Chapter 3

AWARENESS OF AND SENSITIVITY TO ETHICAL ISSUES

DEVELOPMENT OF ETHICAL SENSITIVITY AND MOTIVATION TO ACT ETHICALLY

CHAPTER OBJECTIVES

- Acquire an understanding of how cognitions and emotions contribute to developing ethical sensitivity
- Develop an understanding of how emotions and intuitions provide a source of awareness of ethical issues
- Develop an understanding of the importance of monitoring emotions and intuitions (gut reactions) to ethical situations and an awareness of how such emotions may also hinder understanding of ethical dilemmas/issues
- Acquire an understanding of the factors that influence motivations to act ethically
- Identify the values, beliefs, and professional values that are central to your professional ethical identity and which serve to promote motivation to act ethically
- Develop an understanding of how social comparison theory applies to motivation to act ethically
- Understand how empathy acts as a motivation to behave ethically

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Case

Joe is a clinical mental health counseling intern in his second semester of internship. He has had a good relationship with his supervisor, and he is feeling more and

more confident of his abilities to provide counseling. He took an ethics course as part of his graduate program. Joe has strong beliefs about behaving ethically, and he discusses ethical concerns with his supervisor on a regular basis. He meets with his supervisor to discuss cases and the clock hours he has accrued. Joe notes that he is not getting enough client-contact clock hours, and this concerns him because he wants to graduate this semester. His supervisor assures him that even if he does not get enough hours, he will sign off on the necessary hours so Joe can graduate. Joe has a strong gut reaction to this offer. He appreciates his supervisor's offering to sign off on his hours, but Joe questions whether this is an ethical choice and action. Joe does not want to start his career getting involved in unethical behavior. He is not sure what to do. Is he being overly sensitive, or is this really an ethical issue?

INTRODUCTION TO ETHICAL SENSITIVITY

Welfel (2009) offered a ten-step model of ethical decision making, with the first step's being the development of ethical sensitivity. An important question is, What is moral or ethical sensitivity? Weaver (2007) noted the broad group of professionals, such as those in nursing, medicine, dentistry, and business, who have focused on ethical sensitivity. Weaver cited a problem in the identification and definition of ethical sensitivity around the lack of consistency and agreement on what constitutes the concept of ethical sensitivity. A review of the definitions offered may be helpful in understanding ethical sensitivity. Welfel and Kitchener (1992) noted that the first step in ethical action, "interpreting the situation as a moral one, involves the recognition that one's actions affect the welfare of another" (p. 179). Weaver, Morse, and Mitcham (2008) defined ethical sensitivity as "that which enables professionals to recognize, interpret and respond appropriately to concerns of those receiving professional services" (p. 607). Rest (1984) discussed ethical sensitivity in the following way:

> a person realizes that she/he could do something which would affect the interests, welfare, or expectations of other people. (Realizing that one's actions might be violating some moral norm or principle is one of the ways that a person might realize his/her actions affects the interests, welfare, or expectations of others.) p. 21

Commonalities in these definitions involve the recognition and ability to perceive an impact on another or others. Essentially this involves the practitioner's being able to recognize and make a determination as to the relevancy and significance of cues involving a potential ethical situation and an effect on another person or

persons. Ethical issues potentially arise in each counseling session, and counselors can devote considerable time to addressing issues; each counseling session, one hopes, has the potential to affect the client. What does the counselor pursue as possible ethical issues, and what is left? Key is the counselor's ability to perceive or recognize a relevant ethical issue without another's assistance. What are the processes of making such recognitions or perceptions?

Researchers in the professions (e.g., Bebeau, 1994) have focused on the sensitivity component because data indicate that there is a wide range in the ability to see a moral dimension within professional situations. Some professionals and students seem attuned to the moral dimension, whereas others seem very limited in their moral vision, focusing instead on professional practice such as using appropriate techniques and procedures. Researchers have noted that moral sensitivity is somewhat a function of empathic ability (Bebeau, 2002). The benefit of advanced empathy skills for ethical sensitivity centers on the individual's/counselor's being aware of how those involved in a possible dilemma are affected by various actions. Furthermore, evidence from the health professions suggests that in the absence of direct instruction, socialization into a professional field does not guarantee increased moral sensitivity (Bebeau, 2008). It appears that one must have direct involvement in approaching professional experiences from a moral perspective before increased sensitivity occurs.

How we should characterize the processes that support moral or ethical sensitivity is currently a controversial topic and is associated with the major debates within moral psychology. Traditionally, the processes involved with moral sensitivity were defined primarily as cognitive and were focused on how an individual consciously attends to the moral features of a situation (Rest, 1983). This view suggested that with social development, perspective taking in particular, the individual learns to identify cues that highlight issues of harm and areas in which cooperation can be promoted. As was mentioned above, asking oneself questions that can serve as clues can be helpful because ethical sensitivity is associated with advanced empathy. An example of a question in considering an ethical dilemma is, Who will be affected by a particular course of action, and how will he or she be affected? Moral heuristics such as this allow one to become a mature moral agent with the capacity to identify moral issues within daily life and professional exchanges. Although gut feelings are acknowledged and incorporated into the models, for the most part these emotions are not considered a primary focus for traditional models of moral sensitivity, particularly within professional populations. Indeed, for many in this tradition, the sense is that professionals ought to be wary of gut feelings and consciously set them aside in dealing with clients.

COGNITIVE DEVELOPMENTAL PERSPECTIVES

In the traditional cognitive developmental view, sometimes affect and emotions are triggered by situations before one has a good grasp of the events and motives of the involved individual. These strong emotions are viewed as morally neutral because the effect on one's action may or may not further a moral outcome. One may be galvanized into action by one's emotional reaction to a person in need and save a life. Conversely, one may be disgusted by the appearance of a patient and provide fewer services and fail to attend to his or her needs. In both cases strong emotions are triggered perhaps before the person is able to understand why he or she is feeling them, but these strong emotions are in themselves insufficient to define the resulting action as having a moral basis.

Hoffman's work on the development of empathy provides another view of how emotions influence moral sensitivity (e.g., Hoffman, 1981). In Hoffman's view, empathy has its roots in emotional reactions to others. However, Hoffman made clear that across development, an understanding of one's emotions and what they imply for an understanding of social situations marks adult empathy. That is, from emotional roots, Hoffman saw the complex forms of empathy in adults are the result of cognitive processes, particularly the understanding of social phenomena, interacting with emotions.

