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# Nonrational Processes in Ethical Decision Making

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Mark D. Rogerson  
Michael C. Gottlieb  
Mitchell M. Handelsman  
Samuel Knapp  
Jeffrey Younggren

Niskayuna, New York  
Dallas, Texas  
University of Colorado Denver  
Pennsylvania Psychological Association  
University of California Los Angeles, Harbor-UCLA  
Medical Center

*Most current ethical decision-making models provide a logical and reasoned process for making ethical judgments, but these models are empirically unproven and rely upon assumptions of rational, conscious, and quasi-legal reasoning. Such models predominate despite the fact that many nonrational factors influence ethical thought and behavior, including context, perceptions, relationships, emotions, and heuristics. For example, a large body of behavioral research has demonstrated the importance of automatic intuitive and affective processes in decision making and judgment. These processes profoundly affect human behavior and lead to systematic biases and departures from normative theories of rationality. Their influence represents an important but largely unrecognized component of ethical decision making. We selectively review this work; provide various illustrations; and make recommendations for scientists, trainers, and practitioners to aid them in integrating the understanding of nonrational processes with ethical decision making.*

**Keywords:** ethics, decision making, heuristics, intuition, emotion

Psychologists strive to increase knowledge of human behavior and apply their understanding in research and practice. They are expected to uphold high standards of ethical behavior in all of their various roles and duties. Authoritative codes and governing bodies provide both guidance for and enforcement of these responsibilities. However, ethical decision making can be complicated when decisions involve complex situations, conflicting ideals, vague or nonexistent guidelines, and strong emotions. Consequently, ethical decision making that realistically accounts for the myriad contributing factors is an indispensable component of the responsible practice of psychology.

Numerous ethical decision-making models have endeavored to aid judgment by dividing the process into discrete steps and offering a prescribed rational route to an eventual determination. However, several lines of argument and research have suggested that such rational and deliberate conceptualizations fail to account for the full complexity of ethical thought and practical dilemmas. For example, we know that ethical knowledge does

not necessarily result in ethical behavior (Smith, McGuire, Abbott, & Blau, 1991). Multiple personal and interpersonal influences affect the decision maker (Cotroneo, 2001), and automatic processes and intuition may exert a larger influence than has been acknowledged (Haidt, 2001). Rational models of cognition often fail to capture the reality of human choice and behavior (Kahneman, 2003; Kahneman & Klein, 2009), and people fail to acknowledge their own biases due to a tendency to overvalue introspective information in themselves but not in others (Pronin & Kugler, 2007).

Psychology has long been at the forefront of scholarship and guidance on professional ethics. The American Psychological Association (APA; 1992, 2002, 2010) has produced ethics codes that include foundational principles and provide direction for their application. Psychologists' increasingly complex and varied work requires continual improvement of ethical frameworks, scholarship, and training. In a field that requires constant use of professional judgment, we argue that psychologists can improve their decision making by considering a broader array of the factors that can influence judgment and decisions. In this article we review contemporary knowledge and theoretical contributions to ethical decision making that go beyond existing rational models. We then discuss implications for some areas of common concern for psychologists that might be improved through greater understanding of nonrational factors: multiple relationships, risk management, and ethics education. By acknowledging the complex and multiple influences on ethical decision making, psychologists may be better prepared to address difficult professional decisions and to take more responsible actions in the face of uncertainty.

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Mark D. Rogerson, Independent Practice, Niskayuna, New York; Michael C. Gottlieb, Independent Practice, Dallas, Texas; Mitchell M. Handelsman, Department of Psychology, University of Colorado Denver; Samuel Knapp, Pennsylvania Psychological Association; Jeffrey Younggren, School of Medicine, University of California Los Angeles, Harbor-UCLA Medical Center.

Correspondence concerning this article should be addressed to Mark D. Rogerson, 2310 Nott Street East, Niskayuna, NY 12309. E-mail: mdrogerson@gmail.com



**Mark D.  
Rogerson**

## Ethical Decision-Making Models

Many decision-making models have been proposed to describe the optimal deliberative process and aid psychologists in the judicious resolution of ethical dilemmas. A comprehensive review is beyond the scope of this article (see Cottone, in press). Instead, we describe selected models that are widely known and frequently used in ethics education. We believe these models are representative of modern ethical frameworks and recent trends, and are relevant to understanding nonrational processes.

