CARE AND JUSTICE: AN ANALYSIS OF THE ETHICAL DECISIONS OF COUNSELLORS

by
Susan D. Dempsey
B.A., Brock University, 1988

A Thesis Submitted in Partial Fulfillment of Requirements for the Degree of

MASTER OF ARTS
in the Department of Psychological Foundations in Education

We accept this thesis as conforming
to the required standard

[redacted]
Dr. R. Vance Peavy, Supervisor (Department of Psychological Foundations in Education)

[redacted]
Dr. Wanda Boyer, Departmental Member (Department of Psychological Foundations in Education)

[redacted]
Dr. Sheilah Allen, Outside Member (Department of Communication and Social Foundations)

[redacted]
Dr. Gwen Hartrick, External Examiner (Victoria, B.C.)

Supervisor: Dr. R. Vance Peavy

ABSTRACT

The purpose of this study was to examine and understand, through semi-structured interviews, the experience of counsellors facing difficult ethical decisions in their work. Four professional counsellors (two male, two female) were interviewed and their stories of ethical conflict were interpreted using "A Guide to Reading Narratives of Conflict and Choice for Self and Moral Voice" (Brown et. al, 1988), which is based on the theory developed by Gilligan (1977), that provides the two perspectives of justice and care as a framework for understanding moral reasoning. These two perspectives refer to modes of thinking that focus on rules, principles and abstract thinking (justice); and connection, interdependence and contextual thinking (care).

Although much of the research to this time has attempted to discover whether men and women each primarily adopt justice and care perspectives respectively, this study has not shown that to be true. I discovered both perspectives to be indicated in the stories of ethical conflict, with individual variations on focus, importance, and interplay of the two. Some primary themes that were revealed by these interviews included struggling between justice (honouring the rights of individuals) and care (making sure specific people are safe), balancing care for others with care of self, and attempting to adhere to bottom line rules when the situation may require different actions. Most dilemmas were 'solved' at the time, with the conflict arising in reaction to feelings about actions or outcome, or on reflection at a later date.

This research has revealed a framework within which ethics could be taught to counselling students, and offered to professional counsellors as a component of professional development, in order to enhance the general quality of counsellors' decisions

within the field. Writings from feminist scholars in the field of counselling and moral philosophy have added greatly to the understanding of the roles of care and justice in ethical decision making, and of innovative ways in which to advance the awareness of ethics in the counselling field. Future studies are required to address the experience of individuals who come from other cultures.

Examiners:

[redacted]

Dr. R. Vance Peavy

[redacted]

Dr. Wanda Boyer

[redacted]

Dr. Sheilah Allen

[redacted]

Gwen Hartrick

TABLE OF CONTENTS

Abstract ii

Table of Contents iv

List of Figures vii

Acknowledgments viii

Chapter 1 Introduction 1

Purpose 2

Definitions 2

Justice and Care:

Historical Overview 2

General Definition 4

Justice, Care and Self-Concept 5

Justice, Care and Relationship 7

Justice, Care and Decision Making 8

Justice, Care and Conflict 9

Other Definitions:

Morality 11

Dilemma 12

Ethics 12

Judgment 13

Importance of this Study 13

Controversy Surrounding Gilligan's Research and Theory 14

Moral Development and Gender Differences 14

An Ethic of Care 18

Women, Men and Care 19

Care as Oppression 21

Other Research in Ethics 22

Factors in Decision Making 23

Process of Decision Making 23

Chapter 2 Methodology 25
Qualitative Research: General Description 25
Interviewing 26
Limitations of Interviews 27
Procedure:
General Description 29
The Interview 31
Participants 34
Analysis of the Interviews 34
Personal Assumptions and Self-Interview 40
Presentation of Interviews 42
Chapter 3: Interpretations 43
Ann 43
Scott 53
Debbie 67
David 76
Summary Interpretation 88
Dilemma Content and Process 88
Dilemma Outcome 90
Justice 92
Care 95
Vulnerabilities 101
Interplay of Care and Justice 102
Chapter 4: Discussion 106
Implications for Ethics and Counsellor Education 106
Limitations of Study 120
Further Research 121
Conclusion 122
Footnotes 123
References 124

Appendices

Appendix A - Real-Life Moral Conflict and Choice Interview Questions 134
Appendix B - Notice to Prospective Participants 135
Appendix C - Demographics and Professional Background Questionnaire 136
Appendix D - Letter of Consent 137
Appendix E - Worksheets
First Reading - Understanding the Story 138
Second Reading - Self 139
Third Reading - Care 141
Fourth Reading - Justice 143
Both Justice and Care - Summary Interpretations 145

LIST OF FIGURES

Figure

1 Justice And Care Themes And Their Interrelation 105

ACKNOWLEDGEMENTS

I would like to acknowledge the support of Dr. Vance Peavy, who encouraged and continually persuaded me to believe in my own abilities. I would also like to thank my committee members; Dr. Sheilah Allen for her attention to detail and unwavering enthusiasm in my work, and Dr. Wanda Boyer who was a sympathetic ear and an encouraging force throughout the sometimes overwhelming times.

I would also like to express my appreciation to my sister students with whom I have been able to share ideas, successes and frustrations, and who have helped me continue to see this experience as an opportunity for growth and change. And to my family; Al, Alicia and Aaron who have put up with me, and without me for the past four years, I thank you for being gracious with your time, patience and understanding.

CHAPTER 1

Introduction

This study is about ethics in the counselling profession. Yet, it is about more than that. It is about the experience of counsellors grappling with difficult situations within their work. It is about accounts of the self and of morality, and the way in which 'who we are' determines how we think about our work and the difficult decisions we sometimes need to make. Venturing into this research, my belief was that ethics consists of more than rules and guidelines. I had never seen anyone in the field refer to Codes of Ethics when attempting to make difficult ethical decisions. My ongoing belief (supported by the study of Feminist Psychotherapy) is that ethics are inextricably linked to who we are as persons and therefore to our sense of being moral. The research of Gilligan (1982) and Belenky (1986) sparked a curiosity about this other way of knowing and voicing the self that seemed absent from traditional Ethical Codes. This study is an in-depth examination of the experience of making ethical decisions from a point of view that explores individuals and their way of making sense of conflict in their work as counsellors.

