

Ethics and the Professional Practice of Psychologists: The Role of Virtues and Principles

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We evaluate the potential relevance of virtue ethics to the training and practice of professional psychologists, and we contrast them with principle ethics. Typically, principles are used to facilitate the selection of socially and historically acceptable answers to the question "What shall I do?" when confronted by ethical dilemmas. Virtue ethics, however, generally focus on the question "Who shall I be?" Strengths and weaknesses of each approach are presented. The impact of each is discussed with respect to informed consent and the therapeutic construct "genuineness." We conclude that virtue ethics are an essential component of responsible ethical training and practice.

Currently, the teaching and practice of ethics in professional psychology tend to focus on the application of ethical principles to situations involving dilemmas. These dilemmas take a variety of forms, but they typically emphasize the competing rights and claims of clients or institutions and the related responsibilities faced by service providers. An emphasis on the application of relevant principles in such settings has provided researchers and clinicians with tools to conceptualize and sort through the competing demands of a complex and pluralistic society. However, philosophical and practical limitations to this approach have been identified. We review some of these limitations and identify an additional approach to ethical analysis called virtue ethics. Our analysis of virtue ethics suggests that this approach offers a supplement to the application of ethical principles in dilemmas. Last, we offer some cautions and limitations involving the use of virtue-oriented approaches to ethical analysis and suggest potential research directions.

Sound ethical reflection is an essential component of professional development and practice. With increasing emphasis on ethics in the training (Handelsman, 1986; Hillerbrand, 1988) and the practice of professional psychologists, there emerge questions as to what ethical systems and criteria may be most relevant to psychological contexts (Knowles & McLean, 1986; Lakin, 1988; London, 1986). The recent history of modern moral philosophy, however, presents a climate of some controversy (MacIntyre, 1966). The characteristics of the ongoing debate are many and varied. The result is that psychologists, along

with other professionals, are left facing an increasingly complex and litigious culture with conflicting and often inadequate ethical foundations.

In the midst of this fierce and lively debate, recent contributions within the psychological literature have tended to focus attention on a relatively narrow, though popular, conception of the context and purpose of ethical analysis. In other words, most ethical reflection by and for psychologists has assumed that the relevant context of ethical analysis is an ethical "dilemma," or a situation requiring an active choice between competing claims; the related purpose of ethical analysis is a rational and equitable solution of the dilemma (Callahan, 1988; Eyde & Quaintance, 1988; Kitchener, 1984; Lakin, 1988; Steininger, Newell, & Garcia, 1984; Van Hoose & Kottler, 1985). In this literature, as elsewhere, the focus on dilemmas and their solution has resulted in a decided emphasis on the application of ethical principles (Fitting, 1984; Powell, 1984) and a related de-emphasis of other potentially relevant criteria.

In contrast, a minority of ethicists, as well as psychologists, has raised questions concerning the foundation and logic of such a narrowing of focus on dilemmas and principles (Dykstra, 1981; Hauerwas, 1981; Kilpatrick, 1986; MacIntyre, 1984; Pincoffs, 1971). This minority has proposed an alternative ethical perspective that emphasizes historical virtues.

We believe that the difference between this focus on what we call *principle ethics* (i.e., approaches that emphasize the use of rational, objective, universal, and impartial principles in the ethical analysis of dilemmas) and *virtue ethics* (i.e., characterized by an emphasis on historical virtues) is significant and could have implications for the professional development and practice of psychologists. For example, ethical systems that emphasize universally or prima facie valid principles tend to become salient in the presence of dilemmatic situations and tend to claim objective independence from the people involved. In contrast, virtue ethics focus on the historically formed character of identifiable persons; such character development provides the basis for professional judgment. In addition, principle ethics typically focus on acts and choices. Through the application of what are taken to be objective, rational standards, rules, or

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codes, they attempt to answer the question "What shall I do?" Virtues, on the other hand, emphasize agents or actors. Through the formation of internal qualities, traits, or mature habits, virtue ethics attempt to answer the question "Who shall I be?"

