Ethical Issues in Clinical Settings: A Reaction to Ethics in Teaching, Advising, and Clinical Services

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When I first learned that the Academy program would focus on professional ethics, my response was, What a boring topic. Being reminded of a code of ethics or of “how to behave” by a variety of speakers, even dynamic ones, seemed to be a rather pedantic exercise. I mention my reaction because many of you may have felt the same way. Since that day in October, however, my thinking about ethics has made a 180° turn. The topic is fascinating because of the impact of ethics on nearly everything we do. I hope that the papers presented yesterday and today have begun to excite you about how an increased awareness of ethical considerations can enhance your own teaching, counseling of students, and clinical services as well as that of your students. It definitely has enhanced mine!

Deciding whether to accept president-elect Jerry Thomas’s invitation to react to three papers on ethics was difficult. Being asked was flattering, but my research interests in health and exercise psychology did not seem to be even tangentially related to ethics. I knew relatively little about scholarly discussions on the topic and was not sure that I had the time or energy to explore this new academic direction. As a former executive board member of the Association for the Advancement of Applied Sport Psychology (AAASP), I know that ethical issues are an emerging concern in sport and exercise psychology. The association requires individuals to complete a graduate course in ethics in order to be a Certified Consultant. There also was an all-day preconference workshop on ethics at the 1991 AAASP conference, and the association has a standing committee on ethics. Despite the importance of ethics, I considered the topic to be of more interest to other people than to myself. I now feel that such thinking is a luxury that none of us can afford.

Ethics-related national and international news items surround us. A sample of these include the Anita Hill–Clarence Thomas debate, the resignation of the

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president of Rockefeller University for data faking in a paper he jointly authored, the selling of nuclear weapons to Iraq and Iran, Mike Tyson’s rape trial and his support by the Baptist church, the Bank of Credit and Commerce International banking scandal, widespread bank overdrafts by members of Congress, Arkansas Governor Bill Clinton’s marital fidelity and his draft status during the Vietnam War, the classroom gender gap measured in a study by the American Association of University Women, and the long-known but unreported health hazards of silicone-gel breast implants. These ethical issues affect all of us, both as collective members of groups and as individuals.

Commenting on the apparent civil war raging in our society, Joan Konner, dean of the Columbia University School of Journalism, has described diametrically opposed American cultures: “private profits versus public responsibility; personal ambition versus the community good; quantitative measures versus qualitative concerns” (Moyers, 1992). Bill Moyers asks, Who reads? Who watches? Who cares? I think the resounding answer is that we all do.

Ethics are often abstracted in terms of black and white, right and wrong. Ethical absolutes can be formulated into objective rules and guidelines. Ethics also have many shades of gray and are based on human judgment, social or normative factors, and personal or attitudinal factors (Vallerand, Deshaies, Cuerrier, Pelletier, & Mongeau, 1992). Recognizing the different shades of gray helps one make more thoughtful ethical choices. Because of these differing shades and differing perceptions, individuals often disagree regarding ethical choices. For example, both supporters and foes of abortion believe that their position is more ethical than the other one. Personal viewpoints on ethical issues are influenced by one’s values, which may range from extremely liberal to highly conservative. Further complicating any discussion of ethics in education, an individual may make a conservative ethical decision on one issue and a more liberal one on a second topic. Thus ethical codes need to state clear principles that diverse individuals can apply in a broad range of situations.

Because of the complexity of ethical issues in kinesiology and the occurrence of ethical breaches due to a lack of awareness, I would like to emphasize Glyn Roberts’s suggestion of a course on ethics for all graduate students in kinesiology and physical education. Undergraduate majors also would benefit from such a course.

I would now like to react separately to each of the three presentations and to provide some unifying conclusions. A professor’s daily activities—teaching, advising students, and providing clinical services—are beset with ethical issues. I’d like to thank Glyn Roberts, Linda Bain, and Bob Singer for sharing their astute insights and for highlighting the ethical dilemmas that we constantly encounter in our professional activities.

