CHAPTER 5

Values, Virtues, and Care in Counseling

OBJECTIVES

After reading this chapter, you should be able to:

- Explain the value-laden nature of counseling.
- Define and contrast the concepts of ethics, morals, and values.
- Explain the historical and ongoing role of values in the counseling process.
- Identify and discuss the three processes used to examine and work with value systems: values

clarification, values conflict resolution and valuing processes, and moral discussion.

- Discuss the differences between principle ethics, virtue ethics, and the ethics of care.
- Identify the characteristics of approaches categorized as relational ethics.

INTRODUCTION

Counselors and their clients focus on issues of value and the meaning of life as they solve problems, develop strategies, and work toward goals. They use their unique interpretations of what is good, bad, right, wrong, joyous, and painful in their experiences to guide them. These understandings, called values, are abstract and difficult to define and communicate. Values must be experienced to be truly grasped. They are powerful and drive our choices about what we wish to do and what we would like to have. They focus our energies and choices. Reflect on the strong emotion and sense of rightness you experience when you hug your child after returning from a long journey; the confusion and disgust you feel as you watch the beating of an individual on television news; or the sense of calm and joy you experience when you see a beautiful sunrise or feel gentle, pine-scented breezes. The beliefs and preferences that underlie these values can be articulated—love of

family, respect for life and personal freedom, and respect for nature and our responsibility to care for these resources. Values are formed over the years through our experience of the beliefs, choices, and actions of significant others and through exposure to cultural institutions such as school and places of worship.

Both clients and counselors hold values, whether or not they are able to articulate them in the moment. When clients come to counselors for assistance in making choices or changing their lives, both parties enact values, either knowingly or unknowingly.

Value analysis and choice in ethical decision making are increasingly important. New developments in ethics, such as virtue ethics, multiculturalism, and feminist streams of thought, illustrate how values and worldview-based analysis can be reframed to accommodate the diverse lives and perspectives of all people in counseling.

THE BASIC CONCEPTS OF VALUES

In a sermon given in Georgia on February 4, 1968, during the height of the Civil Rights movement, the Reverend Martin Luther King, Jr. spoke eloquently about what it takes to truly be a helper:

> Everybody can be great because anybody can serve (the Civil Rights movement). You don't have to have a college degree to serve, you don't have to make your subject and verb agree to serve, you don't have to know about Plato and Aristotle to serve, you don't have to know Einstein's "Theory of Relativity" to serve, you don't have to know the Second Theory of Thermodynamics and Physics to serve. . . . You only need a heart full of grace, a soul generated by love. (King, 1968)

The issues that surround ethical judgment involve a complex interplay of morals, values, and priorities that people hold in relationship to themselves, their colleagues, and other professionals. Ethical principles of practice are interrelated with, but distinguishable from, concepts such as morals, values, and codes of ethics. Taken together, they form the heart and soul of counseling.

Ethics and Morals

Ethics has been variously defined. In Chapter 1, the difficulty of distinguishing the concepts of ethics and morality in the arenas of philosophy and professional practice was discussed. In discussing the practice of professional counseling and psychology, the term professional ethics carries a meaning more closely related to the concept of philosophical morals; that is, *acting in accord with standards of professional practice*. When reading the professional counseling and psychology literature, the meaning of ethics and morality becomes even more confusing because authors do not have a clear agreement on definition. For example, in the professional counseling and psychology literature, ethics is defined as "a branch of study in philosophy concerning how people ought to act toward each other, pronouncing judgments of value about those actions" (Kitchener, 1984, p.18); and "a hierarchy of values that permits choices to be made based on distinguished levels of right or wrong" (Shertzer & Linden, 1979, p. 510). In describing morals in the professional literature, the nature of the concepts takes on a clear connotation of the goodness or badness of human behavior or character (Van Hoose & Kottler, 1985) and implies an element of coercion (Mowrer, 1967). Although ethics also deals with the appropriateness of human action, it connotes more of a basis in reason and objectivity (Van Hoose & Kottler). In differentiating between ethics and morals, Kitchener noted that morals are more related to the individual's belief structure, whereas ethics involve the study and evaluation of this belief structure. The importance of this distinction and the evaluative component of ethics become clear when one realizes that "it is critical to differentiate between saying 'X' *believes* a certain action is right or good and that action is right or good" (Kitchener, p. 16). It is not difficult to think of examples of people who are steeped in personally or environmentally distorted thinking: Recall the scientists in charge of the Tuskegee experiment that left black men with syphilis intentionally untreated for decades, or the Reverend Jim Jones, who led the mass suicide of his cult in Guyana. The individuals involved in these, and countless other tragic circumstances, may have acted consistently with their personal moral code, but not ethically, as based on a broader analysis of appropriate behavior. The need for evaluation of personal actions against a broader standard of what is right and good is imperative for the well-being of all.

Values

Counselors are required to distinguish their personal moral codes from and reconcile them with the profession's values to behave in an ethical manner. However, some experts in the field maintain that the stated attempt to separate moral outlook and choices from professional skills and practices is both deceptive and deleterious to one of psychotherapy's major sources of legitimacy, direction, and power (Frank, 1961; London, 1986). In fact, Doherty (1995) advocated counseling that actively incorporates a moral development perspective. He argued that counselors should urge their clients to adopt a sense of moral responsibility, and that counselors should ascribe to the ideals of commitment, justice, truthfulness, and community in their work with clients. Others have suggested that counseling be seen as an opportunity for moral reflection and encouragement of character development (Griffith & Duesterhaus, 2000). Clearly, counselors must give much thought to understanding the role of morals and values in their work. Most professionals agree that all counseling involves values, no matter how directly or indirectly they are expressed.

Rokeach (1973) defined value as "an enduring belief that a specific mode of conduct or end-state of existence

Box 5–1 • End-of-Life Choices as Enacted Values

Anyone who has worked with or been close to someone who is near death knows that the final choices about how one dies take on stark personal meaning. Being near death is sometimes referred to as "instant values clarification." It is important to discuss your final wishes about terminal care with medical caregivers and family while you are healthy and able to express your desires. By making these decisions before you become ill with a life-threatening condition, your choices will be based on clear thinking and on your personal values about the end of life. An Extended Values History is a tool to assist you and your loved ones in making decisions about the quality of care you desire (or do not desire) if you become terminally ill. Although the document is not legally binding, it is used in conjunction with a legally executed living will or durable power of attorney for health care. Go to www.euthanasia.org/vh.html and complete the Extended Values History. Discuss your choices and answers with those closest to you. In class, discuss what you discovered about yourself and your values in doing this important bit of personal business.

is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence" (p. 5). **Values** involve that which is intrinsically worthwhile or worthy of esteem for its own sake and reflect the value holder's worldview, culture, or understanding of the world. Values arise from individuals' experiences and interactions with their culture, the world, and the people around them, such as their parents, friends, religious leaders, and neighbors. Thus, values vary among individuals, but are likely to vary less among persons growing up within similar systems, such as specific cultures or religions. A **value system** is a hierarchical ranking of the degree of preference for the values expressed by a particular person or social entity.