Purpose

The purpose of this thesis is to examine, through in-depth interviews, the way in which therapists or counsellors make decisions about ethical dilemmas in their work. The key questions I looked at are as follows: What role do the two orientations of justice and care as explored by Gilligan play in the specific dilemmas that counsellors perceive as difficult, in their ways of thinking about each dilemma, and in their final decisions? Are there any gender differences in the use of one orientation or the other? Do any other themes/ways of thinking emerge amongst therapists in their attempt to resolve ethically difficult situations in their professional practice?

This chapter will include descriptions of the concepts of justice and care, giving some history behind their use in the research. I will clarify some other key terminology from the above questions, and look at other research in both moral orientation and ethical decision making, in order to place this work in context within the field and show its importance. Finally, I will outline my chosen methodology and the specific procedures I developed for implementing the research.

Definitions

Justice and Care

Historical Overview

The terms justice and care are used in moral development theory to describe ways in which people make moral decisions in their lives. In the 1960's, Kohlberg developed a

hierarchical model of moral growth, based on Piaget's developmental theory. He proposed that there are six stages of moral development that children grow through, with the highest stage consisting of an approach to moral decision making based on universal concepts of justice and rights. He derived this theory from research on 84 boys whose development he followed for over 20 years. There were no girls involved at all. Still, Kohlberg claimed universality for his stage sequence, although those groups not involved in his original study rarely reached higher stages of development. Judgments primarily attributed to women were principally found in his third stage of development in which morality is "conceived in interpersonal terms and goodness is equated with helping and pleasing others" (Gilligan, 1982, p. 18). In the late 1970's , while teaching a course on moral and political choice with Kohlberg at Harvard, Gilligan observed that a disproportionate number of women were dropping out of the class. She considered this a subject worth investigating and, as she interviewed these women, was told that they were experiencing moral conflicts in their lives that were not covered in Kohlberg's framework, and therefore, they were not feeling that the material in the course was relevant to them (Gilligan, 1982).

The discovery that women were not feeling represented by the moral conflicts put forward in class led Gilligan to question the basis of Kohlberg's theory. She questioned the fact that his theory of persons was developed on the basis of research with boys and men only, and suggested that by not representing half of the population, it could not be a complete theory. As well, she suggested that since women were scoring lower than men on the moral development scale developed by Kohlberg, they were, therefore, being perceived as less moral than men. She posited that one reason women seem to consistently score lower on Kohlberg's stages of moral development is not that they are morally inferior or less developed than men, but that their moral thinking takes a different form.

In 1977, Gilligan undertook a study to look at the thinking of women around issues of moral choice, focusing on the dilemma of an unwanted pregnancy. Her work, which has since become published as a book (Gilligan, 1982), describes women's morality as being "in a different voice" than men's and calls for recognition and respect to be given to this different way of perceiving moral conflict, both in theories of moral development and in assessing levels of moral reasoning. This different voice involves what Gilligan describes as an 'ethic of care'. From a care perspective, dilemmas are understood in terms of one's responsibility to self and to others. This differs from an ethic of justice which is the foundation of Kohlberg's theory of moral development and involves seeing a dilemma in terms of rights and principles.

> This conception of morality as concerned with the activity of care centers moral development around the understanding of responsibility and relationships, just as the conception of morality as fairness ties moral development to the understanding of rights and rules. (Gilligan, 1982, p. 19)

These two orientations will be explained in more detail shortly. Since Gilligan's landmark work, there has been much criticism and research on her theory from many different factions, including psychologists, educators, feminist scholars and philosophers. This debate, while very interesting, is more in-depth than necessary for this paper. I will, however, outline some of the most relevant critiques when discussing the importance of this topic.

General Definition.

The two perspectives, justice and care, can be used as a framework for understanding different ways of viewing the self, relationships with others, decision making, and conflict. Other terms used to refer to these concepts are 'rights and responsibilities' (Pratt & Royer, 1982), 'reciprocity and response' (Lyons, 1983), and

'separateness and connectedness' (Wingfield & Haste, 1987). Whichever terminology is used, the concepts of justice and care speak to two different cognitive orientations related chiefly to the work of Lawrence Kohlberg and Carol Gilligan respectively.

From a justice perspective, moral development and reasoning are grounded in issues of individual rights, rules, and the autonomy of the people involved. Justice speaks to issues of fairness and equality, the importance of each individual having their rights respected. A care perspective, based on Gilligan's research and theorizing, looks at moral reasoning based on issues of interconnectedness with others, responsibility to the self and to others, and making decisions that involve doing the least harm to each person involved.

Justice, Care, and Self-Concept.

Gilligan proposes that these two basic orientations are embedded in a person's self concept. Within the self[1] there exists in some measure, a separateness from others (justice, autonomy) and/or a connectedness to others (care, responsibility). This appears in the way one thinks about oneself, and in basic cognitive orientation, the way one thinks in general. Gilligan's theory extends from the work of Chodorow (1974), who attributes these differences to the different social environment within which boys and girls are raised. Chodorow maintains that the genders have different developmental tasks based on the fact that they both have, for the most part, a female primary caregiver at least until the age of three. Boys are, therefore, faced with the task of separating from the primary caregiver, because they are different, while girls have the task of attaching to this female person. These differing tasks lead to different experiences of maturity and relationship. Boys experience relationship as entailing separation and autonomy, and girls experience relationship as entailing attachment and empathy. Chodorow's work has been instrumental in shifting from better/worse to different, the value judgments usually associated with

boys' strong and girls' weak ego developments typical of traditional psychoanalytic theory. Hotelling & Forrest (1985) describe these differences in terms of identity, with women's identity defined in the context of relationships and judged by standards of responsibility and care, and men's identity defined by separation, and judged by standards of accomplishment, illustrated by the use of such terms as intelligent, logical, creative, and honest. Justice orientations, and care orientations are, therefore, not just concepts to be found in the realm of moral development, but are seen as fundamental elements of human identity.

