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Ethical Considerations for Psychologists Taking a Public Stance on Controversial Issues: The Balance Between Personal and Professional Life

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Abstract

Previous literature has documented the general issues psychologists often face while balancing their personal and professional lives. The struggle stems from attempting to satisfy the need to maintain a life outside of work while having the professional obligation to follow the American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (Ethics Code) to prevent their personal lives from interfering with their professional roles and relationships. The present paper analyzes the subject of psychologists taking a public position on controversial public issues. Although the APA Ethics Code does not restrict how psychologists conduct themselves during their personal time, taking a public stance on a controversial issue could potentially strain professional relationships and inadvertently reflect negatively on the profession. The present paper examines ethical issues that a) should be taken into account before psychologists take a public position on a controversial issue, and b) are in conflict with APA's Ethics Code or current research.

Keywords

avoiding harm; boundaries; codes of conduct; ethical code; ethical conflicts

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (2002, as amended in 2010; hereinafter referred to as the Ethics Code)

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contains both General Principles (i.e., aspirational guidelines) and Ethical Standards (i.e., enforceable rules) that psychologists must consider in the context of a professional relationship¹. The Ethics Code provides a standard code of conduct not only for professional relationships but also for individuals (e.g., clients, students, trainees, research participants) to know what to expect when working with professionals in psychology. Psychologists are expected to adhere to the standard code of conduct outlined in the Ethics Code when in a professional relationship despite their personal morals and values. Although psychologists are expected to follow the guidelines in the Ethics Code, some psychologists may hold alternative views to those promoted by APA and even act on them in their personal time. Political elections, for example, often result in widespread public tension due to individual morals and values on debatable issues. With this in mind, it would be easy to see psychologists getting involved on certain issues that mattered to them personally. Even if psychologists' public involvement takes place during their personal time, individuals familiar with the psychologist's profession may assume their behavior is representative of the field, which could have a detrimental impact on current or future clients. It is important, therefore, for psychologists who are considering taking public positions based on their personal values to contemplate the potential negative consequences for their professional roles and the individuals to whom they have responsibility for a standard of care.

Although the Ethics Code was developed to help psychologists avoid ethical dilemmas, these aspirational guidelines and enforceable rules are only applicable to the psychologist's professional activities. The Introduction and Applicability section details activities covered under the Ethics Code (APA, 2002):

Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code. (p. 2)

The Ethics Code clearly states that psychologists do not need to adhere to these guidelines when outside of their professional roles. However, the public's perception of psychologist's behavior in their personal time may have detrimental effects (examples given below) on professional relationships with consumers, including clients.

Several articles have examined the boundary between personal and professional life among psychologists in contexts relating to multiple relationships (Gottlieb, 1993; Osborn, 2012; Pipes, Holstein, & Aguirre, 2005). Further, research on the boundary constraints between personal and professional life has been a hot topic given new ethical dilemmas concerning social networks (Frankish, Ryan, & Harris, 2012; Grohol, 2008; Lehavot, 2009; Lehavot, Barnett, & Powers, 2010; MacDonald, Sohn, & Ellis, 2010; Malesky & Peters, 2012; Taylor, McMin, Bufford, & Chang, 2010; Zur, 2011; Zur & Donner, 2009), and other

¹For the purposes of this paper, American Psychological Association will be denoted as APA and the American Psychiatric Association will be spelled out when referenced.

online media (Barnett, 2008; Behnke, 2007; 2008; Kolmes & Taube, 2010; Tunick, Mednick, & Conroy, 2011; Zur, 2008). It is clear that certain situations, although not ideal, may be unavoidable. For example, practicing psychologists living in rural areas are more likely to find themselves in multiple relationships with their clients (Brooks, Eley, Pratt, & Zink, 2012; Campbell & Gordon, 2003; Endacott, 2006; Hargrove, 1986; Malone, 2011; Malone & Dyck, 2011; Osborn, 2012; Scopelliti et al., 2004). These psychologists often find themselves in situations where the Ethics Code may have conflicting statements on how to best avoid or resolve ethical dilemmas. Rural psychologists may need to rely more heavily on ethical decision-making models than solely on the Ethics Code when their personal and professional lives intertwine. On the other hand, there are situations that are avoidable but inconvenient for the psychologist (e.g., online social media, avoiding social hangouts). Although limiting social activities may prevent ethical dilemmas, doing so may affect self-care and lead to feelings of isolation and burnout, which could also harm professional relationships (Campbell & Gordon, 2003).