Values are often mistakenly thought of as involving a simple expression of personal interest or preference, such as a preference for an automatic rather than a standard transmission in a new car. Actually, values are more complex—they involve a set of beliefs that include evaluative, emotional, and existential aspects. There are elements of goodness, obligation, or requirement; positive or negative affective orientation; and a sense of the meaningfulness of the situation or choice attached to the object of the valuing process. Values are not directly observable, but they guide human choice and action through the value preferences expressed in human choices and goals, and they may also be expressed verbally (see activity in Box 5–1).

There are many systems for describing values, including Rokeach's (1973) 18 values that reflect desirable end-states. Allport, Vernon, and Lindzey (1960) saw six basic values or evaluative attitudes reflected in personality types: theoretical, economic, aesthetic, social, political, and religious. Similarly, Frankena (1963) identified eight distinct realms of value, only one of which is related to ethics: morality, art, science, religion, economics, politics, law, and manner or custom. In all of these systems, values can be either moral or nonmoral in nature—they may or may not involve preferences concerning what is morally right or wrong. For example, a person's choice to become a vegetarian might be based on nonmoral or moral value grounds. It might stem from belief in the importance of social status and a wish to follow the lead of a charismatic friend, or to be "politically correct" (nonmoral values of manner or custom); or the choice might be based on a spiritual belief that all forms of life should be respected and protected from discomfort and violence (moral). Thus, any situation, choice, or action may be valued or prized in a number of disparate and possibly competing ways by different individuals or groups. It also is possible for one individual to hold two or more conflicting values about a particular object or situation, resulting in some level of dissonance if the person becomes aware of the conflicting values. The vegetarian who believes in the sanctity of all life forms may also value respect for family tradition and a mother's wishes (thus eating Thanksgiving turkey once a year at the family gathering).

The process of socializing new students into a profession can also be thought of as introducing them to the profession's specific core values. For example, new students will learn the high value that counselors place on protecting clients' privacy by hearing instructors and fellow students discuss it in class and then observing their clinical supervisors struggle to keep client information confidential by claiming privilege in the face of a subpoena. This socialization process can be seen as a way of assisting these individuals in adopting a specific subculture or worldview that will enhance their professional perspective, judgment, and ability to function responsibly in their new roles. Rokeach and Regan (1980) noted two dimensions of

lues that are relevant to counseling: (a) standards of competency and standards of morals, and (b) terminal desirable end-states) and instrumental (behaviors useful to reach end-state) values. Wisdom (more desirable than foolishness), truthfulness (more desirable than deceit), and freedom (more desirable than enslavement) are examples of terminal values. Instrumental values concern those idealized or desirable types of behavior that are useful in attaining the end-state, such as being organized or industrious. They are not necessarily good in and of themselves. For example, the instrumental value of industriousness may serve either a thief or Mother Theresa, but to very different ends. These dimensions add richness to the consideration of ethics concepts. Thus, unethical practices can be seen as stemming from either ignorance or inadequate training and supervision (violations of the value concerning standards of competency), as well as from personal profit motive, need for self-enhancement, or the need to maintain power and status (terminal values). These latter motivations may be related to personal values that are nonmoral values and are in conflict with the moral values embedded in the profession's values as reflected in its standards regarding particular situations.

Another important differentiation involves acknowledging that some values can be seen as universal, but not necessarily absolute. Historically, anthropologists see such values as the prohibition against killing, a prohibition on marriage or sexual intercourse between members of the immediate family, respect for ownership of property, and truthfulness as values shared by most human cultures (Brandt, 1959; Kluckhorn, 1951). Nevertheless, culturally permissible exceptions under specific circumstances are allowed, such as killing to defend one's own life or in battle in a war. This acknowledgment is not tantamount to ethical relativism or situational ethics. These exceptions are related to limited circumstances that make the exception permissible. Further, these exceptions are widely understood and supported by the entire cultural group for all people in similar circumstances. In more recent work, the quest to identify universal values relevant to counseling while still respecting human diversity continues. After reviewing the scholarly and religious literature concerning universal values and values central to the major streams of world culture, Kinnier, Kernes, and Dautheribes (2000) compiled a list of universal moral values to use in counseling to assist clients in examining the implications of their value conflicts. Examine these values as presented in Figure 5–1 and think about whether you agree that

I. Commitment to something greater than oneself
   To recognize the existence of and be committed to a Supreme Being, higher principle, transcendent purpose, or meaning to one's existence
   To seek the truth (or truths)
   To seek justice

II. Self-respect, but with humility, self-discipline, and acceptance of personal responsibility
   To respect and care for oneself
   To not exalt oneself or overindulge—to show humility and avoid gluttony, greed, or other forms of selfishness or self-centeredness
   To act in accordance with one's conscience and to accept responsibility for one's behavior

III. Respect and caring for others (i.e., the Golden Rule)
   To recognize the connectedness between all people
   To serve humankind and to be helpful to individuals
   To be caring, respectful, compassionate, tolerant, and forgiving of others
   To not hurt others (e.g., do not murder, abuse, steal from, cheat, or lie to others)

IV. Caring for other living things and the environment

FIGURE 5–1. The Short List of Universal Moral Values
Source: From "A Short List of Universal Moral Values" by R. T. Kinnier, J. L. Kernes, and T. M. Dautheribes, 2000, *Counseling and Values, 45,* 4–16. Copyright 2000 by American Counseling Association. Reprinted by permission.

they are universal. How do you feel about using them in counseling? Are they "universal" enough to be used with clients of diverse cultural, ethnic, and religious backgrounds? How might examining them assist both counselor and client in resolving the issues presented in counseling?

VALUES IN COUNSELING

Historical Perspective

Do all members of the human race share common values? To what degree should a counselor's values influence clients? These questions constitute some of the most troublesome debates in counseling and date to the beginning of psychotherapy's development with Sigmund Freud's psychodynamic approach. In his system of therapy, the therapist was to work assiduously to maintain an absolute neutrality of response to the patient, thus providing a "blank screen" on which the patient could project and play out intrapsychic

conflicts. The desired result of this process was transference reaction. Patients would project the persona of an important figure from their earlier psychic development and engage this persona in reparatory work by playing out conflicts with this figure in the therapist–patient relationship. It was essential that characteristics of the therapist, including values and morals, were not conveyed to the patient, thereby encouraging the projection process.