**Ethics in Teaching**

Rather than presenting us with a universal code of ethics, Linda Bain has identified some of the underlying ethical issues that high school and college teachers face. Predicting the consequences of ethical decisions is fundamental to any decision-making process, and Linda has provided a wealth of information regarding current scholarly thought on educational ethics.
Linda’s diverse hypothetical situations focus our attention on the unavoidable ethical decisions that faculty members face daily: measurement procedures in a fitness class, two colleagues presenting contradictory information to students, a disagreement between a high school supervising teacher and a university professor, several students dominating a class discussion, and a student feeling attacked by other students for his opinions in a class discussion. Additional ethical issues that I think are important include the win-at-all-costs mentality that permeates sport and much of society, the comparatively higher funding for men’s than women’s sports, the relative proportion of time that a faculty member allocates to teaching versus research or to teaching versus coaching, and focusing one’s teaching on the musically gifted to the exclusion of the physically clumsy.

Ethical dilemmas are everywhere; some are more obvious than others. A major benefit of discussing ethics is to increase our awareness of daily situations that we do not typically regard as requiring ethical decisions. Thanks, Linda, for increasing our perceptions of the multitude of ethical dilemmas.

Linda also provided three broad considerations to guide us in preparing students and ourselves for ethical decision making. Because the three philosophical bases are complex, I’d like to explore each of them: social construction of knowledge, teacher authority and student autonomy, and diversity and social justice.

Social Construction of Knowledge

The idea of the social construction of knowledge emphasizes that “knowledge is not neutral” (Powell & Solity, 1990, p. 157). Linda reminds us that the knowledge content of many high school and college courses is based on white, middle-class, able-bodied, heterosexual male views and values. There is little doubt that knowledge is socially constructed. Lack of this awareness constrains the content of our teaching, the content of the texts, and our students’ perspectives. It is a challenge for each of us in kinesiology and physical education to recognize our stereotypical views of knowledge, to explore new knowledge bases, and to incorporate some of the new information into our teaching.

Teacher Authority and Student Autonomy

Linda’s second important base for making ethical teaching decisions, teacher authority and student autonomy, emphasizes the notion that a goal of good teachers is to put themselves out of business. Students become autonomous learners! This happens far more frequently if the teacher or coach does not assume responsibility for all decision making. Constantly directing students’ learning teaches students that they are incapable of making decisions, of determining what is best for themselves. They learn to “need” a teacher or a coach. Unfortunately this process of a teacher’s assuming a role of authority begins in the early grades and is resistant to change. By the time students reach high school and college, considerable relearning is needed. Progress can be slow. However, if a goal of education is to encourage lifelong learning, all students eventually need to become autonomous learners.

Teachers’ best of intentions (e.g., to speed up the learning process and to protect students from making errors) occasionally backfire. Nonauthoritative teaching styles that impede student autonomy. I am surprised when at times, I
find myself caught in an efficiency-focused, protective mode that translates into an authoritative approach. I include myself when I conclude that teachers need to relax their constant supervision of progress and allow students some time to discover things for themselves. We need to rely less often on our authority and instead guide students in the facets of educational discovery. The more feminine, caring approach to the teaching process and to the teaching of ethics that Bain suggests certainly makes sense.

I would be remiss if I do not mention the ethics of a sexualized relationship between a teacher and student. As Rutter (1986) describes in Sex in the Forbidden Zone: When Men in Power—Therapists, Doctors, Clergy, Teachers, and Others—Betray Women’s Trust, sexual attraction is a normal byproduct in teaching, advising, and consulting relationships. Rutter’s description of sex in the forbidden zone focuses on men in power and women clients under their care. Of course, women in power can exploit men, and both men and women in power might engage in homosexual exploitation. Regardless of the genders of the individuals, sex in the forbidden zone is inappropriate—even if both participants appear to be willing (Appelbaum & Jorgenson, 1991). To paraphrase Rutter, in the forbidden zone the factors of power, trust, and dependency remove the possibility that the less powerful participant can freely consent to sexual contact.

