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Seth Oppong\*

### When the ethical is unethical and the unethical is ethical: Cultural Relativism in Ethical Decision-Making

**Abstract:** *It is nearly impossible to study behaviour effectively without any reference to its context. This is because it is generally known in the psychological literature that behaviour is partially a product of its environment. This suggests that many behavioural processes may be universal but there are significant variations in their manifestations. For instance, love may be a universal process but its manifestation varies from one society to another. Given that ethical decision-making is a behavioural process, it stands to reason that its manifestation will vary from one culture to another. It is against this premise that this paper seeks to demonstrate that despite the existence of the 'universal' normative ethical principles, ethical decisions will be expected to vary across cultural space and even evolve with time. This paper achieves this objective by employing typical ethical dilemmas that Ghanaian psychologists and other health professionals encounter to show how and why what is ethical in one culture becomes unethical in the Ghanaian context and what is unethical in the Ghanaian context becomes ethical in another culture.*

**Keywords:** *cultural relativism, ethics, ethical decision-making, justice perspective, care perspective, ethical dilemmas*

#### Introduction

Decision-making involves selecting an option or a set of options out of a number of alternatives (Markman & Medin, 2002). By extension, ethical decision making implies choosing a course of action perceived to be ethically appropriate out of a set of alternatives. In professional practice, the professional is often faced with situations in which he or she has to select the best ethical options. Ethical decision-making and ethical behaviour are often maintained through the formulation and enforcement of norms and/or ethics codes in every society. This mechanism ensures the continued existence of a given society.

Similarly, professional bodies and the behaviour of their members are regulated through accepted professional norms. That behaviour of professionals is regulated through ethics codes can be understood in terms of the Mischel and Shoda's (1998, 1995) resolution of the person-situation debate. Generally, the situationists believe that an individual's behaviour is largely determined by context in which the person finds himself or herself while the personality psychologists hold the conviction that people's behaviour is consistent across situations (Kammrath, Mendoza-Denton, & Mischel, 2005; Mischel

& Shoda, 1995; Mischel, 2006). However, Mischel and colleagues (Kammrath, Mendoza-Denton, & Mischel, 2005; Mischel & Shoda, 1995; Mischel, 2006) have argued that the controversy in this debate may be resolved through the interactive effect of both personality and the situation on behaviour. Mischel and Shoda (1998, 1995) suggest that personality has greater influence on behaviour in less structured situations (situations without strict regulations or rules) while personality has little influence on behaviour in structured situations. This implies that the existence of ethics code may have greater influence in determining the conduct of the professional.

When professionals act in accordance with their ethics code, there is a greater chance of ensuring not only the continued existence of the profession but also maintaining the highest level of professional conduct. This is to say that ethical behaviour by professionals is important in many ways. For instance, Gilman (2005) intimates that ethics codes usually reflect a vision of excellence and of what individuals and societies should strive for and achieve. Thus, acting in accordance with ethics code or behaving ethically represents an attempt to pursue the vision of excellence they have envisaged for themselves. In the context of professional conduct, making

\* William V. S. Tubman University, Liberia

ethical decisions and acting on their decisions represent a pursuit of the vision of excellence that the profession has imagined for itself.

There is also evidence to believe that behaving ethically has contagious impact on other members of a given profession. The Ethics Resource Center (ERC, 2010) has gathered evidence to argue against the view that individuals make decisions independently and in support of influence of one's social group. ERC (2010, p. 1) argues that

... the vast majority of people act based on the circumstances in their environment and the standards set by their leaders and peers, even if it means compromising their personal moral ideals.

In consonance with ERC's (2010) finding, Lincoln and Holmes (2011) have documented evidence that ethical decision-making is influenced largely by social consensus and proximity. In their study, social consensus was conceptualized as "the degree of agreement among a social group that an action is good or bad" and proximity as "the nearness of the decision maker to the individuals potentially affected by the consequences. Proximity can be a feeling of physical, cultural, social, or psychological nearness" (Lincoln & Holmes, 2011, p. 57–58). Similarly, Clayton, van Staden, and Lynch (2010) have also reported a significant impact of social influence on the ethical decision-making of professional accountants. This suggests that ensuring members of a particular profession behave ethically is essential as there is the tendency that their behaviour will influence other members. Thus, this recognizes the possibility that the social environment of an individual within which one operates has the potential to influence the person's behaviour in general and ethical decision-making in particular.

In many professional practices, there appears to be universal normative principles that tend to regulate the behaviour of the professionals regardless of the geographical location and social context. This is more so an issue in non-western societies into which many modern disciplines have been imported. For instance, a Universal Declaration of Ethical Principles for Psychologists was developed and approved by the International Union of Psychological Science (IUPsyS) and International Association of Applied Psychology (IAAP) in 2008 (Ad Hoc Joint Committee, 2008). The principles of the Universal Declaration are as follows:

- Respect for the Dignity of Persons and Peoples
- Competent Caring for the Well-being of Persons and Peoples
- Integrity
- Professional and Scientific Responsibilities to Society

Indeed, universal ethical principles are not undesirable in themselves. The problem results from their applications in particular contexts. This is to say that universal ethical principles can provide frameworks for thinking about ethical issues across different cultures and time. However, the undesirable consequences of a strict application of these principles erode sometimes the positive consequences in a particular context. For instance, when we encourage

psychologists to do no harm to service users, what does it actually mean? In a more individualistic culture, doing no harm might entail preventing or avoiding both physical and psychological (mental) harm to the individual receiving the service. However, this may not have the same meaning in other contexts. For example, the meaning of harm may be expanded to include social harm or damage to interested third-parties such as family and friends in a more communal context. In this process, the social injury may be considered more important than the harm to the individual at the centre of the service delivery. This is an indication that ethical principles do differ from ethical actions of the professionals.

