Ethical psychological research and community engagement in a South African context

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INTRODUCTION

Research is a major part of the academic enterprise which is mainly concerned with knowledge production and publishing for the purpose of communicating with the rest of the scientific community (Adair & Huynh, 2012; Arnett, 2008). For many researchers the primary aim would be to collect data and write academic papers for the purpose of communicating with their colleagues, and contributing to science (DiLorenzo, Becker-Fiegeles, & Gibelman, 2014; Sternberg, 2016). For academic staff it may serve the purpose of promotion prospects, and for students the possibility of succeeding at their dissertations or theses, and thus obtain post-graduate qualifications. This trend (and other related problems) may unfortunately lead to what Valsiner (2006, p. 604) calls “a mindless accumulation of empirical publications in increasingly narrow research fields”.

When this happens, research ethics may take a backseat or be perceived as an enforced evil, and therefore not always be foregrounded in main scientific agendas. In fact, Zucchero (2011) found that many social science and/or psychological research textbooks either do not include a discussion on research ethics or they treat it as a separate afterthought. In the academy, the procedures for ethical compliance may also be in place in order to protect the reputation of the institution, and be ill-structured or poorly fitting for the contexts of research implementation (Fisher & Ragsdale, 2006; Hall, 2014). There is therefore an unfortunate emerging picture that research activities, processes and outcomes seem to be more concerned with the positions, roles and benefits of the academic and academy, and less so about the participating individuals and communities. This would be a position of great worry since ethics ought to be “at the core of every discipline” (International Union of Psychological Science [IUP], 2008, p.1).

Recognising that “the ability to conduct research is not a right but a privilege and responsibility” (Panicker, 2012, p.139), research ethics ought to be at the core of psychological research activities. This position is driven by the fact that ethical research prioritises the well-being of participant individuals and communities as much as it ensures the rigour of its methods and the scientific integrity of its findings (Mikesell, Bromley, & Khodyakov, 2013). Ethical issues should not be an
‘add-on’, nor should they be a means of avoiding legal difficulties (Bricklin, 2001). The complexities of research ethics and ethical conduct in South Africa are discussed in this chapter, through a dynamic and eclectic approach that seeks to integrate issues relating to scientific methods, knowledge generation, the studied phenomena, legal processes and prescripts, ethical codes and their regulatory bodies, as well as a collaborative participatory epistemology for beneficence and well-being promotion. All of these issues overlap and are integrated in order to facilitate being ethical when conducting psychological research.

In psychology, ethical conduct has always formed a pivotal and integral component in the domain of psychotherapy and counselling, positioning psychology as a profession concerned with caring and healing (DiLorenzo et al., 2014; Pillay, 2015; Quayle, 2009). However, only recently has the issue of research ethics begun to find prominence in socio-behavioural research including that of psychological research (Lewandowsky & Stritzke, 2010; Quayle, 2009). Through their ethical eyes, all psychological researchers, especially those in the Global South such as in South Africa, ought to find beneficence, quality of life enhancement and well-being promotion of their research target populations, an inspiring vision. With this guiding vision in mind, we agree with Byrne (2009) that there needs to be a shift from the defensive posture of ‘do no harm’ to a proactive and ethical position of well-being promotion which should become the culture underlining psychological research. In their preamble to the ‘Universal declaration of ethical principles for psychologists’ where (among other things) the work of psychologists is placed within a larger social context, the International Union of Psychological Science (IUP, 2008, p. 1), declares that:

> Psychologists are committed to placing the welfare of society and its members above the self-interest of the discipline and its members. They recognize that adherence to ethical principles in the context of their work contributes to a stable society that enhances the quality of life for all human beings.

Additionally, the World Health Organisation (WHO, 2001), through their Declaration of Helsinki, requires standards of care. The Declaration of Helsinki (WHO, 2001), as developed by the World Medical Association, is mainly useful
for guiding physicians and other practitioners in medical research involving human subjects, but some of its principles also apply to psychological research.

**PHILOSOPHICAL OR HIGHER ORDER PRINCIPLES GUIDING ETHICAL RESEARCH**

Overlapping content of the higher order principles of research ethics and related norms and values have been organised into taxonomy-like lists by various psychologists, researchers as well as professional and research ethics regulatory bodies (e.g., Bricklin, 2001; IUP, 2008; South African Department of Health [DOH], 2015; WHO, 2001). For obvious reasons, The Nuremberg Code is probably the most cited list, and has had a significant influence on the development and content of the Helsinki Declaration by the World Health Organisation (Rhodes, 2010). The Nuremberg Code arose as a result of the outrage at the Nazi doctors’ biomedical experiments carried out on humans during the Second World War. Due to the resultant atrocities, the Nuremberg judges sought to have the biomedical field devise universal standards of ethics for research practice (Applebaum, Lidz, & Meisel, 1987; Shustter, 1997). It comprises of ten overarching principles, of which voluntary consent is the primary one. It has had numerous adaptations and applications in multiple research contexts with human beings.