Many researchers and philosophers following Gilligan have believed that the separateness, autonomy, justice orientation is inimical to males and the connectedness, responsibility, caring orientation is inimical to females. According to Davis (1985), men and women differ in how they judge or evaluate themselves. Women acknowledge inequalities in the world and speak of the need to care for themselves and to protect others from hurt and exploitation, whereas men tend to judge their lives by how close they come to achieving some abstract of perfection. Women's voices are the voices of relationship, connectedness, context, and intuition, whereas men's voices speak of boundaries, justice, autonomy, abstraction, and formal, clear solutions. For the most part, qualities of adulthood, such as autonomous thinking, sharp decision making, responsible action, which are also associated with a justice perspective, have been equated with masculinity, and considered undesirable for femininity (Broverman, 1972 cited in Gilligan, 1982). There has been a movement over the last twenty years, perpetuated by the work of Gilligan and her colleagues, to rectify this narrow view of adulthood and attempt to bring value to the adult qualities often associated with women, such as nurturance, care, and responsibility to others (responsibility implying an ability to respond). So, while Gilligan's research and theory have been instrumental in facilitating change in how women

are viewed and listened to in the moral arena, they have also enhanced the value of those very traits that are associated with women.

Justice, Care, and Relationship

These differences in self concept are explored by Lyons (1983), a colleague of Gilligan's, who describes two selves that exist in relationships, the separate/objective self (justice), and the connected self (care). She maintains that relationships are experienced differently by people depending on the type of self they predominantly are. For the separate/objective self, relationships are experienced in terms of reciprocity, objectivity, fairness to all. They are mediated through rules which maintain that fairness, and are grounded in roles which come from duties of obligation and commitment to all others regardless of who they are. Thus, obligations to others are seen as universalistic, and rationally grounded (Miller & Bersoff, 1992). From a justice point of view, an individual will always help someone in trouble, no matter who they are. Within a justice orientation, decisions are made based on objectivity, an attempt to be fair to all involved, and to ensure equal rights for each individual.

The connected self, according to Lyons, experiences relationships as responses to others on their own terms for the purpose of, in many cases, alleviating their burdens or suffering. Relationships for the connected self are mediated through the activity of care which maintains connection, and is grounded in interdependence which recognizes the special interconnectedness of people. Thus from a care perspective, rules do not exist across the board for all individuals, but vary depending on the relationship one has with a particular individual. Obligations to others are seen as particularistic, pertaining to that person themself, and at least partially based on emotion (Miller & Bersoff, 1992). From a

care perspective, an individual will feel more obligated to help someone that s/he is in some kind of relationship with, like a friend or family.

Justice, Care, and Decision Making

From a justice perspective, rules and roles are necessary in order for decisions to be made. These rules exist unto themselves, in the abstract. From a care perspective decisions are made based on the individual needs of people in a particular context. Gilligan 's concept of moral decision making differs from Kohlberg's in a number of fundamental ways. Blum (1988) talks about seven differences between the two theories: 1) a justice perspective requires looking at others "thinly," abstracted from the self, respecting others simply because they are human beings and, therefore, deserve respect, whereas a care perspective requires seeing others "thickly", as individuals, with specific human qualities and relationships to ourselves; 2) a moral agent, from Gilligan's point of view, sees the other person as a particular human being, not merely the bearer of repeatable characteristics that can be abstracted onto a situation; 3) Gilligan sees others as different from ourselves rather than projecting what we would feel in their place and making decisions based on that knowledge; 4) the self in Gilligan's theory is encumbered, has ties and relationships, rather than being autonomous; 5) morality, for Gilligan involves intertwining of emotion, cognition and action, rather than rationality alone; 6) she believes that while principles of right action are not universalistic, there may be appropriate responses that respond to particular cases and do carry universalistic implications but are not completely generalizable to others; and 7) Gilligan believes that moral action is meant to express and sustain connections to particular people, rather than adhering to principles.

Bloom (1986) outlines basic dfferences between Kohlberg's and Gilligan's theories of high level or mature moral thinking. For Kohlberg, the highest level is achieved

through the ability to take the role of the other in the situation, to role play each individual involved in order to imagine their stance in relation to the situation and priorize the claims that would emerge from each individual. For Gilligan, Bloom asserts, there may be two stages at the highest level of moral thinking. In the conventional stage a woman accepts as morally binding the responsibilities to others that have been socially defined as her role, and makes her decisions accordingly. At the post conventional stage, she constructs a personal view and assesses for herself her responsibilities to both herself and to others. This responsibility to self will be explored later. According to Bloom , a morality of rights (justice) requires us to defend our rights and those of others when we perceive them to be threatened, and a morality of positive responsibility (care) requires us to be committed to the individuals whom we are bonded to, to the institutions to which we belong, as well as to personal goals such as realizing our potential (care of the self). When making a decision, a justice perspective requires a focus on rules and principles abstracted from context and on perceived needs of individuals who represent abstract concepts. A care perspective focuses on individual situations with an attempt to find a solution that benefits the most people involved and take into account the specifics of these individuals in this time and place with these specific needs.

