest that US support for torture has continued to grow rather than peaking around 2009 and then remaining at that level or declining slightly. For example, Payne wrote in Harvard Political Review:

“With a heightened sense of anxiety created by terror attacks in San Bernardino, Paris, and Brussels, public sentiment against enhanced interrogation techniques has shifted. In March [2016], 63 percent of Americans polled responded that they believe torture is ‘often’ or ‘sometimes’ justified. This represented an 18 percent increase since Amnesty International conducted a similar poll in 2014.” (Payne, 2017)

Future surveys will give us a better grasp on whether findings such as this 18% jump in US acceptance of torture from 2014 to 2016 represent a continuing upward pattern as opposed, for example, to a temporary rise that will fall back toward 2009 or 2014 levels.

Whether US support for torture has stayed stable since 2009 or has expanded since that time and continues to spread, the surveys from 2009 forward show alarmingly high support for torture, higher in the US than in all but few other countries. This exceptionally strong US support for torture, a violation of human rights, provides context for and underscores the urgency of addressing the continuing human rights and ethics crisis facing the American Psychological Association (Pope, 2019).

References


Received March 22, 2019
Published online June 14, 2019

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EFPA News and Views

Meeting Calendar

June 4–6, 2019
World Anti-Bullying Forum – WABF
Dublin, Ireland
Contact: https://wabf2019.com/

June 5–7, 2019
19th International Conference on Diversity in Organizations, Communities & Nations
Patras, Greece
Contact: https://ondiversity.com/2019-conference/call-for-papers

June 14–16, 2019
16th ESTSS Conference – Trauma in Transition
Rotterdam, The Netherlands
Contact: Europe for Traumatic Stress Studies, https://estss2019.eu/

June 20–22, 2019
26th International Conference of Europeanists Sovereignties in Contention: Nations, Regions and Citizens in Europe
Madrid, Spain
Contact: https://councilforeuropeanstudies.org/conferences/upcoming-conferences/2019-conference

June 25–26, 2019
ICHRRS 2019: International Conference on Human Rights and Human Security
Paris, France
Contact: https://waset.org/conference/2019/06/paris/ichrhs

July 2–5, 2019
XVI European Congress of Psychology
Moscow, Russia
Contact: https://ecp2019.ru

July 4–6, 2019
18th International Forum on Mood and Anxiety Disorders – IFMAD
Vienna, Austria
Contact: http://www.ifmad.org/2019/

July 7–10, 2019
15th European Conference on Psychological Assessment
Brussels, Belgium
Contact: https://ecpa15.com/

August 8–11, 2019
127th Annual Convention of the American Psychological Association
Chicago, IL, USA
Contact: http://www.apa.org/convention

September 3–7, 2019
European Health Psychology Society – Annual Conference
Dubrovnik, Croatia
Contact: https://2019.ehps.net/

September 11–14, 2019
10th Conference of the European Family Therapy Association (EFTA)
Naples, Italy
Contact: https://www.efta2019naples.org/

September 16–17, 2019
Aging & Social Change: Ninth Interdisciplinary Conference – University of Vienna
Vienna, Austria
Contact: http://agingandsocialchange.com/2019-conference/call-for-papers

August 6–9, 2020
128th Annual Convention of the American Psychological Association
Washington, DC, USA
Contact: http://www.apa.org/convention
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November 2016
Ingrid Lunt / José Maria Peiró / Ype Poortinga / Robert A. Roe

EuroPsy
Standards and Quality
in Education for Professional Psychologists

2015, xiv + 218 pp.
US $34.80 / € 24.95
Also available as eBook

EuroPsy has been accepted and adopted as the European standard for education and training in psychology by EFPA. This book, written by its initiator and leading members of the working groups that set EuroPsy up, is the only comprehensive text available about this European benchmark. It first reviews the development of EuroPsy in the historical context of psychology as science and profession and policies for higher education set by international bodies, and in particular the European Union.

This handbook then goes on to address the curricula of university courses and programmes following from the Bologna Agreement, the flexibility allowed to reflect diversity in Europe, licencing and accreditation, and benchmarking, as well as other prerequisites for meeting the EuroPsy standards. These include the use of a competence model to assure professional standards, supervision, continued professional development, supervision, and ethics.

Finally, the authors examine the current and future role of EuroPsy in psychology in Europe, including practical examples of how it has been applied in practice.
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Alexander Thomas (Editor)

Cultural and Ethnic Diversity
How European Psychologists Can Meet the Challenges

2018, x + 222 pp.
US $56.00 / € 44.95
ISBN 978-0-88937-490-4
Also available as eBook

Culture and diversity are both challenge and opportunity. This volume looks at what psychologists are and can be doing to help society meet the challenges and grasp the opportunities in education, at work, and in clinical practice. The increasingly international and globalized nature of modern societies means that psychologists in particular face new challenges and have new opportunities in all areas of practice and research.

As well as looking at the new challenges and opportunities that psychologists face in dealing with people from increasingly varied cultural backgrounds, perhaps more importantly they also explain and discuss how psychologists can deepen and acquire the intercultural competencies that are now needed in our professional lives.