The IUP (2008) adopted a set of four principles for psychologists in various domains, including research work. The set comprises of: 1. respect for the dignity of persons and peoples; 2. competent caring for the well-being of persons and peoples; 3. integrity; and 4. professional and scientific responsibilities to society. Each one is supported by a set of related values, and we highlight some of them. The values entailed in respect for the dignity of persons and peoples include: respect for unique worth and inherent dignity, diversity, and customs and beliefs of cultures; free and informed consent, privacy, protection of confidentiality, and fairness and justice. The principle of competent caring for the well-being of persons and peoples manifests in values such as developing and maintaining competence, self-knowledge, maximising benefits, and respect for the ability of participants to make decisions for themselves. Values that characterise integrity
are good communication, complete disclosure, impartiality, and avoidance of exploitation and conflict of interest. Professional and scientific responsibilities to society is represented by the responsibilities to increase scientific and professional knowledge, the use of psychological knowledge for beneficial purposes, the intention to adequately train members, and to be ethically aware, sensitive and self-correcting (IUP, 2008). All of these values should be implemented with the view to promote the well-being of society and all of its members.

Bricklin (2001) briefly discusses four higher order ethical principles, which she believes are always useful when a psychologist is faced with an ethical dilemma and difficulty with making decisions. They are: 1. autonomy; 2. beneficence; 3. non-maleficence; and 4. fidelity and justice. Autonomy refers to the client or participant’s right to self-direction. Beneficence guides the psychologist/researcher to ‘do good’ to those involved in their inquiry or intervention. Non-maleficence is about not doing harm. Fourth is fidelity and justice which refer to “the responsibility occurring from a special relation of trust and fairness where the welfare of the client comes first” (Bricklin, 2001, p. 197).

The WHO's (2001) Declaration of Helsinki has 23 principles for medical research and medical care. Although some of the constituting content overlaps with those principles observed in psychological research, the Declaration of Helsinki was specifically written as a guide for medical practitioners and researchers. Of the 23 basic principles for medical research, we think that the following may also be of particular relevance and interest to psychological researchers: research must conform to accepted scientific principles; an assessment of predictable risks and burdens against potential benefits must be conducted; participants must be well-informed volunteers; the right of the participants to protect their integrity must be respected; care should be taken to protect participants in case of dependent relationships; and legally authorised representatives give assent for the participation of mentally and/or legally incompetent individuals (WHO, 2001).
In their highly aspirational declaration, the IUP (2008) took an assumptive position of a global perspective and declared that their proposed ethical principles are ‘based on shared human values’. This global and seemingly universal stance is counteracted by a view that those in psychology must be sensitive to and respect the local values and needs (IUP, 2008). We acknowledge that the abstract, broad and philosophical nature of these principles make them possibly applicable in any setting and context in the world. However, a greater concern is how they are appropriate and in what ways they may find expression in a South African context. Therefore, perhaps of greater importance to South African researchers is the South African Department of Health’s (2015) adoption of a set of principles and key norms and standards, which have been made compulsory for all researchers conducting health and health-related research with human beings. In South Africa, the National Health Research Ethics Council is a statutory body empowered by the National Health Act (61 of 2003).

The three Basic Principles as prescribed by the DOH (2015) are: 1. beneficence and non-maleficence; 2. distributive justice; and 3. respect for persons (dignity and autonomy). These three basic principles find expression through eight norms and standards: 1. relevance and value; 2. scientific integrity; 3. role-player engagement; 4. fair selection of the participants; 5. fair balance of risks and benefits; 6. informed consent; 7. on-going respect for participants, including privacy and confidentiality; and 8. researcher competence and expertise.