Rutter’s powerful description captures some of the psychodynamics in sexualized teacher–student relationships.

The allure of the forbidden is a central theme not only of this book but of male sexual psychology. It is present in the therapist’s office and in any relationship of trust in which a man holds power over a woman’s intimate aspirations.

Day after day, we men sit in inviolable privacy with women who trust, admire, and rely upon us . . . A male teacher in high school, college, or graduate school can invite a woman’s trust through his ability to foster her intellectual, professional, or spiritual development.

. . . These women make good our invitations to intimacy, bringing us long-hidden feelings, dreams, and fantasies. In a mysterious way, almost like electromagnetic induction, we men cannot stop ourselves from beginning to experience, prompted by what women share with us, some of our own long-denied fears, injuries, hopes, and fantasies. Just as the woman in a relationship of trust may look to the man in power for an answer to what has been injured or unfulfilled in her, the man may begin to look to the woman as a source of healing for himself. (p. 6)

. . . To me, and to all men in power, the woman can easily become a sympathetic, wounded, vulnerable presence who admires and needs us in an especially feminine way. If we have been working together for some time, a familiarity and trust develops between us that starts to erode the boundaries of seemingly impersonal professional relationships. . . . As a result, we may find ourselves experiencing a closeness, a comfort, a sense of completeness with these women that we have long sought but rarely found; many of them clearly begin to feel the same way about being with us.

. . . The rule forbidding sexual contact with these women can seem hazy and distant, no longer applicable. We long to be free of the special obligations that prohibit sexual expression of our feelings for each other. (p. 7)
Rutter illustrates the importance of an internalized ethical code when he describes his personal reaction to feelings of sexual intimacy within the therapist-client relationship. He reports, "something holds me back—not just a rule against sexual contact, but a feeling that something of value, right there in the room, will be destroyed if that line is crossed" (p. 7).

The student-teacher relationship often focuses on issues of critical personal importance: career identity, professional development, and a student's spiritual and ethical aspirations. Thus a teacher-student relationship can easily move out of the classroom into a more personal one. Teacher-student relationships, unlike psychologist-client relationships (Applebaum & Jorgensen, 1991; Committee on Women in Psychology, 1989), have no clearly demarcated forbidden zone on many college campuses. Transference, the powerful feelings that patients develop toward their therapists, and countertransference, the feelings therapists develop toward a client, occur in many teacher-student relationships (Rutter, 1986).

Sexualized teacher-student relationships are "nowhere and everywhere at the same time" (Rutter, p. 11). They are not discussed or examined in the professional literature, yet they are frequent experiences of surprisingly large numbers of students. Although his sample is not scientific, Rutter reports that among women he spoke to, approximately 80% had been approached sexually by a teacher, therapist, lawyer, doctor, or pastor. Approximately 20% in 30% of female students have been approached sexually by professors (Rutter, 1986). If such occurrences are so common, it is time to consider teacher-student sexual relationships as a more acceptable area of academic inquiry. Research is difficult because women who participate in forbidden-zone sex are hesitant to reveal it; the number of male faculty willing to discuss their sexual feelings toward students is minuscule. Interested readers should refer to Williams (1992) for an in-depth analysis of specific sampling techniques necessary in investigations of teacher-student sexual involvement. Time does not permit further discussion of this important topic. However, I suggest that sexualization of faculty-student relationships should be included in any course on professional ethics in kinesiology and physical education.