Despite the previous literature documenting the boundary constraints on personal and professional lives among psychologists, an additional question remains: should psychologists take a high profile stance on controversial issues in their personal time? Even if the psychologist is not intentionally representing the profession, individuals familiar with the psychologist's profession may assume that certain behaviors are reflective of the field of psychology and these actions may have harmful repercussions for consumers. Consider the following scenarios:

Outside of work, Dr. Shenanigan, a psychologist, is very involved in politics. He holds strong opinions on universal healthcare and is passionate about educating others on his beliefs about the bill. Dr. Shenanigan is an active member of his political party, and spends his leisure time campaigning door to door, sharing his perspective on essential information on universal healthcare, and encouraging people to vote for his candidate of choice. When Dr. Shenanigan is campaigning, he is sure to travel in groups of two or three in case he knocks on a current client's door (which has happened in the past) so, after greeting the client, he can step back and allow the others to do most of the talking. Dr. Shenanigan is not concerned that his political activities interfere with his professional role because he takes this precaution.

Dr. Skedaddle is a well-known researcher in the psychology department. She has several publications in top academic journals and a number of stories have been written in local newspapers discussing her profound research. Dr. Skedaddle has even been asked to make an appearance on the Today Show to discuss some of her recent findings. One afternoon when Dr. Skedaddle was grabbing lunch, a man stopped her and asked if she was interested in signing a petition. Outside of voting, Dr. Skedaddle does not get involved in political activities. However, she is passionate about some political issues such as the one presented to her, and she agreed to sign the petition. The following day, Dr. Skedaddle was alarmed to read a headline in the local newspaper that she endorsed this specific political issue. Dr. Skedaddle did not think that she would be given so much attention for signing a petition.

As a tenured faculty member in the psychology department at a large university, Dr. Longhammer is well known for his Introduction to Psychology course. His enthusiasm, intelligence, and quick wit make his course highly favorable among the students. In addition, Dr. Longhammer is one of the supervisors for clinical psychology trainees. Outside of his role as Professor of Psychology, Dr. Longhammer holds rigid views on abortion and spends his weekends picketing outside of Planned Parenthood. One weekend while Dr. Longhammer was picketing, a reporter took a few pictures for a story she was writing. Before Dr. Longhammer left for the day, the reporter stopped him, showed him a picture of him picketing, and asked for his first and last name and contact information. Dr. Longhammer quickly complied in hopes of getting a copy of the picture. To his surprise, on the first page of the Sunday newspaper was a picture of him stating that Dr. Longhammer, professor at a prominent university and supervisor at the university clinic, actively supports a contentious view on abortion.

Dr. Linoleum is a psychologist with conservative values. She joined the Tea Party last year, and took public positions that were consistent with the Tea Party's views: anti-gay, pro-life, and anti-gay marriage and parenting. The Tea Party wanted to use Dr. Linoleum as a spokesperson on behalf of the political group so that the public would see her as a psychologist holding these values, not just as a private citizen. Dr. Linoleum was flattered by the request and accepted the position.

Although the Ethics Code permits psychologists to engage in these activities in their leisure time, participation in such high profile behavior could have unplanned detrimental effects. Assumptions could easily be made by the public that all psychologists hold a similar opinion on specific controversial issues based on the psychologist's public position. Given that APA only takes a stance when there is considerable scientific evidence supporting a particular direction on an issue, this could lead individuals or organizations to assume that research has been done supporting an argument that psychologists are making in their leisure time. Further, this behavior could make some individuals reluctant to seek help or continue to feel comfortable with their therapists, supervisors, or professors.

Relevant Ethics Codes

Several of the General Principles can be applied as psychologists consider taking a public position on controversial issues. Although the General Principles are not rules enforced by the APA, they are aspirational guidelines that psychologists should keep in mind before deciding to take on a high profile stance in their personal time. Principle A (Beneficence and Nonmaleficence) indicates that psychologists should do their best to protect the welfare and rights of those with whom they have a professional relationship, but also be aware that others might take advantage of their professional status. "Because psychologist's scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence" (APA, 2002, p. 3). Psychologists who are passionate about taking a high profile stance on controversial issues outside of their professional role must be especially mindful of their actions and statements in the community so they do not inadvertently abuse their power. Campbell, Vasquez, Behnke, & Kinscherff, (2010) made an

excellent point that all public statements made by psychologists leave an impression on the community regarding the field of psychology. This issue overlaps with Principle C (Integrity), which details that psychologists should promote honesty and should not intentionally misrepresent information (APA, 2002).

In addition, Principle B (Fidelity and Responsibility) clearly states that psychologists:

Are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. (APA, 2002, p. 3)

Professional psychologists interested in taking a public position should take time to determine how they will disentangle their personal and professional lives related to the issue. A plan should be put in place outlining steps to be taken to minimize potential negative impact on the psychologist's professional life and the public. Psychologists should deliberate on how they will clarify that their personal beliefs are not related to their professional roles even when others try to combine the two. This principle suggests that psychologists should attempt to take whatever measures necessary to ensure activities in their personal lives do not interfere with their ability to uphold their professional code of conduct.

Principle E (Respect for People's Rights and Dignity) holds that psychologists should be familiar with vulnerable communities and take steps to protect their welfare and rights. Further, this principle outlines that psychologists should not only be aware of individual differences, but also should respect differences despite ethnicity, culture, age, sex, sexual orientation, religion and other pertinent factors (APA, 2002). Psychologists keen on taking a public stance outside of their professional role related to their personal beliefs and desiring to proselytize must keep in mind how the publicity of their actions will affect their professional role as a psychologist and their duty to respect the rights, dignity, and personal beliefs of others.