A number of researchers have developed research programs building off of Rest's description of moral sensitivity; see Chapter 1 for a review of the description of Rest's (1984) four-component model. The primary goal of this work is to assess moral sensitivity in professional populations (Bebeau, 2008). Toward this end, these researchers have developed a methodology that focuses on the student's ability to recognize the moral dimension in a real-life situation nested within the professional field. For instance, in counseling, Volker (1984) developed training audiotapes of counselors interacting with their patients. In each case, embedded within the exchange was a moral issue. Participants in the study were asked to reflect on the exchange, extract the major issues defining the clinical situation, and then interpret them. In addition to collecting technical information, a scoring procedure was developed to assess whether the participant recognized the moral dimension and to what degree. Higher scores were given to those participants who were able not only to recognize the moral situation but also to articulate the moral aspects of the exchange. As expected, Volker found that counseling students varied in their ability to detect moral aspects within professional settings. Furthermore, high scorers on the moral sensitivity measure were independently rated as more effective counselors.

Within dentistry, Bebeau developed a measure (Bebeau, 2008; Bebeau, Rest, & Yamoor, 1985) in which a dental student assumes the role of a dentist in a real-time exchange with a patient. Unlike Volker's (1984) approach in which the participant passively evaluates the recorded clinical session, Bebeau's measure requires students to listen and respond to an actor playing the role of a patient. Consistent with the Volker measure, Bebeau's procedure assesses students on their ability to acknowledge the moral dimension in the situation and whether the student's solution incorporates moral aspects. Over many years of collecting data on moral sensitivity in dental students, Bebeau has found significant variation in students and an absence of growth in the ability to attend to moral content without direct instruction in professional ethics. Furthermore, Bebeau has found that professionals facing remediation for code violations are frequently deficient in moral sensitivity (Bebeau, 2009).

Rest's (1984) description of moral sensitivity has led to a number of research programs and measurement systems. Findings from these studies support the basic features of moral sensitivity as a variable within professional populations and not tied simply to one's socialization into the field. For example, F. Chang (1994) noted that preservice teachers functioned at a conventional level of moral reasoning compared to those in other disciplines; see Kohlberg's (1984b) categories of moral reasoning. Ethical sensitivity is influenced by personal characteristics beyond training and education. However, researchers have developed a methodology to promote ethical professional practice and increase moral sensitivity (Bebeau, 1994). Furthermore, this work has been tied directly to instruction and has highlighted the need to build in a comprehensive ethics education program in professional schools (Bebeau, 1994). Bebeau (1994) discussed a curriculum to increase ethical professional practice, and this included efforts to increase moral or ethical sensitivity. The curriculum, designed to increase ethical sensitivity, included case discussion and role-play among professionals concerning potential ethical issues and what makes them ethical issues.

EMOTIONS AND INTUITIONS

The cognitive development view of moral or ethical development generally and moral sensitivity specifically has recently come under question by researchers who come from outside of developmental psychology and education (Haidt, 2001). These researchers identify evolutionary psychology, cultural psychology, and neuropsychology as their primary affiliations. Building from experimental work and brain-imaging studies, members of this group highlight the role of

intuitions and associated emotions. Moral sensitivity is thus primed by "evaluative feeling(s) (like-dislike, good-bad) without the conscious awareness of having gone through steps of search, weighing evidence, or inferring a conclusion" (Haidt & Borkland, 2007, p. 187). For these researchers, emotions play a much more foundational role in our moral orientation and sensitivity. Haidt (2001) in particular has championed the idea that emotions and intuitions are actually the driving force in much of an individual's moral life. In this view, cognitive and conscious processes provide secondary post hoc interpretations of moral actions used in the service of providing a rationale to the individual and others. That is, in Haidt's view, cognitive processes provide the language by which we interpret our behaviors but are not the processes used to construct moral actions. The model that has developed around these ideas is identified as the social intuitionist model. Other models cover similar points. For instance, Hauser (2006) saw moral intuitions as evidence for a moral grammar that provides humans with a rudimentary system that primes human cooperation. Similarly, Greene and Baron (2001) proposed a two-aspect model in which intuitive and deliberative moral processes both contribute to moral functioning. Together, these researchers suggest that moral sensitivity is not simply a cognitive or developmental process but a process that resides more within the emotional system. The question has become the degree to which emotion influences moral phenomena and moral sensitivity in particular. To some (e.g., Haidt and the social intuitionist model), emotion is preeminent. To others, emotion has a role, but it is unclear how central it is to moral functioning—is it an equal partner or a focusing set of processes that lead one to recognize and focus on moral aspects of the situation (Hauser, 2006)? A counselor may have strong feelings about particular issues such as abortion. This may be represented as a gut reaction by the counselor. A counselor working in a public agency may need to be aware of how he or she identifies such an ethical issue. As a group these researchers suggested that Kohlberg's (1984b) model is incomplete as it does not truly incorporate the powerful role of noncognitive intuitions and associated emotions.

   The basis of this theoretical system comes from a variety of sources but starts with an analysis of human evolutionary origins. These findings suggest that sensitivity to moral phenomena occurs in other primates and very young children. There is evidence that empathy has been promoted during our evolutionary history; other studies have found that emotions are associated with moral responses to situations (Rozen, Haidt, & McCauley, 1993). When one reasons about a moral issue, it is rarely emotionally neutral. Similarly, perceived moral violations are associated with strong emotions such as shame, disgust, or anger (Rozen et al., 1993). Finally, studies of how the brain processes moral content indicate support for the claim that moral judgments are associated with emotional processing

(Greene & Baron, 2001). Taken together, the evidence is increasingly strong that emotions are implicated in processing moral information and constructing one's action. Furthermore, these researchers are undoubtedly correct that complete models of moral functioning must incorporate the ways in which emotions function. However, the evidence is not strong that emotions trump cognitive understanding of moral phenomena, as has been suggested by some of the social intuitionist model's leading supporters (e.g., Haidt, 2001). As Huebner, Lee, and Hauser (2010) made clear, the field is currently only beginning to tease apart the relative contribution of reasoning and emotion in the service of moral judgments and action. Much of current basic research is directed at this question.