The substance of orthodox Freudian psychodynamic therapy as well as the enthusiastic adoption of the objective, scientific paradigm continued to influence the development of all psychotherapy. This legacy resulted in a long-term supposition that counselors and therapists could and should be value-neutral, a belief that persisted into the 1950s (Ginsberg & Herma, 1953; Walters, 1958). Later, professionals began acknowledging the value-based nature of counseling (Bergin, 1985; London, 1986; Pietrofesa, Hoffman, Splete, & Pinto, 1978). Education and research have continued to value and develop the scientific and technical aspects of professional practice in subsequent decades. However, it is just as critical for counselors to acknowledge and develop the ability to address the moral and value dimensions of their expertise (Corey, Corey, & Callanan, 2003; London, 1986). Herr and Niles (1988) noted that the counselor's values determine the *process* of counseling, whereas the client's values determine the *content* of counseling. In addition, the content of the problem the client brings to counseling may be value laden in and of itself for both the counselor and client, such as whether or not to have premarital sex. Clients also may attempt to camouflage or avoid certain issues due to struggles with their value systems, such as refusing to discuss their struggles with issues of gender identity. Figure 5–2 provides examples of the myriad value-charged issues that clients may bring to counseling. Counselors should examine their own values and biases in these areas.

QUESTION FOR REFLECTION

Your 16-year-old client informs you that she is pregnant by her 17-year-old boyfriend. She tells you that she does not love her boyfriend and was thinking about ending the relationship prior to the pregnancy. She wants to have an abortion and needs your help. You are pro-life and do not support abortion; however, you work in a public school that does not have a policy prohibiting counselors from working with students considering abortion. What do you do?

A counselor's personal and professional value systems will influence the course of the counseling interaction through a wide range of mechanisms: (a) if and how the client will be diagnosed, (b) whether certain topics will be focused on or discussed at all through specific direction or more subtle verbal or nonverbal reinforcement, (c) which goals are considered possible or appropriate for the counseling work they will do, and (d) how they will be evaluated (Strupp, 1980).

Counselors' Values in the Relationship

Counselors should become intensely involved in assessing their own values and how they affect the counseling process (Corey, Corey, & Callanan, 2003; Herr & Niles, 1988). It is highly unethical for counselors to impose their values on a client (Corey, Corey, & Callanan). For example, some counselors have pressured homosexual clients who are content with that status to become involved in conversion or reparative role recovery therapy. Practitioners of reparative therapy believe that homosexuality is a mental illness rather than a variation within the normal spectrum of human sexual, affectional expression. The counselor who imposes this value upon a client has acted unethically for three reasons. First, the counselor has used a position of trust with the client to coerce the client into undergoing therapy that is not desired. Second, the counselor has

abortion	assisted suicide	pre- or extramarital sex
sexual identity issues	child custody	spousal abuse
substance abuse	illegal means of support	interracial relationships
cross-racial adoption	unsafe sexual activity	child neglect/abuse
controversial religious beliefs	racist behavior/attitudes	dishonesty
birth control	unwed pregnancy	discipline of children
infertility/childlessness	cosmetic surgery	death and dying
unusual sexual practices	gang membership	suicide

FIGURE 5–2. Value-Charged Issues in Counseling

ignored the findings of the psychological and medical communities that homosexuality is not a mental illness and thus needs no treatment. Third, the counselor has recommended a course of action that at best is ineffective and, in the majority of cases, has proven to be harmful. Although homosexuality may be considered a controversial issue in some social or religious arenas, there is no such controversy in the medical and psychological arenas. The National Rehabilitation Association, the American Medical Association, the American Academy of Pediatrics, the ACA, the American Psychiatric Association, the APA, the National Association of School Psychologists, and the NASW, represent over a million health and mental health professionals. All of these organizations recognize homosexuality as a healthy expression of human sexuality rather than a mental illness, and thus it needs no "cure." In addition, these organizations have classified reparative therapy as a harmful and therefore unethical practice. Counselors who hold the personal value that homosexuality is a mental illness are ethically obligated to inform their clients who have issues concerning sexual identity that the counselor's values are at odds with counseling, psychological, and health care professional organizations. They should then assist their clients in locating another professional who can work positively with them. It is important to note that homosexual clients who are not content with their sexual orientation are candidates for therapy to come to acceptance of their sexuality identity. This is particularly true of young clients who are at elevated risk for suicide.

Recent recommendations urge counselors to disclose their values and philosophical orientations directly to clients. This discussion might occur either within the context of specific issues that arise within the course of counseling or as part of the process of informed consent and professional disclosure at the outset of counseling (Tjelveit, 1986). As with any advanced counseling technique, such as confrontation, the counselor should disclose values carefully. This disclosure should be intentional, focused on enhancing the client's process, and presented in an open, nonjudgmental manner that carries with it the sense that these values may be accepted or rejected without risking the counseling relationship.

QUESTION FOR REFLECTION

Your client makes this statement in session: "I hate Jews. It's too bad Hitler wasn't able to finish what he started." You are Jewish. What, if anything, do you say in response to this statement?

The client might experience the same personal values held by the counselor, as well as a more general body of shared values. Traditionally, these shared values have been described as *mental health values* (Jensen & Bergin, 1988) or *essential therapeutic values* (Strupp, 1980). A national survey by Jensen and Bergin examined counselors' degree of consensus with key mental health values including autonomy and independence, skill in interpersonal communication, honesty, and self-control. They found a substantial consensus among surveyed counselors that these are central counseling values. The essential therapeutic values described by Strupp are that people (a) have rights, privileges, and responsibilities; (b) have the right to personal freedom; (c) have responsibilities to others; (d) should be responsible for conducting their own affairs, as much as they are able; (e) should have their individuality respected; (f) should not be dominated, manipulated, coerced, or indoctrinated; and (g) are entitled to make their own mistakes and learn from them. Values may be observed interpersonally within the counseling relationship through studying the perceived operations of (a) **support,** the receiving of encouragement, understanding, and kindness from others; (b) **conformity,** the following of rules and observation of societal regulations; (c) **recognition,** the attraction of favorable notice and being considered important; (d) **independence,** seeing oneself as being free to make one's own decisions and acting autonomously; (e) **benevolence,** the experience of sharing, helping, and acting generously toward others; and (f) **leadership,** the sense of having responsibility, power, and authority over others (Gordon, 1976). Clearly, the values of counselors are expressed through specific behaviors that affect the client in the counseling relationship.

In addition to these more global value orientations, some theoretical orientations embody and promulgate specific philosophical or value positions as part of the therapeutic system. To the degree that counselors follow these specific systems of therapy, they will directly influence the philosophy and values of their clients, hopefully with the client's direct awareness and consent. Examples of such approaches and associated values include (a) Adlerian Psychotherapy's emphasis on social striving and social interest; (b) Reality Therapy and its focus on personal responsibility and the quality of the individual lifestyle; (c) Existential Therapy and its emphasis on learning this particular philosophical system including such concepts as self-determination and freedom with responsibility; and (d) Ellis's Rational–Emotive

Behavior Therapy and its goal of indoctrinating the client with a new set of rational beliefs and values. A counselor's theoretical approach, philosophy, and underlying value system also have an influence on clients. Therefore, the counselor should include these beliefs in the informed consent procedures at the outset of the relationship. These issues should be thoroughly discussed in terms that prospective clients can understand to ensure that they comprehend these aspects of counseling, how the issues might influence their treatment, and whether the values are compatible with their own value system.