Justice, Care, and Conflict

According to Kohlberg and his justice perspective, moral problems arise from competing rights, and the essence of a moral dilemma is how to eliminate this conflict. The resolution of a conflict requires formal and abstract reasoning about those rights. The solution comes from deciding which rights take precedence and then acting on that decision. Gilligan describes moral problems as they particularly pertain to women, stemming from conflicting responsibilities, which require contextual and inductive thinking

to resolve (Brabeck, 1983). According to these scholars conflict (for women) exists between the needs of the self and the needs of others (Bussey & Maughan, 1982). Women seem to have a tougher proposition here, for they, according to Gilligan (1977), attempt to solve dilemmas in a way that no one gets hurt. Conflict, from a care perspective, arises out of ruptures in relationships (Vreeke, 1991), and takes a form of relational thinking, of readjusting one's perception of the situation at hand in order to mend the rupture (Wingfield & Haste, 1987). Thus a basic difference is the matter of context. In a justice orientation, context is not of great importance, principles exist on their own, and are true no matter what the situation. A care orientation involves placing conflict within its particular situation, using the details of the context in order to help solve the problem.

A justice orientation is universalistic, concerned with abstract principles involving the rights of others, that can apply to all situations. A care orientation is particularistic, concerned with the particulars of the situation at hand from a desire to avoid inflicting hurt, and a concern with maintaining harmony and caring relationships (Brabeck, 1983, Vreeke, 1991). Lyons (1983) describes the difference this way: To treat others as you would like to be treated (which is elemental to a justice perspective, and what we were taught as children), demands distance, objectivity, disengaging from the other to ensure equal treatment of everyone concerned. To work out the least painful alternative for all involved (the mandate of a care perspective) is to see the situation in its particular context, ensuring all people involved are understood in their own terms, which means really grasping the essence of their experience. This then represents two fundamental differences in perspective, between a point of view that is objective and universalistic, and a point of view that is contextual and particularistic .

I have presented the two concepts of care and justice as very separate in order to delineate their different qualities. This is not to suggest that they are completely dichotomous orientations, or that one is better or worse than the other. According to Gilligan (1988) both orientations exist and are necessary for understanding morality in individuals.

> With each new perspective, the key terms of social understanding take on different meanings, reflecting a change in the imagery of relationships and signifying a shift in orientation. As in the ambiguous figure which can be perceived alternately as a vase or two faces, there appear to be two ways of perceiving self in relation to others, both grounded in reality, but each imposing on that reality a different organization. But, as with the perception of the ambiguous figure, when one configuration of self emerges, the other seems to temporarily vanish. (p. 8 - 9).

Thus, according to Gilligan, these two orientations can and do exist within people simultaneously, but by their very nature, come to the forefront at different times. This is a piece of the puzzle I am examining. Can or do people operate from both perspectives at once? Does one way of looking at self and relationship necessarily exclude the other? If both orientations operate at the same time, how do they appear in ethical decision making?

Other Definitions

Morality

One definition of morality is given by Callahan (1988), who delineates two types; conventional and reflective. Conventional morality is directed by tradition, rules, customs, and corresponds with lower stages of Kohlberg's moral development scale. This parrallels Gilligan's concept of morality based on practical wisdom or *praxis* which "refers to the individual's and community's commitment to realize the Good in ritual, custom, and ethical action" (Baumrind 1986, p. 519). Reflective morality comes from within, reflecting an individual's values. According to Baumrind, Kohlberg's definition of morality is

formulated on the philosophy of Kant and is based on speculative wisdom or *sophia* . Sophia is abstracted from action, while praxis is steeped in action. This research looks at morality as it applies to both action, and abstracted beliefs and values.

Dilemma

A dilemma has been described as a situation in which there is more than one course of action possible and there is conflicting evidence as to which course would be the best one (Beauchamp & Childress, 1983). Moral dilemmas involve questions of values where deciding to preserve one value or set of values means sacrificing another, or not deciding for one value constitutes deciding for a competing value (Callahan, 1988).

Ethics

Fuqua & Newman (1989) describe two types of ethics which are useful in understanding the role of moral development in the study of ethical decision making. One is mandatory ethics, which refers to adherence to specific guidelines which may have been laid out by an association or an agency. The other type is aspirational ethics, which refers to "a general sensitivity to the broad effects of each counseling action and interaction on the client and society" (p. 86). It is this aspirational ethics that relates to an individual's moral reasoning, for it is personal and linked, not to a duty to adhere to rules, but to a decision within a person, to do what s/he believes is right. This aspect of ethical decision making is called "responsibleness" by Tennyson & Strom (1986). They further describe responsibleness as a process of reasoning that combines professional knowledge with moral values in decisions on courses of action. Kitchener (1991) outlines four psychological processes involved in moral action: 1/ sensitivity to ethical issues, 2/ moral decision making, 3/ valuing the ethical, and 4/ ego strength. These components, she

claims, are necessary for moral action to take place. They are important pieces of the ethical decision making process.

Judgment

When an individual makes a moral judgment, they are applying beliefs and values to concrete situations (Beauchamp & Childress, 1983). "Moral dilemmas arise when one can appeal to moral considerations for taking each of two opposing courses of action" (p. 4). A distinction is made in the literature between habitual and reflective moral judgment (Vreeke, 1991). Habitual judgment comes out of an immediate interpretation of a situation, and happens without much consciousness about it. We make habitual moral judgments all the time. The type I am interested in are reflective judgments, which require one to think about the situation, and weigh some alternatives. These are the judgments that either can't be made on the spur of the moment, or which we have the luxury of taking our time about or reflecting on afterward. It is through these types of moral judgments that discoveries about the justice and care orientations within the ethical reasoning of individuals in the counselling profession can be pursued.

Importance of this Study

Research on moral decision making has direct implications for the understanding of ethical decision making in the counselling field. There are three main points I wish to discuss here: 1/ there has been, and still is, a great deal of controversy and discussion around Gilligan's work in this area so that any contribution is still valuable in helping to sort out its place in the theoretical realm of morality and decision making; 2/ other studies looking at the issues of justice and care perspective have used various populations but none have looked at counsellors and therapists in particular; and 3/ there have been many

studies that look at ethical decision making from different angles, but none has looked at the process by which decisions are made in an in-depth manner.