LIMITS OF INTUITION AND EMOTIONAL MODELS ON MORAL/PROFESSIONAL EDUCATION

In addition to the current ambiguity of the findings on the role of emotion on moral functioning, the current models driven by the focus on emotions provide little guidance to educators and professionals about how best one should construct programs to influence moral functioning. Nor do these researchers provide information about how moral functioning develops over time. Developmental information on naturally occurring growth is important to help identify experiences that might guide educational interventions. Instead, researchers such as Haidt (2010) suggested that to influence moral functioning, we should focus on the context in which professionals and students interact and provide situations that occasion prosocial concerns (Haidt, 2010). Like the social psychologists before Kohlberg and the cognitive revolution, Haidt's view is that the situation drives action, and thus he at best minimized the individual's role in the construction of behavior. Compared to the older social psychological models, all that has changed is the mechanism causing growth. That is, now the focus is on emotional triggers as the operative mechanism leading to action rather than the older focus on exposure to social norms through the socialization process. To Haidt (2001), focusing on moral thinking and the individual's role in reasoning about moral issues is a mistake because it is not causal in the construction of moral action. This perspective provides problems for applied researchers and clinicians because if researchers such as Haidt are right, our behavior is irrational, and our choices are nonconscious. Thus, professional ethics courses and moral education are ultimately not very helpful beyond giving students a language with which to interpret their actions. This view has been criticized by others—particularly developmental psychologists (e.g., Turiel & Killen, 2010)—as the "people are stupid" school of psychology because it fails to recognize the

contribution of an individual's thinking and decision making to functioning both in any given situation and across time. These researchers, influenced by research on child development, note the strong cognitive underpinnings of growth. Although these researchers acknowledge biological processes such as those that promote social development, what is most striking in this work is the child's reasoning about his or her world and how development is characterized by the integration of emotions and thought in the service of becoming socially competent.

Although the social intuitionist model and other emotion-based models have limitations for professional ethics education and professional practice, there is an important message in this work for counselors and therapists. Particularly important is the clear focus these models place on our tendency to react and quickly judge others. If Green, Hauser, and Haidt are correct, our moral judgments include very automatic and deeply felt emotions that can color our reactions to our clients. Part of our ethics training, therefore, should focus on how we can recognize the ways in which we react and then develop cognitive strategies to help better evaluate our impressions and construct more reasoned responses. As we will see later, Rest's (1984) model anticipates this conflict between moral and nonmoral consideration in moral motivation. Moral motivation, according to Rest, involves the influence of values and beliefs, and these can originate from comparison with others' views. This view of what motivates moral action is not incompatible with the intuitionist perspective on moral functioning that moral development is associated with sentiments but supported and shaped later through social interactions. The influence of social comparison will be introduced in more detail below.

MOTIVATION TO ACT ETHICALLY

There are several perspectives on the sources of ethical motivation (Eisenberg, Cumberland, Guthri, Murphy, & Shepard, 2005; Kagan, 2005; Staub, 2005). These views include centrality of ethical beliefs and congruency, comparison with others and professional standards, and empathy and social responsibility. Kagan (2005) identified one source of moral motivation: "to produce evidence indicating that one's behaviors, thoughts, and feelings are in accord with a representation that the agent regards as good" (p. 1). As discussed, we have proposed in previous chapters the development of professional ethical identity as a goal in training counselors. Evaluating behaviors, thoughts, and feelings consistent with what a professional counselor or therapist considers ethical fits with Kagan's definition. Staub's (2005) view of ethical motivation is similar to Kagan's, and Staub stated, "I see motivation as moral when to some substantial degree its focus is to fulfill or live up to a moral belief, value or principle" (p. 35).

CENTRALITY OF VALUES AND BELIEFS

One's motivation to act in a way that is consistent with one's ethical understanding is central to understanding the conditions under which ethical action occurs. An assumption is that when confronted with an ethical situation, the individual may be asked to address multiple options for ethical action. For instance, a counselor may find ethical considerations in any given situation conflicting with financial concerns, personal relationships, or other belief systems. One theory that explains how ethical motivation may function can be found in cognitive dissonance theory (Festinger, 1957). Festinger (1957) first introduced cognitive dissonance theory, which states that when there is a difference between cognitions and behavior, there is dissonance and discomfort. Consequently when dissonance is present, the individual is uncomfortable and seeks to reduce the discomfort by achieving congruity. Kurtines and Gewirtz (1987) described how self-attribution, similar to social identity, plays a role in ethical behavior. They gave an example of attributional processes and stated,

> The individual attributional processes that occur subsequent to helping may: (1) develop a more altruistic self-image that, because of internal consistency pressures, will enhance the likelihood of future prosocial responding; and (2) view the subjective utility . . . of assisting in future situations differently than previously because of increased negative consequences for one's self-esteem if one acts in a manner inconsistent with one's self-image. (p. 35)

Essentially, Kurtines and Gewirtz proposed that acts of ethical behavior increase future likelihood of such behavior because they increasingly establish the self and ethical identity.

There has been considerable research supporting cognitive dissonance theory (Draycott & Dabbs, 1998). Researchers have found that cognitive dissonance serves as motivation (Elliot & Devine, 1994; Keller & Block, 1999). Essentially, ethical motivation may be interpreted as seeking to maintain cognitive consistency and avoid cognitive dissonance through actions and professional ethical identity. Cognitive dissonance has been related to ethical motivation (McCabe, 1993; Vinski & Tryon, 2009). McCabe (1993) found that students who cheated attempted to reduce cognitive dissonance through rationalizations such as denial, deflecting blame, condemning the accuser, and so forth. Cognitive dissonance theory applies to ethical motivation based on the view that one's professional ethical identity requires maintenance through consistency of self-perceptions and actions, ethical beliefs, and ethical behaviors. Development of a strong professional ethical

identity may actually facilitate a motivation to be ethical and to avoid cognitive dissonance—not a bad thing.

Rest (1984) provided another perspective on how one interprets concretely the gathering and understanding of evidence consistent with one's professional ethical identity, that is, maintaining cognitive consistency. According to Rest, moral motivation involves the influence of values and beliefs. Key in the influence of values and beliefs is the centrality they hold in the person's professional ethical identity (Morton, Worthley, Testerman, & Mahoney, 2006; Rest, 1984). Rest and Narvaez (1994) noted that moral motivation concerns "the importance given to moral values in competition with other values" (p. 214). Morton et al. (2006) also defined moral motivation as "prioritizing moral values above other values and taking responsibility for moral outcomes" (p. 389). In addition to placing values and beliefs in a hierarchical order within a professional context, one takes responsibility for the ethical outcome. Consequently the person may evaluate the relevance of these values and beliefs and how they fit with his or her professional identity. Also, there may be an evaluation of his or her responsibility for the outcome of an ethical decision or behavior. A worst-case scenario is behaving in a way that results in one's professional association's or state licensing board's charging misconduct or unethical practice. Kagan (2005) did suggest that the importance or relevance of a particular ethical issue is influenced by the context and era. What is important in a particular context and during a particular era may change over several years and become more or less important. For example, display of overt sexual activity in a public arena, for example, in the media, specifically movies, is more frequently presented today than it was 100 years ago in the United States. Such display even varies today from culture to culture and country to country.