One of the first and most influential models was developed by Kitchener (1984, 2000), who described two levels of moral reasoning: an intuitive level and a critical–evaluative level. At the intuitive level, automatic, prereflective responses based upon knowledge and experience guide much of ordinary moral thought and ethical action. Kitchener contended that the intuitive level was not sufficient and presented a critical–evaluative level that enhances, directs, evaluates, and defends ethical decisions. This critical–evaluative level consists of reasoned judgments based upon philosophical theories, ethical rules, guidelines, standards, and principles. This two-factor model provides both a helpful formulation for ethical deliberation and prudent guidance for refining both critical evaluation and ethical intuition.

Subsequently, more explicit and extensive models have been proposed to offer further guidance in the rational, deliberative aspects of ethical decision making, particularly in more difficult and complicated cases. For example, Haas and Malouf (2002) proposed a particularly extensive and detailed model, characterizing it as an attempt to describe the process that naturally occurs

rather than a touchstone to be followed rigorously in every situation. Alternative conceptualizations have included descriptive, practical, and theoretical models based upon a wide array of philosophies, and their recommended processes have included anywhere from 4 to 10 steps, stages, components, or processes (for a review, see Cottone, in press). In addition, other models even address ethical decision making in areas of psychological specialty (e.g., Bush, Connell, & Denny, 2006). Some ethical frameworks acknowledge the influences of intuitive judgments, moral sensitivity, contextual circumstances, and personal values (e.g., Welfel, 2009). Yet in our view, none have addressed sufficiently the variables that are embedded within Kitchener's (1984) intuitive level.

Despite the desirability of a coherent ethical decision-making guide and the plentitude of proposed formulations, few models have been theoretically grounded or empirically validated (Cottone, in press). All of these conceptualizations are confronted with the common problem in psychological research of explicating a familiar experience whose mechanisms are mysterious and complex. Some decision-making models seem only to describe an ineffable process and offer little practical guidance, whereas others are so complex and esoteric that they are unlikely to be widely utilized. To make matters worse, the models are predicated upon a normative ideal of rationality and critical evaluation. Nonrational thoughts or influences are typically seen as impurities in a purely rational process (e.g., Ford, 2006) rather than as inherent and inevitable components of any cognitive endeavor.

Haidt (2001) argued that rather than reaching moral judgments through reasoning and reflection, people grasp moral truths automatically in a manner similar to perception, and these moral intuitions lead directly to moral judgments. Haidt asserted that the relationship between a judgment and its supporting belief does not necessarily imply that the belief *produced* the judgment. Instead, moral judgment is the product of moral intuitions and is followed (if necessary) by moral reasoning, which is constructed *ex post facto* in order to justify the decision and influence (the intuitions of) others. Haidt quoted David Hume as calling reason “the slave of the passions” (p. 816) and argued that without emotion, morality would not exist, for an act is not contrary to reason unless its consequence is contrary to sentiment. People may *at times* engage in private reflection or reason their way to judgment by force of logic, but more commonly, “reasoning” consists of taking different perspectives, activating new intuitions, and weighing them against one another.

By ignoring these intuitive elements or assuming that they can be disregarded or removed from the process, existing models of ethical reasoning are vulnerable to subjectivity, bias, and rationalization. In cases where such elements are present but are not recognized or considered, misguided decisions may lead to harm for both psychologists and those for whom they are responsible.



**Michael C.  
Gottlieb**

## **Ethical Knowledge and Ethical Behavior**

Although normative decision-making models may help scientists and practitioners know what they should do in certain circumstances, it is unclear whether this knowledge actually translates into ethical behavior. For example, research has demonstrated that when presented with ethical dilemmas, clinicians report that they often *would* act in ways that depart from how they believe they *should* (e.g., Bernard, Murphy, & Little, 1987). Smith et al. (1991) found that surveyed mental health professionals evaluated what should be done in accordance with ethical guidelines but reported that they were not always willing to implement these decisions. Actual reported behavior was affected by a range of factors apart from codified rules, including personal values and practical considerations. For example, practicing clinicians responded differently when the hypothetical actors were themselves or someone else, and they provided more conservative responses when the examples involved issues of greater notoriety or clearer precedent, such as sexual relationships and alcohol abuse (Wilkins, McGuire, Abbott, & Blau, 1990). Thus, personal and situational features of a dilemma clearly affect its resolution, yet such data received scant attention until recent scandals in medical research and business caused the public to focus on conflicts of interest and self-serving bias (for a detailed discussion, see Moore, Cain, Loewenstein, & Bazerman, 2005).

