

GRZEGORZ WIĄCEK

The John Paul II Catholic University of Lublin
Institute of Psychology

THE WELFARE OR WELL-BEING OF A PERSON WITH SEVERE MULTIPLE DISABILITIES?

The paper addresses the problem of the welfare of the person who is the recipient of a psychologist's professional activities as the paramount principle in the ethical evaluation of such activities. Emphasis is placed on two important issues connected with this problem: the accuracy of the concept of recipient of the activities undertaken by a psychologist and the comparison of the value of welfare and well-being categories in the ethical analysis of psychological activities. Emphasis in the paper is placed on the value of the concept of recipient of a psychologist's activities, which becomes particularly evident with reference to the situation of work for the benefit of individuals with various kinds of disabilities and for the benefit of their families. The article also elaborates the thesis of the greater value of the category of welfare in ethical analysis of the psychologist's professional activities.

Keywords: professional ethics, recipient of psychological activities, rehabilitation psychology, people with disability.

Ethical awareness and reflection is important in all circumstances involved in practicing a profession of public trust. This thesis, requiring no complex justifications, may be inferred from Katarzyna Sikora's article, in which the author takes up the issue of client welfare as defined by various ethics codes of psychological communities. Her article is valuable for many reasons. In this comment I would like to elaborate and draw attention to two of them.

The first one is the use, with justification, of the term "recipient" with reference to a person who is the addressee of the psychologist's actions. The recipient may be understood as a partner in interaction who is the target of psychological actions. Such an understanding is emphasized in the discussed article when the author points to psychology students or individuals under supervision as exam-

ples of recipients of the psychologist's professional activities. However, the word "recipient" also carries in it a dimension of more or completely passive experience of consequences of a specialist's activity. In certain circumstances, the recipient may experience the effects of a psychologist's activity also indirectly. This is exemplified by situations such as supporting the development of a child with a congenital disability or working at the rehabilitation of an adult with severe multiple disabilities. In both cases, the psychologist directs his/her activities at a person whose capability to enter into interaction may be seriously limited. In extreme cases, such as that of a person in the so-called "vegetative state," the psychologist may focus on work with and for the family of such a person, but the effects of his/her work will affect the person in a coma, too.

The above reflections show that recipient is in fact a good term for a very diverse group of people affected by the consequences of the psychologist's actions. In a more detailed analysis, the diversity of this group becomes even greater, and the group itself becomes even larger. It is obvious that all the people mentioned, as well as every other person who may find themselves in the role of a recipient of a psychologist's actions, should be included in ethical reflection on the consequences of such actions and on the good they bring.

The examples I gave above are taken from the field of rehabilitation psychology, which I am well-familiar with and which is connected with the occurrence of disability in people and with activities aimed at supporting individuals in such a situation. Disability does not change the core of a person and does not drastically influence the regularities of functioning or the way in which psychological assistance is provided to the person. It does, however, require taking into account the specificity of the relationships entered into and the experiences accumulated by that person in connection with limited fitness and its consequences. In certain circumstances, the occurrence of limitations in functioning may considerably intensify the problems experienced by the person. It may also make it necessary for the psychologist to undertake very special actions. Another effect is the highlighting of ethical dilemmas involved in the interventions undertaken.

Many of the psychologist's actions are aimed at influencing the recipient. The PTP code of ethics (Polish Psychological Association, 1992, Preamble) gives this idea a powerful phrasing: "The professional role of the psychologist involves intervention in the essential being of another person as an individual and unique entity, intervention whose consequences may prove irreversible." This demands that psychologists observe high ethical standards in the various professional roles they undertake. Codes of professional ethics for the psychologist set limits to this intervention with reference to the autonomy of the recipient as a person. Still, in

the light of the earlier reflections, defining the group of recipients of the psychologist's services broadly, the autonomy criterion may become vague and very difficult to apply. In this situation, what becomes particularly important is a reference to client welfare, which entails the need to specify what that welfare is and how it should be related to the solution of ethical dilemmas. Below I shall present three examples of various situations of this kind.

One of them is connected with the occurrence of developmental or mental disability in a person. Depending on the intensity of symptoms, an individual suffering from autism or mental disability experiences limitations in functioning that directly affect his or her capability to make autonomous decisions and take responsibility for these decisions. In this context, a question arises of who should make decisions concerning such a disabled person's involvement in or withdrawal from various activities – e.g., participation in addiction therapy or taking advantage of psychological counseling. In other words, the problem that arises in this situation concerns the question of who is the partner for the psychologist in setting the limits of psychological intervention in the recipient's life (cf. Friedman, Helm, & Marrone, 1999; Wilson, Clegg, & Hardy, 2008). Due to the possible dependence on other people, it is not easy to judge to what extent the psychologist should be guided by the decision of the person themselves and to what extent he/she should take the opinion of the person's guardians into account.