Besides, there is evidence suggesting that culture influences ethical behaviour (eg: Alqahtani & Altamimi, 2016; Armstrong, 1996; Barnett, & Bivings, 2002; İbrahimoglu, Çiğdem, & Seyhan, 2014; Kim, 2012; Leach & Harbin, 1997). Armstrong (1996) showed that Hofstede's cultural dimensions of uncertainty avoidance and individualism influence ethical perceptions. On the other hand, İbrahimoglu et al. (2014) showed that even between Turkish and Arabs who are both predominantly Muslims, there exist differences in ethical perceptions. Kim (2012) also demonstrates the differential ethical perceptions among American and Asian dentists. Similarly, after comparing ethical codes from 24 countries, Leach and Harbin (1997) found evidence in support of diversity in ethics codes and ethical actions. Barnett and Bivings (2002) also drew attention to the cultural sensitivity required for ethical practice in psychotherapy. More recently, Alqahtani and Altamimi, 2016 have also provided guidelines for training Saudis to become culturally competent ethical psychologists, taking note of the culture-ethics linkage. Collectively, the evidence suggest that culture has a significant influence on ethical actions.

In addition to the cultural differential argument, the attempts at globalizing principles and practices reflect the ethnocentric, imperialistic and racist nature of psychology and social science in general (Ake, 2012; Dawes, 1998; Owusu-Bempah & Hoffitt, 1995; Oppong Asante & Oppong, 2012; Oppong, Oppong Asante, & Kumaku, 2014; Oppong, 2016, 2017a, 2017b; Naidoo, 1996; Nsamenang, 2007). This is because the practice of social science has always involved exporting practices and values from the 'minority region of the world' (Western societies) to the 'majority of the world' (non-Western societies). This process has also always been accompanied by the sometimes unarticulated view that the majority of the world is in need of salvation from its "primitive self". This, according to Ake (2012), is because social science knowledge is created by means of binary opposites in which the "good" is always associated with the minority of the world and the "bad" with the rest of the world. This, according to him, has then reduced development to westernization, a process which requires that the rest of the world should become more like the western societies in order to appear developed.

In the analysis of the dynamics of globalization, Heywood (2007, p. 143) conceptualized it as "the emer-

gence of a complex web of interconnectedness that means that our lives are increasingly shaped by events that occur, and decisions that are made, at a great distance from us". He further identified three variants of globalization, namely: economic globalization, cultural globalization, and political globalization. Knowingly or unknowingly, the efforts by IUPsyS and IAAP in 2008 constitute both cultural and political globalization. The ultimate objective is homogenization as opposed to indigenization, though they make some room for the latter. Indeed, Yankah (2012) has described this process of globalization as merely projecting one local culture to the world stage. Thus, viewed through a postmodernist deconstructionist lens, westernization or globalization reduces to universalizing a very specific set of local norms and therefore global practices and trends reduce to 'universalized locals'.

Bulhan (1985) reveals the deliberate and self-serving ethnocentric preoccupations of 'mainstream' dominant psychology (i.e., Euro-American Psychology). He conceives that mainstream psychology is derived, founded, and permeated with the outlook that (a) the Euro-American world-view is the only or valid world-view; (b) positivism or neo-positivism is the only or valid approach to the conduct of scientific inquiry; and (c) the experience of white middle-class males are the only or most valid experiences in the world. In agreement with Bulhan (1985) on the centrality of the *ethnocentric* Euro-American ontology, Canadian psychologists, Teo and Febraro (2003, p. 687–688) argue that:

Most psychologists must admit, for example, that instead of a *history of psychology*, they teach a *history of Euro-American psychology*. Instead of a *theory of personality*, they focus on a *Western theory of personality*. Instead of an *introduction to psychology*, they teach a *Western introduction to psychology*. Instead of writing a textbook of *social psychology*, they write a textbook of *Western social psychology*.

It is this that results in what Teo (2008, 2010) calls *epistemological violence*," a hermeneutic process (interpretative speculations of data) that has negative consequences for the 'Other', in which the 'Other' (being non-Western) is conceived as problematic or inferior (2008, p. 57), "even though alternative, equally plausible interpretations of the data are available" (2010, p. 296).

Similarly, Bulhan (2015, p. 244) has argued again that metacolonialism "revives an old system of colonial exploitation and oppression that masquerades in the more savory euphemism of globalization"; he introduces and defines metacolonialism as "a socio-political, economic, cultural, and psychological system that comes after, along with, or among the earlier stages of colonialism..." (p. 244). Bulhan (2015, p. 246) further suggests that:

Metacolonialism also dictates that international laws promulgated by Europeans are just and essential laws for 'civilized' conduct in national and international relations. This is colonization of individual and group behaviour, nationally and internationally.

There is no better note on which to end this discussion about the ethical principles being product of the socio-historical contexts of the countries in which they are developed than to provide a brief description of how the ethical guidelines of the American Psychological Association (APA) were formulated. In the 1948, APA asked its 7500 members at the time to submit examples of instances where ethical concerns arose in their work to which 2000 responses were received (APA, 1953, cited in Tyson, 2011). These responses were then categorized and utilized to derive the set of general principles published in 1953. It is reported that some of the cases received illustrated the social and political climate of the postwar United States (Tyson, 2011). Given lack of space to extensively discuss this issue of promotion of 'international' ethical standards as ethnocentric, a good conclusion on this matter will be what Tyson (2011) wrote in the first paragraph of his chapter on *Ethical Standards in Psychology* as part the book, *Psychology in Social Context: Issues and Debates*. He wrote:

Ethical principles are as much a product of a particular place and time in society and a particular culture as are any other ideas within the profession [of Psychology]. What was once considered ethical no longer is so, and what is considered ethical today may not be in future (p. 122).