Our analysis focused on the salient differences between principle and virtue approaches. This is not, however, meant to suggest that these approaches are necessarily mutually exclusive. For example, the distinctions that we make do not imply that all systems that emphasize principle ethics are unconcerned with virtue, character, or agents (see, e.g., Drane, 1982, for a possible synthesis of these approaches). Nor are virtue ethics a unified philosophical perspective that avoids the difficulties inherent in dilemmas or in the application of competing principles. Indeed, we are not analyzing two competing philosophical systems (one called *virtue ethics* and another *principle ethics*), although philosophical differences may well exist. Rather, the distinctions that we identify represent a matter of focus, emphasis, and orientation in the current debate.

These distinctions are of potential significance for psychologists for two reasons. First, ethical discourse in psychological literature, with rare exception (i.e., Drane, 1982), has emphasized the benefits of applying ethical principles but has failed to fully articulate potential drawbacks or inconsistencies inherent in this approach. Second, virtue ethics offer a potentially powerful tool in the efforts of professional psychologists, in a variety of subdisciplines, to define the basic character of their practice. Thus, given the current emphasis on principle approaches in modern ethical discourse and ethical training for professionals, we attempt to illustrate potential difficulties with exclusive use of principle approaches and to offer a rationale for the inclusion of virtue ethics in the professional development and practice of psychologists.

The Limitations of Ethical Principles and Dilemmas

The form of ethics currently reigning as the "paradigmatic center of moral reflection" (Hauerwas, 1981, p. 114) in medical, psychological, and religious contexts is that of principle ethics. Given focused articulation in the modern psychological context by Kohlberg (1971) and brought to maturity by the unique dilemmas of biomedicine, principle ethics have gained a solid foothold in the training and practice of professional psychologists (Kitchener, 1984). The prevalent pedagogy of this approach is the evaluation of competing *prima facie* valid principles in the context of significant quandaries or dilemmas (Beauchamp & Childress, 1983). These principles typically include justice, autonomy, nonmaleficence, and beneficence, although particular approaches may emphasize the pervasive role of one or another principle over others. For example, Kohlberg (1970) focused on justice, Mill (1861/1957) emphasized the principle of utility, and Gilligan (1982) more recently called for consideration of an ethic of care.

All in all, however, the primary content or subject matter of these approaches involves dilemmas cast in the form of brief case histories that typically highlight a significant conflict between the perceived rights, demands, duties, or obligations of several individuals or groups, agencies, or institutions. Such an

approach has led some to call this type of ethical discourse *quandary ethics* or *decisionism* (McClelland, 1974; Pincoffs, 1971). The methodology is to sort through the principles involved and then evaluate the actions taken by participants in the case or articulate what actions are appropriate on the basis of relevant but competing principles, or both (Beauchamp & Childress, 1983; Callahan, 1988). The identities of the people involved in the dilemma are typically irrelevant. Rather, the goal is to provide objective and universally valid interpretations that can be reconciled with and applied to any perspective in the dilemma (Kohlberg, 1971).

The power of principle-dominated approaches lies in their descriptive organization of competing claims and their potential for identifying a full range of alternative options (Callahan, 1988). Some situations appear to be dilemmatic because rights, claims, duties, responsibilities, promises, and so forth are not clarified and alternatives are not imaginatively construed. As Callahan (1988) suggested, clarifying the relevant facts and principles "can often make more evident the relative importance of competing values and principles" (p. 465).