Finally, several standards in the Ethics Code should be taken into consideration before psychologists choose to take a public stance on controversial issues. Psychologists may want to take into account how current and future professional relationships may be affected by their behavior during their leisure time. For example, Standard 3.04 (avoiding harm) suggests that psychologists should do their best to avoid harm or minimize harm where foreseeable and unavoidable to clients, students, or others with whom they work. Taking a public position on a controversial issue might call into question the psychologist's ability to be objective and nonjudgmental. If a psychologist were a public pro-life or anti-abortion advocate, for example, this could hurt the relationship with her client who is in therapy to deal with depression after having had an abortion, as well as future clients seeking therapy for this reason. Notably, there is a substantial literature on the potential benefits of therapists self-disclosing to their clients; however, this typically occurs in therapy after the therapist has developed a relationship with the client and has decided that the self-disclosure would somehow benefit the client in therapy (Barnett, 2011; Hill & Knox, 2001). Publically

promoting a stance on a contentious issue no longer allows the psychologist to be seen as unbiased as expected at least in the beginning stages of therapy. We all have morals and values that may not consistently jibe with those of our clients; however, openly promoting personal beliefs has the potential to negatively affect the therapeutic relationship if the client does not share the psychologist's point of view. Prospective clients may feel judged before beginning therapy and may avoid seeking treatment when needed.

Psychologists should also be careful not to use their credentials to make false or deceptive public statements endorsing a personal belief that has not been supported by research or is not within the bounds of competency of the psychologist. The APA Ethics Code (2002) defines public statements in Standard 5.01a (avoidance of false or deceptive statements) as the following:

Public statements include but are not limited to paid or unpaid advertising, product² endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. (p. 8)

The aforementioned scenarios regarding psychologists endorsing an issue by signing a petition, picketing, or being the spokesperson for a political party are examples of using the psychologist's credentials to publicly advertise a personal belief. In these situations it is the psychologist's duty to correct the false advertisements by explicitly stating that they participated in these activities in their personal time. The same goes for psychologists who willingly providing public comment on a matter. Given that public statements made by psychologists leave an impression on the community about the field of psychology (Campbell et al., 2010; noted earlier) psychologists should be aware of their influence prior to making public statements. Further, standard 5.04 (media presentations) indicates that a psychologist's comments should be, "based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice" (APA, 2002, p. 8). If these professional expectations have not been met, the psychologist should either not comment on the subject or clearly state that his/her comments are based on personal beliefs, are not based on professional judgment, and are not supported by research, the institutions in which they are affiliated, or APA. Based on these standards, psychologists who are passionate about proselytizing should first consider how they separate their professional identity from their personal activities. Given that people generally consider their beliefs to be true regardless of research or institutional factors, it is imperative that psychologists are trained to think through these issues and develop ways to maintain their personal values while upholding their professional duties.

²Notably, "product" could be broadened to include public endorsement of a value or belief.

Multiple relationships is another issue psychologists should consider before taking a public stance on a problem and intending to reach out to the community to influence others. Standard 3.05 (multiple relationships) is especially pertinent for the door-to-door campaigning and picketing scenarios above. This could also be off-putting for future clients who decide not to seek help when they realize the psychologist to whom they are being referred once attempted to persuade them to his personal beliefs or picketed against an organization they support. Potential clients could be concerned that the psychologist will treat them differently because they do not hold the same morals and values. Further, it is possible for potential clients to make the generalization that all psychologists have the hidden agenda of pushing their beliefs onto clients.

Conflicts of interest are another concern that psychologists should reflect on before taking a high profile stance on a controversial issue. Standard 3.06 (conflict of interest) specifies that psychologists should avoid professional relationships when there is the possibility for impairment in objectivity or if the relationship could be harmful or exploitative (APA, 2002). A psychologist who is a public leader of a local political party, for example, and who has therapeutic relationships with other members of the party or a different party may find herself in a precarious conflicting situation if the client wants to discuss political issues or events in therapy. Also, the more active the psychologist is in the community in terms of promoting her personal beliefs, the more she will have to consider both conflicts of interest and multiple relationships when taking on new clients from the community. Limiting clientele can be a problem especially for psychologists who are the only resource available (as in rural settings; Table 1).