The societal landscape of South Africa, as in many other developing countries in the Global South (Comaroff & Comaroff, 2012; Mahali, Lynch, Wilson-Fadigi, Tolla, Khumalo, & Naicker, 2018), is littered with problems that include cultural differences and diversity, the tendency to import models, methods and practices from elsewhere in the world, and the complexities of the post-modern era (Quayle, 2009). Therefore, researchers in psychology and other related fields in the health and social sciences need to not only respond but endeavour to conduct ethical and relevant research which also seeks to promote the well-being and quality of life of the target populations (Shore et al., 2015).
ETHICS AND THE LAW

Bricklin (2001) observed changes in psychologists’ thinking about ethics over the period of 15 to 20 years prior to 2000. In her view, ethical issues were being reduced to the lowest common denominator and thus treated as legal issues. Although we believe that this may have changed in the recent while, South African psychologists are faced with a unique situation of having their ethical code integrally entrenched into law. The violation of ethics regulations also becomes an infringement of the law. Therefore, the violation of psychology research ethics may result in disciplinary action by the Health Professions Council of South Africa (HPCSA) for those who are registered. The detailed fashion with which the specifics have been stipulated in the National Health Act (2003, Act No.61), the Ethics in Health Research document of the Department of Health (2015), and the Constitution of the Republic of South Africa (1996, Act No. 108), are testament to this reality.

The arguments for and against the conflation of ethics codes in psychological research and psychology in general with a legal framework, have been made, and supported with a variety of reasons (Allan, 2013; Bricklin, 2001). A seemingly dominant view as argued for example by Allan (2013), is one for a clear delineation between law and ethics where there is little overlap. However there have also been strong arguments that the law needs to be an integral part of the codes (e.g., Ward, Gannon, & Vess, 2009). We take the view that all of these approaches together, contribute to the pathways towards and the substance of being ethical. In South Africa, the distinction often made elsewhere in the world, between ethics and the law has been purposefully collapsed through legislating the content and processes of ethical guidelines into the legal framework including in The Constitution of the Republic of South Africa (Act No. 108 of 1996) and the National Health Act (2003, Act No.61). This progressive position by South Africa ought to be seen in a positive light as Allan (2013, p. 258) has conceded that “no person, including a psychologist, is beyond the law”. The distinction that Allan (2013) makes between ethics and the law rests on a number of points, one of which is that Ethics Codes are aspirational documents which stress...
psychologists’ obligations towards others, while the law is prescriptive yet imprecise and complex (Allan, 2013).

The Republic of South Africa’s Constitution is explicit and binding of the conduct of those in psychology and the helping professions (Cleaton-Jones & Wassenaar, 2010). It prescribes, as cited by Cleaton-Jones and Wassenaar (2010, p. 710) that “everybody has the right to bodily and psychological integrity” and includes with this clause the right not to be subjected to medical or scientific experiments without informed consent. The National Health Act (2003, Act No. 61) is also very specific in prescribing research ethics guidelines and procedures. This includes the issue of rights: the researcher is expected to “respect participants’ rights, including but not limited to dignity, privacy, integrity and equality” (2003, Act No. 61, Sec 2, h). At present, it is the South African Department of Health which has taken the lead and perseveres to make sure that health research ethics principles are applied in all health and health-related research including in psychology. This governmental obligation partially comes from the fact that the framework is in fact legislated and adherence to the law is necessary.

Psychologists too are bound by the human rights provisions in the Constitution and other domestic legislations. Allan (2013) has advocated for the exclusion of human rights from the ethics codes due to the rights being non-unitary and non-universal. Allan (2013, p. 251-252) continues to argue that there is an apparent “lack of clarity regarding the interpretation of human rights in codes”. Regarding human rights, Allan (2013, p. 252) takes a position that “references to human rights in ethical code are redundant and do not complement them but rather make codes more difficult to interpret”. The lawmakers in South Africa have taken a stance to have human rights, as a norm system, well entrenched in law and comprehensively captured in Chapter two of the Constitution as the Bill of Rights. South Africa is not the only country to have made such an allowance; others include Ireland and Germany (Allan, 2013). However, South Africa is the only country where their Psychologists’ Ethics Code makes explicit mention of the country’s Constitution. In their Preamble, the Professions Board of Psychology (2002) declares that they are guided by “relevant sections of the Constitution of
the Republic of South Africa”. A comprehensive presentation of the historical context and timeline for the development and implementation of research ethics in South Africa is given by Cleaton-Jones and Wassenaar (2010). Beyond the legislative provision and prescription for the observation of human rights by psychologists, Pillay (2015) argues that the orientation towards and embracing of human rights, and promotion of dignity ought to be an inherent attitude of psychology as a caring and healing profession.