The implication of the ongoing discussion about 'racialised' psychology is that the so-called Universal Declaration of Ethical Principles for Psychologists is only a set of 'universalized local' ethical principles of the key participating psychologists comprising the committee that formulated them. Thus, such universal declarations ignore or play down on cultural variations in ethical decision making and risk imposing on others their views, which then makes it colonial and ethnocentric, whether the promoters are aware or unaware.

What is clear from cultural and colonial arguments is that there is a need to appreciate diversity in ethics and ethical practice. It is expected that culture will, therefore, have effect on both ethical decision making and evaluation of decisions on ultimate outcomes, interpretation of those outcomes, and changes to ethical behaviour. For instance, the culture dimension of individualism-collectivism will be expected to shape how ethical decisions will be made; professionals practising in individualistic cultures are more likely to consider the implications of ethical principles in terms of the sanctity of the individual whereas those practising in a more collective culture will be more concerned about the preeminence of the social groups to which the individual belongs. Thus, social implications of professional decisions will be of greater importance to, say, an African practising psychologist than to a Western psychologist. This will have implications for the effectiveness of the treatment or interventions. It is little wonder that there has been calls to develop cultural competence among psychologists intending to practise in settings with cultural values different from their own social groups (see Barnett & Bivings, 2002).

Despite this, other non-western scholars (Myles, 2013; Wiredu, 2013) argue that human mental capacities in

general and ethical principles and ethical decision making in particular may be universal but their manifestations may be culture-specific. Wiredu (2013, p. 100), for example, writes that:

In their basic nature ... [human] mental capacities are the same for all humans irrespective of whether they inhabit Europe, Asia, or Africa, just as in their basic nature the instinctive reactions of, say the frogs of Europe are the same as those of the frogs of Africa.

However, Wiredu (2013, p. 106–107) admits that the human person is the product of culture and that “customs are contingent facts of particular social formations” and “when all is said and done it remains unclear by what criteria normative universals of human conduct are to be identified”. Indeed, Wiredu’s (2013) viewpoint is consistent with the philosophical orientation of cross-cultural psychologists. For instance, the latter “assumes that basic human characteristics are common to all members of the species (i.e., constituting a set of biological givens), and that culture influences the development and display of them (i.e., culture plays different variations on these underlying themes)” (Sam, 2014, p. 238). Stevens (2010) argues that principles that constitute the Universal Declaration are said to be grounded in shared human values and avoid the prescription of specific standards of conduct so as to permit cultural variations in specific country codes.

It can be said from the ongoing discussion that the debatable issues in ethical decision making are (1) whether or not the normative ethical principles identified by a group of professionals in one social context are universal, given that social science is known to be imperialistic (Ake, 2012; Yankah, 2012; Owusu-Bempah & Hoffitt, 1995) and that “customs are contingent facts of particular social formations” (Wiredu, 2013, p. 106) and (2) whether or not particular manifestations of the universal normative ethical principles can be or should be culture-specific.

In this regard, the questions posed by Stevens (2010) when exploring the etic (outsider) and emic (insider) perspective in contemporary psychological ethics are relevant. They are repeated here for emphasis (Stevens, 2010, p. 2):

- Is it possible for a country’s psychological ethics code to mirror universal principles while at the same time embracing local norms; conversely, to what extent are universal principles and local norms irreconcilable?
- What variables predict whether psychologists from culturally diverse countries accept, reject, or respond ambivalently to universal ethical principles as they engage in professional activities locally?

Indeed, Stevens (2010) admits that the universal ethical principles may represent an imposition on psychologists in which the local may be opposed to the universal. For instance, the principle of integrity may present some challenges to practising psychologists in some societies in which there is a concept of appreciation after a good service. This is to say that if integrity is defined to cover proscriptions against acceptance of

gifts, it will be opposed to cultural norms in Ghana, for instance, where there is a significant sense of reciprocity even when a professional is only doing what she or he is paid to do.

This paper takes the position that despite the existence of ‘universal’ normative ethical principles, ethical decisions will be expected to vary across cultural space and even evolve over time. This paper achieves this objective by employing typical ethical dilemmas that Ghanaian psychologists and other health professionals encounter to show how and why what is ethical in one culture becomes unethical in the Ghanaian context and what is unethical in the Ghanaian context becomes ethical in another culture. Thus, in the rest of this paper, an attempt is made to explore the concept of cultural relativism, ethical decision-making from a justice perspective, ethical decision-making based on Wiredu’s principle of sympathetic impartiality, and ethical decision-making in the Ghanaian context. In this sense, the paper advances the frontiers of the ethics field in general and especially in psychology, by exploring insights that can be derived from ethical principles rooted in an African cosmology as well as how such principles can influence psychological practice. It also seeks to provide an alternative voice (distinctively African) on the discourse on ethical practice in psychology.

### Cultural Relativism

Cultural relativism is a complex concept with its intellectual roots in discussions about relativism in the philosophy of science and the philosophy of language (Howson, 2009). According to Howson (2009, p. 1), cultural relativism is related to a general tolerance and respect for differences in culture, which refers to “the idea that cultural context is critical to an understanding of people’s values, beliefs and practices”. To argue that a phenomenon is culturally relative is to recognize that the said phenomenon varies according to the context in which it appears.