However, others have suggested that principle ethics may be too narrow a characterization of what it means to be engaged in ethical discourse (Dykstra, 1981; Kilpatrick, 1986; Pincoffs, 1971) and thus may be professionally limiting (May, 1984). A narrowing of focus on problem solving in an atmosphere of reasoned deliberation could limit the relevant contextual and methodological resources of the professional psychologist. For instance, Kilpatrick (1986) suggested that "even handed, dispassionate discussion of values . . . may habituate students to the notion that moral questions are merely intellectual problems rather than human problems that naturally call up strong emotion" (p. 189). Principle ethics attempt to tie together cognitive analysis and behavioral responses (Kohlberg 1976) while formally distancing the affective and habitual dimensions of human decisions and interactions (Meilaender, 1984; Steininger et al., 1984). When this happens, case studies risk becoming primarily abstract thought puzzles to be analyzed according to specified rules. Other critical psychological dimensions, such as human pain, pathos, and historical particularity, tend to be underestimated or forgotten.

In addition, the heavy reliance on the reasoned application of principles and rules may unintentionally accentuate the impact of individual differences in the use of ethical criteria apart from a theoretically coherent framework. By definition, ethical principles seek grounding in a universal context freed from individual bias, and yet the definitive nature of quandaries places principles in direct conflict with each other. The question then becomes "Which principle(s) will prevail?" For example, researchers often face a conflict between doing the most good for the most people (beneficence) and doing no harm to specific subjects (nonmaleficence). The principles of beneficence, nonmaleficence, and autonomy all stand in potential conflict. To solve this dilemma, appeal must be made to a fundamental moral principle supported by one's moral theory (Steininger et al., 1984). However, different solutions may be achieved, depending on whether one is a utilitarian who emphasizes the public good or a deontologist who advocates a duty to "above all, do no harm" (Jonsen, 1977). Even within a given theoretical

orientation, there may exist disagreement regarding the relative weight of competing principles. As Drane (1982) reported, "There is no evident way to determine which principles should take precedence over which others. In such painful dilemmas the psychotherapist simply does the best he [or she] can" (p. 37). The empirical result is that universal principles, as well as their overarching theories, come to be applied idiosyncratically.

For example, in a review of literature on the relation of moral cognition to moral action, Blasi (1980) found only mixed support for the expectation that behavioral outcomes are related to an individual's moral reasoning stage. Bernard and Jara (1986) found that graduate students in training fail to consistently apply known principles in situations involving the violation of the American Psychological Association's (APA's; 1981) Ethical Principles. In addition, Haas, Malouf, and Mayerson (1986) found that practicing psychologists fail to agree on the appropriate responses to important ethical decisions. Indeed, "psychologists who use the same ethical reasoning processes may arrive at quite different conclusions about the proper action" (Haas et al., 1986, p. 321). Keith-Spiegel and Koocher (1985) suggested that final judgment in an ethical dilemma, and the reasons for discrepant decisions among psychologists, may relate to individual bias, experience, orientation within the discipline, personality, and personal values. "Intertwined in most sources of variability in ethical decision making are differences in value systems among psychologists" (Keith-Spiegel & Koocher, 1985, p. 22). Different professionals who are considered to be conscientious and ethical can review the same facts and use the same reasoned methodology and yet come to different conclusions. This calls into question the exclusive use of principle ethics to provide a solid foundation for critical dimensions of ethical behavior.

Responding to this weakness, the APA continues to evaluate and update its 1981 Ethical Principles for Psychologists, which offers a general code for the profession. Such codes are considered derivative of and dependent on fundamental principles (Beauchamp & Childress, 1983). Nevertheless, behavior is rarely explicitly prescribed in the Ethical Principles. Principle 6a, which prohibits "sexual intimacies with clients" (APA, 1981, p. 636), is an exception. In general, however, the interpretation of the Ethical Principles relies on the professional judgment of the psychologist (Keith-Spiegel & Koocher, 1985). For example, Principle 1f states that psychologists "are alert to personal, social, organizational, financial, or political situations and pressures that might lead to misuse of their influence" (APA, 1981, p. 633). Interpreting any specific situation or pressure as ethically relevant is left to the psychologist(s) involved. But if Keith-Spiegel and Koocher (1985) are right, this judgment is subject to individual bias or perspective.