RESPONSIBLE KNOWLEDGE PRODUCTION

Responsible and ethical knowledge production must be prioritised in science. However, there is usually a greater emphasis placed on the correct and ethical application of scientific methods: design, data collection and analysis (Valsiner, 2006). We view methods as simply a means to knowledge generation, which should never overshadow the integrated knowledge of the studied phenomena as well as the location and temporal context within which they are shaped. As such, methods are mere tools to translate phenomena into data in accordance with the nature of those phenomena and their theoretical constructions (Grix, 2002). The responsibility to be ethical, naturally extends to the endeavour to create knowledge, beyond just mastering methodology and producing data-driven information. Four pathways towards achieving this goal are: considering the centrality of the phenomenon under study; the researcher’s position in relation to the phenomena/subject matter; the centrality of context (history, socio-cultural, temporal and geographical); and the collaboration and engagement with the participants and/or the communities to which they belong.

TRAINING AND PROFESSIONAL DEVELOPMENT

The quality, content, relevance and methods of teaching research ethics have come under scrutiny and much debate (e.g., Cleaton-Jones & Wassenaar, 2010; Dilorenzo et al., 2014; Handelsman, 1986; Panicker, 2012; Quayle, 2009; Steele et al., 2016; Tymchuk et al., 1979; Warren, Gasper, & Laufer, 2014). The existence of cases of unethical behaviour by psychology practitioners is a motivation for greater investment in research ethics training for both students and
academic staff (DiLorenzo et al., 2014; Pillay, 2015). The misconception that academic staff are already educated and therefore do not need research ethics or responsible conduct of research (RCR) education (see Hoecht, 2011), should be contested. Teaching of ethics is particularly important in Global South countries characterised by indigenous knowledge research, cultural differences and diversity of people, a tendency to import models and practices from elsewhere in the world, and the dilemmas and challenges of the postmodern era (Fisher & Ragsdale, 2006; Hall, 2014; Quayle, 2009). Research ethics training is also important for other reasons, including securing research funding. For example, the National Institute of Health (NIH) insists that their grant holders undergo their training programme which includes topics such as conflict of interest, responsible authorship, policies on handling misconduct, working with human participants, and data management (Ali, Hyder, & Kass, 2012).

It is worth stating from the outset that South Africa has good infrastructure and processes for research ethics training and guidelines (Cleaton-Jones & Wassenaar, 2010). These available opportunities include the International Research Ethics Network of Southern Africa (IRENSA) based at the University of Cape-Town, the South African Research Ethics Training Initiative (SARETI) based at the University of Kwa-Zulu Natal and University of Pretoria, as well as the Steve Biko Centre for Bioethics at the University of the Witwatersrand. These centres are the hallmark of quality assurance of research ethics in South Africa. Other processes serving a supportive role include: regulations that enforce the Continuing Professional Development (CPD) for registered healthcare professionals, including and especially in ethics, the mandatory national registration and compliance of all Research Ethics Committees (RECs) with the statutory National Health Research Ethics Council (NHREC), and guidelines for informed consent content and processes and review procedures.

However, a number of challenges pertaining to training content and methods at academic and other training institutions may occur in South Africa (or anywhere else in the world). According to Panicker (2012), there are two sources of problems for current research ethics education. The first is the interchangeable
use of the terms ‘research ethics’ and ‘research regulations’, and the second is the ignorance or denial of the application of research ethics in the socio-behavioural sciences. The former refers to training programmes’ tendencies to encourage the compliance with regulations and obedience of RECs, in the place of understanding and internalising the underpinning ethical principles and values through which young researchers can cultivate a personal and professional orientation of being ethical. There are potentially two underlying obstacles which perpetuate this problem: 1. the inherent power asymmetry in the sometimes-bureaucratic structures and processes of RECs; and 2. the poor capacity of ethics trainers/educators and university-based researchers to embrace (situated) ethics in practice and relational ethics (Hall, 2014). The situation potentially leads to resistance by researchers who perceive research ethics education as yet another platform to introduce them to more rules. This is while it is expected that the practice of ethics should not be an exercise of merely following the rules, but an intrinsic obligation to remain ethically attuned at all times (Willig, 2013).

The second issue Panicker (2012) raises has to do with the misperception that socio-behavioural researchers have to work with rules which were artificially transported to their disciplines, and thus lead them to believe that the issue of research ethics is irrelevant to their type of research. The false notion that ethical vigilance is a domain of biomedical researchers, and less relevant to the socio-behavioural fields still lingers. Psychology as a discipline is however in a unique position in that it spans the spectrum from clinical application to research in the form of a social science. Nonetheless, DiLorenzo et al. (2014) found that literature on the responsible conduct of research education tended to focus on biomedical and related sciences, and that socio-behavioural sciences, including psychology, were still on the periphery.