Diversity and Social Justice

No question, the student population is more diverse than it was 20 years ago. As Bob Dylan said years ago, "The times they are a-changing." This has become exceedingly evident to me as a faculty member at Brooklyn College, where the student-body ethnic makeup is 33.1% black, 22% Hispanic, 10.5% Asian, and 35.4% white (Verhovek, 1992). Of the white students, many learned Russian rather than English as a first language. Teaching such diverse groups, who differ greatly in their interests, perspectives, values, and work ethics, is a challenge! Linda Bain's comments on diversity and social justice encourage each of us to work toward equal access to kinesiology and physical education skills for future employment benefits. Relatively few minorities become kinesiology or physical education majors. Undoubtedly this reflects cultural differences in the awareness of job possibilities and views about professional status and opportunities. It is our responsibility, however, to bridge this gulf and actively encourage students from more diverse ethnic backgrounds to study kinesiology and physical education.
Linda emphasizes that subtle, unrecognized teaching elements can create a negative learning environment for students with various characteristics of gender, class, race, sexual orientation, or disability. To change this lapse in our teaching ethics, we need to listen to what we say and to what our students say and to observe students' reactions to comments in an effort to understand the impact of our words and teaching behaviors. Only then will we be free to change possible discriminatory teaching practices and respect the dignity and rights of all students.

A final goal based on social justice is for teachers to empower students by encouraging them to reflect on the personal importance of the material they learn and on the directions of their own lives. As Linda cautions, learning to communicate across cultural differences and without the constraints of the teacher's "institutional authority and personal" viewpoint is a difficult but highly desirable aspiration.

Conclusions

Ethics in the classroom are as important now as at any other time in history. We see the beginnings of a new and uncharted world order. The Soviet Union no longer exists. There are renewals of ethnic hatred in Yugoslavia and Ireland and between the Iraqis, the Kurds, and the Shiites. On a smaller scale, in New York City where I live there have been so many students killed by other students in the high schools that metal detectors are common equipment in schools. Moyers (1992, p. E-15) cites an education-related example of an impending catastrophe of social and political paralysis: "a society that doesn't understand the link between two students killed in the hallways of a Brooklyn high school and the plea bargain that assures Michael Milken of being able to scrape by on $125 million; a society that every day breaks open its children's piggy banks and steals $1 billion just to pay the daily bills." Teachers are key checkpoints for spotting and stopping child abuse; hospitals are so full that they turn away ambulances bringing in sick people in great need of medical care. The homeless populate the streets. The needs of society are becoming so great that ethical people cannot ignore the building chaos. It is time to act according to our ethics. The schools are among the last bastions of ethical conduct. By becoming more aware of ethical issues in education, we can make a difference!

Ethics in Advising and Counseling of Students

The ethics in advising and counseling students covers a gigantic area. It includes students of all ages—especially high school, undergraduate, master's, and doctoral students. Glyn Roberts restricted his comments on ethics to counseling PhD students. I would like to examine his suggestions for "producing good researchers and citizens of the academic community in kinesiology" and to enlarge his student population to include master's students as well as undergraduates.

As Glyn observes, serving as an advisor with the welfare of the student at heart is a time-consuming, relatively uncharted activity. He notes that some professors may not understand what proper PhD advising requires. I suspect that many faculty understand indeed how to advise students, but choose not to spend the necessary time, effort, or emotional energy on this professional responsibility. Many advisors follow the same patterns of how they were advised. Others, I've
noted, change drastically from their own advisors’ patterns as a result of having learned what is not effective.

Quality advising does not depend totally on the professor. Advising is a two-way personal relationship and is affected greatly by the student—his or her professional goals, scientific inquisitiveness, personal maturity, and psychological needs. There are a multitude of effective approaches based on the interactive personal styles and preferences of both advisors and advisees.

An Advisor’s Responsibilities

Certainly there are important goals for advising graduate students, including course selection, career direction, the evolitional development of productive scholarship and research skills, encouragement of scholarly integrity, and the inclusion of the student in all phases of the research process (problem selection and conceptualization and discussion of the findings as well as data collection).