These findings suggest that ethical action rests on neither a single standard nor simple rationales. Whereas ethical issues are likely to be more salient during an ethics survey than they may be in everyday practice, and considering that individuals may be prone to underreport how

often they would act differently than they believed they should, these results demonstrate an important discrepancy between ethical reasoning and ethical behavior, and they have disquieting implications for the practical utility of purely normative and rational models. Haidt's (2001) theory can help to explain the dichotomy between ethical knowledge and ethical behavior if behavior results primarily from intuitive judgments, whereas "knowledge" consists of reasoning after the fact. Contextual, interpersonal, and intuitive factors are inextricably linked and inexorably influential in the process of ethical decision making. Ethical theory would benefit from encompassing these subtle yet powerful forces.

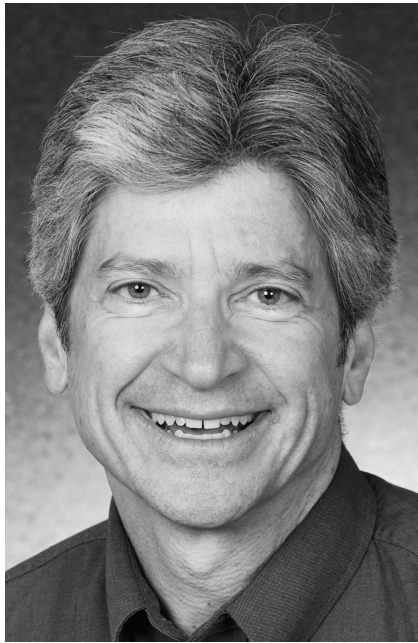
## **Advances in the Understanding of Decision Making and Judgment**

For many years, normative theories of decision making have asserted that people ought to act as rational agents, accurately and coherently understanding their aims and desires and acting accordingly in terms of controlled behavior, stable preferences, and logical self-interest (Baron, 2000). However, psychological researchers have revolutionized such diverse fields as economics, medicine, law, and diplomacy by demonstrating the reliable and systematic ways in which decision makers depart from rationality (e.g., Kahneman & Tversky, 1979; Kahneman, 2003; Kahneman & Klein, 2009). Behavioral research has shown that judgment is not necessarily unbiased and that people often do not behave rationally. Decisions are based not on the objective state of the world but rather on our subjective experience of it. Accordingly, human capacity for rationality is finite, and its bounds lead to important tendencies and problematic biases (for reviews, see Kahneman, 2003; Shafir & LeBoeuf, 2002). Below we describe some of the nonrational influences on decision making and suggest that models that account for these influences will lead to better decisions.

### ***Intuition and Reasoning***

Kahneman (2003) distinguished between rapid, automatic, affect-laden intuition and slow, effortful, objective reasoning. Intuition can be exceedingly efficient, accurate, and powerful in many situations. However, because people are not accustomed to effortful thinking, accessibility—that is, the ease with which something comes to mind—interferes with rationality in a variety of ways. People are particularly adept at evaluating an event as good or bad and comparing it with close alternatives that otherwise might have occurred. As a result, they experience the regret of hindsight and often tend to make decisions that minimize their anticipated regret for not choosing a different option (Shafir, Simonson, & Tversky, 1993). This can lead to inaction in circumstances of incomplete information, when people might regret committing an error more than they would regret not intervening. For example, psychologists might not confront a colleague about a possible ethical lapse because they are more concerned about avoiding the regret of a false alarm than about letting an ethical infraction occur.





**Mitchell M.  
Handelsman**

Because immediate affective responses are particularly potent, the manner in which equivalent choices are framed can lead to very different decisions, which violates the rational assumption that decisions in substantively equivalent situations should be the same. For example, people prefer a plan that entails saving 80% of a population from a lethal disease when compared with one that involves allowing 20% to die. Even experienced physicians respond differently to a 10% mortality rate compared with a 90% survival rate (Kahneman & Tversky, 1984). Compounding this difficulty, people almost always passively accept the frame they are given. In addition, these realities are complicated by differing statistical approaches to these types of data and how the probabilities are conceptualized and interpreted (e.g., Gigerenzer, 2002; Mlodinow, 2008). For example, a two-fold increase in risk for a disease may not be particularly consequential if it remains exceedingly rare. In considering an ethical decision, framing effects, reference points, and affective responses can exert powerful influences. Therefore, it is critical to be cognizant of the frame of a decision and to consider alternative perspectives. For example, psychologists might be more likely to decide to withhold important information from clients or research participants if they are told that upon receiving such information 1 out of 100 people files a lawsuit, rather than if they were told that disclosure is safe 99% of the time.