Other alternatives that help a professional to evaluate or reduce personal bias and naivete include formal and informal peer review (Keith-Spiegel & Koocher, 1985) and consultation with colleagues. Peer consultation and review, as well as community sanctions, are important components of making ethical decisions. Both broaden the decision-making base and help limit idiosyncratic responses and flawed visions. However, neither logically addresses the essential dilemmatic nature of true moral quandaries. As Beauchamp and Childress (1983)

pointed out, dilemmas are dilemmas because more than one rationally justifiable solution exists. Consultation, like principled analysis, expands one's potential vantage points on a dilemma, but it does not in and of itself select which vantage point is most appropriate.

Kitchener (1984) pointed out that even careful analysis does not lift the burden of a decision. But how does one make the decision? On what basis does one choose among the justifiable, but often contradictory, solutions? Given a situation in which principles stand in opposition, what variables will one allow to influence one's preference, or to whom will one entrust the decision? As professional psychologists migrate with increasing frequency into large industrial and health maintenance organizations, the likelihood of conflicting principles increases. Professionals, the clients whom they serve, and the service organizations that they create risk becoming hostage to the reasoned, principle based, but potentially controversial choices of these organizations (Eyde & Quaintance, 1988; May, 1984).

Virtues and the History of Moral Discourse

The limitations just described raise two fundamental issues that must be addressed with respect to ethical training, development, and practice. First, are quandaries in fact central to ethical reflection? Second, how can one appropriately address individual differences in moral decision making and, more generally, with respect to professional formation? From a historical perspective, the answer to the first question is no (Dykstra, 1981; Pincoffs, 1971). Only in relatively modern times have quandaries received central focus in ethical reflection. An ethics system consisting primarily of problem solving might seem choiceworthy to the modern professional faced with innumerable social and technological dilemmas. However, the focus of philosophers from Plato to Hegel has been not so much on what one ought to do as on who one ought to be (Pincoffs, 1971). From this perspective, professionals would do well to focus on the kinds of persons whom they recruit for their training programs and the kinds of experiences that they seek throughout their careers to enhance their personal and professional integrity.

Historically, professional formation consisted of the development of "persistent characteristics of moral selfhood" (Campbell, 1982). The emphasis was not so much on actions as on agents and not so much on principles for deciding as on virtues for living. It is not as if principles are unimportant; rather, they are simply not enough. Whereas principles reflect guides for decision and action, rules, and codes of conduct, virtues reflect the internal composition of character. The two thus exist in a kind of mutual symbiosis, much like disposition and behavior. In fact, the achievement of professional consensus may demand that one employ both objective rules and individual virtues. Indeed, May (1984) argued that professionals must incorporate into their decision-making scheme not only *prima facie* valid principles but also professional virtues. Perhaps one could go on to argue that achieving professional maturity and internalizing professional virtue are prerequisite to competent application of ethical principles.

But prior questions need to be addressed before this argu-

ment has salience. Such questions include the following: Are virtues of relevance to modern professional psychology? What virtues are we talking about, and, indeed, what are virtues? As in the case of principles, virtues have no unitary conceptual development with unambiguous conclusions. Rival conceptions and lists of virtues are many (see MacIntyre, 1984, for one approach to historical analysis). Nevertheless, recent attempts have been made to explicate virtues in terms relevant to professional and even psychological practice (Drane, 1982; Hauerwas, 1981; MacIntyre, 1984; May, 1984). For example, Hauerwas (1981) described the virtues as "specific skills required to live faithful to a tradition's understanding of the moral project in which its adherents participate" (p. 115) and subsequently related both the skills required and the project pursued to the traditional professions of law and medicine. MacIntyre (1984) noticed an interdependent relation between virtues and "practices," a term that would include the professions. Drane (1982) identified a supraordinate level of ethical analysis that focuses on human character, meaning, belief system, and one's "vision" of life in much the same way in which Hauerwas (1981) described the virtues. In addition, by philosophically linking vision and behavior, Drane implied a potentially relevant diagnostic relation among the virtues, human behavior, and mental health.