Furthermore, the sociologist William Graham Sumner (1906, cited in Rachels, 1999, p. 22) is reported to have summarized his view on cultural relativism as follows:

The “right” way is the way which the ancestors used and which has been handed down. The tradition is its own warrant. It is not held subject to verification by experience. The notion of right is in the folkways. It is not outside of them, of independent origin, and brought to test them. In the folkways, whatever is, is right. This is because they are traditional, and therefore contain in themselves the authority of the ancestral ghosts. When we come to the folkways we are at the end of our analysis.

Rachels (1999, p. 22–23) has catalogued the principal claims made by the cultural relativists as follows:

- Different societies have different moral codes.
- There is no objective standard that can be used to judge one societal code better than another.
- The moral code of our own society has no special status; it is merely one among many.

- There is no “universal truth” in ethics; that is, there are no moral truths that hold for all peoples at all times.
- The moral code of a society determines what is right within that society; that is, if the moral code of a society says that certain action is right, then that action *is* right, at least within that society.
- It is mere arrogance for us to try to judge the conduct of other peoples. We should adopt an attitude of tolerance toward the practices of other cultures.

In short, every standard is culture-bound and that, indeed, “customs are contingent facts of particular social formations” of a given society (Wiredu, 2013, p. 106). Thus, there is the contention that there are multiple normative ethical principles. However, cultural relativism has been criticized for a number of reasons.

Applying the principle of *argumentum ad absurdum*, Rachels (1999) posed the question as to what the world would be like if the arguments of cultural relativism were true. For instance, Rachels (1999) argues that if the argument of cultural relativism were true, we would no longer be able to say that the customs of other societies are morally inferior to others. Of course, this is the main argument of the cultural relativists. However, this would also prevent us from criticizing other societies even if they engage in less benign actions. Suppose a society enslaves other people or condones human sacrifices; cultural relativism would prevent us from saying that the actions described above are wrong. What this means is that if we take cultural relativism seriously we would need to recognize the immunity of slavery and human sacrifices from criticism. This is because “the ‘right’ way is the way which the ancestors did and which has been handed down ... The notion of right is in the folkways” (Sumner, 1906, cited in Rachels, 1999, p. 22). This implies that there is no way psychologists in one country can judge the practices of their colleagues in another country as right or wrong. This may mean that even if clients are treated in a less benign manner, it is nearly impossible for colleague psychologists in other countries to criticize the practice.

Again, if the arguments of cultural relativism were true, we could only judge the rightness or wrongness of actions by consulting the standards of our own society (Rachels, 1999; Wiredu, 2013). Cultural relativists would argue, for instance, that bribery is morally correct as long as the practice is consistent with or conforms to a given society’s moral code. Given that individuals consider their own moral code to be perfect, cultural relativism would make us not only less likely to criticize other society’s moral codes but also our own society’s codes. By extension, it will follow that psychologists have no business engaging in self-criticisms as its moral code is perfect and beyond even criticism by themselves. According to Rachels (1999, p. 23), it will be absurd for psychologists to engage in self-criticisms as the moral code of their professional association determines what is right within that profession; “that is, if the moral code of a society says that a certain action is right, then that action *is* right, at least within that society”. However, this moral charge, by cultural relativists, not to engage self-examination will deny psychologists of

the very requisite for the growth of the profession, which is self-critique and stock-taking.

Related to the other consequences of cultural relativism is the possibility that the world would not experience moral progress. Progress means “replacing a way of doing things with a better way” (Rachels, 1999, p. 26). This is because cultural relativism would not permit modification of moral codes for the better. In the immediate past, the role of the woman in Ghana was limited to the home which affected the female child’s education and the economic independence of women (Assimeng, 1999). However, the conditions of women have improved. If cultural relativism were true, there was no way these social changes would have taken place as the treatment of women was right within that era and culture. This is to say that if cultural relativism were true, there would be no need, opportunity and room for progress in the professional practice of psychology or even outside psychology, in social norms in general. This is due to the fact that in whatever ways psychologists in one society interact with their clients is right and there is no need for changing it. Thus, there will be little or no progress in professional practice.

### **Ethical Decision-Making from a Justice Perspective**

Interestingly, many of the so-called moral codes or normative ethical principles seem to have evolved from a justice perspective. For instance, the Belmont principles that guide psychological research and practice are said to have evolved from the Kantian tradition, which requires that individuals are treated as autonomous beings who are not a means to an end (Collaborative Institutional Training Initiative & University of Miami, 2014). The normative principles that guide research and practice include (1) beneficence, (2) nonmaleficence, (3) respect for autonomy of persons, and (4) utility. These principles define the moral obligations or the “duties or obligatory actions that we owe to everybody under all circumstances” (Keller, Edelstein, Krettenauer, Fu-xi, & Ge, 2005, p. 1). However, Keller et al. (2005) argue that the principle of beneficence and therefore nonmaleficence are based on a care perspective. This is because beneficence reflects moral responsibilities that are considered under the topics of sympathy and empathy (Keller et al., 2005). In both psychology and philosophy, there is a general consensus that both justice and care or solidarity are necessary components of morality (Keller et al., 2005; Habermas, 1990).