Controversy Surrounding Gilligan's Research and Theory

The controversy surrounding Carol Gilligan's work has created a great deal of research in itself. There are two areas in which individuals have focused their criticism of her work: 1/her assertion that women score lower than men on measures of moral maturity and that orientations of justice and care are predominant in men and women respectively; and 2/ her claim that an ethic of care is preferable to an ethic of justice. Many theorists and philosophers have argued about her theory from a philosophical perspective. I will briefly outline these controversies and describe the ideas that support Gilligan's work, to provide a sense of the complexity of this issue within the literature.

Moral Development and Gender Differences

While it is not within the scope of this study to explore the question of the quality of women's moral development theory, a great deal of research generated by Gilligan's work has included attempts to disprove her theory that women score lower on moral development scales than men (for example, Dobrin, 1989; Lifton, 1985; Rest, 1979; Walker, 1986; Walker et. al., 1987). Much of this research has involved either quantitative measurements using Kohlberg's scale, or mega analyses of previous studies. Studies have also looked at whether Gilligan is correct in dividing care and justice perspectives along gender lines. The research is inconclusive as to whether there are or are not differences in moral orientation between men and women. Some researchers have found no gender differences (Dobrin, 1989; Galotti, 1989; Miller & Bersoff, 1982), while others found subtle differences between men and women in their use of the justice and care perspective

(Mennuti & Creamer; 1991, Rothbart et al., 1986). Many studies using written responses or rating scales found no differences at all (Crow et al., 1991; Galotti, 1989; Pratt & Royer, 1982), or slight differences (Ford & Lowery, 1986; Pratt & Royer, 1982; Wingfield & Haste, 1987). The studies with the most conclusive evidence showing men and women approaching moral dilemmas from different orientations, use interview techniques (Gilligan, 1977; Gilligan & Attanucci, 1988; Mennuti & Creamer, 1991). A great deal of time and work has gone into proving or disproving Gilligan's premise that women approach dilemmas from a different perspective than men.

Many reasons for these divergent results have been suggested. Among the most compelling are the following. Many of the studies that found no gender differences (Rest, 1985, Walker, 1984 for example) used quantitative measures which often cannot detect more subtle differences that might exist. The second reason is that women have been socialized to think in terms of abstract rights, principles and ideas through the school system, and are, therefore, better able to use both kinds of reasoning, especially when the particular dilemmas, or ways of presentation, lend themselves to a more justice oriented manner of reasoning (Wingfield & Haste, 1987). The research, therefore, is inconclusive in showing if there is any real difference between men and women in the way they approach moral dilemmas.

It is perhaps ironic that all this effort has been put into trying to discover differences between men and women in development and orientation to moral decision making. Gilligan herself (1986) in a reply to critics claims that, first of all, she does not care to prove whether women and men differ in moral development as measured by Kohlberg's scale. She also states that just because women are capable of high levels of justice reasoning, does not mean they would choose to reason that way spontaneously. This, in

my opinion, is a crucial piece of the argument, and of my interest in this field. I choose to look at how men and women therapists instinctively reason about ethical dilemmas that they encounter in their everyday professional lives, because I hope this will reveal how they spontaneously attend to these decisions and will illuminate this process.

As you can see, many of the arguments and controversies seem to centre around Gilligan's critique of Kohlberg's theory of moral development, more than around her development of a different way of looking at ethical decision making, using an ethic of care. Criticisms are also centred around methodological flaws in her arguments, for the most part from a quantitative, statistical point of view, and focus on whether she is right in her assertions of differences between genders and the lower scoring of women in moral development. It is like throwing the baby out with the bath water, to suggest that because her arguments have some methodological flaws, they are totally irrelevant and that the ideas she expresses are not valid. I think Brabeck (1983) summed the issue up well. She suggested that Gilligan's truth may be a mythic truth rather than an empirical one. Myths, she explains, like religious beliefs, are important for illuminating and directing attention towards critical areas that require further investigation. Colby & Damon (1987) also support the intuitive appeal of Gilligan's male/female distinction in moral orientation, and point to the lack of research to back it up as indicative of social science failing to account for women's experience. This is not to suggest, though, that criticisms are not valuable in themselves. They have led to refinement of the techniques for measuring ethics of care and justice within moral reasoning, and have pointed out many avenues for exploring this issue. The specifics on methodology will be discussed shortly.

Colby & Damon (1987) criticized her research as having no comparative data because there were no men asked about their response to an abortion dilemma. Gilligan

has been criticized for replicating the exclusion that Kohlberg practiced, only doing it to men instead of women (Code, 1983). Code suggests that men cannot participate in Gilligan's study on the abortion dilemma because it is a dilemma they can not really know. She does not think that is the way to correct Kohlberg's wrongs. Some criticize Gilligan's theory of moral orientation along philosophical lines with concerns about it being used to once again keep women in their place by suggesting that the stereotypes of caring and nurturance are biologically based and natural, and thus need to be socially kept in place as well (Baier, 1987; Colby & Damon, 1987; Kerber et. al., 1986; Puka, 1989). Gould (1988) describes Gilligan's theory as merely putting "old wine in new bottles" (p.412) by packaging a traditional view of women in a new way so that feminists are attracted to it, while at the same time affirming the traditionally feminine characteristics that society devalues. Gilligan responds to this type of criticism by deploring the use of her work for the purposes of further oppressing women. She maintains that to acknowledge and value the different perceptions often associated with females, is worth the risk that this acknowledgment could be used to further alienate women from power in society. She also suggests that it is worse for women to disempower themselves by putting aside their concerns and perceptions and continuing to rely on a psychology based on men's perceptions of what is of value in human thinking (Gilligan in Kerber et al. 1986). As women value these qualities in themselves and in others, caring will become less devalued by society as a whole.