Three important aspects of virtues were suggested in the accounts by Hauerwas (1981), MacIntyre (1984), and Drane (1982). First, virtues were described as analogous to the skills of a craft or, in a traditional sense, a profession. Second, they are grounded in a specific historical context and focus on human purpose. Third, by linking individual and communal experience to expectation and goal, they imply a certain unity and constancy to the whole of life, for both the individual and the community. In such an analogy, principles might be understood as the tools of the trade used in particular settings. Principles invite a certain professional distance, objectivity, and calculation (we weigh one principle against another). But practicing a craft with some excellence, or with something less, is determined not simply by the tools used but more fundamentally by the skill used. Furthermore, these skills are not just any skills but just those skills required to further the traditions of the profession toward their purpose.

In contrast to principles, virtues historically have been viewed neither as situation specific nor as universal maxims but rather as character and community specific. Thus they are nurtured habits grown mature in the context of a formative community and a shared set of purpose and assumptions. This process begins in the community of one's childhood and continues throughout life. Professional training and practice introduce new contexts and communities wherein professional virtues can be articulated and nurtured by students and professionals. People socialize one another into a professional culture that they continually construct and shape and from which they seek inspiration and support. As time passes, certain shared assumptions and values are "taken for granted" and form the character of the profession and are part of the individual characters of the professionals.

Some writers have suggested that principle ethics are not without virtue but rather emphasize a single virtue, that of con-

Table 1
Examples of Traditional Virtues and Principles

Professional virtues	Ethical principles
Fidelity	Justice ^a
Prudence	Autonomy
Discretion	Benevolence
Perseverance	Nonmaleficence
Courage	Care ^b
Integrity	Utility ^c
Public spiritedness	
Benevolence	
Humility	
Hope	

Note. The virtues were provided by May (1984). The first four principles are discussed by Beauchamp and Childress (1983).

^a See also Kohlberg (1970) for the specific emphasis listed.

^b See also Gilligan (1982) for the specific emphasis listed.

^c See also Mill (1861/1957) for the specific emphasis listed.

scientious rule following (see MacIntyre, 1984, and Pincoffs, 1971, for relevant discussions). Conscientiousness is the orientation with which principle ethicists approach dilemmas. With the advent of litigiousness in the United States, conscientiousness is a common orientation in much of psychologists' professional training and life. Other virtues may be recognized but typically are seen as derivative of and subordinate to the principles (Beauchamp & Childress, 1983); that is, Beauchamp and Childress contended that for every virtue, there is a corresponding rule or principle that can be used. However, May (1984) disagreed and suggested that historical virtues can come into play precisely when principles are in irreconcilable dispute. These virtues, he suggested, are essential for professional development and the maintenance of professional character. For May (1984) they included fidelity, prudence, discretion, perseverance, courage, integrity, public spiritedness, benevolence, humility, and hope.

May (1984) contended that these virtues are not simply correlates of related principles (see Table 1); rather, they represent ideals for the professional that go beyond the boundaries of rules or principles. Unlike Beauchamp and Childress (1983), however, May held that the pursuit of such ideals is not ethically optional for the professional. Indeed, the professional "lives under the imperative to approximate the ideal" with respect to these virtues (May, 1984, p. 252). According to May, this is in part what it means to be a professional.

Employing Virtue Ethics in Psychology

Defining professional virtues in psychologically relevant terms is a matter for attention and debate. Nevertheless, some of the virtues listed by May (1984) are readily accessible and applicable within specific domains of psychological practice. Two examples of how specific virtues influence professional practice are offered in this section. The first concerns the use of informed consent in a counseling relationship; the second involves the role of professional virtues in conceptualizing therapeutically relevant constructs such as "genuineness." Al-

though explicitly psychotherapeutic in content, these examples are intended to offer a starting point for more general discussions of potentially relevant virtues for professional psychologists.