Generally, the justice orientation holds that “only individuals can be the ultimate point of reference of moral obligations and hence the justificatory source of morals and ethics” and that collective entities cannot fulfill this function (von der Pfordten, 2012). Thus, the justice perspective consists of two important elements, namely: (1) moral imperatives that hold valid under all circumstances and (2) the individual being the ultimate point of reference of moral obligations. This suggests that the justice perspective

is deontological as it tends to show that the rightness or wrongness of action is an inherent property of the action itself. This implies that to act ethically involves choosing actions that are viewed as ethical in and of themselves. This also suggests that the justice perspective is more likely to underpin ethical decisions in individualistic societies and male ethical decision-making (Tsunematsu & Asai, 2014; Gilligan, 1982).

For the justice perspective, ethical or moral decision making involves evaluating the action in terms of the rightness or wrongness of the action itself using the individual as the ultimate reference of moral obligations. To illustrate ethical decision making underpinned by the justice perspective, an ethical dilemma faced by a Ghanaian industrial/organizational (I/O) psychologist and a San Antonio Contraception Study are employed. The first example comes from a study regarding use of contraceptives, dubbed the San Antonio Contraception Study (Collaborative Institutional Training Initiative & University of Miami, 2014, p. 6).

In San Antonio, Texas, a number of Mexican-American women participated in a 1971 study to determine side effects of an oral contraceptive. The women came to a clinic seeking contraceptives. Unbeknownst to them, the study was designed so that half the women would receive oral contraceptives for the first half of the study, then switched to placebo. The women initially receiving placebo were placed on the oral contraceptive for the second half of the study. 10 of the 76 subjects became pregnant while using placebo.

The actions of the researchers in the 1971 San Antonio Contraception Study will be considered unethical because it treated the Latino women as means to an end as they deceived them into participating in the research in the first place; Besides, they exploited a vulnerable group of women in need of contraception and the risks to the Latinas outweighed the benefits to them. Thus, an ethical action would have been to treat the participants as adults capable of making decisions for themselves and as individuals who deserved respect. Therefore, full disclosure would have been necessary for the women to make informed decision to participate. Failure to do so not only has the potential to cause social and biological problems for the women but importantly it presented psychological risks.

The next example refers to a dilemma faced by an industrial/organizational (I/O) psychologist relating to the application of an IT policy. An I/O psychologist deals with applying psychological knowledge to business management and administration. The dilemma arose when he had information from the IT officer that a colleague was using the corporate broadband for personal business which required dismissal as such action was considered theft in their company's code of conduct.

The IT officer was required to send information to the Board of Directors so as to meet a deadline. The event happened on the same day as the deadline so he had to act quickly. To make things worse, he unlocked a colleague's system (using his authority as IT officer). However, he did not seek permission from the colleague before proceeding,

as prescribed per the code of conduct. In the process he discovered that his colleague using the company's broadband illegally for activities not related to the company's business. Given that the culprit was his friend and this was a fact everyone in the organization knew, the IT officer reported it to the Head of HR and Administration. It was a dilemma because the culprit had to be sacked for his conduct with the potential of severing the relationship between the two colleagues when evidence and witnesses had to be produced. On the other hand, the IT officer had to be punished as well for failing to seek permission before entering into a colleague's system. To resolve it, Head of HR and Administration contacted the service provider (Vodafone Ghana) and requested that Vodafone Ghana blocked all the lines and put passwords on each line which now require authorization from the IT Office.

Was the action of the I/O psychologist ethical? From a justice perspective, his action would be considered unethical as he failed to act in accordance with the company's code of conduct as it is a moral obligation to dismiss anyone who violates that code. Indeed, the ethical inappropriateness of his actions lies in the fact that the I/O psychologist violated the very code of conduct that he has spearheaded in the organization. This is say that that not acting in accordance with the code of conduct and associated punishment represents a violation in a response to an earlier violation. In addition, the IT Officer also acted unethically from a deontological perspective. His actions were well-intended but he achieved that goal through a violation of the value system of his organization. Several questions come to mind: Was it his first time of nosing into other workers' systems? Why did he not seek permission from management? Was it possible for management to set aside that rule of 'no-entry'? This leaves us with only one conclusion which is that the actions of both the IT Officer and the I/O psychologist were ethically inappropriate. The same can be said of the culprit who had been using the company's broadband illegally.

### Ethical Decision-Making based on Wiredu's Principle of Sympathetic Impartiality

Wiredu (2013, p. 100) admits that the processes of human actions may be the same "for all humans irrespective of whether they inhabit Europe, Asia, or Africa", but also argues that cultural variations exist that moderate ethical decision-making in different cultural milieus. However, he strengthens his arguments in favour of cultural universalism, though the tenet of his argument is not clearly a universal principle in its true sense of universality. It is more of an attempt to 'universalize' a local Ghanaian moral principle. Given that being an ethno-philosopher or African philosopher from a collectivist society his thought will definitely be ethnic. There is nothing wrong with this *per se*. After all, all the so-called universal moral principles are only 'universalised' local principles and never universal in its true sense of being common human patterns or values.

In order to answer accusations of relativism, Wiredu (2013, p. 109) suggests that the "insistence on a separation,

in thought, between custom and morality does not, most assuredly, carry any suggestion that customs cannot form a basis for discriminations of the good, the bad, and the indifferent". For instance, he argues that what is referred to as "Christian ethics, is in fact, a mixture of pure morality (e.g., Do not steal!) and customs (e.g., Man, you may marry only one woman!) with some taboos thrown in (e.g., Do not work on the Sabbath)" (p. 109). His reason is that there are only more grounds for normative appraisal of conduct than appraisal of the moral merit or demerit of a conduct. This viewpoint appears consistent with the position of the cultural relativists' argument; the cultural relativists insist that there is "no objective standard that can be used to judge one societal code better than another" and that the "moral code of our own society has no special status; it is merely one among many" (Rachels, 1999, p. 22–23). From this perspective, it appears right to say that we ought to be more concerned about judging the morality of our conduct rather than determining the rightness or wrongness of the reasons for the particular conduct.