APA taking a Public Stance on Controversial Issues

There are circumstances (e.g., requests from the court) under which APA has taken a position on controversial issues. APA adopts a stance based on extensive evidence in the literature. Several amici curiae briefs have been produced from APA documenting research on controversial issues such as abortion rights (e.g., *Harris v. McRae*, 1980; *Planned Parenthood et al. v. Mike Rounds et al.*, 2010; *Planned Parenthood of SE Pennsylvania v. Casey*, 1992), anti-discrimination against sexual orientation (e.g., *Boy Scouts of America v. Dale*, 2003; *Romer v. Evans*, 1996; *Equality Foundation of Greater Cincinnati Inc. v. City of Cincinnati*, 1995, 1997, 1998), anti-sodomy laws (e.g., *Campbell v. Sundquist*, 1996; *Jegley v. Picado*, 2002; *New York v. Uplinger*, 1984), pro-custody rights for parents who identify as gay (e.g., *Boswell v. Boswell*, 1998; *Bottoms v. Bottoms*, 1995; *DeLong v. DeLong*, 1998), same-sex marriage rights (e.g., *Andersen v. King County*, 2006; *Golinski v. Office of Personnel Management*, 2012; *Perry v. Schwarzenegger*, 2012; *Varnum v. Brien*, 2009), and foster care and adoption rights for same-sex couples (*Boseman v. Jarrell*, 2010; *Department of Human Services v. Howard*, 2006; *Romer v. Evans*, 1996). For example, research on some of these topics includes literature reviews on the effects of abortion on psychological health. These reviews revealed that women who got an abortion were no worse off psychologically in the long-term than were either pregnant women undergoing high-risk pregnancies who were threatened by miscarriage or women undergoing healthy pregnancies (Bradshaw & Slade, 2003; Charles, Polis, Sridhara, & Blum, 2008) or women delivering an unwanted baby (Major et al., 2009). In addition, extensive research has provided evidence

that same-sex and opposite-sex relationships do not differ on important psychosocial variables (Herek, 2006; Kurdek, 2005), and that same-sex couples are not limited by their sexual orientation in their ability to provide a nurturing environment to raise children (Herek, 2006). There are psychologists who are APA members who do not agree with the stance the APA has taken on controversial issues; however, Standard 2.04 (bases for scientific and professional judgments) prevents these psychologists from making public, professional judgments on an issue without scientific or professional knowledge supporting their beliefs (APA, 2002).

With this in mind, would it be appropriate for a psychologist to take a high profile stance on controversial issues that APA *does* endorse? The same concerns remain for practicing psychologists in terms of respecting clients' individual beliefs and potential negative impact on the therapeutic alliance because the therapist would no longer be seen as unbiased. If a controversial issue is pertinent to therapy, then it would be important to provide psychoeducation to the client, but not more important than building rapport and protecting the therapeutic relationship. On the other hand, psychologists in teaching and research have the duty to educate the public especially on controversial issues with extensive research supporting a claim. All information must be presented accurately and honestly and within the bounds of the psychologist's competency. However, psychologists in teaching and research may bump into the same issues with students, mentees, and supervisees. Thus, the goal might be for these psychologists to devise a plan to educate the public while minimizing harm to professional relationships.

Conflicting Evidence in Research on Controversial issues

Despite the extensive literature and the clear position that the APA holds on some controversial issues, there sometimes continues to be research published which is contrary to APA's position. One example includes controversy regarding the ability to "cure" homosexuality. Considerable research has documented that conversion therapy to "reorient" gays is not effective or efficacious and actually results in poorer outcomes for individuals undergoing this therapy (e.g., Haldeman, 1994; Hancock, Gock, & Haldeman, 2012; Morrow & Beckstead, 2004). The American Psychiatric Association took the stance that homosexuality is not a pathological disorder that should be treated through the removal of homosexuality as a disorder from the DSM-II (American Psychiatric Association, 1968) in 1973 (for reviews on this issue see Bayer, 1981; Spitzer, 1981; Bayer & Spitzer 1981; Drescher, 2012). Additionally, the APA took the same stance through several amici curiae briefs supporting gay rights (see citations listed above), through the passing of the resolution stating that homosexuality is not a disorder and that psychologists should not discriminate against individuals who identify as such (APA, 1997), through the report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (APA, 2009), and through the article published by the APA concluding that there is insufficient evidence supporting efforts to change sexual orientation (Munsey, 2009). However, research continues to be conducted on therapeutic approaches (e.g., conversion therapy, reparative therapy, sexual orientation change efforts [SOCE]) for treating homosexuality (e.g., Karten & Wade, 2010; Nicolosi, 2009; Nicolosi, Byrd, & Potts, 2000; Spitzer, 2003; Throckmorton, 2002)³. There are several examples, such as this, of

conflicting evidence in the literature on controversial issues; however, it is psychologists' professional duty to critically evaluate what they read and take into account limitations of the studies before drawing conclusions and holding a public position based on research. Regardless of the discordant published evidence in the literature, the reality is that if the American Psychiatric and Psychological Associations took a public stance on a controversial issue, then the research opposing APA's view is, at this point, not substantial enough to make a difference. This does not mean that all psychologists must agree with the APA's values or even that the APA is always right. Instead, psychologists should be able to identify when their views conflict and be able to reach a point where they can maintain their personal beliefs while adhering to their professional responsibilities as psychologist. Ideally this point of reconciling personal values with professional expectations would occur during graduate training.

