

Chapter 4

DIGNITY AND RESPECT

Recognizing the inherent value of our clients and treating them with deep regard for their humanity is fundamental to the work that we do as psychotherapists. It is striking and strange that key concepts like “dignity” and “respect” are absent from so many discussions of ethical decision-making. Perhaps it’s because we assume that we are drawn into this field because we see the inherent worthiness of people. Perhaps it’s because the terms seem vague, abstract, and hard to define. Perhaps it’s because we assume that dignity and respect look the same across cultures. Perhaps it’s because violations of dignity and respect rarely serve as the explicit focus of ethics complaints, licensing board actions, and malpractice suits. Perhaps it’s because we clinicians get caught up navigating the laws, rules, procedures, and paperwork related to carefully regulated areas like informed consent, insurance coverage, and confidentiality. And perhaps it’s because we are socialized in a society that works against treating each person with dignity and respect.

Despite such absence, associations like the Canadian Psychological Association (CPA) and the American Psychological Association (APA) emphasize dignity and respect as fundamental. CPA makes “Respect for the Dignity of Persons and Peoples” the first of four basic principles and the one generally given the most weight:

This principle, with its emphasis on inherent worth, non-discrimination, moral rights, distributive, social and natural justice, generally should be given the highest weight, except in circumstances in which there is a clear and imminent danger of bodily harm to someone (CPA, 2017b).

The Canadian Code goes beyond an emphasis on moral rights to embrace human rights, civil rights, and an array of other basic principles that recognize the importance of treating every person with dignity and respect

[Psychologists would] not promote, contribute to, nor engage in any activity that contravenes international humanitarian law (e.g., declarations, treaties, or conventions regarding: human rights; torture and other cruel, inhumane, or degrading treatment or punishment; economic, social and cultural rights; civil and political rights; rights of indigenous peoples; children’s rights; weapons of mass destruction; destruction of the environment) (CPA, 2017a, IV.26).

For APA, “Respect for People’s Rights and Dignity” is one of the five basic principles, which are aspirational and inform the standards. APA’s ethics code states that:

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices (APA, 2017a, Principle E).

An initial draft of the revision of the next APA Ethics Code includes eight draft aspirational principles, including “Respect for the Welfare of Persons and People.” A definition incorporates and expands the previous principle above:

1. **Respect for the Welfare of Persons and Peoples:** Psychologists recognize that individuals live in complex ecological systems and identify as individuals as well as communities and groups. Respect for the worth of all Persons and Peoples is inherent and fundamental in this Ethics Code. They recognize and respect individual differences and roles, complex social identities, and derivations of culture as essential to the effectiveness of their work.
 - Persons and Peoples have rights to privacy, confidentiality, and self-determination concerning their own welfare.

- Psychologists are proactive in understanding and addressing cultural and social diversity. They consider behavior to be influenced by diverse factors that are interdependent. Age, sexual orientation and gender diversity, race, ethnicity, culture, national origin, religion, spirituality, disability, language, immigration status, social class, economic status, education, and employment are notable of such influences.
- Psychologists recognize there are very specific ideologies, concepts, values, linguistics, and practices that are shared within communities. Psychologists acknowledge and endeavor to resolve such differences, especially when conflict occurs between culture and broader societal standards, except when to do so would violate human rights.
- Furthermore, psychologists consider that actions stemming from such differences have resulted in differential distributions of power and resources within the larger society. Therefore, psychologists strive to eliminate the effect of biases based on those factors on their work, and they do not knowingly participate in or condone activities of others based upon such biases.
- Indeed, psychologists promote resistance and resiliency against those societal behaviors, institutions, and cultural practices that create and maintain inequities in the acknowledgment and maintenance of the worth and dignity of individuals and groups. Psychologists promote the equal application of social justice and specific rights of individuals and communities.
- Psychologists recognize that due process based on specific circumstances is required for any abridgment of rights and that such limitations are temporary.
- Psychologists recognize that special safeguards may be necessary to protect the rights and welfare of persons whose vulnerabilities impair decision-making and that the level of vulnerability and the need for such safeguards varies over time and context.

A new, additional related principle has been added as well, "Human and Civil Rights." The description of the new proposed principle follows:

1. **Human and Civil Rights:** Psychologists recognize and understand human rights, which include civil, political, social, economic, and cultural rights. In so doing, they foster and promote the advancement of these inherent and fundamental rights, freedoms, and protections. Human and civil rights and liberties are fundamental to all work in which psychologists are involved and with all populations with whom psychologists engage.