Another complex ethical issue that advisors need to help graduate students understand is determination of authorship on publications. This procedure seems clear enough. However, as Glyn emphasized, an idea initially presented by a dissertation advisor often seeps so deeply into a student’s consciousness during the months and years of work that ownership of the idea becomes murky. Authorship on publications emanating from a thesis, dissertation, or joint project should be clearly stated at the beginning of the work, before individual contributors’ ideas become confused. Ideally, only individuals who contribute substantial ideas to the planning of a project are included as authors (American Psychological Association [APA], 1990). Published authorship guidelines, such as those by APA, are helpful. However, specializations in kinesiology and medical research traditionally follow different authorship customs. There are no universal guidelines that bridge specializations. Thus, if co-workers from other specializations are not receptive to negotiating the authorship issue, and the authorship differs from that thought appropriate by the student or advisor, the ultimate question is how important it is to do the research under the stipulated authorship conditions.

Throughout his presentation, Glyn uses the terms advisor and mentor interchangeably. When we extend the discussion to include master’s and undergraduate students, a mentor does considerably more for a student than does an advisor. Professors often are required to advise a prescribed number of students, especially at the undergraduate level. Serving as a mentor at these levels is more a matter of choice and implies more commitment than does the role of advisor. Being a mentor (as is often the case with doctoral students) implies a closer relationship with the student: more extensive advisement than usual, and personal guidance in a wide variety of professional and even personal decisions. Mentoring may end with graduation or extend throughout a protege’s career.

Life After Graduate School

Glyn emphasizes that the ethical principles and practices students learn in graduate school serve as the foundation for ethical conduct throughout their professional lives. According to Linda Bain, teachers encourage students to become autonomous. Unethical behavior in college and university settings is being publicized more widely. To protect against ethical infringement, departments of kinesiology need to increase ethical awareness among both students and faculty.
Departments can conduct seminars on ethics; faculty can include students in ongoing discussions of ethical issues. Faculty also can be exemplars of ethical behavior. These venues for increasing conscious awareness of ethical issues are appropriate for undergraduate and master's as well as doctoral students.

As has been stated, a course in ethics is becoming essential in kinesiology departments. Separate courses probably are needed for the undergraduate and graduate levels, seeking to raise the consciousness of both students and faculty by including a wide variety of teaching, consulting, and research issues. Topics to be covered could include faculty responsibilities, authorship, data fabrication and trimming, plagiarism of ideas and words, advisement of students, student-faculty relationships, and the wealth of ethical issues related to consulting and clinical services.

Additional Ethical Issues in Advisement

I'd like to add several ethical considerations in advising and counseling students. One is the ethical bind of accepting students into professional programs that prepare them for careers in which job opportunities are limited (Becker, 1992; Moses, 1992; Thomas, 1992). Undergraduate and graduate studies foster personal as well as professional development. Nevertheless, most students hope to get jobs in their field upon graduation. Can we ethically accept students into programs for which opportunities are limited? Should we change programs of study to reflect the job market? Regardless of the answers to these questions, we need to advise students of realistic and accurate professional opportunities.

Another ethical issue arises more at the undergraduate and master's levels, where students and faculty do not work so closely together. Many faculty members do not receive release time from teaching for advisement. In departments with no doctoral programs, faculty often have heavy teaching schedules and are expected to secure grant funding, conduct research, and publish. Although such faculty have little "spare" time for student advisement, the undergraduate and master's students are developing their own ethical guidelines. Is it ethical for even such highly pressured faculty to opt out of the ethical training of their students?