When there appears to be serious value incompatibilities or extreme levels of discomfort, counselors must determine if they should continue working with a client or refer the client to someone else who might have a better level of ability or compatibility with which to assist the client. If the counselor is in serious danger of imposing values on the client or is unable to remain objective, the counselor should consider referring the client elsewhere. Counselors often either over- or underestimate their ability to work with clients who cause such reactions in them. In such instances, counselors must make every effort to be honest with themselves. Supervision by a skilled senior colleague is invaluable in this determination. If the counselor is actually placing the client at risk or impeding progress, an appropriate referral made in a positive, constructive manner is necessary. In other instances, proper safeguards such as a skilled supervisor, consultant, or cotherapist can be arranged. Then, with client consent, counseling can proceed effectively. Such situations help counselors increase their ability to understand the viewpoints of others that may be challenging to them.

Research has demonstrated that the degree to which the values of the counselor and client are congruent influences the outcome of the counseling process. For example, clients who adopt values like those of their counselors tended to have more positive outcomes (Beutler, Pollack, & Jobe, 1978; Landfield & Nawas, 1964; Welkowitz, Cohen, & Ortmeyer, 1967). This important effect of differing counselor and client value systems demonstrates the increasing importance of the counselor being culturally sensitive. Counselors must become aware of the value systems of their clients from different cultures and of their own cultural assumptions and biases. They also must be willing and able to apply the skills necessary to accommodate and work across these diverse cultural perspectives (Arredondo & Toporek, 2004; Pederson, 1985; Sue, 1996).

QUESTION FOR REFLECTION

Your client, a member of the Lakota Sioux, recently lost h husband in an automobile accident and is seeing you counseling. She reports that she saw her deceased hu band and he told her to "watch for the eagle." She has be maintaining evening vigils in wait of her husband's reque You become concerned because she seems to be expe encing hallucinations. What will you do?

Values, Cultural Worldviews, and Multiculturalism

A deep appreciation and understanding of the valu of various cultural, social, and racial groups may p vide a window into the relationship with a client w is from a nonmajority group. (Many of the basic c cepts of multiculturalism and the ethical obligation diverse clients are discussed in Chapter 11.) Counsel must understand how individuals from different c tures see the world and how they value different s ations or ways of being—their **worldview.** In diverse society, we can no longer presume that all p ple hold common, universal values that will be pressed in the same way. Even when people fr diverse cultures do hold common values, they may ply them to specific circumstances very differently. actual choices and behaviors they choose are m likely culture specific.

The values of different cultures have been descri using a variety of dimensions upon which cultural gro may differ. Although these various descriptors may confusing, they do reflect the rich differences in what man beings value and how they see the world. The or dimensions for cultural values include nature, time, cial relations, activity, humanity, customs, traditions, religion (Hopkins, 1997). In contrast, Hofstede (1980 searched cultural differences relevant to public life work behavior and found four major cultural dimensi (a) power distances, (b) uncertainty avoidance, (c) i vidualism/collectivism, and (d) masculinity/femininity valuing assertiveness and materialism rather than conc for people and quality of life.

Becoming culturally sensitive is not an easy suit for counselors and constitutes a lifelong area personal and professional development. Co Corey, and Callanan (2003), strident proponent this type of value learning and exploration, noted often counselors must challenge the stereotypical liefs that are common legacies of a Eurocentric jority culture. The stereotypical assumptions

called attention to are that clients: (a) are ready to engage in and value self-disclosure; (b) will be better off if they behave in an assertive manner; (c) believe that self-actualization is important, and that a trusting relationship can be quickly formed; (d) have nonverbal behaviors we can readily understand; and (e) value directness (Corey, Corey, & Callanan). Counselors must continuously strive to learn more about different cultures and varying value systems related to their clients' lives. Learning about these value themes or dimensions by listening to clients with openness and a desire to enter into their frame of reference is an important obligation.

VALUES CLARIFICATION, VALUING, AND MORAL DISCUSSION

How can counselors best prepare themselves to recognize their values and the implications of these values in their work? This task can be daunting. Three general processes have been developed to assist in this task: (a) values clarification, (b) the valuing process, and (c) moral discussion.

Values Clarification

The work of Raths, Harmin, and Simon (1966, 1978) sparked a tremendously successful movement among educators, counselors, other helping professionals, and even the public that focused attention on the importance and understanding of values. These scholars addressed the vacuum that many people felt in the 1950s in terms of establishing a sense of meaning and the importance of values within their lives and work. This movement appeared to be a reaction to the value-neutral influence of the scientific tradition and the increasing popularity of the humanistic philosophical and therapeutic movements of the late 1950s to the 1970s. The contemporary work of Rogers, Perls, Maslow, and others encouraged self-determination, examination of one's own perspectives, and the search for personal meaning and truth through self-examination (Kinnier, 1995). It is within that context that Raths, Harmin, and Simon (1966) noted that many individuals are unaware of the values they hold and suffer from this lack of focus in their personal and professional relationships and even in the sense of who they are.

Values clarification helps individuals clarify their beliefs through a method that focuses on the process surrounding assigning value rather than on the content of what is valued (Raths, Harmin, & Simon, 1978).

Distinct steps in the values clarification process involve the three main functions of prizing, choosing, and acting on one's values. Values chosen through this process are considered clarified values.

Kirschenbaum (2000) became convinced that values clarification should be an element in a more comprehensive approach that includes the original seven valuing processes described by Raths, Harmin, and Simon (1978) that are contained in the facilitating stage of the new model, but also adds the processes of inculcation of positive values and character, modeling of values and character, and skill building necessary to live a satisfying and constructive life (Kirschenbaum; see Figure 5–3). This recent revision addresses the criticisms of those authorities who faulted values clarification for being concerned only with the process rather than the outcome of the process. Kirschenbaum's more recent revision concerns itself with both the process and the hoped-for outcomes of values education. Box 5–2 lists activities that are consistent with this tradition.

Values Conflict Resolution

Clearly, the ways in which human experience can be explored through values clarification are vast. Nevertheless,

I. Inculcating
II. Modeling
III. Facilitating
   A. Prizing beliefs and behaviors
      1. prizing and cherishing
      2. publicly affirming, when appropriate
   B. Choosing beliefs and behaviors
      3. choosing from alternatives
      4. choosing after consideration of consequences
      5. choosing freely
   C. Acting on beliefs
      6. acting
      7. acting with a pattern, consistency and repetition
IV. Value-laden skill building

FIGURE 5–3.   The Comprehensive Values Education Process (Includes the Seven Values Clarification Steps in the Facilitation Process)

Source: Adapted from "From values clarification to character education: A personal journey" by H. Kirschenbaum, 2000, *Journal of Humanistic Counseling, Education and Development, 39,* 20. Copyright 2000 by the American Counseling Association. Reprinted by permission.