- Psychologists recognize that advancing human and civil rights improves the human condition and enhances the discipline of psychology.
- Psychologists recognize the harmful consequences of human rights violations, including social injustices, and seek to mitigate the historical and contemporary impacts of such violations through their professional work.
- Psychologists are alert to and make efforts to prevent, mitigate, and/or eradicate violations of human rights in their work and in other professional contexts.
- Psychologists respect and promote equity, diversity, and inclusion for all humans through the application of psychological science.

Note:

While Human Rights serve as the basis of many goals and aims that relate to the way humans should interact, they must be deemed aspirational and dependent upon the good will of humankind. Because of human nature there will always be the risk for violations of Human Rights. Civil Rights and Civil Liberties however are defined and ensured by (codified within) the laws of a governing or constitutional body to its citizens. They are rights designed to ensure/guarantee fairness and protect/guard against discrimination or repression without regard to particular attributes of the citizenry. They are basic freedoms or rights enjoyed by all the citizens of a government by law without any further specificity. Although they may require legal or legislative intervention in order to be secured or obtained, civil rights and civil liberties are protected and cannot be taken away without due process.

Therefore, in the conduct of their activities, it is important that psychologists recognize both the basis for and the characteristics of human rights, civil rights, and civil liberties, their protections and their vulnerability for violation.

Clearly, the evolution of awareness in society of the importance of promoting dignity and respect, including human and civil rights, has influenced the profession of psychology.

When we strengthen, deepen, and broaden our ethical awareness, we hone our skills at catching ourselves whenever we fail to fully respect the dignity of our patients, perhaps by not paying careful attention to them. Most of us learn about this failure when we are on the receiving end. For instance, have you led a charmed life free of the sinking realization that the other person, who supposedly is there to help, was either not showing you the basic respect of paying attention or seemed intent on slowing or blocking you from getting the help you need? Consider the following scenarios to see if any feel familiar:

You walk into the store to buy a new coat and (good!) there are no other customers—just four sales clerks near the back of the store telling each other jokes—so you should be able to get in and out of there without standing in line to check out. You go over to the coats but no sales person comes over to ask if you need help. You pick out the coat you want, try it on to make sure it fits, and walk over to the register. The sales clerks seem blissfully unaware of your existence, even after you clear your throat a couple of times. Finally, you say, “I’d like to buy this coat. Would one of you be able to check me out?” The sales clerk nearest you turns around to see who’s talking, looking at you as if you’d burped loudly at a formal dinner. The clerk holds up an index finger, indicating that your opportunity to give the store your money will come soon and you should show some patience. Finally, one of the longest jokes in recorded history reaches its long-anticipated punch line, and not too long after, you have left the store with your new coat. Another “satisfied” customer.

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You walk into another store and this time a manager, their face full of concern, practically runs over to you and asks, “Can I help you?” When you say, “just browsing,” they follow you around the store, a look of disdain on their face. It’s clear they didn’t think you belonged in the store, didn’t want you in the store, thought you came to shoplift, or cause some kind of trouble. Why would they think that? Did they think you couldn’t afford what the store had to sell? Was it your skin color? Your Rainbow Coalition pin? Your yarmulka? Your burqa? Your Black Lives Matter shirt? Why did the manager decide, just by looking, that you were not to be treated with dignity and respect?

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You (calling a clinic near closing time to reach your child’s pediatrician before he leaves the country on a 2-week vacation). Hi, I’m hoping to reach Dr. Guzman before he heads for the airport. My child has come down with something and no one knows her like Dr. Guzman. Any chance he’s still there?

Receptionist: Oh, I just saw him packing his briefcase in his office. Let me run to catch him before he leaves, and I have to chase him across the parking lot! [puts you on hold]

[You wait. And wait. You see in your mind’s eye the old movie convention of clock hands whirring around to show the passage of time. Then you see calendar pages flying off the wall. And then finally!]

Receptionist: What were you waiting for? Oh, I’m sorry, he left a while ago.

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You’re on the phone with tech support: Hi, I’m hoping you can help me get my internet connection up and running again quickly because I’ve got a Zoom session scheduled for a patient in crisis in 5 minutes. Let me tell

you what I’ve already tried so that we can save time not going through those initial steps. I’ve tried disconnecting everything from my router, unplugging it from the wall socket, waiting 10 seconds, then plugging it again, and reconnecting everything. Then I tried checking all the settings on my computer to make sure they were correct. Then I made sure my computer didn’t have a virus that was messing things up. Anything else we could try?