Implications for Training

Discussion of this issue with psychologists in training would be an excellent way to be proactive. Trainees, as well as psychologists, have the duty to "do no harm," so they should be especially cautious of the implications their actions may have on the community. Graduate students and other trainees, particularly at the start of the acculturation process into the profession (see Berry, 1980; Berry & Sam, 1997; Bersoff, 2008; Handelsman, Gottlieb, & Knapp, 2005), are often naive in realizing how their personal public behavior could be perceived by the community. Personal beliefs and values may obstruct trainees from noticing the impact of their actions. Ethics courses or seminars would be an ideal place for students to learn about the potential negative effects of publically advocating for a controversial issue. These courses or seminars could provide a space for students to strategize about how they could be involved in something they are passionate about in their personal time without giving the impression that their participation is representative of the field of psychology or have harmful effects on the public or clients (see Table 1 for suggested behavior). Further, training on this issue should incorporate readings on values and decision-making, and case examples such as those provided earlier in this paper, to guide class discussions. These discussions should aid trainees in becoming aware of their own values and opinions, learn about the profession's values as identified in the General Principles, and obtain some resolution when these differ. Role plays and debates around values and current events could also help trainees understand the extent of the issue and the potential predicaments involved. Trainees, in psychology and other health care providing fields, in their early 20s who are not far from their undergraduate student identities, may have a more difficult time adjusting to the 'restrictions' of taking on a professional identity; therefore, an Ethics course utilizing these tools can be critical in facilitating this transition. Including a conversation in training programs on ethical considerations psychologists should keep in mind before taking a public stance on a contentious issue is a practical way to protect the trainee, clients, and the profession from unintended harm.

³Interestingly, one psychologist, who purported that his research provided evidence that homosexuality could be cured and whose work was used by many people and organizations to support their beliefs that homosexuality was a choice, recently published a letter to the editor of *Archives of Behavior* reassessing his research (Spitzer, 2003) and apologizing to the gay community for his unverified claims of the efficacy of reparative therapy (Spitzer, 2012).

Summary

The present paper outlined important factors that psychologists should consider before publically taking a stance on a contentious issue. As mentioned earlier, the APA Principles and Standards only apply to psychologists in their professional roles. Ideally, on a personal level, when psychologists leave the office for the day, their work identity could be left behind as well. Unlike many other professions, however, psychologists' professional and personal lives intersect frequently. Psychologists need to be mindful of where they socialize and their behavior in public places in order to protect against multiple relationships, conflicts of interest, and the image that is projected of the profession. These situations are not always avoidable especially for psychologists working in rural areas and when psychologists decide to publically promote a personal value or position; the latter case will have a wider and multilevel impact no matter what the location. Notably, of course one cannot tell psychologists that they should not hold their own opinions and beliefs outside of APA or participate in public events related to their personal views. Nevertheless, it is important to discuss the effects of psychologists taking on high-profile public positions in which the intent is to promote values or beliefs or to influence others on controversial issues and how this can impact professional relationships, APA, and the general public. The Ethics Code does not preclude psychologists from taking a public stance on controversial issues; however, doing so could have numerous unanticipated and potentially negative effects that psychologists should be mindful of in order to exercise careful professional, ethical decision-making. Given that the ethical mandate is to not do harm, it is essential that psychologists are aware of how their actions in their personal time might negatively impact their professional relationships.

The recommendation for psychologists contemplating taking a public position on a controversial issue is to first consider potential outcomes and worse case scenarios in order to be proactive in planning necessary steps to reduce harm to professional relationships and the profession. This would involve psychologists' using professional judgment, seeking consultation from professionals familiar with the Ethics Code and the particular situation, and documenting steps taken to protect themselves and their professional relationships. Following a decisional analysis (e.g., Gottlieb, 1993; Pope & Vasquez, 2011) can aid in arriving at a decision that will reduce harm to the psychologist and other parties involved.

The ultimate goal may be for psychologists to be able to distinguish between their personal beliefs and their professional role; however, putting this into action may be more difficult than it appears. Given this difficulty, it seems a psychologist's behavior is never really viewed the same as a private citizen. Although psychologists might like their personal lives to be independent from their professional lives, the reality is that their identity as psychologists may never be detached, even outside of a professional context, for those familiar with the psychologist's line of work. Suggestions have been made to extend the General Principles so they apply to the personal lives of psychologists (Pipes et al., 2005). Despite the fact that the Ethics Code does not apply to the personal lives of psychologists, behavior in their personal time could still have detrimental effects on their professional relationships and the public. It is essential that psychologists keep this in mind when out in the community, especially if considering taking a public position on a controversial issue.