People evaluate a stimulus on the basis of the contrast between it and its surroundings. Thus, it is difficult to conceptualize how darkly an object is shaded, but it is relatively easy to perceive that it is lighter than its surroundings (Kahneman, 2003). Individuals are adept at noticing changes, and they use relative differences as proxies to evaluate the associated states. Kahneman and Tversky

(1979) first demonstrated the manner in which this tendency to discriminate changes leads people to perceive outcomes in terms of gains and losses rather than normative economic models' objective states of wealth. The authors' prospect theory demonstrated that people feel losses to a greater extent than gains. Also, they tend to be risk averse when considering potential gains but risk seeking when trying to avoid potential losses. Kahneman (2003) explained that observed preferences are based on anticipated changes, which cannot be separated from their associated emotions.

One implication of prospect theory is that a psychologist is likely to attempt to avert perceived losses and may become risk seeking in the face of an apparent loss, perhaps engaging in more risky behavior to try to escape from the discomfort of an unflattering position or troublesome situation. For example, after contemplating the effects of losing a lucrative grant, a researcher may be tempted toward more professionally risky and unethical practices—such as “cherry-picking” data and even falsifying results—in order to avert the termination of a project that she or he believes to have considerable potential benefits for society.

### **Heuristics and Biases**

Kahneman (2003) described how other nonnormative behaviors result from the concepts of heuristics, or mental shortcuts that readily come to mind and simplify more complex cognitive tasks. Often, characteristics that are more easily accessible (heuristic attributes) are substituted for more effortful ones. Thus, when faced with a challenging question, people sometimes answer an easier one instead. For instance, people are notoriously bad at adequately conceptualizing large numbers and accurately comprehending probabilities. As a result, heuristics allow for approximate representations without the associated mental rigors.

Tversky and Kahneman (1974) described how these heuristics are often helpful but lead to widespread biases. For example, the *availability heuristic* permits people to approximate frequency on the basis of how easily the target comes to mind, but more memorable events are not necessarily more frequent. Thus, people overestimate the number of deaths in fires but underestimate the number of deaths due to stomach cancer (Kahneman, 2003). Similarly, a clinician may easily recall several times in which a certain intervention was associated with a remarkable improvement in a patient's symptoms, but may not recall that on many other occasions the technique was ineffectual and even counterproductive. According to the *representativeness heuristic*, people estimate the likelihood of an event by how similar it is to a conceptual prototype. However, subsequent estimates often ignore or even contradict other important statistical information, such as base rates (Kahneman, 2003). *Anchoring* (Baron, 2000) refers to the observation that numeric estimates tend to be closer to previously considered numbers, even if those numbers are clearly arbitrary (e.g., the “original” price of a car). These heuristics may influence the interpretation of diagnostic

**Samuel  
Knapp**



information and statistical results that are vital in assessing a clinical, scientific, or ethical question.

Information gathering and hypothesis testing are biased toward initial impressions through a phenomenon known as *confirmation bias* (Baron, 2000). Thus, pre-existing notions anchor subsequent reasoning and can affect information gathering, analysis, and retrieval in the face of an ethical dilemma. For example, believing a colleague generally to be an ethical researcher may unduly influence the evaluation of specific troublesome behaviors. At the same time, the influence afforded to certain information can be modulated by previous actions and by attentional factors such as the salient identity of the decision maker (Shafir et al., 1993). Thus, if psychologists are reminded (or remind themselves) of their professional identity and responsibilities, they may be more likely to analyze information more effectively and make more prudent decisions. Similar effects might be predicted on the basis of the literature on stereotype threat, which shows that awareness of stereotyped expectations about oneself—both positive and negative—influence people's behavior (Shapiro & Neuberg, 2007; Steele, Spencer, & Aronson, 2002; Wheeler & Petty, 2001).

Compounding these tendencies is the finding that people demonstrate a "bias blind spot" in which they perceive biases in others while denying them in themselves (Pronin, Gilovich, & Ross, 2004). This blind spot is largely due to an overvaluing of introspective information for assessments of one's own actions, motives, and preferences coupled with inadequate insight due to the unconscious nature of bias and the limitations of introspection. Interestingly, educating participants about such tendencies and the importance of nonconscious processes was found to be an effective method for eliminating this bias blind spot (Pronin & Kugler, 2007).