There may be several relevant influences on how one comes to hold certain values or beliefs. One influence is the developmental stage the person holds at a particular time period (review Chapter 2 for a summary of stages of development, or read Kohlberg, 1969). Developmental models note the links between a developing understanding of ethical consideration and the perceived importance and interpretation of various values and beliefs. For example, proponents of the developmental perspective note that individuals prioritize personal considerations as the foundation for ethical behavior. They have a different set of considerations for various beliefs to inform judgment versus individuals who prioritize social norms and conventions, which in turn differ from those who emphasize postconventional considerations (e.g., Rest, Narvaez, Bebeau, & Thoma, 1999b). Thus, developmental models highlight the role of how various belief systems are understood rather than where they originate. For example, all helping professions make mention and teach the notion of informed consent as a foundational principle in

professional ethics. However, how this notion is understood is not uniform across students, practitioners, and disciplines (Rest & Narvaez, 1994). Some may view informed consent as a rule one must follow to be in the good graces of and be approved by other professionals. Others may see this concept as an agreed-on consideration that defines client–counselor/therapist relationships, depending to some degree on their states of moral development. Still others employ a perspective that informed consent requirements provide a central check and balance between professional authority and society's well-being. Developmental theories have had a lot to say about where these individual differences originate.

A second way in which developmental theories focus on beliefs is how these nonmoral value systems influence choices and actions. These theorists suggest that nonmoral considerations tend to be less central to decision making as development proceeds. Thus, Kohlberg (1969) noted that emotions, attitudes, and situational considerations become less central to individuals who emphasize post-conventional interpretive strategies. This view has been supported in various professional settings. For instance, in-depth interviews with moral exemplars consistently note how ethical considerations begin to define the self and limit the role of other nonmoral beliefs and values on ethical action (e.g., Rule & Bebeau, 2005).

The developmental view holds that the understanding of beliefs changes across development and we should expect to find different understandings of what these beliefs mean and demand from the individual both across individuals at any given time and within the individual across time. That is, professionals do not learn their beliefs simply by direct exposure; they reflect on and modify their views as their conceptual strategies develop and change. Furthermore, changes in understandings and meanings of beliefs and values are viewed as patterned and predictable based on developmental transitions more generally.

Another way that a counselor develops ethical values or beliefs that are central to his or her professional ethical identity may be through principled ideology (Schlenker, 2008). Schlenker (2008) defined ethical ideology as "an integrated system of beliefs, values, standards, and self-images that define the individual's orientation toward matters of right or wrong" (p. 1079). Furthermore, Schlenker suggested that an ethical ideology involves a commitment to one's beliefs regardless of the circumstances and social influences on the person. Schlenker would likely be categorized as holding a moral absolutism view, compared to a moral relativism view. He differentiated a view of a principled ideology, which he supported, from a relativism view and called the principles based on the latter view "expedient ideologies." Ethical decisions based on expedient ideologies are based on context and not necessarily on principles that cut across situations. Conversely, he proposed that from a principled absolutism perspective, "commitment links the

self-system to the ethical principles, producing an accompanying sense of obliga-tion to perform consistently with those principles, an increased sense of responsi-bility for relevant actions, and a reluctance to condone and rationalize ethical transgressions" (p. 1080). In regard to counseling and therapy, his view would propose that motivation to act ethically is consistent across situations and is moti-vated based on the perspective of responsibility to behave ethically regardless of the context, that is, principled ideologies. Key in the definition of principled ideologies is the idea of commitment. Schlenker further noted when defining commitments,

> Commitments reflect a pledging or binding of the self to something else, such as a goal (e.g., to earn a college degree), a set of ideas (a particular ideology), another person (e.g., a marriage partner), or a group (social group or organization). To say that people have a commitment means that they have selected a particular set of prescriptions that they agree to follow and that can be used to evaluate and sanction their conduct. (p. 1080)

The idea of commitment to an organization for counselors and therapists may be interpreted as a commitment to a professional organization such as the American Counseling Association (ACA). ACA has developed codes of ethics that counselors/therapists should follow, so commitment to the organization denotes acceptance of the codes. Therefore, counselors/therapists should be motivated to adhere to these codes of ethics. Knowledge and complete comprehension of professional codes of ethics demonstrate the ideological commitment to the profession. The question for counselors in training is, How well do you know the professional codes of ethics? The motivation to adopt a professional ethical identity may be demonstrated in part through one's effort to fully know and understand professional codes of ethics. More concretely, this means becoming thoroughly familiar with professional codes and ensuring they are understood completely.

Schlenker's definition of principled ideology also proposed that commitments bind the individual to a set of ideas (a particular ideology), and this can be related to larger ethical theories such as utilitarian theory, virtue ethics, and so forth (we will discuss these theories later). A commitment to a larger ethical philosophical theory gives the counselor a broader framework than professional codes of ethics and theoretically can provide a broader perspective, an additional perspective to codes of ethics, to assist the counselor/therapist in making ethical decisions. Also, the ethical philosophical perspective can provide the counselor/therapist with the framework for commitment to such ideas and the motivation to maintain behaviors, feelings, and thoughts consistent with them. Such a commitment to philosophical

theories also leads to a well-developed professional ethical identity. Similar to a well-developed understanding of professional codes of ethics, the counselor's/therapist's commitment to ethical philosophical theories is essential to developing a professional ethical identity.

Development of a strong principled professional ethical identity, including a strong commitment to being ethical, should produce significant motivation to act and behave ethically. Inherent in this state of principled professional ethical identity is the desire to continue professional ethical identity development. As we have noted, continued development does not stop but continues over one's professional life. Based on the perspective that one develops a strong central view of ethics (a hierarchy of ethical views and perspectives), and a principled ideology, is the relevance of gaining an internal frame of reference. An internal frame of reference based on a strong central principled view of ethics is a desirable goal in the process of developing a professional ethical identity. Counselors/therapists can use cognitive dissonance theory by attending to feelings or thoughts of incongruence between cognitions and behaviors. As with many aspects of counseling, self-reflection is a critical component of being an effective counselor/therapist. The specific focus needs to be on any incongruence between professional ethical identity and behaviors. This potentially could include incongruity between professional ethical identity and initial deliberations on courses of action prior to acting.