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References

- American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 2nd ed.. Washington, DC: Author; 1968.
- American Psychological Association (2002, as amended in 2010). Ethical principles of psychologists and code of conduct. *American Psychologist*. 57:1060–1073. [PubMed: 12613157]
- American Psychological Association. Resolution on appropriate therapeutic responses to sexual orientation. *American Psychologist*. 1997; 53:934–935.
- American Psychological Association. Report of the task force on appropriate therapeutic responses to sexual orientation. Washington, DC: American Psychological Association; 2009.
- Andersen v. King County, 138 P.3d 963 (Wash. 2006).
- Barnett JE. Online ‘sharing’ demands caution. *The National Psychologist*. 2008; 17:10–11.
- Barnett JE. Psychotherapist self-disclosure: Ethical and clinical considerations. *Psychotherapy*. 2011; 48(4):315–321. [PubMed: 22141415]
- Bayer, R. Homosexuality and American psychiatry: The politics of diagnosis. New York: Basic Books; 1981.
- Bayer R, Spitzer RL. Edited correspondence on the status of homosexuality in DSM-III. *Journal of the History of the Behavioral Sciences*. 1982; 18:32–52. [PubMed: 7040544]
- Behnke S. Posting on the internet: An opportunity for self (and other) reflection. *APA Monitor on Psychology*. 2007; 38:60–61.
- Behnke S. Ethics in the age of the Internet. *APA Monitor on Psychology*. 2008 Jul.:74–75.
- Bersoff, B. Ethical conflicts in psychology. 4th ed.. Washington, DC: American Psychological Association Press; 2008.
- Berry, JW. Acculturation as varieties of adaptation. In: MPadilla, AM., editor. *Acculturation: Theory, models and some new findings*. Boulder, CO: Westview Press; 1980. p. 9-25.
- Berry, JW.; Sam, DL. Acculturation and adaptation. In: Berry, JW.; Segall, MH.; Kagitcibasi, editors. *Handbook of cross-cultural psychology*. Needham Heights, MN: Allyn & Bacon; 1997. p. 291-326.
- Boseman v. Jarrell, 364 N.C. 537, 704 S.E.2d 494 (2010).
- Boswell v. Boswell: 721 A.2d 662 (Md. Ct. App. 1998).
- Bottoms v. Bottoms, 457 S.E.2d 102 (1995) WL 421218 (on appeal after remand).
- Boy Scouts of America v. Dale, 530 U.S. 640 (2000).
- Bradshaw Z, Slade P. The effects of induced abortion on emotional experiences and relationships: A critical review of the literature. *Clinical Psychology Review*. 2003; 23:929–958. [PubMed: 14624822]
- Brooks KD, Eley DS, Pratt R, Zink T. Management of professional boundaries in rural practice. *Academic Medicine*. 2012; 87(8):1091–1095. [PubMed: 22722347]
- Campbell CD, Gordon MC. Acknowledging the inevitable: Understanding multiple relationships in rural practice. *Professional Psychology: Research and Practice*. 2003; 34:430–434.
- Campbell v. Sundquist 926 S.W.2d 255 (Tenn. Ct. App. 1996).
- Campbell, L.; Vasquez, M.; Behnke, S.; Kinscherff, R. APA ethics code commentary and case illustrations. Washington, DC: American Psychological Association; 2010.
- Charles VE, Polis CB, Sridhara SK, Blum RW. Abortion and long-term mental health outcomes: a systematic review of the evidence. *Contraception*. 2008; 78(6):436–450. [PubMed: 19014789]
- Delong v. Delong, No. 80637 (Sup. Ct. Mo. 1998).
- Department of Human Services v. Howard, 367 Ark. 55, 238 S.W.3d 1 (2006).
- Drescher J. The removal of homosexuality from the DSM: Its impact on today's marriage equality debate. *Journal of Gay & Lesbian Mental Health*. 2012; 16(2):124–135.