Box 5-2 • What Are Some of My Values?

The following activities are consistent with the values clarification tradition. After completing the activities, discuss your answers in a group. Conduct an open, thought-provoking discussion with your peers, examine the consequences of your position, and publicly affirm your beliefs.

Activity 1. Imagine that your doctor has told you that you have a virulent form of cancer and you will be dead soon. You have decided to write your own eulogy. What are the unique traits or meaningful accomplishments that you especially want to include? Why are they particularly important to you? Which one is the most important to you? Why? Which one is most important to your parents? Which one is most important to your spouse, partner, or closest friend? Do these perspectives differ? Why or why not?

Activity 2. Imagine you are in a longstanding relationship with your partner that is very happy, except for one thing—you and your partner are not able to have a biological child despite wanting one badly. You have decided to adopt a child, but are not able to receive a healthy infant of your own race. You are offered the opportunity to choose from among the following babies: a biracial baby, a baby that is moderately mentally retarded, a baby whose biological mother is HIV positive, a 2-year-old who appears to be hyperactive, a child with facial deformities that can be only partially corrected by surgeries, and a toddler who survived the murder–suicide of his biological parents. Would you adopt one of these children or choose not to have a child? If you would adopt, which child would you select and why? For each of the children you did not select, what was your reasoning?

Countless individuals have taken part and benefited from this type of encounter. This approach offers opportunities to examine countless aspects of our personal and professional relationships and lifestyle choices. It is likely to stimulate lively discussion and serious self-examination. The activities can be tailored to the concerns and needs of quite disparate types of people, including counselors. For example:

- What is your ideal type of client to work with? Why? Your most dreaded? Why?
- What makes you happiest about your work as a counselor? Over what do you become the most upset or afraid?
- Who is the living person who has most influenced your work? Why and how?
- What historical or prominent celebrity figure has most influenced your work? Why and how?
- What is the greatest boost to your effectiveness and why?
- What is the biggest threat to your effectiveness and why?
- What are you proudest of about yourself as a counselor? Ashamed of?

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values clarification began to lose favor during the 1980s. The most common area of concern involves the apparently value-neutral position of the group leader or teacher. Many have voiced concern that this experience may create a permissive, self-absorbed atmosphere, and in its extreme, allow abusive or abhorrent values to go unchallenged. Kinnier (1995) suggested that religious conservatism, political conservatism, a therapeutic paradigm shift away from humanistic philosophy, and the inherent flaws within the theory itself are the major forces that have dampened earlier enthusiasm for values clarification. He noted that the core concepts are worth retaining and recommended several changes to resolve specific problems and to extend the usefulness of this approach. Kinnier forwarded the idea of focusing on one concrete and specific values conflict at a time in a specific area of the person's life because people do not effectively evaluate values in single, abstract form. The emphasis should not be on rank ordering values, but rather on determining which values are in conflict an[d] the degree of conflict, as well as arriving at an over[all] statement of how the key values in conflict can be re[c]onciled. This would provide a more specific goal to th[e] process—resolution of a specified values conflict—an[d] thus, Kinnier suggested how more effective interventio[ns] could be tailored to assist in this conflict resolution (Tab[le] 5–l). The interventions are divided between rational an[d] intuitive-type foci to accommodate differing person[al] styles of those in conflict.

In addition to these concerns about how the proce[ss] was conceptualized and applied, several authorities r[e]viewed the effectiveness of values clarification in valu[es] or moral education. Based on their critical review of th[e] literature in this area, two leading proponents of mor[al] education (Leming, 1993; Lickona, 1991) considered t[he] moral discussion approach of Lawrence Kohlberg (198[ ]) rather than values clarification (Raths, Harmin, & Simo[n,] 1966) to be successful in moral education.

TABLE 5–1   Strategies for Intrapersonal Values Conflict Resolution

Rational	Intuition Enhancing
Defining the conflict clearly	Emotional focusing
Gathering information systematically	Brainstorming/free association
Comparing alternatives and considering consequences logically	Life review
Eliminating alternatives systematically	Psychodrama Guided imagery into hypothetical focus
Being vigilant for maladaptive affect regarding the conflict, resolution, or both (e.g., worry, postdecisional regret, irrational beliefs) and using cognitive restructuring, emotional inoculation, or stress-reduction techniques to counter maladaptive affect	Personal rituals Incubation (e.g., Vision Quest, Incubation (e.g., Vision Quest meditation) Self-confrontational exercises such as the devil's advocate or the two-chair exercise, and confrontation with one's own mortality that involves both rational discourse and a focus on affective reactions

Source: From "A Reconceptualization of Values Clarification: Values Conflict Resolution" by R. T. Kinnier, 1995, *Journal of Counseling & Development, 74,* 18–24. Copyright 1995 by American Counseling Association. Reprinted by permission.

Valuing

Other issues have arisen as counselors attempt to apply the individualistically oriented concepts of values clarification to group or marriage and family counseling issues. The role of interdependence in healthy human relationships and the social, political, and cultural context of the individual's experience are an important aspect of the counseling therapeutic and theoretical worldviews that are beyond the scope of more limited specialty area perspectives. For example, Sue (1996) noted that counseling practices that impose monocultural value systems or biases on clients from diverse cultural backgrounds are discriminatory and unethical.

Marriage and family counselors have long struggled with issues of reconciling the conceptualization of the individual's values with those in the relationships of the group or family as a wholistic entity. Doherty and Boss (1991) reviewed the literature on value issues and ethics in the practice of marriage and family. They noted that the idea of value neutrality on the part of the therapist is no longer viable and the emphasis in the field should be on accommodating values within the therapeutic process. Thomas (1994) provided a model of value analysis within marriage and family counseling that attempts to meld personal and systemically oriented value systems in addressing value dilemmas. He noted that counselors must analyze and reconcile values at (a) the individual level of the counselor microsystem, (b) the family level of the client's microsystem, and (c) the level of the overlapping counseling process itself (mesosystem). These operations are embedded in the context of societal values surrounding the dilemma (macrosystem). Although this analysis may be couched in the marriage and family counseling paradigm, it is important for counselors in all settings to consider contextual or hierarchical levels that affect their ethical and values analysis (Tarvydas & Cottone, 1991). Authorities such as Sue (1996) and Coyne and Cook (2004) have called for a recognition that systems interventions will be necessary for ethical practice as counselors recognize that clients often have experiences embedded in the systems in which they are nested.