Similar and equally troubling blind spots surround the notion of self-serving bias, nicely summarized by Bazerman, Morgan, and Lowenstein (1997):

When presented with identical information, individual perceptions of a situation differ dramatically depending on one's role in the situation. People first determine their preference for a certain outcome on the basis of self-interest and then justify this preference on the basis of fairness by changing the importance of attributes affecting what is fair. (p. 91)

Self-serving bias lies at the heart of conflict of interest, a situation in which professionals possess an interest that could impair executing their professional and fiduciary obligations. Conflicts may involve both external interests (e.g., researchers accepting stock options in a company whose product they are evaluating) and internal interests (e.g., sexual misconduct with clients or students).

### **Affect and Conflict**

Emotions influence cognitive processes. According to the *affect heuristic*, all stimuli evoke automatic affective evaluations, which are profoundly influential in many judgments and behaviors (Kahneman, 2003). As a result, psychologists might act on the basis of affective responses to a student, patient, or colleague rather than on a dispassionate examination of objective merits. The use of the affect heuristic is consistent with findings that considerations such as personal loyalty may be more salient than ethical principles in making decisions (Betan & Stanton, 1999).

Other affective factors can influence decision making in nonrational ways. Because people are motivated to minimize regret and escape the discomfort of uncertainty and conflict, they tend to eschew conflicting options (which can lead to inconsistent decisions depending on what alternatives are available) or they may avoid difficult decisions altogether. These tendencies have been demonstrated with consumers and medical professionals (e.g., deciding which patient should receive a certain medical procedure; Redelmeier & Shafir, 1995) and are likely to produce similar effects with difficult ethical decisions. When confronted with a conflict-laden dilemma, psychologists may choose an objectively worse, but less discomfiting, course of action. They may delay the decision and thereby exacerbate the consequences. Conversely, avoidance of ambivalence may lead to premature discontinuation of deliberation, hasty decisions, and equally adverse outcomes.

Individuals tend to make decisions that are justified by subjective reasons. People find stories compelling, especially when they themselves construct the narrative. When planning a course of action, this tendency leads to imagined sequences of events, inadequate adjustments for the unknown or unexpected, and staggering overconfidence (Baron, 2000). As a result, individuals may be prone to being complacent with a selected ethical decision, failing to consider contingencies or taking inadequate precautions to manage risk.

These are some of the ways in which behavioral research has revealed how actual decision making departs from the normative model of the rational agent. Limitations

**Jeffrey  
Younggren**



of human cognitive abilities lead to reliance on heuristic and affective processes that usually work effectively and efficiently but sometimes result in biases and inconsistencies. Decision makers can optimize their ethical reasoning by identifying, challenging, and integrating the subjective, automatic, intuitive, and contextual forces that can influence their deliberation.

## **Implications and Applications**

It is beyond the scope of this article to discuss all the implications of this body of knowledge. Instead, we highlight three broad areas that psychologists who work in health service, research, or academic settings often encounter: multiple relationships, risk management, and ethics education. These complex and far-reaching topics have been the subject of many articles, books, and lectures. We believe that ethical decision making in these areas may be particularly susceptible to intuitive and affective influences. The following examples describe how psychologists can use the information about nonrational processes to avoid decision-making errors and improve the quality of their decisions.

### **Multiple Relationships**

The APA (2002) "Ethical Principles of Psychologists and Code of Conduct" states:

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation. (§3.06)

Multiple relationships are not unethical per se (APA, 2002, §3.05a), because they do not necessarily create conflicts of interest or reflect a loss of objectivity on the part of the psychologist. For example, a university professor will typically experience little conflict when serving as a teacher, research supervisor, and/or employer of a graduate student in his or her laboratory because all three roles have compatible evaluative functions (Kitchener, 1988). Similarly, all boundary crossings (i.e., departures from commonly accepted practice; Smith & Fitzpatrick, 1995) do not constitute harmful multiple relationships. For example, few would argue that it is inappropriate for a cognitive behavior therapist to have lunch in public with a client with social phobia as part of the treatment process (for further reading, see Gottlieb, Younggren, & Murch, 2009). Yet, the research we have reviewed above teaches us that making such decisions is not as straightforward as we might imagine, and data suggest that navigating multiple relationships can be particularly problematic. For example, a 10-year review of complaints before the APA Ethics Committee showed that boundary issues are the most common source of complaints against psychologists (Bennett et al., 2006), and such problems occur among academics as well as practitioner psychologists (see Ei & Bowen, 2002).