A final issue in advising graduate students that I would like to raise regards the personal relationship between advisor and student. It seems that faculty often pretend that emotional bonds between advisor and student almost do not exist. They do. As Rutter (1986) describes, the mentor-protege relationship takes on a special meaning, often to the man in power as well as the woman. He is part teacher, part confessor, part guide. They may spend many hours, even travel, together. Although the relationship has a nonsexual purpose, fantasies of sexual conduct may develop in either mentor or protegee. (p. 31)

I have noted on many occasions the strong attachment of a female graduate student to her male advisor. (The development of a dependent relationship seems to happen less frequently, or is less obvious, between women advisors and their male students or between advisors and students of the same sex.) Occasionally the natural dependency between student and advisor may approach an unhealthy proportion. Because of the frequency with which I've noted such disproportionately dependent relationships and the length of time they seem to persist after
students have completed doctoral studies. I think that advisors need to be especially alert for early signs of this type of transference. I am not sure exactly what should be done, and it probably differs from case to case. Transference certainly should be included in any broad discussion of advisement ethics.

**Ethics in Clinical Services**

Bob Singer’s presentation on ethical issues in clinical services raises far more issues than we have time to discuss. It certainly could serve as a partial base for the needed course in professional ethics. As I previously mentioned, to be a Certified Consultant of the Association for the Advancement of Applied Sport Psychology, an applicant needs to have completed a graduate course in ethics. Until I began to think about the ethical issues in teaching, advising, and consulting in kinesiology and physical education, I considered the standard psychology course on ethics to be appropriate for students in sport psychology. A psychology course is adequate if the students can extrapolate to many sport and exercise situations. But a course on ethics directed to all students in kinesiology would be even better.

**Definition of Clinical Services**

Clinical services involve personalized, artistic, and intuitive approaches that have a firm foundation of knowledge and research. Sturm (1992) provides an analysis of common practitioner-scientist dilemmas. Individuals who provide clinical services include teachers (of kinesiology, physical education, and other specializations), faculty advisors, sport psychologists, exercise physiologists, physiotherapists, personal trainers, health club directors, and instructors, and athletic trainers, as well as the more traditional examples of psychologists and physicians. Clinical services often emphasize the entrepreneurial aspects of kinesiology and physical education, consulting services, and full-time private practice.

Kinesiology and physical education need a generalized code of ethics that would be appropriate for the diverse professional responsibilities and competencies in various specializations in the field. The Academy’s Committee on Ethics, chaired by John Drowatzky, is developing a directory of ethics-related material now available in various professional organizations (Christina, 1992). This information could be a base for developing a general code of ethics for kinesiology and physical education on which the various specialties could elaborate. Is a single set of guidelines for kinesiology desirable? Does each specialization need (and want) to develop their own guidelines? These questions need to be examined in a meeting that includes all kinesiology specializations and organizations.

If a general code of ethics is needed, it requires the cooperation and coordination of our numerous scholarly organizations. Coordination of efforts would stimulate broad acceptance and avoid duplication of effort. For example, the AAASP Committee on Ethics already has examined ethical standards in nine professional organizations and is identifying issues directly relevant to exercise and sport (Petipas, 1992). These activities seem nearly identical to those of the Academy’s Committee on Ethics.
Sport and Exercise Psychology

Bob's and my specialization of exercise and sport psychology provides numerous examples of ethical concerns in the clinical areas of kinesiology (e.g., Ellickson & Brown, 1990; Zeigler, 1987). Sport psychology falls under the professional leadership of several organizations that either have or are developing ethical guidelines: APA, AAASP, the North American Society for the Psychology of Sport and Physical Activity (NASSPA), and the American College of Sports Medicine (ACSM). To my knowledge, there has been little effort to develop an interorganizational set of ethics. APA (1990) has a clearly established code of ethics that is a helpful base for developing a set of ethics directly related to kinesiology and physical education. See Pope and Vetter's (1992) measurement of ethically troubling dilemmas encountered by members of the APA for information about developing an empirically based code of ethics.