SOCIAL COMPARISON THEORY AND ETHICAL MOTIVATION

Another perspective in interpreting ethical motivation is a focus on social comparison (Brewer & Gardner, 1996; Kagan, 2005). Consistent with Kagan's (2005) interpretation that ethical or moral motivation concerns an effort to collect evidence about one's behaviors, thoughts, and feelings is an evaluation of appropriate professional counselor ethical actions and use of professional social comparisons. Conclusions about the efficacy of an ethical decision are based on what a reasonable person or counselor would do in such a situation or ethical dilemma, that is, social comparison. Also, it has been proposed that consulting with peers is important in good practice and in making ethical decisions (Corey, Corey, & Callanan, 2007; Houser, Wilczenski, & Ham, 2006). Festinger (1957) was the first to introduce the theory of social comparison. He proposed innovative elements of social comparison theory that included nine hypotheses to outline his theory, eight of which appear to apply to ethical motivation. One hypothesis is, "There exists, in the human organism, a drive to evaluate his opinions and his abilities" (Festinger, 1957, p. 117). This first hypothesis fits with Kagan's view of ethical motivation

and suggests that there is an innate motivation to evaluate one's opinions (beliefs, values, and ethics). The evaluation may be anchored in comparison to others. In the case of counselors/therapists, the evaluation may be understood best through observation of and discussion with peers and supervisors. Also, professional codes provide a standard for evaluation. For example, the ACA's (1996) *ACA Code of Ethics;* Section A.5, Roles and Relationships With Clients; Subsection A.5.a, Current Clients, states, "Sexual or romantic counselor-client interactions or relationships with current clients, their romantic partners, or their family members are prohibited" (p. 5). A counselor may refer to the codes of ethics and compare his or her beliefs with the professional codes that have been developed by other counselors.

The second hypothesis that Festinger (1957) proposed in outlining social comparison theory stated, "To the extent that objective, non-social means are not available, people evaluate their opinions and abilities by comparison respectively with the opinions and abilities of others" (p. 118). This may seem to be in conflict with development of a principled view of ethics that is internal, but we view it as consistent and supplemental. A principled ethical ideology is important, but one should be careful not to conclude that he or she does not need to gather information from others in making ethical decisions. As has been noted earlier, consultation with peers and supervisors is an essential ingredient in developing a professional ethical identity but also can be used to critically evaluate one's set of ideas and beliefs so particular biases do not occur. Hearing other professional counselors' views on an ethical issue may serve as a motivation to explore further, change one's view, or strengthen the view. Ultimately the counselor/therapist must make an ethical decision that he or she feels comfortable with, maintaining consistency and avoiding cognitive dissonance—a decision that is founded on solid ethical thinking. Consultation and review of codes of ethics are not relevant in this hypothesis, because "non-social means" are indicated as not being available. Review of professional codes may result in inclusive evidence of which course of action the counselor/therapist may take, or it may not address the ethical dilemma at all.

Festinger's (1957) third hypothesis in explaining social comparison theory states, "The tendency to compare oneself with some other specific person decreases as the difference between his opinion or ability and one's own increases" (p. 120). This hypothesis may apply to ethical motivation through understanding whom to choose to compare oneself with when constructing a moral action. A good question here is, Whom do you choose as a mentor or model in seeking development of a professional ethical identity? In essence, this may be explained as seeking to identify an exemplary ethical counselor/therapist. What are his or her

qualities, and how similar is he or she to you so you may develop into a professional ethical counselor? If you choose an ethical counselor who is distinctly different from yourself, you may not ever feel confident that you are ethical. You may feel unethical if the person is a counselor/therapist who has developed a sophisticated understanding of ethics that does not necessarily make sense to you (e.g., the person may be in a different stage of ethical development; Kohlberg, 1969). You may want to choose a mentor who is similar to you, who is possibly slightly more experienced, and who you (and others) perceive as an ethical counselor/therapist.

The fourth hypothesis defining the foundation of social comparison theory states, "There is a unidirectional drive upward in the case of abilities which is largely absent in opinions" (Festinger, 1957, p. 124). This hypothesis suggests that humans have a tendency to seek upward comparisons. Counselors/therapists may understand this hypothesis in terms of self-actualization; we seek to realize our potential and grow in a positive way. Ideally a counselor/therapist will seek to improve and choose a comparison that results in a higher level of professional ethical identity and ethical behavior. Concretely this means being motivated to seek a mentor who holds a slightly stronger professional ethical identity that can be used by the counselor/therapist to gage his or her own professional ethical identity. Discussions with supervisors and peers with a little more counseling/therapy experience may be desirable. Such discussions should be viewed as opportunities to explore advancing one's professional ethical identity while maintaining the core principled ideology that has been developed (Schlenker, 2008). The actual process may involve discussions with and observations of the peer or supervisor to compare one's own views and choices of ethical actions. This process can lead to further development of a professional ethical identity.

A fifth hypothesis, according to Festinger (1957), states, "There are non-social restraints which make it difficult or even impossible to change one's ability. These non-social restraints are largely absent for opinions" (p. 125). This hypothesis may be applied to professional ethical identity through the particular stage of ethical or moral development of the counselor/therapist. If a counselor/therapist is in a particular stage of moral development, for example, Stage 4 (authority and social-order-maintaining orientation or a law-and-order level of morality), then ethical decisions that require a more abstract perspective, for example, Stage 6 (based on universal ethical principles or principled conscience), may not be possible. Motivation to act may be based in part on the stage of moral development. A counselor/therapist who does not understand a particular ethical reasoning is less likely to take any action. Concrete examples are when no professional codes of ethics can be applied to an ethical dilemma and when there are conflicting options and the counselor/therapist must consider ethical theories that require abstract

interpretations. The problem with this particular issue is that if one cannot see higher levels of moral thinking, then he or she may not be aware of the abstract options that may resolve the dilemma.

Hypothesis 6 states, "The cessation of comparison with others is accompanied by hostility or derogation to the extent that continued comparison with those persons implies unpleasant consequence" (Festinger, 1957, p. 129). This hypothesis based on social comparison theory may be understood in counseling ethics as the counselor's/therapist's being exposed to a supervisor who presents a distinctly different perspective. It even may be categorized as the counselor's/therapist's being accused of being unethical by another counselor. The comparison that is being made places the counselor/therapist in a negative professional ethical identity and may challenge his or her identity. This experience also may be explained through cognitive dissonance theory and require confronting the counselor/therapist about his or her ethical behavior, which may be in conflict with the professional ethical identity. A counselor is likely influenced to reduce the dissonance, which acts as a motivation. Such information may be important for the counselor/ therapist to consider in reflecting on choices and courses of ethical behavior. This does not mean that the person making the accusation is correct; it may be the feedback is based on personal reactions and is not an accurate assessment. However, it may be a reflection of an ethical problem and should be considered.