In an effort to argue in favour of the existence of cultural universals, Wiredu (2013, p. 107) wrote:

Let us start with the following minimal premise. We assume that every human being has a concern for his or her own interests, in whatever way the concept of interest might be defined. The problem of morals arises from the fact that not everybody has a natural inclination to be concerned about the interests of others at all times in their conduct. In consideration of this, the following imperative naturally suggests itself. "Let your conduct at all times manifest a due concern for the interests of others." ... A person may be said to manifest due concern for the interests of others if in contemplating the impact of his actions on their interests, she puts herself imaginatively in their position, and having done so, is able to welcome that impact. ... If phrased as an imperative, it might be called the principle of sympathetic impartiality.

Thus, his principle is not deontological. According to Wiredu (2013), such values as truthfulness, honesty, chastity and the like are simply aspects of sympathetic impartiality and do not differentiate morality in one culture from the other. At best, Wiredu (2013) argues, the contingencies of culture may only "introduce variations of detail in the definitions of some of these values". Wiredu's (2013) principle of sympathetic impartiality is consistent with both Gilligan's (1982) care perspective and Gyekye's (2003) argument. Gyekye (2003) suggests that African moral values seek to achieve social and humanistic outcomes. According to Gyekye (2003), what is morally good is what brings about or is expected to bring about human wellbeing. In societies that thrive on social relations such as African societies, what is morally right then translates into actions that encourage social welfare, solidarity and harmony in human relationships. This implies that the principle of sympathetic impartiality is teleological or consequentialist as it considers the results (teleological) or the impact (consequential) of one's actions.

To evaluate the morality of an action from the perspective of the principle of sympathetic impartiality,

Wiredu's (2013, p. 107) test is relevant and worth being repeated here:

"Let your conduct at all times manifest a due concern for the interests of others." ... A person may be said to manifest due concern for the interests of others if in contemplating the impact of his actions on their interests, she puts herself imaginatively in their position, and having done so, is able to welcome that impact.

Thus, the most appropriate question to ask to guide ethical decision making from this perspective will be: "Does your action or decision demonstrate that you showed due concern for the interests of your clients or research participants? Both the ethical dilemma faced by the Ghanaian industrial/organizational psychologist and the San Antonio Contraception Study are employed here again to illustrate ethical decision making from Wiredu's (2013) principle of sympathetic impartiality.

If this perspective is applied to the I/O psychologist who faced the dilemma of instituting a dismissal proceeding against the IT officer who unlawfully (per their company code of conduct) broke into a colleague's mail system, his actions would be considered ethical. This is because to decide to call service provider showed due concern for the interest of the IT officer who risked being dismissed and losing his friend as well if a formal disciplinary procedure had been initiated. This is opposed to the initial judgement from a justice perspective that the action of the I/O psychologist was unethical. Whereas the justice perspective views the company's code of conduct as moral obligation that needs to be observed under all circumstances which he failed to observe, the principle of sympathetic impartiality enjoins us to consider the impact our actions have on others. Thus, considering the impact of his actions on the IT officer, the I/O psychologist acted ethically by not starting a formal disciplinary proceeding. However, the worker using the company broadband for his only private benefit failed to consider the impact of his actions will have on others or the company. This then makes his action equally unethical.

On the other hand, the actions by the researchers involved in the 1971 San Antonio Contraception Study were clearly unethical. This is due to the fact that they failed to show due concern for the interest of the Latinas who served as human participants in the study. By deceiving them to participate in the study knowing quite well that they will be on placebo which can result in pregnancy (the very outcome they wanted to prevent) points to the fact that the researchers failed to put themselves imaginatively in the position of the Latino women who would have unwanted pregnancies in order to have an appreciation for the impact of the actions. Given that evaluating the researchers' actions from both the justice perspective and the principle of sympathetic impartiality resulted in the same judgment of immorality, it is plausible to postulate that different ethical orientations may produce the same ethical decision. However, it will appear that the same ethical decision may have different moral reasons or justifications. One could argue that the ethical rule in

both examples is “Do no harm”. Harm would be done in the IT example by reporting the misconduct (an over-strict application of rules), but in the second by allowing the deception.

### **Ethical Decision-Making in the Ghanaian Context**

Wiredu (2013) argues that though cultural universals may exist, the contingent factors of culture may influence its manifestations in each particular society. This is a recognition of the impact of culture on ethical decision-making. In terms of Hofstede’s cultural dimension of collectivism versus individualism, Ghana is considered more collectivist (LeFebvre & Franke, 2013; Malinoski, 2012; Yawson, 2011). Indeed, Gyekye (2003) has characterized African societies in general and Ghanaian society in particular as communal. However, Gyekye (2003) admits that the communalism of the African finds its greatest expression within the familial context.

Given that collectivist cultures tend to place more premium on maintaining harmonious social relations, it is more likely that Africans in general and Ghanaians in particular are more likely to make ethical decisions underpinned by the principle of sympathetic impartiality. On the other hand, societies with individualist culture are more likely to make ethical decisions based on a justice perspective. To illustrate ethical decision making within the Ghanaian context by Ghanaian professionals and to evaluate the application of the principle of sympathetic impartiality, four ethical dilemmas faced by Ghanaian health professionals are presented here.