The solution therefore is to have well-targeted discipline-specific training and teaching programmes that are tailor-made and contextualised so that there is no attempt to force a one-size-fits-all approach. Panicker (2012) also recommends an integration of research ethics in the teaching of research methods, and therefore to avoid having it as an isolated and dissociated stand-alone course.
The teaching of research ethics in this fashion at both undergraduate and postgraduate levels will lead to an inherent and integrated understanding and respect for research ethics (Panicker, 2012). Research ethics guides the researchers’ decisions and actions. Consequently, ethical conduct in psychological research and practice must be an integral part of the teaching curriculum (DiLorenzo et al., 2014; Panicker, 2012).

Teaching of ethics should, among other things, apply active methodologies and realistic situations, and achieve the cultivation of human rights consciousness (Pillay, 2015; Quayle, 2009), as well as conscious exploration of personal ethics (Bricklin, 2001). However, in their investigation of the types of methods applied in teaching responsible conduct of research, DiLorenzo et al. (2014) found that three main approaches were being used, namely: the traditional coursework teaching; personal involvement, including mentoring, advising and collaborating; and the technological modality which included web-based training. The traditional coursework approach of readings and lectures was found to dominate. The concerning issue about this reality is the well-established fact that it is the least effective way of teaching and transmitting the principles and values of ethics. As a probable methodological solution to teaching, DiLorenzo et al. (2014) recommend greater use of case studies, applications of moral reasoning, mentoring, as well as peer collaboration and support. Such good, relevant and well-presented teaching and training programmes reposition the responsibility of ethics from the mere publication of standards to the inherent belief and practice of ethical conduct. In fact, in South Africa, regular ethics training is obligatory for all registered psychologists and other healthcare professionals. Finally, beyond the emphasis on human participant protection, however needed, the training and teaching programmes must also include content about collecting and managing data and publishing while upholding ethical and scientific integrity (DiLorezo et al., 2014).

RESEARCH ETHICS COMMITTEES AND THE LEGAL FRAMEWORK
Research Ethics Committees (RECs) [Institutional Review Boards (IRBs) or Ethics Review Boards (ERBs)] have notoriously come to be viewed as the big...
gatekeepers to research and sometimes as the watching ‘Big Brother’ (Mamotte & Wassenaar, 2009). Their functioning is often questioned by university authorities, seasoned and novice researchers, and students alike. Hoecht (2011) uses a narration of a fictitious conversation between a chairperson of an REC and an experienced researcher to illustrate the points of frustration emanating from both sides. A closer-to-home non-fictional illustration is entailed by a personal communication which consisted of an expression of intention to resign from an REC by a now former member in which the following line was included: “this is a carefully considered decision based on my personal values and my commitment to play a constructive role in the [university] which is incompatible with what I believe is being experienced in the context of ethics committees (personal communication, October, 28, 2016; emphasis added; name of person and university withheld). It is not surprising that RECs are unpopular and that there are perceptions of value system incompatibilities, including among some of their own members. If the perception exists, as Panicker (2012) observed, that RECs are “unnecessary bureaucratic oppression” (p.137), and that they can prohibit academic freedom (Mamotte & Wassenaar, 2009), the anger emanating from such perceptions would be directed at RECs as ‘parental figures’. According to Hall (2015) and Fisher and Ragsdale (2006), not only do RECs prohibit academic freedom, but they also stand in the way of creative and flexible context-based participant/community-collaboration by insisting on a heavy culture of uncritical auditing and monitoring, which has the potential to create a stifling power imbalance.

Nonetheless, RECs are an international norm in that at many universities all over the world, they are the custodians and regulators of research ethics. In fact, many journals require IRB/REC research ethics approval before they consider a paper for possible publication (Wassenaar & Slack, 2016). In South Africa, the establishment and functioning of RECs is obligated by law (National Health Act 61 of 2003). This same Act makes the registration of institution-based RECs with the NHREC and ethics approval for research projects compulsory. There have been positive and sometimes not so positive experiences reported about the RECs (see Mamotte & Wassenaar, 2009). We discuss these issues for at least
two purposes. The first is to show how RECs can become more effective in supporting research and researchers towards being ethical. The second is to show and advise how researchers can optimally work with their RECs to not only achieve a smooth process of approval, but to also maximise ethical benefit of the individual and community participants in their studies.