Hypothesis 7 is presented as, "Any factors which increase the importance of some particular group as a comparison group for some particular opinion or ability will increase the pressure toward uniformity concerning the ability or opinion within that group" (Festinger, 1957, p. 130). This hypothesis can be applied to specific disciplines in the helping professions such as counseling, social work, and clinical psychology. All of these professions have developed their own professional codes of ethics. Counselors adhering to the profession of counseling may be motivated to act based on codes of ethics due to a need to support and value the individual discipline. In addition to counseling (ACA), the specific counseling disciplines include school counseling (American School Counseling Association [ASCA]), mental health counseling (American Mental Health Counselors Association), rehabilitation counseling (Commission on Rehabilitation Counselor Certification), family therapy (American Association for Marriage and Family Therapy [AAMFT]), and career counseling (National Career Development Association). The codes of ethics within different counseling disciplines share similarities and differences. One of the issues that national accreditation organizations promote is the uniqueness of the discipline. For example, recently the accrediting body for counseling programs, the Council for Accreditation of Counseling and Related Educational Programs, included within its codes a

requirement that future faculty in such programs must be graduates of Council for Accreditation of Counseling and Related Educational Programs programs. We can interpret this as fitting Festinger's (1957) seventh hypothesis and an effort to increase uniformity within the group. The intention is to develop a professional identity that is consistent with the discipline, and theoretically this includes a professional ethical identity. Students and practitioners in each discipline within counseling typically use the specific codes of ethics within each discipline. In practice, counselors/therapists want to use codes that are applicable to their disciplines because there are unique characteristics of ethical issues with each discipline. For example, in family therapy, the family is the client, not any particular individual. The limits of confidentiality may be slightly different. For example, the AAMFT codes state, "Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client" (AAMFT, 2001). Counselors/therapists need to consider which professional code to use and most likely will use the specific discipline or the general code from ACA.

EMPATHY AS ETHICAL MOTIVATION

The idea of empathy as a motivation to behave ethically may be found in humans' capacity to comprehend and understand the emotions and feelings of others. Several definitions of empathy have been proposed (Ang & Goh, 2010; Besel & Yuille, 2010; Egan, 2009). Empathy is characterized as both a cognitive and an affective process. Affectively, empathy involves the sharing of emotions and feelings of others (Ang & Goh, 2010). Cognitively, empathy involves understanding the emotions of others. Both involve an ability to understand others through the empathic process. Humans have different levels of as well as abilities to have empathy for others (Besel & Yuille, 2010). It has been suggested that empathy involves taking the role or perspective of another (Day, Casey, & Gerace, 2010). This capacity to empathize with others seems to be a characteristic of most humans and typically can be seen developing in young children (Hoffman, 1975).

Staub (2005) suggested that motivations to help others originate from feelings related to empathy. He identified several motivations for helping others. These motivations include seeking approval from others for helping, avoiding punishment for not helping, expecting a benefit or reciprocal benefit, having an altruistic motivation or desire to reduce another's discomfort, and holding values that promote the welfare of others. Of these different sources of motivation to help others,

altruistic motivation is closely associated with empathy. Staub linked altruistic motivation and empathy, stating,

> Altruistic motivation is likely to have at least two related but not identical roots. One is affective: empathy, or the vicarious experience of others' feelings. The kind of empathy that generates sympathy has been found especially important in motivating helpful action. (pp. 35–36)

There seems to be a strong connection between empathy and the motivation to help others and behave prosocially, an ethical principle.

Narvaez and Vaydich (2008) noted that an "Ethic of Engagement" involved emotional affiliation with others or an ethic of caring based on relationships. This type of engagement may be seen as empathy. Goetz, Keltner, and Simon-Thomas (2010) discussed how compassion or elements of empathy are evolutionary and have a biological basis of development. They defined compassion as "the feeling that arises in witnessing another's suffering and that motivates a subsequent desire to help" (p. 351). This definition of compassion fits with a definition of empathy, providing motivation to help on an ethical basis. Hoffman (2000) defined empathy as "the cognitive awareness of another person's internal states, that is, his thoughts, feelings, perceptions, and intentions" (p. 29). Humans seem to have the capacity to understand others' experiences, which frequently, although not always, motivates them to act. Empathy potentially involves one or more emotions. For example, one person may express anger and fear, and so the receiver of the information may feel empathy through understanding the fear and anger (Brener, 2008).

The act of empathizing with others appears to have a genetic and evolutionary link. Brener (2008) reviewed relevant evolutionary information addressing empathy. He cited, for example, the finding that humans and animals appear to have an empathy and social gene. Many species warn others of approaching danger. Brener, in describing the evolution of empathy, stated, "Without doubt individuals of many cultures today are far more humanistic, more empathetic, and more adept at communicating with and understanding others than are those cultures of earlier times" (p. 22). He concluded that the primary reason for changes in a humanistic orientation over the centuries is an increase in the development of empathy.

Goetz et al. (2010) discussed the evolutionary development of compassion. Compassion has been associated with empathy (Oveis, Horberg, & Keltner, 2010) and is linked to the ethical behavior of helping others. Goetz et al. concluded that the evolutionary development of compassion and subsequently empathy is associated with seeing suffering and seeking to alleviate the suffering. Observation of

suffering leads to a motivation to act, ethically, and assist the person who is in distress. Researchers have identified the biochemical nature of empathy through neuroimaging (Decety, Michalska, & Akitsuki, 2008). Specifically, investigators have studied the similarity of brain processing in the experience of pain and the secondhand observation of pain. Decety et al. (2008) concluded that there have been consistent findings that secondhand observation of pain and empathy elicit activation of areas of the brain associated with affective and emotional arousal. How often have you come to a ridge while driving and seen another driver flash his or her headlights, warning you that a police officer is on the other side checking speeds. What motivates the person to share that information? Is it empathy and a desire to help? This may be an example of drivers' valuing the freedom to drive faster than the speed limit and violate the law. Another, law-abiding, example is the establishment of a neighborhood watch. Neighbors agree to watch and report any potential criminal activity to protect the community. This may be an example of empathy and humans' social nature, leading them to help others.