Two ethical dilemmas which faced physician specialists in Ghana and the USA are described. The first dilemma took place in Ghana and the other in the USA. Deciding on doing a termination of pregnancy for a young adult was the dilemma that took place in Ghana and is described as follows:

An 18-year old staunch Christian virgin girl from very poor social background [low socio-economic status] and a lot of ambition had been raped by a total stranger under very difficult circumstances. She had not made a report to the police at the time of the incident. Six weeks later she requested help from a hospital with what she thought was malaria. During her attendance of regular clinic appointments it was found that she manifested symptoms suggestive of pregnancy. This was confirmed by subsequent testing. She was devastated by the diagnosis and requested a termination. She was believed to be suicidal. All of this presented a dilemma for the practitioner for the following reasons:

1. Under the laws of the country, abortion is a crime, except under certain circumstances such as rape, in which case a report to the law enforcement agency has to be made. She had not made a report and still did not want to make a report since the fact that she was raped could not be proven.
2. Even though she knew she did not want the baby she kept talking about how an abortion went against her religious principles.

3. The Physician felt conflicted and torn between his Christian values and terminating the pregnancy. His conflict was deepened by her inability to afford another mouth to feed in the long term, especially since her education would be curtailed.

The physician had to choose between terminating the pregnancy to the benefit of the patient while breaking the law or sparing the life of the unborn child. The physician resolved this dilemma by referring the patient to both a clinical psychologist and an obstetrician/Gynaecologist, based on the psychological distress/suicidality and her need for a termination respectively. Although he could have performed the termination, he preferred to leave the decision making to other practitioners. The girl got the termination for which he was happy but did not take direct responsibility for its occurrence

The physician’s resolution of this dilemma can be said to have been underpinned by the principle of sympathetic impartiality. This is because in healthcare delivery system where it is not a common practice for physicians to refer cases to clinical psychologists, it will appear that competence and/or knowledge alone cannot explain his actions as cross-referral modalities do not exist or are not well developed if they exist at all. The question is whether his action or decision shows a due concern for the interests of the 18-year old girl. One could argue that he showed due concern to the girl’s plight as he put himself imaginatively in her position to determine what he would want if he was in her position. However, his actions were also determined by his self-interest of avoiding direct personal responsibility for the termination of the pregnancy. Thus, he felt the termination was the “right” course of action but at the same time felt guilty of being the one to make that important decision. Does the end justify the means?

The second dilemma that was faced by the physician relates to blood transfusion for a young female Jehovah’s Witness in the USA. This dilemma is presented as follows:

A 14-year old female Jehovah’s Witness had attempted an illegal termination of pregnancy resulting in profuse uterine bleeding that was difficult to stop. Removing her uterus to stop the bleeding was considered, but she had refused a blood transfusion on religious grounds up to that point. Consent was needed from her legal guardians before transfusion but they were not readily available. It was a dilemma because the patient’s religious values forbade any blood transfusion even if it was required to save her life. There was no legal guardian to give consent and in any case she claimed that her parents would absolutely not allow her to take blood transfusion. The physician consulted with two senior colleagues who explained the options to the patient and convinced her to give consent. She was given a transfusion with her consent but without that of her legal guardians who were not informed of this by the practitioners.

The question is whether the physician’s decision here was also underpinned by the principle of sympathetic impartiality. It is difficult to tell as the concern was more about saving a life than showing due concern for the girl’s interests which initially involved adhering to her religious

teachings of no blood transfusion. It is equally possible to suggest that the girl's self-interest was actually not in her best interest as any interest that does not ensure human survival is not self-interest at all or that she was not well-informed to make such choices in her life at that age. Thus, the physician's action may still be considered to have been underpinned by the principle of sympathetic impartiality as it enabled him to put himself in her "shoes" to ask whether or not he would have rejected what could save his life, if he had been the young girl.

Two ethical dilemmas are now described which were encountered by a female Clinical Pharmacist, who doubles as an adherence (AD) counsellor in Ghana. The first dilemma was about disclosure of HIV status of a patient to a third person and the other being medication without prescription. The first dilemma is as follows:

Being an HIV adherence counsellor, she found out accidentally that one of her clients was dating her cousin. The client, who is not married, has always insisted he is not sexually active. The AD counsellor had the dilemma of whether to inform her cousin in view of the risk of her cousin getting infected with the virus should they be sexually intimate, or to keep the confidentiality imposed by her profession. However, she felt the moral obligation to warn her relation. She resolved the ethical dilemma by warning her cousin that the gentleman she was dating led a reckless life and so she needed to think twice about her relationship in this day of HIV/AIDS.

In this instance, it is quite clear that ethical decision was underpinned by the principle of sympathetic impartiality rather than the respect for the person or normative individualism. This is because the clinical pharmacist put herself in the position of her cousin. Would her action be any different if the third party had not been her cousin? There is little information from the dilemma to enable us answer this question adequately. However, if Ghanaians are communal and their communal nature finds the greatest expression in the familial setting, then there is a greater likelihood that she would warn her cousin relative to a situation in which the third party is a total stranger. It is equally possible to argue that the ease with which she could identify the third party also increased her willingness to carry through her duty to warn. But equally possible is the fact that she may not have informed her cousin if they had a strained relationship.