Wassenaar and Slack (2016) established recommendations for how RECs could improve their functioning and facilitation of ethical research. According to them, there needs to be tailor-made requirements for the social sciences. Inherent in this suggestion is a perception that guidelines for health and health-related research do not adequately cater for social science researchers. They also recommend that reviewers must be very knowledgeable about the discipline-based content. More pragmatic recommendations such as streamlining REC processes to minimise unnecessary red-tape and improved quality of researcher training are also made (Wassenaar & Slack, 2016).

There are also important considerations to be taken into account by the researcher in his/her dealings with RECs. The first and probably the most important one is the recognition that RECs are partners in the research process (Wassenaar & Slack, 2016). Therefore, they are to be effectively and constructively engaged with. To achieve effective partnership, it may be advantageous for the RECs to find and implement mechanisms through which the real or perceived power differences between them and the researchers are minimised. The researchers need to know the framework of their REC review process well. Inversely, the RECs need to, together with the researchers, create a trusting and enabling relationship for the observation and practice of ethics in context. In South Africa, the REC review process is stipulated in legislation, as guided by the national norms and standards, and leaves very little room for variation (see DOH, 2015), thus making it rigid and allowing for little variability of adaptation and practice.

During her work with Apartheid victims who had testified at the South African Truth and Reconciliation Commission (TRC), Byrne (2009, p. 217), made the observation that there was a “gap in the discipline’s ethics code when applying...
its tenants to field research in the context of severe structural and direct violence”. She found that the framework within which her IRB functioned was extremely limited and basically unhelpful. To this effect, Byrne (2009) flags the IRB’s tendency to be obsessed with applications and approval prior to the commencement of empirical work. This practice tends to therefore create a skewed burden of responsibility and absolves the IRB of active engagement once the researcher receives approval and enters the field. This reality stems from RECs being unable to adequately prepare or being incapacitated to monitor and support ongoing research once they have approved it, and empirical work has commenced. The ethics guidelines and codes that lack context specificity become universal and provide an unhelpful ‘one-size-fits-all’ kind of scenario. It is possible that this poor consideration of particular context-specific factors and textures could have resulted from IRBs adopting guidelines initially developed for and applied in controlled laboratory setting research. Therefore, the REC members would have difficulty comprehending and therefore accurately capturing the conditions of field research in their recommendations and support to the researcher (Byrne, 2009).

Recommendations by Wassenaar and Slack (2016) can be applied to remedy some of these difficulties. Among others, they recommend that RECs tailor-make their content and processes to include socio-behavioural disciplines such as psychology. Such an improvement would include REC membership having reviewers who are knowledgeable in psychology and related fields. In order to promote the advancement of science as well as protecting the participant, the researcher should know and apply the law, in an ethical manner. Logical thinking and communication about research ethics and methods contribute to the advancement of science and the protection of participants.

SOCIAL JUSTICE AND WELL-BEING PROMOTION

According to Wassenaar and Slack (2016, p. 306), “just as poor methodology can compromise the validity and utility of findings, poor ethics can undermine the social value of research”. More than in biomedical research, socio-behavioural research has the inherent potential of eliciting psychological distress in those participating in its surveys and/or interviews (Norton & Wilson, 2008). If or when
there is direct or indirect, intended or unintended, and immediate or postponed benefit for the participant individuals and communities, such benefit comes in a number of forms. Research outcome benefits can manifest in the form of advantageous risk-benefit ratios or balance, active participant engagement in ongoing research (e.g., Theron, 2013; Pinto, Spectora, & Valera, 2011), direct intentional interventions, obligatory post-research care activities (see DOH, 2015), or policy influence and change (see Burns, 2011; Møller, 2013).

Some of the practices in Community-Based Participatory Research (CBPR) may serve as solutions for ethical challenges such as power sharing, co-creation and dissemination of knowledge, quasi-therapeutic relationships, and the responsibility of well-being enhancement. According to Shore et al. (2015), CBPR aims to generate knowledge that leads to social change, enhancement of community well-being, and knowledge that reveals and challenges systematic problems, rather than reinforcing relations of dominance. The multiple avenues through which CBPR helps researchers hold an ethical stance include its incorporation of community expertise, its sensitivity to community needs, and its generation of valid and generalisable knowledge beneficial to both science and the participant community (Miskesell et al., 2013). By definition, CBPR is emancipatory and rests on four integral elements, namely community collaboration, community significance (relevance and initiation), community return and benefit, and community control (data ownership and strength-based focus).