- Endacott R, Wood A, Judd F, Hulbert C, Thomas B, Grigg M. Impact and management of dual relationships in metropolitan, regional and rural mental health practice. *Australian and New Zealand Journal of Psychiatry*. 2006; 40:987–994. [PubMed: 17054567]
- Equality Foundation of Greater Cincinnati Inc. v. City of Cincinnati, 128 F.3d 289 (6th Cir. 1995, 1997) (distinguishing *Evans*), *cert. denied*, 525 U.S. 943 (1998).
- Frankish K, Ryan C, Harris A. Psychiatry and online social media: Potential, pitfalls and ethical guidelines for psychiatrists and trainees. *Australia's Psychiatry*. 2012; 20:181–187.
- Golinski v. Office of Personnel Management, 824 F. Supp. 2d 968 (N.D. Cal.).
- Gottlieb MC. Avoiding exploitive dual relationships: A decision-making model. *Psychotherapy: Theory, Research, Practice, Training*. 1993; 30:41–48.
- Grohol JM. Social network may blur professional boundaries. *Psych Central*. 2008 from <http://psychcentral.com/blog/archives/2008/05/15/social-networks-may-blur-professional-boundaries/>.
- Haldeman DC. The practice and ethics of sexual orientation conversion therapy. *Journal of consulting and clinical psychology*. 1994; 62(2):221–227. [PubMed: 8201058]
- Hancock KA, Gock TS, Haldeman DC. Science meets practice in determining effectiveness of sexual orientation change efforts. *American Psychologist*. 2012; 67:499–500. [PubMed: 22963423]
- Handelsman MM, Gottlieb MC, Knapp S. Training ethical psychologists: An acculturation model. *Professional Psychology: Research and Practice*. 2005; 36:59–65.
- Hargrove DS. Ethical issues in rural mental health practice. *Professional psychology: Research and practice*. 1986; 17:20–23.
- Harris v. McRae, 448 U.S. 297 (1980).
- Herek GM. Legal recognition of same-sex relationships in the United States: A social science perspective. *American Psychologist*. 2006; 61(6):607–621. [PubMed: 16953748]
- Hill CE, Knox S. Self-disclosure. *Psychotherapy: Theory, Research, Practice, Training*. 2001; 38(4): 413–417.
- Jegley v. Picado, 349 Ark. 600, 80 S.W.3d 332 (2002).
- Karten EY, Wade JC. Sexual orientation change efforts in men: A client perspective. *The Journal of Men's Studies*. 2010; 18:84–102.
- Kolmes K, Taube DO. Clinical implications of therapist-client interactions on the Internet: Boundary considerations in cyberspace. *American Psychological Association Division of Psychotherapy*. 2010 from <http://www.divisionofpsychotherapy.org/kolmes-and-taube-2010/comment-page-1/>.
- Kurdek LA. What do we know about gay and lesbian couples? *Current Directions in Psychological Science*. 2005; 14(5):251–254.
- Lehavot K. MySpace or yours? The ethical dilemma of graduate students' personal lives on the internet. *Ethics and Behavior*. 2009; 19:129–141.
- Lehavot K, Barnett JE, Powers D. Psychotherapy, professional relationships, and ethical considerations in the MySpace generation. *Professional Psychology: Research and Practice*. 2010; 41:160–166.
- MacDonald J, Sohn S, Ellis P. Privacy, professionalism and Facebook: A dilemma for young doctors. *Medical Education*. 2010; 44:805–813. [PubMed: 20633220]
- Malesky IA Jr, Peters C. Defining appropriate professional behavior for faculty and university students on social networking websites. *Higher Education*. 2012; 63:135–151.
- Malone JL. Professional practice out of the urban context: Defining Canadian rural psychology. *Canadian Psychology/Psychologie Canadienne*. 2011; 52(4):289–295.
- Malone JL, Dyck KG. Professional ethics in rural and northern Canadian psychology. *Canadian Psychology/Psychologie Canadienne*. 2011; 52(3):206–214.
- Major B, Appelbaum M, Beckman L, Dutton MA, Russo NF, West C. Abortion and mental health: Evaluating the evidence. *American Psychologist*. 2009; 64(9):863–890. [PubMed: 19968372]
- Morrow SL, Beckstead AL. Conversion therapies for same-sex attracted clients in religious conflict context, predisposing factors, experiences, and implications for therapy. *The Counseling Psychologist*. 2004; 32:641–650.
- Munsey C. Insufficient evidence to support sexual orientation change efforts. *APA Monitor on Psychology*. 2009; 40:29.

- New York v. Uplinger, 467 U.S. 246 (1984).
- Nicolosi, JJ. Shame and attachment loss: The practical work of reparative therapy. IVP Academic; 2009.
- Nicolosi J, Byrd AD, Richard W. Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports*. 2000; 86(3c):1071–1088. [PubMed: 10932560]
- Osborn A. Juggling personal life and professionalism: Ethical implications for rural school psychologists. *Psychology in the Schools*. 2012; 49:876–882.
- Perry v. Schwarzenegger, 671 F.3d 1052 (2012).
- Pipes RB, Holstein JE, Aguirre MG. Examining the personal-professional distinction: Ethics codes and the difficulty of drawing a boundary. *American Psychologist*. 2005; 60(4):325–334. [PubMed: 15943525]
- Planned Parenthood et al. v Mike Rounds et al., 530 F. 3d 724, 735–736 (8th Cir. 2008).
- Planned Parenthood of SE Pennsylvania v. Casey, 505 U.S. 833 (1992).
- Pope, K.; Vasquez, M. Ethics in psychotherapy and counseling: A practical guide. Fourth Edition. San Francisco, CA: John Wiley & Sons, Inc.; 2011.
- Romer v. Evans, 517 U.S. 620 (1996).
- Scopelliti J, Judd F, Grigg M, Hodgins G, Fraser C, Hulbert C, Wood A. Dual relationships in mental health practice: Issues for clinicians in rural settings. *Australian and New Zealand Journal of Psychiatry*. 2004; 38:953–959. [PubMed: 15555031]
- Spitzer RL. Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. *Archives of sexual behavior*. 2003; 32(5): 403–417. [PubMed: 14567650]
- Spitzer RL. Spitzer reassesses his 2003 study of reparative therapy of homosexuality. *Archives of Sexual Behavior*. 2012; 41:757. [PubMed: 22622659]
- Spitzer RL. The diagnostic status of homosexuality in DSM-III: A reformulation of the issues. *American Journal of Psychiatry*. 1981; 138:210–215. [PubMed: 7457641]
- Taylor L, McMinn MR, Bufford RK, Chang KB. Psychologists' attitudes and ethical concerns regarding the use of social networking sites. *Professional Psychology: Research and Practice*. 2010; 41:153–159.
- Throckmorton W. Initial empirical and clinical findings concerning the change process for ex-gays. *Professional Psychology: Research and Practice*. 2002; 33(3):242–248.
- Tunick RA, Mednick L, Conroy C. A snapshot of child psychologists' social media activity: Professional and ethical practice implications and recommendations. *Professional Psychology: Research and Practice*. 2011; 42:440–447.
- Varnum v. Brien, 763 N.W.2d 862 (Iowa 2009).
- Zur O. The Google factor: Therapists' self-disclosure in the age of the Internet. *Independent Practitioner*. 2008; 28(2):83–85.
- Zur O. To accept or not to accept? How to respond when clients send "Friend Request" to their psychotherapists or counselors on social networking sites. 2011 from <http://www.zurinstitute.com/socialnetworking.html>.
- Zur O, Donner MB. The Google factor: Therapists' transparency in the era of Google and MySpace. *The California Psychologist*. 2009; 42:23–24.