Informed Consent

A client's right to informed consent has received increasing attention (Berger, 1982; Burstein, 1987). Respect for the principles of autonomy and beneficence have encouraged therapists to design explicit contracts in response to the rights of clients (Everstine et al., 1980). Debate on this issue has centered on what information rightly belongs to the client and whether one can ever determine what truly constitutes informed consent. Clearly, information is due the client, but do therapists tell the client all of their plans, thoughts, and opinions, or are they selective? For instance, how can one provide complete information with respect to the technique of paradoxical intention and then use this technique in therapy? This issue focuses careful attention to *prima facie* valid principles that must be weighed and balanced in light of legal concerns and therapeutic effectiveness.

There is, however, another layer of ethical concern that is typically overlooked in the midst of such quandaries: Whereas most attention has focused on what information a therapist ought to tell a client, or what information rightly belongs to a client, there is yet a more subtle but equally important ethical issue that concerns *how* the client will be told (May, 1984). As therapists know, how the truth is spoken in therapy is as morally relevant as what truth is spoken.

For example, Everstine et al. (1980) fully illustrated what information ought to be included in an informed consent procedure, but they did not adequately consider the ethical dimension associated with *how* such information is presented. In an effort to address legal and ethical concerns over informed consent, they developed a therapist–client contract that identified clients' legal rights. Issues were explored in depth and clearly delineated. Client autonomy was respected. However, Everstine et al. did not call into question how to present these matters to clients. As they put it, "The form taken by these consent procedures is irrelevant by contrast with the procedure itself. What is important is that specific ground rules be decided upon in advance and endorsed with a signature before the hard work of therapy begins" (p. 832). Such a legalistic procedure, however, may not be in the client's best interests, nor does it adequately reflect the mutual trust and respect or therapist's integrity that are essential for productive therapy. Specifically, at face value, the rights, the contract, and the consent forms provided by Everstine et al. subtly suggest that therapy is first and perhaps foremost a legal transaction of commodities or services. Modern therapy often includes such a transaction, but it is not clear that therapy is best understood, first and foremost, within the limits of such categories. What is more, the forms imply that the client is a passive recipient of these services, for which the client will be billed. Indeed, the client's rights and the therapist's responsibilities are listed in great detail, but little is said of the client's responsibilities, the mutuality of the therapy process, or what "set" such a document provides for the client.

Clearly, Everstine et al. (1980) developed these forms in an

environment that presses escalating legal responsibilities on therapists. The prevailing question was, and continues to be, What are therapists legally required to do in order to protect client rights and their own legal culpability? Everstine et al. addressed these issues, and virtue ethics does not deny the importance of the question. But in virtue ethics, such concerns would be seen as an outgrowth of a professional's concern for the integrity of the process and practice of psychotherapy itself and an abiding respect for clients who engage in it. Such concern adds another, equally valid question: Who are therapists required to be in order to competently and credibly inform clients about their rights and responsibilities, as well as concerning the nature and tradition of the practice of psychotherapy? The virtues of prudence and discretion and of fidelity to a particular client with whom the therapist is in a particular relationship are ethically relevant to informed consent. It may be that standardized, legal contracts are necessary and can be presented articulately and sensitively (i.e., professionally) to a depressed client without the need of a lawyer to interpret the contract's legal implications. But this is precisely the point: How professionals present such information is morally relevant without being necessarily rule dependent. The character of the professional is as ethically decisive as the content of the contract.

Genuineness

A second example extends this concern for how therapists present themselves and how well they tell clients the truth into the dynamics of therapy. Rogers (1959; Meador & Rogers, 1984) considered genuineness to be essential to the development of a therapeutic relationship. But apart from a person, how does one define genuineness? For example, to what extent does the therapist reveal personal values, perspectives, and problems to a client or clients (Brammer & Shostrom, 1977)? Such questions have both therapeutic and ethical dimensions that are difficult to differentiate. The therapeutic dimensions usually involve a clinical and empirical evaluation of the effectiveness or curative value of genuineness and related constructs proposed by Rogerians, such as transparency, congruence, realness, and authenticity (Truax & Carkhuff, 1964). Similarly, ethical considerations are typically utilitarian. Genuineness is appropriate insofar as it advances the therapeutic interest of the client and does not violate other relevant ethical principles. The exact parameters and nuances of genuineness that are most effective, however, are difficult to isolate and require continued study.