Hoffman (2000) suggested that empathy may be understood in terms of broader ethical principles such as caring (beneficence) and justice. Humans, in general, do value caring and helping others. There are many media stories citing how someone went beyond his or her moral duty to help another, such as a motorist who stops to help another motorist whose car is on fire, saving him or her. These are valued and celebrated events. Fairness and equal opportunities are important principles on which the United States was founded. Observing injustice appears to initiate empathic feelings. The U.S. Declaration of Independence states, "We hold these truths to be self-evident, that all men are created equal." The United States was founded in part on a belief in the importance of fairness, justice, and equality. Humans appear to have an empathic understanding of what is fair and just. Just talk to an adolescent who announces loudly, "That is not fair." Humans do seem to evaluate what is fair and just rather easily. Through empathy one can realize what may be unjust and unfair. Such empathy can be a signal or an awareness that a situation is unethical and is a motivation for a counselor to act ethically.

How does empathy affect counselors' motivation to act ethically? Some examples may help to further explain the use of empathy to monitor how motivation affects ethics. You most assuredly will discuss with clients circumstances that suggest child abuse (at least to you). You will likely use empathy to understand the child's perspective, but what about understanding the adult's perspective? Will your empathic understanding of the adult's reaction that led to what you might consider child abuse affect your ethical decision (the situation is not a cruel incident of child abuse)? Another, more severe example is the ability of a counselor to empathize with a murderer or a child abuser. The use of empathy, as hard as it

may be, may help one avoid acting unethically in working with such an individual. For example, an attempt at empathic understanding (not accepting the illegal act) of a murderer or child abuser may preclude a counselor's acting unethically by showing disdain or transferring the client because of personal feelings. Empathy may interact with other ethical motivations such as centrality of values and beliefs. For example, priests' sexually abusing children may show that these priests lacked empathy with their victims. These priests likely held strong central values and beliefs, but something was missing, potentially empathy. Lacking empathy for victims allows the perpetrator to hurt others and depersonalize his or her actions, despite the perpetrator's holding central ethical beliefs. Another example may be found in war. Soldiers do not want to have empathy for the victims but simultaneously may hold strong central ethical beliefs.

The capacity for empathy is important; in addition, empathy is an important professional skill for the counselor to use in the counseling process (A. Clark, 2010; Egan, 2009; Ottens, Shank, & Long, 1995). This is not a profound statement, but it is important to understand that there are differences in how empathy skills develop. As with other types of development we have discussed, which demonstrate the complexity of ethical choices for the counselor, empathy involves different skill levels (Allen et al., 1995; Erdynast & Rapgay, 2009). Erdynast and Rapgay (2009) investigated how compassion, a component of empathy, related to ethical decisions involving different complexities of dilemmas. They found that more complex dilemmas were associated with higher levels of reasoning and more complex compassion responses. They suggested that the ability to understand more complex ethical dilemmas with higher stages of ethical reasoning (Kohlberg, 1969) was consistent with higher levels of complexity of compassion. Lafferty, Beutler, and Crago (1989) found that therapists who had lower levels of empathy were less effective. Allen et al. (1995) suggested that novice counselors/therapists were focused on conducting counseling the "right way" and consequently missed important deeper meanings. They stated,

> Compared with experienced counselors, novices may have difficulty deciding what use to make of incoming information (clues) about the client. Novices may lack the ability to judiciously select and process this information, manipulate it into patterns, focus on different case information, and apprehend different or more subtle problem features. (p. 200)

The focus of novice counselors/therapists is on using a linear model that does not allow for processing a multitude of information that potentially enhances advanced or complex empathy. Allen et al. proposed that novice counselors/therapists and

those in training receive instruction in identifying relevant clues addressing ethical issues, practicing developing hypotheses about cases, developing and practicing nonlinear approaches to thinking (we will discuss the nonlinear hermeneutic model in Chapter 4), and developing skills in discovering hidden client meanings or deeper meaning issues (going beyond basic ethical issues presented). Clearly there is a benefit to developing advanced empathy skills to use in both the practice of counseling and being motivated to act ethically. Fully understanding issues through empathy helps the counselor/therapist identify relevant ethical issues and act on resolving them.

SUMMARY

The possible sources of motivation to behave ethically include centrality of ethical beliefs and congruency, comparison with others and professional standards, and empathy and social responsibility. Motivations for ethical behavior are complex and may involve one or more of these sources in practice. Also, the source of motivation may vary from situation to situation for each individual, and motivation may originate from several sources. Awareness of these possible motivations influencing ethical action may provide the counselor/therapist with knowledge of and sensitivity to an ethical issue. In addition, a counselor/therapist experiencing incongruence between professional ethical identity and experience may interpret the situation as needing attention to address potential ethical issues. Having the ability to empathize with others likely will improve the ethical behavior of the counselor and his or her understanding/prediction of the effects of a choice of action. Not considering the effects of ethical choices on others, through empathy, may result in unethical actions. An awareness of and sensitivity to ethical issues is a beginning step to acting ethically, but in addition one needs to be motivated to act ethically, and there are several sources that can contribute to developing this motivation.

CASE COUNSELOR AND ETHICS MOTIVATION

Anna is a student in a master's program in school counseling. She is in the second semester of her internship. Anna is of Mexican descent, a first-generation American. Her internship is in a high school in a suburban community, an upper-middle-class community. The community is primarily Caucasian, with an approximately 12% minority population. Anna has developed a good relationship with several 10th-grade girls who are in the top 10% of their class, academically. They

all take advanced placement courses and rely on each other for support. They see Anna in a group on a weekly basis for career counseling. They want to enter more nontraditional science professions, and Anna thought it would be helpful to explore their options together in a group. The students meet with Anna during lunchtime in the school counseling office. Anna's supervisor is a Caucasian man, Robert, who has more than 10 years' experience in school counseling. He strictly adheres to school policies and consults ASCA codes of ethics when ethical situations arise. The school administration is very careful to follow local, state, and federal laws. The administration has demonstrated and communicated to staff the importance of informing parents of any problems or concerns with the children/adolescents.

Anna has held approximately 10 group sessions, and the students have begun describing cyberbullying actions they have engaged in against several other female students who are popular and are cheerleaders. The girls seem to enjoy attacking the other girls. Anna is troubled by the disclosure, and her initial reactions appear as intuitions about or gut reactions to the information. She saw teasing when she was younger, and she recognizes the cues that suggest unethical behavior. The cues for her from the environment are that these girls laugh at their activities and share reflections about how their efforts seem to hurt the feelings of the other girls. Anna experiences several gut reactions, including disgust and anger, directed at these students with whom she feels she has connected.