Valuing, or the negotiation of values, is a model and practice that has grown out of these concerns for reconciling disparate and often competing values orientations. This model better accommodates forces of social change as expressed in various social and cultural value changes (Huber, 1994). Huber described the valuing process as one in which the counselor:

> Negotiates with a client in emphasizing certain values previously de-emphasized, and at the same time in relegating other values to the background. Within the context of the therapist–client negotiation, values evolve with accompanying behavioral changes that are compatible with values changes. Essentially, the therapist and client come together in negotiating a common world of less pain and conflict . . . Valuing recognizes that when therapist and client come together, they can negotiate a new, common system containing elements or both subsystems as well as unique properties arising from their interactions. (pp. 235–236)

Counselors must acknowledge several implications in their practice to enact such an approach to reconciling values. Taken together, these assumptions constitute a valuing perspective and worldview that create the conditions for this more interactive alliance around a particular values perspective. Huber (1994) described these key assumptions based on the earlier work of Dell (1983). The practitioner must recognize that:

1. No such *phenomenon as an absolute value* exists that is objectively true or good. Rather, values are a result of the person's processing or reaction of a system's values.
2. All persons must *take responsibility* for selecting, interpreting, and holding their own values; thus, no one can be held ultimately responsible for changing another's values.
3. Therapists must accept responsibility for the tendency to *pathologize their clients,* or to see them in terms of their pathologies or problems, thus de-emphasizing the role of their own values in the process.
4. Counselors must accept that *"what is, is."* They must allow clients to be accepted for who they are, rather than being judged as bad or sick because of behaviors that do not conform to the counselor's values or preferences.

In addition to these assumptions, values negotiation or valuing involves several process-related components.

The value assumptions just described are only working assumptions and must be examined critically. Nevertheless, these principles, if acknowledged and incorporated within the work of the valuing process, will allow valuing to occur in a constructive and productive manner. The core components of valuing are (a) recognition of mutual obligations and entitlements within the relationships among the parties, or the "give and take" of human interactions; (b) the acknowledgment of those things to which others are entitled and the valid claims of others; and (c) the balance of fairness (Huber, 1994). If obligations, entitlements, and claims are all taken together and are in relative balance, the climate will facilitate the balance of fairness in terms of values issues in the relationship. Although attending to these principles and the valuing process within the counseling relationship may appear to add greatly to its complexity, in reality these considerations recognize and respect the truly shared nature of this important relationship between diverse, autonomous beings. Values issues that arise between counselor and client from the dazzlingly numerous sources of interpersonal diversity are not only accommodated, but have the potential to enrich the counselor and the client, and their relationship, if they are directly addressed within the valuing process.

Moral Discussion and Levels of Development

Kohlberg (1964; 1971), one of the key figures in developmental psychology and the philosophy of morality, has led in the current understanding of the moral development of children and adults. His work provides a way to extend and enrich the important process of values education or clarification by understanding the moral perspectives that underlie these value choices. Kohlberg's work presents a theoretical understanding of how moral reasoning develops and relates values to moral growth. The Kohlberg system removes concerns about the seeming relativity of values in the values clarification by interpreting moral choice within a particular, developmental moral system that holds justice as its core concept. Kohlberg's theory explains value choices within the context of how people develop higher levels of moral judgment (Reimer, Paolitto, & Hersch, 1983).

Kohlberg's work (1964; 1971) is drawn from Piaget's developmental psychology, which focused on the reasoning processes underlying the behavior involved in children's cognitive developmental stages. Similarly, Kohlberg focused specifically on the reasoning processes underlying the behaviors associated with moral development. He also assumed a universal, absolute core of morality that provides structure to this reasoning process. Kohlberg maintained that all human societies believe in certain core moral values, even though there may be moral debates and cultural differences regarding their interpretations: (a) laws and values, (b) conscience, (c) personal roles of affection, (d) authority, (e) civil rights, (f) contract, trust, and justice in exchange, (g) punishment, (h) the value of life, (i) property rights and values, and (j) truth. Kohlberg spent his career studying how moral stages are organized and learned. He proposed that children form their own moral philosophies and systems as they are exposed to and grapple with moral experiences and dilemmas. This process is creative and is an attempt to make sense out of the information, experiences, and culture that surround the individual. It is considered optimal to expose people to these situations and assist them in processing them for themselves within the context of the moral system. Kohlberg and Wasserman

(1980) recommended that ethical behavior can best be encouraged by (a) exposing people to the higher stages of moral development; (b) introducing them to irreconcilable ethical dilemmas, thus stimulating awareness and dissatisfaction with the lower, less sophisticated levels of reasoning; and (c) providing a supportive, therapeutic environment in which the situations and analyses can be processed freely. Van Hoose and Kottler (1985) noted that the counseling session is a likely environment for this process.

QUESTION FOR REFLECTION

You counseled a couple for approximately 1 year and the marriage ended in divorce. The husband is suing his wife for custody of their two children. You have received a subpoena from the husband's attorney to appear in court to testify about the wife's emotional instability. Although there was evidence of the wife's emotional instability during counseling, you do not think it is serious enough to warrant an "unfit mother" verdict. To complicate matters, you find out that the wife has employed the most incompetent attorney in the city and you are afraid he will not represent her well. What will you do?

Kohlberg's system of moral development stages has been described as Kohlberg's greatest contribution to the study of ethics (Van Hoose & Kottler, 1985). Van Hoose and Paradise (1979) adapted these stages to describe the stages of ethical orientation for counselors (Figure 5–4). They assumed that counselors, like all persons, initially mature through stages of development within the context of age and situation-specific experiences. They challenged counselors to identify and explore their rationales for particular value or ethical choices. Through insight and self-awareness, counselors reach more sophisticated levels of ethical reasoning. These stages of ethical orientation presented by Van Hoose and Paradise are (a) punishment, (b) institutional, (c) societal, (d) individual, and (e) principle or conscience. (See Figure 5–4 for descriptions of the stages' characteristics. You may wish to think about the last ethical dilemma you faced, how you responded to it, and your level of thinking on this matter.) The individual's level of ethical orientation can be thought of as forming that person's intuitive sense of moral judgment. The counselor would use this dominant general level of orientation or moral thinking to consider ethical dilemmas as described by Kitchener (1984) and discussed within the decision-making arena described in Chapter 6.

In the context of this theoretical framework, a number of assumptions regarding ethical behavior follow: (a) The counselor's functioning is not solely at one stage—this functioning may be affected by situational, educational, and other variables; (b) the orientations are qualitatively discrete stages that reflect a continuum of ethical reasoning; (c) the basis for ethical judgment is characterized by the dominant stage of ethical orientation; (d) stages are continuous and

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Stage I. Punishment Orientation Counselor decisions, suggestions, and courses of action are based on a strict adherence to prevailing rules and standards, i.e., one must be punished for bad behavior and rewarded for good behavior. The primary concern is the strict attention to the physical consequences of the decision.

Stage II. Institutional Orientation Counselor decisions, suggestions, and courses of action are based on a strict adherence to the rules and policies of the institution or agency. The correct posture is based on the expectations of higher authorities.