From the perspective of virtue ethics, genuineness might be approached and defined in a different way. In addition to, and perhaps before, questions concerning the curative value of genuineness in the therapeutic encounter is this question: Is genuineness an essential attribute of being a professional in a therapeutic relationship? Many would argue that genuineness, as articulated by Rogers (1959), is not essential, that it is a technique or approach and not a quality. Some might further argue that as such it can be therapeutically counterproductive. But beyond such theoretical arguments is a fundamental question: Is there a sense in which one expects professionals *to be*, for example, genuine, trustworthy, or competent in a way that is not completely dependent on therapeutic consequences? These ques-

tions place our deliberations regarding effectiveness in a wider context that includes astute considerations of what is meant by *professionalism*.

From this second perspective, the virtue-oriented dimensions of genuineness become salient. Genuineness is a complex concept based on a quality of truthfulness. Genuineness includes both a principle-oriented guide to proper action (e.g., tell the truth) and a virtue-oriented characteristic of professionals (e.g., integrity or trustworthiness). But these two admonitions (i.e., "tell the truth" and "be trustworthy") are not necessarily or logically interdependent. There are people—certain politicians and their press secretaries, for example—who sometimes tell the truth in a way that ultimately undermines their trustworthiness and obfuscates a sense of clarity and interpersonal genuineness. In contrast, the maintenance of trust sometimes demands of trustworthy therapists a certain measured deliberateness with respect to the truth that they speak. "Measured deliberateness" is not a code for subtle and deceptive manipulations but rather is a reference to three additional virtues: discretion, prudence, and humility. Not speaking or speaking with care and discretion can be just as critical to maintaining integrity and trustworthiness of the therapist as speaking out.

Prudence, beyond its modern and rather narrow utilitarian emphasis, has a medieval nuance that includes an "essential openness to past, present, and future" (May, 1984, p. 258). In the psychotherapeutic context, prudence enables the professional to honor the client's history, current life situation, and future hopes but with cautious attentiveness to the client's natural, subtle, but self-serving distortions of memory, identity, and expectations. Discretion enables the therapist to make genuine responses to these distortions. In addition, prudence and discretion encourage an alert realization that the psychotherapeutic interaction is in part always open-ended and unpredictable. In this sense, humility further shapes the appropriate dimensions for genuineness in the therapeutic encounter by balancing theoretical and technical enthusiasm with honest and self-reflective appraisal. Although a therapist might feel smug in understanding a client, truthful communication of that smugness is probably neither prudent nor therapeutic.

Thus the "genuine" therapist is involved in an intricate interaction that balances honesty and subtle therapeutic manipulation. How the therapist manages this interaction is an ethical, as well as a therapeutic, issue. The ethical nuances of this encounter go far beyond the categories of principled analysis, empirical effectiveness, or technical skills. Such an analysis does not imply support for ineffective therapists so long as they are virtuous. In fact, the concept of an incompetent virtuous therapist is an oxymoron. Rather, ethics from a virtue perspective serves to remind us that professional psychology is a discipline with pervasive moral, as well as scientific, dimensions. These moral dimensions are intimately tied to the character of the professional.