Reflective practice is a benchmark of professional competency (Fouad et al., 2009), but nonrational processes can compromise accurate self-reflection. Internal conflicts of interest (Stark, 2005) represent particularly vexing situations because of the self-serving bias to which we are all vulnerable and often less aware. Furthermore, we contend that those who work in close contact with others may be particularly vulnerable to such violations. Consider the following:

Professor Stern was the principal investigator of a large government research grant. She had a number of colleagues and students working in her lab, and they were about to release their first set of studies that were very supportive of her hypotheses. One of the advanced graduate students in her lab, Patrick Brash, was considered to have the potential for being a gifted researcher, and Stern was dependent upon him for producing the lab's first set of papers. Stern knew he had an explosive temper and that others tended to tread lightly around him. Also, she knew that there were times when Brash bent or even broke rules, but she tended to minimize his infractions. One day she witnessed him telling an "off-color," suggestive joke to one of her female graduate students. Professor Stern wondered if her graduate student found it as offensive as she did.

As disinterested parties reading this vignette, it is easy to see the nature of the conflict in which Stern finds herself. She now is faced with the responsibility of possibly intervening to protect one of her students from harm, but doing so could place her research at great risk. How could she know what Brash would do if she confronted him or initiated disciplinary proceedings against him? Would he storm off, refuse to work for her any further, or try to destroy her data? Could her own feelings and biases distort her perception of the event? Would factors such as her own past experiences or her dependence on Brash's work cause her to over- or underreact to the comments she overheard?



It is hard to imagine that Professor Stern would not be susceptible to becoming loss-averse and thinking about what would happen to her research if she acted against Brash. Stern is vulnerable to compromising the welfare of her student on the basis of self-serving bias and might generate numerous reasons why it is not necessary for her to act.

### **Risk Management**

Psychologists use risk management procedures to minimize the likelihood of legal exposure while at the same time maximizing the likelihood of an outcome that promotes the welfare of patients or upholds an overarching ethical or legal obligation. Bennett et al. (2006) developed a risk management formula designed to encourage consideration of patient, contextual, legal, and therapist factors involved in assessing risk. However, the value of any risk management approach can be maximized only if the information used is accurate.

Consider, for example, the fundamental attribution error, which could lead a psychologist to “input” inaccurate data. People tend to overattribute the behavior of others to stable, internal personality characteristics, and to underappreciate the role of situational factors. Conversely, when judging one’s own behavior, people are more likely to consider situational influences than internal factors. For example, Jones and Harris (1967) had research participants read student essays that either supported or criticized the behavior of then-Cuban President Fidel Castro. Even in a condition in which the participants were told that the essay writers did not choose their position, the participants still attributed the perspective of the essay to the actual beliefs of the writers. In other words, they tended to discount the external factor, being assigned the position of the essay, as influencing whether the authors supported or opposed Castro. In addition, cultural context influences people’s judgment and behavior, as the fundamental attribution error appears to be more common in individualistic cultures, such as the United States, and less common in more collectivist cultures (Knowles, Morris, Chiu, & Hong, 2001). The fundamental attribution error is influential in numerous domains, and professional psychologists are not immune to its effects. For example:

Dr. Rodriguez was interviewing a patient who expressed great appreciation of him as a therapist but then became suddenly angry when she learned that an expected appointment time was not available. This one sample of behavior, which he interpreted as idealization and vilification, led Dr. Rodriguez to conclude that the patient had borderline personality disorder, and this decision influenced how he conceptualized his subsequent treatment decisions.

If Dr. Rodriguez had given more consideration to the possibility that he might be engaging in the fundamental attribution error, he might have interviewed the patient in more detail to seek out information that could disconfirm his hypothesis, including situational factors that he may have overlooked. By doing so, he might have learned that she was under extreme stress at the time, due largely to the

time demands placed on her while she was caring for a child who was acutely ill. Historically, she seldom lost her temper, had generally stable moods, and maintained good relationships with others.

### **Training and Supervision**

Teachers of ethics continually strive to improve the ethical choices and behaviors of trainees, and training can be enhanced by incorporating important research and scholarship into their pedagogy. For a long time, ethics training has focused on helping students understand “the rational basis of ethical duties” (Ford, 2006, p. ix) and has considered nonrational influences as extraneous or harmful to the process—a weakness to be overcome rather than a natural human phenomenon to be considered. For example, Ford (2006) asserted, “To act on the basis of personal preference or cultural biases, rather than be guided by objective, well-reasoned principles, would be to behave arbitrarily rather than scientifically and would involve a very significant risk of acting unethically” (p. 3).