Table 1

Examples of Psychologists Taking a Public Stance on Controversial Issues, Potential Negative Consequences and Ethical Violations, and Suggested Behavior for Psychologists Desiring to be Involved in Controversial Issues while Minimizing Harm to Professional Relationships

Scenario		Examples of Potential Detrimental Effects		Ethical Code Violations		Suggested Behavior
Door-to-door campaigning	➤	Client may not hold the same views which could result in decreased likelihood to seek therapy or discuss issues related to the controversial topic in therapy	1	Principle A: Beneficence and nonmaleficence	•	Help organize the door-to-door campaigning or do other behind the scenes work
			2	Principle B: Fidelity and responsibility		
			3	Principle C: Integrity		
			4	Principle E: Respect for people's rights and dignity		
			5	Standard 3.04: Avoiding harm		
			6	Standard 3.05: Multiple relationships		
			7	Standard 3.06: Conflict of interest		
			8	Standard 5.01a: Avoid false or deceptive statements		
			9	Standard 5.04: Media presentations		
Signing a petition	➤	Assuming that if a prominent psychologist is taking a certain position, there may be sufficient evidence supporting that position	1	Principle A: Beneficence and nonmaleficence	•	Only sign if 1) in your area of research, 2) you are knowledgeable on the research supporting the issue, 3) APA supports the issue, or 4) there is low risk of the abuse of your credentials or that the act could reflect poorly on the field
			2	Standard 3.04: Avoiding harm		
			3	Standard 3.06: Conflict of interest		
	➤	Others might use the psychologists' credentials to argue support for a contentious issue	4	Standard 5.01a: Avoid false or deceptive statements		
			5	Standard 5.04: Media presentations		
Picketing (e.g., outside an abortion clinic)	➤	Client may not hold the same views which could result in decreased likelihood to seek therapy or discuss issues related to the controversial topic in therapy	1	Principle A: Beneficence and nonmaleficence	•	Help organize the picketing or other behind the scenes work
			2	Principle B: Fidelity and responsibility		
			3	Principle C: Integrity		
			4	Principle E: Respect for people's rights and dignity		
	➤	Others might use the psychologists' credentials to argue support for a contentious issue	5	Standard 3.04: Avoiding harm		
			6	Standard 3.05: Multiple relationships		
			7	Standard 3.06: Conflict of interest		

Scenario	Examples of Potential Detrimental Effects	Ethical Code Violations	Suggested Behavior
		8 Standard 5.01a: Avoid false or deceptive statements	
		9 Standard 5.04: Media presentations	
Public representative for political party	➤ Client may not hold the same views which could result in decreased likelihood to seek therapy or discuss issues related to the controversial topic in therapy	1 Principle A Beneficence and nonmaleficence	• Create flyers for events, help with organizing or other behind
		2 Principle B: Fidelity and	
		3 responsibility	• Help someone else with similar values decide to run for the office
		4 Principle C: Integrity	
	➤ Others might use the psychologists' credentials to argue support for a contentious issue	5 Principle E: Respect for people's rights and dignity	
		6 Standard 3.04: Avoiding harm	
		7 Standard 3.05: Multiple relationships	
		8 Standard 3.06: Conflict of interest	
		9 Standard 5.01a: Avoid false or deceptive statements	
		10 Standard 5.04: Media presentations	

Note: The codes listed under the ethical code violations column are General Principles and Ethical Standards from the American Psychological Association (2002, as amended in 2010). Ethical Principles of Psychologists and Code of Conduct. *American Psychologist*, 57, 1060–1073.