Beyond Principle to Character

Last, a focus on virtues, in addition to principles, may offer a tentative response to the problem of individual inconsistencies in the use of ethical principles. Specifically, on what criteria

do therapists rely when choosing among rationally justifiable alternatives in a dilemma? Eyde and Quaintance (1988) appealed in such situations to Kant's universal imperative to act according to maxims that can and ought to be obeyed by all people. Thus they suggested that psychologists ask themselves, in the midst of a dilemma, "Would I wish my action to become a universal law?" (p. 149). Such a "universal principle" has, however, received severe critical analysis in recent discourses in moral philosophy (MacIntyre, 1984). For example, such a principle does not provide logical access to a normative rule's exceptions. Controversies surrounding confidentiality is a case in point. Initially, the universal rule was "Therapists do not break confidentiality." Careful reexamination of this rule, along with painful and expensive court battles, now indicates that confidentiality *must* be abridged in certain cases. But which cases? And does the particular case in which a particular therapist happens to be involved meet the relevant criteria? Who decides? It is clear that in some instances—child abuse, for example—the community, through legislation, has decided. But in other cases the decision is less clear, and the history of these questions undermines any consistent application of Kant's universal imperative.

In such situations, the client and the community rely not simply on a therapist's rational, cognitive processing of universal or prima facie valid principles, nor simply on his or her specific technical skills or legal expertise. Principles, technical skills, and legal knowledge are necessary in evaluating a course of action but are not logically sufficient or necessarily primary. What is demanded of professionals is a dimension of character appropriately understood by way of the virtues. Professionals use words such as *maturity*, *professional judgment*, *discretion*, *wisdom*, or *prudence*, which depend for their exercise not so much on rational, objective principles as on a quality of character identified by the virtues. A serious consideration in psychological training and practice of what constitutes virtuous character will not eliminate professional disagreement about what is proper or ethical, but it could result in the development of professionals who are better prepared to make such judgments. Such professionals might more easily identify their bias, more carefully guard against imposing their values on clients, and be more vigilant in separating personal and cultural preferences from the psychological and therapeutic phenomena.

Conclusion

Virtue ethics do not insist on or create homogeneity of values or exclusiveness in the profession. Rather, an ethic of virtue takes professional character as seriously as principle ethics take dilemmatic situations. But professional character is never left to its own devices, particularly in the face of a pluralistic society and the contemporary pressures of the marketplace. A professional character is a character formed and informed by the profession and one that reflects an aspiration for the ideals of that profession. The ideals of professional psychology must include conscientious decision making, but they also must include virtuous deciders, who emphasize not so much what is permitted as what is preferred. Serious reflection on May's (1984) list of professional virtues might be a way to begin.

Of course, virtue ethics are not without their limitations and controversies. First, debate continues as to the primacy of virtues or principles in ethical discourse (Beauchamp & Childress, 1983). Are these approaches in some way complementary, whereby one fills in where the other leaves off (Drane, 1982; May, 1984), or do they represent fundamentally different ways of conceptualizing what it means to think and act ethically (MacIntyre, 1984)? Second, how might one judge among competing virtues? For example, there are as many possible historical virtues to choose from as there are principles to decide with. One must ask, "Whose list of virtues are we to employ?" and "By what criteria do we choose among competing formulations?" May (1984) offered a sound point of departure but not a definitive summary. Third, how are appropriate professional virtues (or any virtues) identified, defined, manifested, and perpetuated? Are they conceptually distinct from notions of instinct or intuition? Or, as Steininger et al. (1984) argue, do virtue ethics, born of Aristotelianism, posit a natural faculty of human reason that is "as vague and conflicting as the determinations of Divine Will" (p. 16)?

These and other questions offer opportunities for both reflection and research. Specifically, recent efforts to articulate a narrative approach to psychological research (Howard, 1989; Sartin, 1986) offer potential tools for pursuing the study of virtue ethics. Others have identified theoretical foundations for such research in Ericksonian models of moral education and character development (Gorman, 1986; Knowles, 1986). But only if psychologists spend as much time exploring and debating the meanings of virtuous character as they do analyzing the applicability of various principles can they hope to address the broad range of ethical implications implicit in professional activity. Only then will they approach a response to the difficult issues raised by the complexities of individual bias, public pluralities, and the seeming need for more professional consensus in the moral and ethical dimensions of psychology's common science and practice.

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