Because of the ubiquity of nonrational factors, ethics training might benefit from acknowledging them. As Ford (2006) stated, “Mental health professionals must be consciously aware of their value biases so they can avoid being unduly influenced by them during the ethical decision-making process” (p. 84). We agree that such awareness is a good thing and that it should be a part of ethics training. One aspect of awareness includes knowing the ways in which such nonrational approaches as the affect heuristic can distort our thinking, lead to logical errors (Pope & Vasquez, 2007), and facilitate avoidance of unpleasant feelings and considerations (Pope, Sonne, & Greene, 2006). However, we disagree with Ford’s implication that the only influence of personal values, affects, and motivations is a negative one.

Awareness of the pitfalls and errors of ethical reasoning can be supplemented with positively framed considerations as a matter of professional development. Intuitive and affective responses can guide behavior to ensure better decisions without conscious awareness (Bechara, Damasio, Tranel, & Damasio, 1997), particularly in complex circumstances (Dijksterhuis, Bos, Nordgren, & van Baaren, 2006). Intuitive responses may be honed through experience and regular feedback (Kahneman & Klein, 2009). Emotions may signal the presence of conflicting principles or direct attention to considerations that otherwise might be neglected. Faculty should work to increase students’ awareness of those occasions when their emotions might work in their favor and become critical elements in ethical reasoning. Also, students can relate their emotions to their highest values and motivations (Anderson & Handelsman, 2010; Handelsman, Knapp, & Gottlieb, 2009; Knapp & VandeCreek, 2006). For example, loyalty may be an important value for some students and can be respected by educators. A positive approach might be to see whether loyalty to friends could be replaced by, or become less salient than, loyalty to the profession or to one’s clients, students, or research participants. This new conceptualization of loyalty may come as a result of considering (or feeling) it to be an

extension of other core professional and personal values, such as compassion or fidelity.

Ethics education should address cognitive processes and personal motivation by integrating emotional sensitivity and moral values with rational analysis and the law (Anderson & Handelsman, 2010; Betan & Stanton, 1999; Gottlieb, Handelsman, & Knapp, 2008). We believe that helping students and trainees become aware of their own contributions to ethical reasoning, on the basis of their own values, motivations, and virtues (Anderson & Handelsman, 2010), can lead to a more comprehensive, supportive, and effective training experience (Gottlieb et al., 2008). Such efforts amount to an expansion of Kitchener's (1984, 2000) intuitive level of reasoning. Integrating students' own moral background with the traditions and principles of their chosen profession may help them develop a more cohesive and effective professional identity (Handelsman, Gottlieb, & Knapp, 2005).

## Discussion and Recommendations

How can psychologists minimize the negative influence of nonrational processes and use them for their benefit? In other words, how can they utilize deliberation, intuition, and emotion most effectively? Certainly much work remains in incorporating these factors and understanding their implications. Empirical research about ethical decision making is lacking, and future efforts to explicate the various influences will be greatly beneficial (for one example, see Lincoln & Holmes, 2010). Training about biases has been successful in some circumstances (Pronin & Kugler, 2007), but more research is needed to assess the effectiveness of didactic approaches.

We believe that ethical decision making will improve when psychologists make an effort to consider problems carefully and completely and to guard against cognitive distortions. They should employ a self-reflective attitude that incorporates self-monitoring and disconfirming strategies into their daily work habits. Psychologists should acknowledge that their initial thoughts might be wrong and refrain from jumping to the first seemingly sufficient solution that occurs to them. Instead, they should actively seek alternative perspectives and consider being a devil's advocate for themselves. Halpern (1998, Table 1) recommended that decision makers ask themselves specific questions or perform certain tasks before settling on a decision. They may ask questions such as the following: What additional information do I need before I can answer the question? What information is most important, less important? Is there any assertion in the framing of the problem that could be inaccurate? Such a process could entail having the decision maker state the problem in at least two ways, list more than one possible solution, and then engage in a consultative process that could reinforce the final decision.

Consider a case in which a psychologist is dealing with a potentially life-endangering patient and must now balance concern for the patient's privacy with the possible need to protect an identified third party. Sometimes psychologists may immediately conclude that they must warn a potential victim. However, it would be more desirable for

those psychologists to move beyond the dichotomous thinking of either "warn" or "do nothing" and consider other ways to defuse the danger and protect the patient (for further reading, see Werth, Welfel, & Benjamin, 2002). Among other things, psychologists could consider what additional information is needed and/or important, contemplate alternative perspectives, and even reconsider the basic assumption that a third party is in danger. Instead of a black and white choice, such a process might generate other potential solutions to the ethical dilemma such as increasing service delivery or brief hospitalization, solutions that might be more effective and therapeutic and avoid the need to break confidentiality.