Content in sport psychology can be partitioned in three ways: (a) clinical, educational, and research psychology, (b) exercise psychology and sport psychology, and (c) health psychology, social psychology, and performance enhancement (Berger, 1992). I prefer the final classification because it describes content areas and clinical focuses and approaches. Clinical service providers in the social psychology of exercise and sport consult with youth sport organizations, parent groups, coaches, and school systems. They tend to focus on specific populations such as women athletes, youth sport participants, and ethnic groups.

Bob amply reviewed the clinical areas of specialists in performance enhancement, who often concentrate on such skills as developing mental imagery techniques, maintaining optimal states of competitive arousal, and achieving optimal recovery from injury. Health and exercise psychology specialists provide therapeutic exercise programs for mental health benefits such as stress reduction, mood alteration, and enhanced self-efficacy. Health and exercise psychology specialists also plan exercise programs for specific populations such as psychiatric patients, overweight people who do not feel comfortable in typical programs, and vigorous and frail senior citizens (Berger, in press). As Bob emphasized, the clinical services provided by a sport psychologist depend on the service provider's competencies, the clients' needs, and the recognition of one's specialty by such institutions as psychiatric hospitals, school systems, nursing homes, and health clubs.

Statements of Ethics and Certification Procedures

Service providers in kinesiology and physical education need an awareness of ethical issues to deliver their services competently. By following accepted ethical guidelines, service providers also strengthen public and professional acceptance of their professional contributions. It is not surprising that AAASP requires individuals who wish to be Certified Consultants to submit evidence that they have an earned doctorate, have completed graduate courses in 12 broad content areas, and have completed a supervised sport psychology practicum. Certification requirements cannot establish professional competency or ethical behavior, but they signify at least a minimal base of knowledge.

Bob reminds us that the purpose of ethics is to provide ideal goals and moral principles for professional practices. Ethical guidelines reflect customary or model behavior and provide some quality control for services rendered. Follow-
ing a set of ethical guidelines helps the service provider prevent malpractice litigation. A more positive purpose of ethical principles is to provide enlightenment for the service provider about ethical situations and an opportunity to avoid problematic ethical situations. Courses, seminars, and in-service programs on ethics can be invaluable consciousness raisers.

I would like to review the APA principles that have direct applicability for kinesiology and physical education. All 10 of the principles are important; some of them simply raise more difficult ethical quandaries for kinesiologists and physical educators than do others. The breadth of the APA ethics illustrates the need for a basic course in ethics.

**Responsibility.** In providing services, kinesiologists and physical educators need to maintain the highest standards of their professions. Representing appropriate titles, credentials, and affiliations to the public is included in this principle. As Bob aptly notes, some titles, such as psychologist, are protected by law. Other titles, such as exercise physiologist, are more vague. Does the completion of one or two master’s level courses enable a physical education major to consider himself or herself to be an exercise physiologist? Clearly the use of titles has ethical and legal implications.

**Competence.** Clinicians, teachers, and advisors need to recognize the boundaries of their competence and the limitations of their techniques (Heyman, in press; Sachs, in press). It is crucial that services provided are consistent with the consultant’s professional training. I suspect that this is not always true. When it isn’t, the consultant reflects very poorly on our professional programs. In addition, service providers must be able to deliver to clients what they promise.

In health clubs, I often hear exercise trainers (graduates of physical education programs!) give clients inaccurate exercise information. At my own health club recently, an employee suggested to several male teenagers that ingesting protein powder supplements would increase their muscle bulk. Although I usually keep quiet in such situations, they create an ethical quandary. As an exercise client exercising during my leisure time, I am not in a supervisory capacity at the health club. Thus I have no obligation to provide accurate information to the client. However, I do have an ethical obligation to my profession to correct inaccurate information in my immediate vicinity. How should I proceed? Such issues could be discussed in a course or seminar on ethics.