The need to apply research ethics in a way that has contextual relevance and social validity prompted Fisher’s framework for his Goodness of Fit Ethics (GFE). It is not too difficult to see the terminology link with the central notion of structural equation modelling (SEM). Fisher was responding to the need to reframe the traditional power imbalance and desire to make sure that individual research participants, their communities, and researchers become actively involved, together, in a process of mutual collaboration. Fisher’s Goodness of Fit Ethics (Fisher & Ragsdale, 2006) compels researchers to move away from a priori assumptions that participants are characteristically vulnerable. Instead, they
encourage context-based rethinking and application of ethical procedures as informed by the inherent risks, the proposed and negotiated research methods and the nature of the target population. This approach forces the researcher to be more contextually embedded, community-consultative and innovative in their approach to ethics. This contextually informed ethical approach, resembling situated relational ethics (Hall, 2014), carefully considers and seeks to understand the target community’s values, fears, and hopes (Fisher & Ragsdale, 2006).

It is possible that potential dilemmas may be inherent to context-based, community collaborative approaches with regards to the rules and procedures dictated and expected by IRBs/RECs (Hall, 2014). For reasons which underpin scholarly and academic career interests, the researcher/scientist, if faced with conflicting interest, is more likely to prioritise scientific rigour and collection of reliable data than context-based community needs (Fisher & Ragsdale, 2006). Hall (2014) makes a distinction between procedural ethics, ethics in practice, and relational ethics. According to Hall (2014) procedural ethics are the brand characteristic of the uncritical, non-reflective audit and monitoring culture imposed and maintained by university-based RECs. Another issue with procedural ethics which Hall (2014) outlines, is the inherent future-orientation seen in REC requirements and expectations, which Hall (2014) views as being rooted in Western individualistic time perspectives. Hall (2014) argues that this demand to pre-empt risk and responses robs the researcher and participant an opportunity to be attentive in the present moment and minimises their taking responsibility of ongoing fieldwork processes. Such a future-time orientation certainly marginalises those communities and societies which may be collectivist in nature and have a more dominant past- and present- time orientation. In addition, this approach to ethics may have the potential to stifle the creativity, innovation and flexibility necessary for community-based fieldwork. It entails the imposition of the ‘checks and balances’ required to ensure methodological integrity and bottom line ethical rules such as consent and confidentiality.

By drawing on (situational) ethics in practice and relational ethics, greater emphasis is placed on situated or context-based ethics and researcher-
participant relationship. As Hall (2014, p. 332) puts it: “this is not the kind of ethics that can be controlled and monitored by a committee…it is based on relationships and its focus is collective knowledge sharing and creation that actively works as a decolonizing and transformative process for all participants, including the researcher” (our emphases). Situated ethics equips the researcher with a flexible approach and to respond to most situations during fieldwork in an ethical, collaborative and respectful manner. Similarly, relational ethics spell out the nature of the relationship between the researcher and the researched (participant individuals and their communities) as being characterised by respect, mutual collaboration and connectedness (Hall, 2014). We argue that scientific rigor, reliable data generation, adherence to methodological procedures, maintaining (situated) ethics in practice, and relational ethics are not mutually exclusive nor are they to be seen in competition with one another. An ethically conscious and caring researcher in psychology ought to be able to achieve this combination. Therefore, the embracing of a flexible context-based collaborative approach (i.e., situated relational ethics) while adhering to the necessary scientific procedures gives greater opportunity for new knowledge generation which is the primary goal of science.

On a more operational level, we suggest the practice of setting up and working with Community Collaborative Boards (CCB) (Pinto et al., 2011), or at least Community Advisory Boards (CAB) (Theron, 2013). CCBs are helpful in that they are community-based collaborative partners who, together with university-based researchers (students and/or academic staff), aim to integrate community perspectives and science-based knowledge. This collaborative effort allows for responsible and ethical scientific inquiry, dissemination of information and well-being and/or quality of life promotion (Pinto et al., 2011). If a researcher is unable to collaborate with community members, it may at the very least, be considered good practice to receive advice from them. In this case a CAB may be suitable as recommended and explained by Theron (2013). Whether it be through collaboration or advice, the research project’s ethical standing will be enhanced through the following embedded characteristics of CCBs or CABs: to provide active community endorsement and support, facilitate the better use of local resources and skills, easily incorporate local knowledge, allow for the sharing of
power, and facilitate credible, culturally and contextually responsive research processes. From these community collaborative and participatory research processes, greater credibility can be given to the knowledge generated and the resultant positive benefit interventions.