A psychologist who is experiencing stress may fixate on the first solution chosen, because having some solution, even a poor one, is less anxiety producing than having no solution. High anxiety may lead psychologists to stop their search when they reach a solution that will suffice. This has been called a "just good enough" solution (Knapp & VandeCreek, 2006) because it meets the minimum legal requirements and does not obviously violate any legal or ethical standard. Kruglanski and Ajzen (1983) referred to it as "early freezing." This type of thinking is especially likely during periods of stress when the psychologist's cognitive resources are overtaxed. Instead, it may be desirable for psychologists to accept that they are upset, to slow down the decision-making process whenever possible, and to seek support and consultation.

Bennett et al. (2006) recommended three patient-focused risk-management strategies to help reduce the likelihood of making a serious clinical error: consultation, documentation, and informed consent. These strategies can be used as mechanisms to monitor one's perceptions and reasoning, and to counteract cognitive errors. They may be particularly helpful in providing multiple perspectives and regular feedback regarding decisions. However, intuitions, emotions, and biases are often insidious, and decision-making/risk-management tools are only as good as the information on which they are based.

Psychologists regularly engage in complex and sensitive issues in numerous fields. They provide therapeutic care to vulnerable patients in distress. They help to evaluate patients' appropriateness for organ transplant, applicants' suitability for employment, and defendants' culpability for crimes. They consult with corporations and government entities about issues of business, public welfare, and national defense. Their research helps to illuminate important issues of individual and societal behavior. These domains, with complicated intersections of interests and values, can be fraught with ethical dilemmas. Furthermore, we believe that ethical reasoning and decision making are not limited to dilemmas but can be incorporated on a routine basis in psychologists' justifications for all their professional behaviors. In a similar vein, Anderson, Wagoner, and Moore (2006) discussed choice making rather than ethical reasoning to expand the scope of the process. When psychologists incorporate their ethical principles in all their professional decisions and are aware of both the pitfalls and the promises of their unique nonrational contributions, they can be



more flexible and effective in deliberating and making choices.

## Conclusion

The APA Ethics Code (APA, 2002, 2010) commits psychologists to use knowledge of behavior to improve the condition of individuals, organizations, and society. Therefore, it is essential that psychologists use empirical knowledge about the processes of judgment and decision making to improve ethical practice. The last 35 years have produced much research showing how limited decision makers can be when their own feelings and interests are involved and unrecognized. We think it is time to incorporate these data into ethical decision-making models. The scholarly work on ethical decision making has been scant, and the results have not been encouraging. We believe one reason is that frameworks to date have failed to take the person of the decision maker into sufficient account. Some authors acknowledge a contribution of nonrational processes in reasoning, and many recognize the role of context and clinical judgment, but few adequately address the various components and consequences of affective and intuitive modes of ethical judgment. Challenging ethical situations demand decision-making models that are informed by theory, grounded in research, and comprehensive in scope.

Perhaps acting ethically ought to feel good, but unfortunately it often may not. Truly responsible action requires steadfastly fulfilling one's obligations, particularly when the analysis is not straightforward and the results may be unpleasant and unrewarding. Indeed, many ethical violations involve satisfying a more immediate desire at the expense of a more abstract fiduciary responsibility. Such desires are not necessarily nefarious (e.g., alleviating a patient's emotional distress), but ethical action requires awareness of the limitations of good intentions (Tjeltveit & Gottlieb, 2010). Dilemmas often involve competing emotions and conflicting intuitions as much as contending principles. The experience of conflict and uncertainty may evoke very unpleasant feelings, and stress can increase a reliance on intuitive biases. Limiting the process of ethical decisions to rational deliberation ignores the true nature of difficult dilemmas and may do little to ensure ethical behavior. Emotional investment is critical to many aspects of psychological research and practice, and emotional attunement is a unique skill that psychologists utilize in their work. Emotions and intuitions influence decisions. Rather than being ignored or disparaged, they should be engaged and developed.

Reason cannot overcome the power of the passions merely by ignoring them. Emotions and values exert their powerful influence through automatic and intuitive processes. Acknowledging and understanding the resulting tendencies and biases represent a promising path to a more realistic, accurate, and helpful conceptualization of decision making, particularly in emotionally charged situations. Accordingly, a complete account of ethical decision making integrates emotional sensitivity, personal values, contextual forces, and intuitive responses with normative rational analysis in order to aid the often complex and

challenging task of making ethical decisions. Integrating empirical knowledge with ethical precepts will help psychologists to decide effectively and act ethically when confronted with difficult dilemmas.

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