The supporters of Gilligan's theory differ from the critics in that they concentrate more on what it is about, rather than on what it is trying to prove. They suggest that her theory has an intuitive appeal, it seems right, and should not be discounted just because research cannot find great differences between the genders (Colby & Damon, 1983). These two ways of looking at Gilligan's theory parallels the care/justice dichotomy as

representative of a fundamental difference between an intuitive sense of knowing something, grounded in experience and context, and scientifically research based abstract knowledge. Gilligan writes in response to critics (1986) that her theory is an attempt to give voice to a way of knowing that tends to be experienced by women more than men, in order to make up for the fact that women have been almost completely left out of the data on moral development.

An Ethic of Care

An ethic of care as originated by Gilligan addresses some fundamental inequalities between men and women in society. In the Kohlberg tradition, the thinking goes; what is male is broad, important and public, a morality of justice involved in general or public points of view; and what is female is narrow, special and insignificant, a morality of caring evident within family and friends, in the private domain (Tronto, 1987). As the voice of care remains silent, the private realm remains narrow and insignificant. Women's different voice is observed in the differences between boys' and girls' reasoning about the Heinz dilemma [2]. Boys often reason that human life has more value than property so Heinz should steal the drug, whereas girls often see more complexity in the problem, worry about whether Heinz would be caught and how that would affect his wife. Johmann (1985), points out that Gilligan sees value in the girls' perception of the Heinz dilemma that in the past would have been labeled as wishy washy. Gilligan frames the dilemma differently and sees it, not as an inability to decide, but as a concern for finding solutions that benefit everyone. Gilligan and a colleague also suggests that an omission in the psychological literature of a voice of care is detrimental to both men and women because it also encourages men to silence the part of themselves that sees dilemmas in terms of responsibilities to care for and be connected to others (Gilligan & Attanucci, 1988b). This

latter view takes some of the edge off the gender debate, and I think puts the issue where it belongs, in the realm of creating greater understanding and a more complete picture of morality for both men and women. Let us suppose for now, that morality can be divided, to some extent along gender lines. Despite the debate, and evidence on both sides, there is some truth to Gilligan's original assertions that men and women have certain tendencies toward looking at morality and moral dilemmas in particular ways. Many scholars have voiced opinions on the hows and whys of these differences. A highlight of the main points will help to illuminate the basis from which this research was entered into, and the social context within which the particpants tell their stories.

It is from a viewpoint of an ethic of care that most of our understanding of the care/justice dichotomy can be found. Both Noddings(1984) and Gilligan were key developers of the concept of care and have elevated it to an orientation to be proud of and to cultivate. There are a number of theories about care, about where it came from, how valuable it is, and whether caring in itself is enough for a complete theory of morality. Feminist scholars in particular have contributed to an understanding of these issues and attempted to come to some kind of synthesis of the differing outlooks on care and justice. Some points are seen repeatedly in the literature on care but they are not necessarily complementary: 1/ an ethic of care is both natural or more evident in women's actions than in men's; 2/ an ethic of care arises out of women's oppression within society rather than out of an inherent quality in their thinking.

Women, Men, and Care.

Tronto divides the care/justice dichotomy into two types of caring, one traditionally associated with women, the other with men. They are: 1/ caring for, and 2/ caring about. Women learn to *care for*, implying a focus on particular objects and responding to the

needs of them. Men learn to *care about* concerns out in the world such as poverty, homelessness, war. Both are caring that involve a moral component, but exist in different realms. *Caring for* (similar to a care perspective) involves acquiring knowledge from others, from the ones cared for. This requires attention to particular persons, in order to give them what they need, leaving one's own needs aside. *Caring about* (similar to a justice perspective) involves acquiring knowledge from a philosopher's introspection, thinking as if one were the other but from one's own perspective, rather than attending to the other's world. These are fundamentally different approaches to what Tronto labels caring, but what others would call care and justice. They also speak to two fundamentally different approaches to resolving dilemmas, one involving entering and understanding another individual's world from their point of view, and the other involving imagining what one personally would feel in a particular situation.

Another view of this different way men and women confront moral problems comes from Harding (1982), in Shogan (1988). She states that

> men characteristically worry about people interfering with one another's rights ... objective unfairness appears immoral to men whether or not it subjectively hurts ... Women worry about not helping others when they could help them, and subjectively a felt hurt appears immoral to women whether or not it is fair. (p. 237 - 238)

This is a basic difference between an orientation to justice, fairness, rights, and an orientation to caring, connection, attending to the good of all. This view contends that women more predominantly exhibit those caring for characteristics and men more predominantly exhibit the thinking about, rational objective characteristics. I think that even if it is not an irrefutable fact, society does divide its thinking along those lines and attributes many of the attendent qualities of justice and care to men and women respectively.

Care as Oppression.

While there is a societal expectation that men and women will exhibit differences in the way they approach moral decisions and actions, many people believe these differences to be caused, not by inherent desires or abilities, but by a reaction to society itself. A prominant feminist view is that care and justice orientations have arisen out of the socialization of women and men and that women's ability and inclination to care come out of their oppression (for example, Card, 1990b; Morgan, 1988; Romain, 1992). There is a danger that if care is not understood in that context, then stereotyping behaviour and oppression will be continued under the guise of 'a different voice' (Card, 1990b). Women's vices and virtues (including a tendency to care) can therefore be seen as gender *oppression* related rather than gender related resulting from a misogynist society and Card questions whether other oppressed groups would experience similar moral language (a subject for later discussion). She suggests that since women have been excluded from the political realm, taught to depend on men for employment, promotion, validation, and protection from violence, it makes sense that women would value connections not necessarily for their own sake. Perhaps women's different voice is more a matter of politics and oppression than genetics or inherent qualities.