Anna is able to empathize with those who are being cyberbullied. She does not feel she understands the motivations and actions of the girls in her group, and she has difficulty empathizing with them on this particular issue. She is able to infer how the girls who are being cyberbullied feel based on the comments of the students in her group. They have described, with some glee, the anger and frustration of the girls they are bullying. Consequently, Anna is able to empathize with the bullied students, and this affects her and gives her a sense of need to act.

During her academic training, Anna had opportunities to identify ethical principles that were most important and central to her professional beliefs. Most important to her were the ethical principles of beneficence and autonomy. Beneficence concerns looking out for the welfare of others and acting in ways that promote the welfare of others. *Autonomy* may be defined as a right to self-determination and the freedom to choose a course of action. While Anna was growing up, her parents encouraged her to make personal choices and take responsibility for herself. She has transferred these beliefs to her work with clients. Her parents also encouraged her to assist others and promote the welfare of others. Despite her personal development and the influence of her parents, she has given

thought to these values and believes they fit well with her professional ethical identity as a counselor/therapist. Reflecting on these values with the new information from the adolescent girls in her lunch group leads her to reason that she wants to encourage their autonomy and taking responsibility. However, she does not believe that they are being responsible. One aspect of being autonomous is the ability to make autonomous decisions; an adolescent is seen by society as not being fully developed and able to make independent choices, for example, parents have ultimate control over decisions for those younger than 18. Second, Anna is concerned about the welfare of the adolescents in her group but also about the adolescents they are cyberbullying. She does not believe the principles of either autonomy or beneficence are being fulfilled in this particular situation. Anna's decision to consider reporting the cyberbullying is motivation to act, focused on her cognitions of incongruency between her professional ethical identity and her actions. Anna sees herself as an ethical professional counselor/therapist who values clients' welfare and their autonomy. She feels anxious about not acting on what she learned in group because it would suggest she is not behaving ethically.

The third potential source of ethical motivation, social comparison, leads Anna to review the professional code of ethics of the ASCA. She finds several standards that may apply to the situation in her group. One standard that may apply concerns the primary obligation to the student or students in her case: Section A.1, Responsibilities to Students; Subsection a, Has primary obligation to the student who is treated with respect as a unique individual. Another standard that may apply addresses confidentiality: Section A.2, Confidentiality; Subsection b, Keeps information confidential unless disclosure is required to prevent clear and imminent danger to the student or others. Additional standards may concern confidentiality in groups, which notes the limitations of confidentiality in groups and danger to self or others. Anna attempts to compare her values and beliefs to the ASCA professional codes. In addition, she decides to consult a colleague who expresses concern that Anna should intervene, break confidentiality, and inform the students' parents. Her supervisor, as was noted earlier, adheres carefully to professional codes and school policies. Anna has strong motivations to act based on these sources.

Case Analysis and Reflection

Reflect on your personal and professional identity development, and consider how you would act in Anna's situation. Is your development different from or similar to Anna's? What impact do you think both your and Anna's development has on ethical choices?

Questions for Further Reflection

1. Reflect on cognitive dissonance you experienced around an ethical issue. Discuss with other students the dissonance and how it affected you and your actions.

2. Identify central values and beliefs you hold that may affect your counseling practice and your ethical decisions.

3. Recall situations that elicited strong intuitions or gut reactions such as disgust or anger. Discuss with other students whether your gut reactions provided insight into ethical issues and what were the outcomes.

4. Reflect on any situations wherein feelings of empathy were connected to ethical dilemmas and what you did based on your empathic understanding.

5. Discuss whether the four potential motivations identified here are adequate or there are other ethical motivations that influence action.

6. Identify a colleague who does not share your view of a particular ethical situation. Discuss the issue with him or her, and attempt to see his or her point of view.

7. Review a day in your life, and attempt to identify potential ethical issues. How significant are these issues, and do they reach a level of importance that warrants an ethical decision?

Additional Recommended Readings

Bebeau, M. (2002). The Defining Issues Test and the four component model: Contributions to professional education. *Journal of Moral Education, 31*(3), 271–295.

Bebeau, M., & Brabeck, M. (1994). Ethical sensitivity and moral reasoning among men and women in the professions. In B. Puka (Ed.), *Caring voices and women's moral frames: Gilligan's view* (pp. 240–259). New York, NY: Garland.

Brener, M. (2008). *Evolution and empathy.* Jefferson, NC: McFarland.

Chang, F. (1994). School teachers' moral reasoning. In J. Rest & D. Narvaez (Eds.), *Moral development in the professions: Psychology and applied ethics* (pp. 51–70). Hillsdale, NJ: Lawrence Erlbaum.

Decety, J., Michalska, K., & Akitsuki, Y. (2008). Who caused the pain? An fMRI investigation of empathy and intentionality in children. *Neuropsychologia, 46,* 2607–2614.

Haidt, J. (2001). The emotional dog and its rational tail: A social intuitionist approach to moral judgment. *Psychological Review, 108*(4), 814–834.

Hoffman, M. (1975). Developmental synthesis of affect and cognition and its implications for altruistic motivation. *Developmental Psychology, 11,* 607–622.

Hoffman, M. (2000). *Empathy and moral development.* Cambridge, UK: Cambridge University Press.

Kahneman, D., & Klein, G. (2009). Conditions for intuitive expertise. *American Psychologist, 64*(6), 515–526.

Koenigs, M., Young, L., Adolphs, R., Tranel, D., Cushman, F., Hauser, M., & Damasio, A. (2007). Damage to the prefrontal cortex increases utilitarian moral judgments. *Nature, 446*(7138), 908–911.

Oveis, C., Horberg, E., & Keltner, D. (2010). Compassion, pride, and social intuitions of self-other similarity. *Journal of Personality and Social Psychology, 98*(4), 618–630.

Rest, J. (1984). Research on moral development: Implications for training psychologists. *The Counseling Psychologist, 12,* 19–29.

Staub, E. (2005). The roots of goodness: The fulfillment of basic human needs and the development of caring, helping and nonaggression, inclusive caring, moral courage, active bystandership, and altruism born of suffering. In R. Dienstbier (Series Ed.), G. Carlo, & C. Edwards (Vol. Eds.), *Nebraska Symposium on Motivation: Vol. 51. Moral motivation through the life span: Theory, research, applications* (pp. 22–72). Lincoln: University of Nebraska Press.