Tech support: I am so sorry you are having trouble with our company’s services, but I am sure that I will be able to help you reconnect to the internet. Let’s start with this: First, please disconnect everything from your router, unplug it from the electrical socket, and wait about 10 seconds before we plug everything back in to see if that works.

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Anyone who speaks to you using sentences that begin with: “No offense intended but ...”, “I hope you won’t take this the wrong way but ...”, “With all due respect ...”, or “You know I love you but ...”

For most of us, realizing when others cut us short on respect and dignity comes easier than realizing when we do it to others. What may be completely understandable under the circumstances and hardly worth noticing when we do it, becomes very clear when it is done to us—arrogance, intentional disrespect, veiled hostility, a personality disorder, a lack of human decency, unforgivable, and part of a clear and consistent pattern of high crimes and misdemeanors.

This ethical responsibility often slips easily from our awareness. Even if treating others with full respect for their dignity is our goal and our custom, we are likely to face countless obstacles. Here are a few examples:

DIAGNOSTIC CATEGORIES

We work in a world in which most of us must manage the DSM (Diagnostic and Statistical Manual of Mental Disorders), the ICD (International Classification of Diseases), insurance forms, and other forces that draw our attention to diagnostic categories and invite us to think of our patients in terms of which diagnostic labels apply. The powerful language of labels can distort or blot out completely the person behind the label. Some clinicians, particularly in inpatient and forensic settings, may stop using the patient’s name entirely and use only the label, often in a way that seems to lack respect or dignity (e.g., “Time to see if that schizophrenic is ready for a home visit. You gotta be careful with schizos”).

FINANCIAL CONCERNS

We also work in a world where most of us must pay the bills and many of us face financial pressures. If we are in independent practice, the gain or loss of one patient, particularly one who promptly pays our full fee, can mark the difference in whether we're in the red or black that month and whether we can pay the office rent and our other bills on time. When each patient's fee can produce such an immediate powerful impact, it is hard not to have financial issues weighing on our mind as we decide whether this long-term patient is ready for termination or whether we're truly competent to work with that new patient we just screened.

FATIGUE

When we're tired, it's hard to pay full attention to our patients, to take in what they may be telling us between the lines of what they say, and to respond sensitively. When we're dragging through the day, it's easy to be short with others, to take things the wrong way, and to miss what's important.

PERSONAL PREDISPOSITIONS, BIASES, AND PREJUDICES

We all have them—certain things we like and, of course, dislike about other people. Each of us could get a good start on our own private list of negative reactions by completing the following sentences, as many ways as possible, with complete honesty and without censoring ourselves:

- I can't stand it when someone ...
- I'd rather not be around someone who ...
- The worst kind of person is someone who ...
- The people who are responsible for more trouble in the world than anyone else are the ...
- The kind of person I'd hate to be seated next to on a long car trip is ...
- It's not politically correct to say it, but personally ...
- You may not like it but there's a good reason everyone says that all [members of some racial, ethnic, religious, or other group] are [name of some characteristic, usually negative]—It's true!

Our personal list may include negative emotional reactions evoked solely by someone's membership in certain social categories based on

- Religion
- Politics
- Race

- Skin color
- Ethnic group
- Caste
- Weight
- Intelligence
- Education
- Mental health status or disorder
- Country of origin or current citizenship
- Immigration status
- Income (or lack of it)
- Occupation
- Physical ability or disability
- Mental ability or disability
- Sexual orientation
- Gender identity
- Gender expression
- Speech (e.g., whether the person makes grammatical errors, uses slang unfamiliar to us, speaks our language with an accent)
- Age (e.g., someone who is very old)
- Dress
- Personal hygiene

These negative emotional reactions based solely on such categories have the potential to choke off our respect for the dignity of that person.

This chapter is a reminder that treating others with respect for their dignity is a basic ethic of our profession, one easily overlooked but facing countless challenges. None of us is perfect in this area. All of us will fall short more than once over the course of a career. It will suddenly strike us that we've been sitting with a patient for most of a therapy session and for most of that time our mind has been elsewhere; we'll breathe a deep sigh of relief as we terminate a patient, realizing that we never liked the person, never invested much in the therapy, and feel joy that we're rid of that person, a patient will say something that somehow breaks through our shell and we'll discover that some time ago we'd lost our sense of shared humanity with someone who'd started to seem like a stranger. The Golden Rule is useful here, no less so for being a cliché: We must strive to treat our patients and others with the same respect for their dignity that we wish to receive from others.