**Public Statements.** The general population has great interest in sport and exercise, particularly winning in sport, improving appearance, losing weight, enhancing health, and increasing longevity. Because of the general population’s receptivity to sport and exercise, public statements need to accurately portray the professional capabilities of the consultant. False hopes ultimately result in disillusionment. Public statements include announcements of services, radio and television appearances, personal advertisements, articles in popular magazines that interview the service provider, and other promotional activities.

It may be difficult for kinesiology specialists to follow Bob’s suggestion to base their statements on scientifically acceptable psychological findings. Often the media hype has already exceeded the boundaries of scientific evidence. The cutting edge of knowledge in exercise and sport may already have been accepted as “fact” by the public for several years.

Concern about public statements was recently aroused on the Sportpsy Bulletin Board (V5289F@TEMPLEVM.BITNET) that is organized by Michael
Sachs of the Department of Physical Education, Temple University. Controversy among subscribers to the bulletin board focused on a television commentator’s discussion of the low self-esteem of an athlete during the 1992 Winter Olympics. The question arose whether the athlete’s sport psychologist had inappropriately provided this information to the commentator. This issue regarding both a public statement and confidentiality was resolved when it became clear that the athlete herself had provided the information.

Confidentiality. The confidentiality of information supplied by clients on topics such as substance abuse and sexual preference (Heyman, in press) and the confidential identity of clients are major ethical issues. Listing the names of one’s famous clients is exceedingly helpful in establishing professional credentials. Even with the client’s permission, however, use of a name could be considered an invasion of privacy. Is it in itself a coercive act to ask to use a client’s name for personal publicity? Confidentiality is closely related to another ethical principle, the welfare of the consumer.

Welfare of the Consumer. There are many ethical issues related to consumer welfare when consulting with athletes. As Bob illustrates, one issue is the dual relationship that arises when a sport psychologist is hired by a school or university, athletic department, parent, or sport organization. The consultant needs to clarify loyalties to both the athlete and employer (Sachs, in press). A consultant may even choose to resign from a position if she or he cannot adequately protect the welfare of the client. Similar ethical dilemmas arise when one person is both sport psychologist and coach for a team (Ellickson & Brown, 1990). Issues of substance abuse, eating disorders, and antisocial behavior are especially problematic for specialists in sport psychology in dual relationships. A second issue is that consultants may suggest treatments and procedures that advance the welfare of the client but detract from sport performance. But as Heyman (in press) notes, there is little scientific support for the possibility that performance decrements accompany the resolution of psychological conflicts. A consultant’s sexual intimacy with a client is a third ethical issue affecting the client’s well-being (Sachs, in press). This issue is as complex as the previously discussed sexual relationships between teachers and students and between students and advisors.

Professional Relationship. As the clinical areas of kinesiology and physical education develop, it is more important than usual that service providers respect the obligations, needs, and special competencies of their colleagues in psychology, psychiatry, physiotherapy, medicine, and other professions. This further establishes professional communication and a team approach in treating clients.

Assessment Techniques. In sport psychology and other applied areas, critical questions arise concerning test validity, reliability, suitability in particular situations, and interpretation. Many test instruments provide useful group measures but are less accurate for judgments about specific individuals. In work with an individual, a battery of test scores can provide helpful baseline data for guiding initial services. Using test scores to select team members, however, would be unethical because sport performance is a composite of multifaceted abilities.

Conclusions

I’d like to thank Linda Bain, Glyn Roberts, and Bob Singer for their presentations on the important ethical issues associated with teaching, advising, and consulting. Ethics permeate the quality of our daily lives on a multitude of
professional and personal levels. Ethics are not ivory tower goals! Increased awareness prepares us to respond to ethics-related issues when they arise. Because of the far-reaching consequences of ethical behavior, it is important to establish basic ethical principles in kinesiology and physical education. The widespread interest in ethics in many professional organizations creates a challenging opportunity for all of us to work together in generating an inspirational code of ethics for specialists in kinesiology and physical education. I am excited about the possibilities for enhancing our own as well as our students' ethical behavior.

References:


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