Lauritzen (1989) claims that concern for connection and relationship is more inherent than many feminist scholars contend, that even in the sixties and seventies when the women's movement was focused on issues such as freedom and individual opportunity, women always saw people as relational beings. Along these same lines, there is a theory that women's caring nature comes right out of the mother-child relationship and is, therefore, natural and inherent (Ruddick, 1989). A primary explanation describes care as, if not inherent, at least more natural to women and something to be embraced, and

valued for its superiority to an ethic of justice (Noddings, 1984). Noddings, in a later work (1989), refines her ideas and attributes the differences between men and women in the way they view moral life not to biology or nature, but to "centuries of different experience" (p. 217). She sees basic differences between the genders in their understanding of morality as symbolized by their basic differences in how they understand war, with men glorifying it and women despising it. Their differing conceptions of evil lead men to define themselves "in opposition to all that is feminine" (p. 228). Because of this, women's voice of care and non-violence has been silenced for some time. Gilligan and Noddings have attempted to raise and legitimize this voice of care (see also Belenky, Clinchy, Godberger & Tarule, 1986). Other feminist scholars have looked beyond the gendered view of care and justice, beyond the limits of explanation based on social conditioning and oppression and explain the concepts with a loosening of gender in which a new moral self may emerge as pluralistic, not necessarily gendered, and incorporating a "sense of moral imagination, moral empathy and moral feeling in an integrated, other-centred self " (Morgan, 1988, p. 162). This gender-less view of morality would incorporate the best of justice and care concepts, integrated within an individual who would be free to respond as appropriate to whatever situation is at hand.

Other Research in Ethics

The research in the area of ethics in counselling psychology is broad and vast. It extends from studies on ethical and non-ethical behaviour and its prevalence, to analysis of stages of ethical decision making. The research has attempted to outline factors in ethical decision making, the best manner in which to teach ethics and an understanding of the mind set of those who break ethical guidelines. For the purposes of this study, I will review those studies that have some bearing on the process of ethical decision making and

morality, and show that there is both a link with moral development research and a gap in it in terms of understanding how ethical decision making can be understood in terms of morality. I have divided the research into two areas: research on factors in decision making, and research on the experience for counsellors in making ethical decisions.

Factors In Decision Making

Studies about ethical decision making have looked at: general reasons for violations (Keith-Spiegel, 1977); the discrepancy between what one knows should be done about an ethical dilemma and what one actually would do (Bernard & Jara, 1986; Bernard, Murphy & Little, 1987; Wilkins et al., 1990); predictable biases in judgments about ethics including gender, employment area, and age, among other factors (Haas, Malouf, & Mayerson, 1988; Kimmel, 1991); level of stress related to ethical decision making (May & Sowa, 1992); type of education as a factor (Morrison & Teta, 1979); clarity of guidelines and pressure to decide (Hinkeldey & Spokane, 1985); and type of dilemma (Tymchuk et al., 1982). In general these studies have found that there is a discrepancy between what one knows should be done in a dilemma and what one will actually do, that certain factors as outlined above can help predict the kinds of answers individuals will give to ethical dilemmas, and that stress is a factor in the ability to make and act on ethical decisions. These are important findings. The missing piece here is the nature of individuals' thinking about these dilemmas, for these studies focus on outcome rather than process.

Process Of Decision Making

Some of the more relevant research on the process of decision making in ethics involves Van Hoose & Paradise (1979) and their Ethical Judgment Scale; the work of Fuqua & Newman, (1989 in Corey, Corey & Callahan, 1988), in their description of two

types of ethics; Tennyson & Strom, (1986) and their development of the concept of responsibleness, and Karen Kitchener (1991), and her expansion on the work of Rest (1984, 1986) and his Defining Issues Test.

Van Hoose & Paradise (1979) developed a five stage theory of decision making modeled on Kohlberg's stages of moral development. Others have used their Ethical Judgment Scale (EJS) to compare stage of ethical orientation with such factors as counselling experience, age, etc. (Wefel & Lipsitz, 1983). These studies lack two components. One, they are limited by use of only Kohlberg's definition of moral stages, which excludes recognition of issues of care and responsibility. Two, these studies use hypothetical dilemmas, and focus on what a person reports they would do, which is not always the same as what they actually would do in a situation (Bernard & Jara, 1986; Murphy & Little, 1987; Wilkins et al., 1990). My study bridges these two gaps by looking at actual behaviour, as the counsellor reflects on it, and incorporating both a justice and care viewpoint in the understanding of that behaviour.

Moral development and decision making research forms a natural link to ethical decision making. By beginning to understand how moral orientation or decision making effects decisions in the counselling field, we can further the education of ethics by shifting the focus away from mandatory ethics (while not losing it completely) towards inclusion of personal values, cognitive processes, and morality in the exploration of ethically challenging situations.

CHAPTER 2

Methodology

The purpose of this thesis is to examine, through in-depth interviews, the way in which therapists or counsellors make decisions about ethical dilemmas in their work. The key questions are as follows: What role do the two orientations of justice and care as explored by Gilligan play in the specific dilemmas that counsellors perceive as difficult, in their ways of thinking about each dilemma, and in their final decisions? Are there any gender differences in the use of one orientation or the other? Do any other themes/ways of thinking emerge amongst therapists in their attempt to resolve ethically difficult situations in their professional practice?