Stage III. Societal Orientation The maintenance of standards, approval of others, and the laws of society and the public characterize this stage of ethical behavior. Concern is for duty and societal welfare.

Stage IV. Individual Orientation The primary concern of the counselor is for the needs of the individual while avoiding the violation of laws and the rights of others. Concern for law and societal welfare is recognized, but is secondary to the needs of the individual.

Stage V. Principle or Conscience Orientation Concern for the individual is primary with little regard for the legal, professional, or societal consequences. What is right, in accord with self-chosen principles of conscience and internal ethical formulations, determines counselor behavior.

FIGURE 5–4. Stages of Ethical Orientation
Source: From *Ethics in Counseling and Psychotherapy: Perspectives in Issues and Decision Making* (p. 117) by W. H. Van Hoose and L. V. Paradise, 1979, Cranston, RI: The Carroll Press.

overlapping, suggesting development toward higher levels; (e) development in ethical judgment is forward and irreversible, but specific ethical actions need not be so; and (f) internalized ethical conflict may be generated by discrepancies between ethical reasoning and action associated with situational influences (Van Hoose & Paradise, 1979). Although all stage theories can be criticized for certain structural limitations (e.g., not accommodating individual variations in patterns of movement between stages), the stages of ethical orientation for counselors presented by Van Hoose and Paradise continue to provide a useful framework for counselors to think about their moral development. Counselors may be assisted by realizing that there are hierarchically and developmentally ordered benchmarks against which they measure their current ethical reasoning abilities. Additionally, because the theory is oriented toward continued moral development through ongoing education within a specific moral and principled framework, it provides a positive, structured model for professional education and improvement.

PRINCIPLE ETHICS, VIRTUE ETHICS, AND THE ETHICS OF CARE

Principle ethics and analysis as introduced in Chapter 3, are powerful tools that the counselor must learn to employ in the ethical decision-making process. Recent trends question the exclusive reliance on principle ethics, most notably those of feminist scholars and authorities in cross-cultural or multicultural studies. This critique is related to the perception that the cultural assumptions in principle ethics are based heavily on Western, scientific thought and a general individualistic, male-oriented worldview (see Chapter 11). Since the late 1980s, the study of ethical discourse has been enriched by writings on the ethics of care and virtue ethics. These two perspectives offer alternative perspectives for considering ethical reasoning. Both hold the potential to better accommodate the positions of nonmainstream people, women, and persons from culturally diverse backgrounds. Virtue ethics, the ethics of care, and the multicultural perspective can complement the traditional processes of principle ethics that have provided the bulk of ethical tradition within counseling.

Traditional principle ethics approaches analysis of problematic ethical questions through application of a set of ethical principles that constitute prima facie obligations owed to others. Principle ethics requires the use of a rational, linear, logical, universal, and objective

analysis to determine what one's ethical duty is in a particular situation. This process requires weighing how the principles apply to the case at hand through an impartial analysis. This approach essentially requires the counselor to ask the question "what shall I do?" to resolve the ethical dilemma (Meara, Schmidt, & Day, 1996). In terms of ethical approaches to research participation, principle ethics approaches tend to focus on a contractual model.

Relational Ethics

Relational ethics has developed and been nurtured by the feminist ethics tradition and can be seen as broadly encompassing such major areas as virtue ethics, ethics of care, and feminist ethics. The movement to consider ethical issues from the viewpoint of relational or virtue ethics and those implications is full of difficulty as well as great potential (Fisher, 2000). The broad area of **relational ethics** addresses ethical reasoning primarily through development of character traits or virtues and concerns itself with cultural, contextual, relational, and emotional-intuitive responses to ethical dilemmas. Relational ethics addresses the question of "who should I be?" that will inform my ethical reasoning and actions within the context of the particular relationships I have with others. As such, relational ethics approaches may have greater potential to accommodate the consideration of the concerns present by nonmainstream people, women, and people from culturally diverse backgrounds. In this paradigm, counselor and clients may choose to enter into a relationship in which they would collaboratively discuss the benefits and concerns that would be relevant to their respective needs and interests in the situation. The ethical traditions of virtue ethics, ethics of care, and feminist ethics offer rich streams of thought to broaden out the consideration of the ethical dilemmas that occur within counseling practice.

There is a natural tendency among many behavioral scientists and traditional practitioners to reject the use of the concepts of virtue and relational/contextual foci in ethical considerations. This tendency originates in a long history of valuing the scientific tradition. Scientific communities historically have called into question the focus on nonempirical aspects of a situation that are not considered scientific evidence; in short, they prefer dealing with what are seen as facts rather than values (Tjeltveit, 2003). Virtues and relational ethics are closely related to the determination of what constitutes good in the context of specific communities

and relationships. Addressing ethical dilemmas under conditions where there is no explicit dialogue about what is good or virtuous in a professional community is difficult. In these conditions there may be divergent interpretations of what is good, as well as diverse and multiple communities involved as stakeholders in the ethical situation. Therefore, it is likely that there will be major obstacles in gaining a satisfying resolution to the important ethical questions, especially if conditions arise in which open consideration and nonhierarchical discussion about these issues are not encouraged. It is for that reason that the narratives, beliefs, and traditions of clients and their communities must be considered. Approaches to ethical decision making are beginning to provide clear inclusion of both relational and principle ethical consideration (Cottone, 2000; Kitchener, 1996; Tarvydas, 2004). There is recognition that such integrative approaches may enhance the ability of models to address transcultural dilemmas in responsible approaches to ethical decision making (Garcia, Cartwright, Winston, & Borzuchowska, 2003). The broader consideration of contextual, environmental factors, while including explicit discussion of what constitutes virtue and what aspects of relationship are critical and constitute a shared sense of goodness, is necessary to develop a collaborative sense of the ethical obligation that will serve the needs of the diverse communities involved (Tjeltveit, 2003).

Virtue Ethics

Virtue ethics is very often discussed by contrasting it to the prevailing tradition of principle ethics. In **virtue ethics,** professionals are called upon to aspire toward ideals and develop virtues or traits of character to achieve these ideals (Meara, Schmidt, & Day, 1996). It is the qualities of the person that have merit or work in some particular context; these qualities are often related to matters of right conduct or morality. Virtue ethics focuses on the agent or individual rather than on the action or decision made, as in principle ethics—not "what shall we do?" but rather "who shall we become?" (Kleist & White, 1997, p. 129).