If there are IRBs/RECs, then one may ask why a researcher should get involved with community-level processes such as CBPR, CCBs, and CABs. The reasons include the limitations of RECs such as their overt obsessions with pre-research approval of proposals as expressed by Byrne (2009). More importantly, the community-based review process provides an acute and inclusive community-level and cultural lens. The dialogue and working relationship between participant community members and university-based researchers contribute to mutual understanding and respect and reduces stress and anxiety. Practical examples of tangible benefits from such processes include the cultural appropriateness of informed consent procedures and recruitment strategies, and ways of knowledge dissemination and interventions. In certain communities, not only is individual participant consent necessary, but also community consent. The latter is facilitated in an open and inclusive process with the community or tribal leadership. Together with IRBs/RECs, the community research review processes play inclusive roles of reviewing, consulting and educating. These initiatives offer multiple emancipatory avenues, including that they give greater voice to the often-underrepresented communities, and build capacity. However, a caveat may be that these processes can be quite demanding, time-consuming and costly.

**LANGUAGE AND LITERACY IN RESEARCH**

South Africa, like many other countries in the Global South, has high levels of illiteracy among many people older than the age of 16 years (Baloyi, 2014). Entrenched and high levels of illiteracy certainly have negative consequences for legislated ethical obligations such as informed consent (both written and verbal). In the case of a participant who is not literate, verbal consent could be obtained in the presence of a literate witness who should verify in writing that the informed consent was obtained. The goal must always be to facilitate free and informed consent regardless of illiteracy. Therefore, psychological researchers should give
extra care when working with individuals and communities with lower levels of literacy and poorer educational attainment. A related issue is linguistic diversity. The language diversity in South Africa could also be a challenge which researchers should be aware of and approach with care and respect. There are eleven officially recognised languages in South Africa (Nel et al., 2012; Peyper, De Klerk, & Spies, 2015). Therefore English, the dominant language of most research, is not always accessible to many people who might find themselves volunteering as research participants. The diverse multilingual and multicultural social landscape of South African communities (Adams, Van de Vijver, & De Bruin, 2012) therefore presents an interesting challenge to which many researchers and practitioners have responded by employing interpreters (Swartz, 1998). Interpretation and translation in the context of research pose multifaceted problems with multiple ethical implications (Swartz, 1998). Included among such complexities are: accuracy of the information being communicated; limitation to confidentiality due to presence of a third party; the possible indignity and embarrassment of participants; problems of measurement invariance and equivalence (Nel et al., 2012); and conflict of interest, especially when the third party is close to or knows the participant.

Language is not a hollow vessel instrument for the transfer of sterile empirical information, but is rather a contextual container of cultural norms and values through which construction of meaning is facilitated and achieved (McNamee & Gergen, 2004). In the translation of quantitative measuring instruments, the Brislin (1970, 1990) method of front- and back-translation has been widely used. Applying this approach includes the review of the translated versions by an ‘expert panel’ for conceptual equivalence. Although such panels include bilingual academics with knowledge in the specific fields, they often do not include ordinary lay-persons representative of the possible participant group or community. This is another instance where working with a CCB can be helpful to facilitate ethical and methodologically correct research. It is also ironic that even the word ‘ethics’ is not easily translatable into other languages, and may carry different conceptual understanding across groups, as Hall (2014) has found among the indigenous communities in Australia.

CONCLUSION

In conclusion, we are in agreement with Wassenaar and Slack (2016) that research ethics is a dynamic area driven by on-going conceptual and empirical work. This has implications for basic and applied research as well as practice. In our view, the following important aspects promote being ethical in socio-behavioural research: integrated knowledge and contextual interpretation of the study phenomena, ethical treatment of not only the research participants, but also the methodology, and greater academic-community collaboration. Some of the issues which may need to be investigated further in order to improve ethical conduct by researchers and maximum benefit by those who are research participants include the functioning and effectiveness of RECs, the enhancement of community collaborative and participatory research, active research ethics training, and context-based considerations and support of researchers. Therefore, an ethically competent researcher knows the subject content, understands the philosophical outlook and approach, is a competent methodologist who approaches empirical work with sensitivity and integrity, and is geared towards well-being promotion.

REFERENCES


Accountability in Research, 21(3), 143-158. doi: 10.1080/08989621.2014.847659


Hall, L. (2014). Developing an ethics of relational responsibility: Locating the researcher within the research and allowing connection, encounter and collective concern to shape the intercultural research space. Ethics and Education, 9(3), 329-339, DOI: 10.1080/17449642.2014.946378