A second ethical dilemma which was encountered by this practitioner is the following:

A diabetic man showed up at the pharmacy with only an empty bottle of Insulin wanting to purchase another because he said that he had run out of supplies for the next five days, even though he was expected to inject this prescription medication daily and could go into a coma without the medication. He had already started showing signs that his blood sugar level had risen. The dilemma for the professional here was that this is a prescription-only medication and he had no way of verifying if he was to supply the medication. On the other hand, without the medication, the patient could run into complications including falling into a coma but if he were given

the medication and he used it wrongly he could also run into complications which included death from low sugar (hypoglycaemia). The pharmacist decided not to supply the medication but rather to refer the man to a nearby hospital, and insisting that he goes at once, pointing out the signs of worsening disease.

Did she show due concern for the diabetic's interests or condition? It may appear that she did not. However, in putting herself in his position, she reasoned that the risk he faced was higher if he engaged self-medication without a physician's advice. As a result, asking the patient to go to a nearby hospital for a physician to check him up before administration of insulin was a clear demonstration of due concern for the interest of the diabetic. This dilemma is similar to the 14-year old female Jehovah's Witness who thought what was in her best interest was to refuse the blood transfusion. This is because the decision by the diabetic to buy his medication over the counter without prescription for self-administration was not well-informed by his biological conditions at the time of the request. This constitutes beneficence as if in both cases the practitioners attempted to act as the experts who had a duty to educate clients to make an informed choice. Speculating on the moral reasons, it can be said that the practitioners did what was professionally required of them to educate their clients in order that decision to be taken will maximize the benefits and minimize the harm to the latter.

In reflecting on the ethical dilemmas, some themes emerge. Regardless of the situation, the practitioners are more likely to act in ways that promote or are expected to promote human wellbeing. This view is consistent with the principle of sympathetic impartiality of showing due concern for the others' interests. Again, there is the tendency for practitioners to act more beneficently in situations where they feel that the decision by their client is not a well-informed one. This equally implies that they were placing themselves in the position of the clients and asking themselves: Would we have arrived at the same decision if we were in their position and had access to the knowledge we currently possess? This is definitely underpinned by the principle of sympathetic impartiality.

On the other hand, in some of the cases, they were equally driven by the possibility of guilt in the future to select the course of action they chose. For instance, the physician's guilt of participating in abortion and the pharmacist's possible guilt of not warning her cousin all drove them to take the course of actions they chose. Though the physician felt guilty that he was participating in abortion, his inclination to promote or do what promotes human wellbeing drove him to assume the paternalistic orientation by making appropriate referrals. Similarly, to avoid the guilt of failing to warn a relative, the pharmacist violated any ethics code of confidentiality to warn her cousin as her action is, in the long run, expected to promote human wellbeing. To some degree, it will be appropriate to also suggest that their conduct may have been underpinned by their professional guidelines as well.

### Implications for Practice

The ongoing discussion has allude to the fact that ethical decision-making in the Ghanaian context is more likely to be informed by the need to promote human wellbeing, communal values, paternalistic orientation and avoidance of guilty. One could, however, argue that the decision outcomes will ultimately not be different from those that proceed from typical 'western' principles like 'beneficence' and 'nonmaleficance'. The point is that a more concrete way of justifying ethical decisions is to relate it to the practical concerns of people who live in a community, rather than to a set of abstract (or transcendent) moral rules that are claimed to pre-exist. This has implications for regulation of professional conduct, education and training of psychologists and other health professionals in Ghana. This is because if the specific ethical standards derived from the so-called normative ethical principles are formulated in such a way that they are compatible with values of promoting human wellbeing, communalism, paternalism and avoidance of guilt, then there is a higher chance that the codes will have greater impact on professional conduct.

In terms of educating trainee practitioners and encouraging continuing ethical education for practitioners, it is important to always engage the learners about the extent to which their own ethical decision-making is underpinned by these values and whether or not their values relate to context where changing circumstances require modification in the values. This is because if moral actions are culture-specific and culture is dynamic, then its stands to reason that those cultural changes should logically result in tinkering of the moral codes as well. This will ensure that the moral codes are adequate to address the ethical issues in a given context at a given time.

Ethical decisions and ethical actions encountered in the practice of psychology in a non-Western setting such as Ghana will definitely differ from a practitioner's decision and actions in a different setting even if they encounter similar situations. Thus, Ghanaian psychologists have to be concerned about the social harm associated with their ethical decisions and actions. In other words, Ghanaian and other African psychologists will need to consider whether their decisions promote the good of the entire society or a group in addition to the good of the individual. However, it is safe to say that the good of the entire society or the group is more likely to have a greater impact on the final decision and action by a psychologist in an African setting.

### Conclusion

In this paper, attempts were made to demonstrate that despite the existence of the 'universal' normative ethical principles, ethical decisions and actions are more likely to vary across cultural space and time. It has become clear from this philosophical analysis that values are bound to cultural context in their expression, but they also have a universal aspect based on considerations of common humanity. However, these values need not be derived from

universal principles (as in the western philosophic tradition) but can be derived from the practical concerns of humans living in communities with other people as well. It is also likely that the Western values are a direct consequence of the history of the West, and not really 'transcendent principles' at all. Thus, the error people make lies in thinking in terms of 'either/or', implying that one side is 'right' and the other 'wrong' (or of lesser value). In sum, it may be concluded that any education or training on ethics that fails to discuss the cultural milieu of the learners risks being irrelevant at best and resisted at worst. Thus, it is the position in this paper that "although it may be possible for national ethics codes in psychology to be written in such a way as to balance the ethical principles of the Universal Declaration with local norms, such a balance will be a challenge to achieve" (Stevens, 2010, p. 3).

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