Virtue ethics has two general goals: (1) achieving and maintaining professional competence, and (2) striving for the common good. To accomplish these ends, the professional should cultivate such virtues as prudence, integrity, and respectfulness. Virtuous professionals (a) are motivated to do what is good; (b) possess vision and discernment; (c) realize the role of affect or emotion in assessing or judging proper conduct; (d) have a high degree of self-understanding and awareness; and, most importantly, (e) connect with and understand the mores of their communities and the importance of community in moral decision making, policy setting, and character development; and are alert to the legitimacy of client diversity in these respects (Meara, Schmidt, & Day, 1996). Virtuous professionals strive to do what is right because they judge it to be right rather than being concerned about a particular outcome. (See Box 5–3.) Some authorities see virtue ethics as enhancing ethical practice in multicultural contexts: Practitioners are more sensitive in their conduct because they are rooted in a particular community's wisdom and moral sense (Ibrahim, 1996; Vasqeuz, 1996).

It is important to evaluate critically how virtue ethics can contribute to the ethical tradition of the counseling profession, as well as to consider related concerns. The communities that are a crucial medium for the development of a virtuous ethic can themselves be insular and ethnocentric, thus becoming harmful to others (Kitchener, 1996). Also, the virtue ethics tradition is seen as irrelevant to the adjudication of ethics complaints by licensure boards and ethics committees (Bersoff, 1996). Finally, the professional community has raised concerns that it may be impossible to teach virtues and that selection of virtuous individuals into the professional community may be the necessary approach (Bersoff; Kitchener, 1996). Nonetheless, many scholars believe that principles and virtues cannot be separated—neither is primary, but each serves to balance the other. Professionals are called upon to perform certain actions for certain kinds of people.

Ethics of Care

The **ethics of care,** which springs from the feminist scholar Carol Gilligan's (1977) critique of Kohlberg's (1971) work on moral development, is not necessarily a new approach. Her groundbreaking critique noted that Kohlberg's work was based on male, and not female, research participants. Women were generally seen in Kohlbergian research as performing at a lower state of moral maturity—that of conventional-level development. Gilligan stated that because women attend to the influences of relationships in their reasoning, their approach is essentially accommodated by a system of moral development that is relationally—and not justice—based. Thus, caring for others is not interpreted as consistent with the highest level of moral development. As a result, Gilligan and other scholars working in this new perspective developed an approach to ethics: the ethics of care that operates in contrast to the

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Box 5-3 • Qualities of a Virtuous Counselor

Many personal qualities could be considered characteristic of a virtuous professional. These can be most simply thought of as habits that are nurtured and mature within the process the person goes through in interacting with the community during childhood and throughout life. These are four virtues discussed by Meara, Schmidt, and Day (1996) and others as being characteristic of a virtuous therapist:

Prudence
Discernment
Integrity

Respectfulness
Benevolence

Examine this list of virtues, think about them, and consider the following questions:

1. How would you define these virtues in your own words?
2. In your viewpoint, is this list complete? What virtue would you add? Why?
3. Give one or two examples of choices or actions for each virtue that you might take as a counselor motivated by that virtue.
4. How would clients be affected by these demonstrations of virtue?
5. In which of these virtues are you strongest?
6. In which of these virtues are you weakest?
7. Think about one or two of the most influential events in your life that you can remember as teaching you these virtues. Describe the event and the situation that was involved. Who was involved? Who influenced you the most in the situation and why?

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prevailing ethic of justice, or principle ethics. Although many of these scholars were feminists, the area is more properly thought of as the ethics of care rather than *feminist ethics* due to its content, applicability across genders, and much broader influence on the study of ethics, such as to the study of ethics within a multicultural context.

Within the ethics of care, the world is seen through a particular "way of knowing" or interpreting experience that emphasizes human connectedness, or a relational perspective, as opposed to seeing it through a lens of scientific knowledge and the laws of nature and man. It emphasizes the social construction of understanding, knowledge, and the participation of a community of "knowers." Within this perspective, great importance is placed on communication with others and honoring relational aspects, obligations or obligations of care inherent in the relationships between people. To fulfill this obligation, one person must be able to take the perspective of and understand the other. This perspective calls upon one not to leave out others to whom one owes social obligation or exclude them from consideration (Noddings, 1992). Although the ethics of care has had wide influence, particularly in nursing scholarship, it has received a number of criticisms as well. For example, some feel it could lead to neglecting the care of strangers (Crowley, 1994), exploitation of the caregiver, not distinguishing between right and wrong sufficiently because care is blind (Nelson, 1992), and not having a coherent definition of the ethic of care (Veatch, 1998). The Feminist Therapy Code of Ethics of the Feminist Therapy Institute attempts to use these concepts to guide the work of counselors who wish to use feminist standards (see Appendix E). The influence of the ethics of care continues to grow, possibly because, in addition to its potential to respond to the influences of social constructivism and multiculturalism on the professions, it has a compelling human appeal. This appeal is well reflected in the remarks of Tong (1998) when she stated that practitioners are required "to at least *try* to develop caring feelings as well as conscientious desires and empathic skills . . . In my hours of greatest vulnerability, I will need more than skilled hands. I will also need a *caring* heart" (p. 151).

These newer areas of ethics scholarship have done much to enrich the dialogue about ethics, as well as humanizing and diversifying the practice of applied ethics. Any serious area of study requires that scholars and practitioners be alert to new trends and information that result in updating or changing the knowledge base and skills of the field. The multiculturalism movement, virtue ethics, and the ethics of care perform such a service for the study of ethics and substantially enrich counselors' understanding of practicing the profession ethically. In Chapter 6 you will be introduced to two models of ethical decision making that attempt to respond to these new ways of viewing ethics. Tarvydas' Integrative Decision-Making Model of Ethical Behavior,

and Cottone's Social Constructivism Model of Ethical Decision Making. Tarvydas' model incorporates the influences of virtue ethics within the important attitudinal assets that are discussed as permeating the ethical decision making process, and the influence of the ethics of care can be seen in the careful consideration of the perspective of the other and the stakeholders in Stage I, as well as the infusion of contextual analysis throughout Stages III and IV. Cottone's Social Constructivism model is wholly grounded in a foundational theory that views relationships and relational systems as the core of understanding for ethical analysis. These constructivism models are yet another illustration of how virtue ethics and the ethics of care have stimulated new thinking in the understanding of ethics.

philosophy concerning how people ought to act toward one another. Morals involve the goodness or badness of human behavior or character. Values are enduring beliefs of what is worthwhile and reflect the value holder's worldview, culture, or understanding of the world. Values clarification, the valuing process, and moral discussion are general processes that assist counselors in working with clients' value systems. Values clarification involves three steps: prizing, choosing, and acting on one's values. Values chosen through this process are called clarified values. Valuing, or negotiation of values, accommodates forces of social change as expressed in social and cultural value changes.

CHAPTER SUMMARY

The issues surrounding ethical judgment involve a complex interplay of morals, values, and priorities that people hold in relationship to themselves, their colleagues, and other professionals. Ethics is a branch of study in

INTERNET RESOURCES

Those wishing to investigate these topics further should search the internet using the following keywords: values, morals, values clarification, values conflict resolution, valuing, moral discussion, moral development, character education, principle ethics, virtues, virtue ethics, relational ethics, ethics of care, and feminist ethics.

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