Another situation ethically difficult for the psychologist concerns the rehabilitation of a child with severe hearing impairment. The psychologist may be involved in such a situation as one of the members of the rehabilitation team, undertaking activities supporting the parents and the child in coping with the consequences of the disability. In certain circumstances, the parents may decide to refrain from using a hearing implant in their child not for medical or rehabilitation reasons but due to being part of the Deaf Culture Movement, which is an expression of their pride in being a Deaf person (cf. Weinberg, 2005). This may raise ethical doubts in the psychologist, aware of the benefits of using an implant in the rehabilitation and development of a child with hearing impairment. Similar doubts may arise with regard to using genetic diagnostics methods associated with *in vitro* fertilization in order to select embryos in such a way as to produce a deaf child (Dennis, 2004). It seems justified to ask about the need for and the aims of psychological assistance in such cases.

The third example refers to a number of circumstances connected with bio-ethical dilemmas. Kuschel and Kent (2011) describe several situations of different kinds of disorders in the course of pregnancy that result in very preterm birth. They also raise the dilemma involved in the decision to withdraw intensive neo-

natal care of the child. The supportive role of the psychologist with regard to the parents in such a situation is indisputable, especially in the face of their increasingly frequent participation in deciding on the medical treatment of the child. The risk of the occurrence of disability, sometimes severe, and the uncertainty concerning the length of its life play a role as factors in deciding on medical action that may affect the child's very survival. This results in a situation of mental strain for the parents and in the need for psychological assistance. In the light of the earlier reflections, which clearly show that the child in the discussed situation functions also in the role of a recipient (indirect) of the psychologist's actions, it is legitimate again to ask about the actual aims and forms of the assistance provided.

In each of the above examples, the psychologist faces an ethical dilemma. An important question arises here concerning the basic criterion of making decisions in such situations and in similar ones. In her article, Katarzyna Sikora shows that codes of ethics refer to client welfare, but it seems that she is not entirely consistent. In further analysis she stresses that in many codes "welfare" is actually defined as the "benefit" or "well-being" of a person, while she herself adheres to the term "client welfare." The terminological convention adopted by Sikora reflects the content of PTP's *Code of Professional Ethics for the Psychologist* (1992), in which "the welfare of the other person" is clearly presented as the paramount consideration and, consequently, as the principle of the psychologist's conduct. Also in other sources in the Polish psychological literature the basic criterion of ethical evaluation is the welfare of the person – of the recipient of the psychologist's professional actions (e.g., Brzeziński & Zakrzewska, 2008). In this context, a question may be posed: which of the terms given above serves better as the basis for building psychological codes of ethics – welfare or well-being? In her review of various national codes Katarzyna Sikora emphasizes the lack of a definition of "client welfare" and frequent references to the category of well-being. It seems, however, that subjectivizing welfare by reducing it to well-being does not guarantee coping with the definition problem. The author draws attention to the connection between well-being and the philosophical concept of happiness, which leads to another level of necessary decisions – happiness should be understood hedonistically (in accordance with the principle of maximum pleasure) or eudaimonically (in reference to the remaining schools of eudaimonism, which stressed other values, such as intellect or virtue).

Moreover, relying on the category of well-being may make it less likely for psychologists to work out a shared set of basic principles of their professional ethics. The reference to human dignity in the international *Universal Declaration*

of *Ethical Principles for Psychologists* (International Union of Psychological Science, 2008) and in the *European Meta-Code of Ethics* (European Federation of Psychologists' Associations, 2005) constitutes an expression of quest for a common plane that will make it possible to agree on ethical principles in psychology, at least on a certain level of generality. Still, the reference to the concept of human dignity is insufficient in itself. This, in turn, necessitates defining the concept of dignity, which, just like that of welfare (good), goes beyond the field of psychology and may be properly defined in philosophical discourse. To conclude, in my opinion, it is philosophical or – more precisely – anthropological reflection, which allows to specify the adopted conception of the human being, that is the proper foundation for building a code of ethics for psychologists. This is because it allows to define client welfare or, for that matter, human dignity – the concepts that serve as one of the main criteria for the moral evaluation of psychological activities.

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