Qualitative Research: General Description

A qualitative research method has enabled me, in the most complete manner, to answer the questions outlined above. It is descriptive, using words rather than numbers; interpretive in nature, as the investigator or researcher attempts to discover and articulate subtleties in the data collected; and naturalistic in that the investigator enters another's setting as it exists and collects data without deliberately altering that setting (Locke, Spirduso & Silverman, 1987). Matthews & Paradise, (1988) suggest that qualitative research is actually more relevant to mental health research because it enables us to look at process, rather than just results; it assumes multiple causes of events; it relates to problems within their context; and it uses the skills of trained observation and listening which are the skills of mental health practitioners. Qualitative research addresses the complexity of a problem, expanding, rather than simplifying the knowledge (Friedman et. al., 1987; Puka, 1989). It also addresses the more subtle aspects of a problem which nominal data often

cannot do (Friedman et. al., 1987; Fuqua & Newman, 1989). A qualitative approach fits well with my goal of an in-depth understanding of the subtle aspects of counsellors' reasoning about their ethical decisions

Interviewing

The in-depth interview was used by Gilligan in her 1977 study of women facing a decision about abortion. She used dialogues with these women in order to facilitate an understanding of their process in confronting an ethically difficult dilemma in their lives. Although she has been criticized for this approach, I believe it is the way in which she collected and analyzed her data that enriches her work. In fact, Puka (1989) parallels this type of interpretive approach with a caring orientation in that both look at problems with an awareness of their vast complexities and holistic interrelations. This methodology, then, makes intuitive sense in terms of the type of information I was looking for. It allowed exploration of the often subtle distinctions between a care and a justice perspective in moral decision making.

I have adopted much of my methodology originally from the work of Gilligan. There have been many criticisms of her methods over the years since she first published her alternative theory of moral reasoning. Some of the major criticisms have been about her use only of women in her original study (Colby & Damon, 1987); too broad an age range with no statistics done on the ages themselves (Vasudev, 1988); not enough rules for the scoring of answers (Luria in Kerber et al., 1986); the use of interview techniques which brings up concerns of interviewer bias, and interviewer influence of the responses (Nails, 1983); lack of generalizability due to small numbers (Brabeck, 1983); lack of awareness of cultural differences (Miller & Bersoff, 1992); and economic differences that might influence what kind of voice people speak in (Stack, 1986, in Kerber et al.). There

are those researchers who criticize Gilligan's studies on the basis of methodological flaws such as subject choice, and statistical analysis (Blake, 1985, Thoma, 1986). Greeno & Maccoby (in Kerber et al., 1986) criticize Gilligan's assertions by pointing out that just because women have a greater reputation for altruism (whose characteristics fit with an ethic of care) does not mean that there is proof that they actually are more altruistic. They (amongst others) call for more quantitative as well as qualitative research in the area. I will be addressing some of these issues in the following pages.

While the interview technique has been used in many studies of moral decision making (Gilligan, 1977; Gilligan and Attanucci, 1988; Lyons, 1983; Mennuti & Creamer, 1991), it is not the only one that has been employed. For instance, a common measure of ethical decisions is Rest's (1979) Defining Issues Test (DIT) which examines the structure of one's moral philosophy by looking at the rationale behind decisions. Subjects are asked to choose from a number of predetermined statements about an ethical dilemma. The DIT measures the cognitive component of ethical decision making, not the decision itself (Dobrin, 1989). Despite some of the problems that have been suggested in the use of in-person interviews for research, such as interviewer bias, the effect of gender and other participant attributes on data analysis, and length of time needed for both interview and analysis of the data, this technique allows me to access the intricacies of the decision making process, including cognitions, feelings and behaviour as explicated by individual counsellors.

Limitations Of Interviews

In-person interviews are subject to a number of limitations. They are open to interviewer bias; they limit the number of participants, particularly because of time constraints; and, therefore, possibilities for comparisons are limited. Stiller & Forrest

(1990) decided for their research that written responses to open ended questions would provide greater numbers for comparison reasons as well as blindness of the analysis to the gender of the participant (within limits). I weighed these advantages against those of in-depth in-person interviews which take longer and are more subject to interviewer bias. In oral interviews, there may be less bias, but there is also less chance to clarify terms used and to probe more deeply (Galotti, 1989). Care can be taken to consider how the context of the research and the interview can influence the participant's answers (Gilligan & Attanucci, 1988). I as interviewer bring my listening skills at their highest level into each interview, in order to be constantly aware of biases, and to hear, with an open mind, what the participant is saying, even if/when it contradicts an expected answer. The interview format requires fewer participants because comparison data is not the most important component of the research.

In-depth interviews are time consuming in themselves to do and to analyze. This concern, again, needs to be weighed against the advantages of revealing subtle differences amongst people in their decision making process. The studies which show differences between men and women in their use of justice and care orientations in thinking about moral dilemmas use interviews rather than pencil and paper scales (Crow et. al. 1991; Donenberg & Hoffman 1988; Ford & Lowery, 1986; Galotti, 1989; Gilligan & Attanucci, 1988; Pratt & Royer, 1982; Wingfield & Haste, 1987). Once again, it is my belief, based on the research, that understanding about the decision making process can best be served by spending more time with fewer participants in order to access important qualities in their thinking, of the way in which justice and care concerns inform their decision making process.

Another concern that has been expressed in the literature is that participants may be hesitant to admit to controversial or aberrant beliefs or behaviours in front of an interviewer, and would be more likely to in a study in which they feel anonymous such as a written report (Mathews & Paradise, 1988). In this study because the participants were asked to choose which dilemmas to present, they were able to talk at a level that was comfortable for them. The outcome of the dilemma was of less importance than the process involved in the decision itself.

Procedure

General Description

For this study, four professional counsellors (two men and two women) were interviewed using an open-ended, semi-structured format patterned on one originally developed by Lyons (1983) and revised in 1988 by Brown and associates. Each participant was asked to describe a time in their professional life when they had to make an ethical or moral decision and were not sure what was the right thing to do. I am using the terms moral and ethical interchangeably since that is how they are used in the literature. Simply, these terms describe decisions which encompass values or beliefs, both individual and societal.

Through the use of open-ended questions, I facilitated the participant's description of their dilemma and how they made their decision about it. We explored the process of decision making, what issues were important for them in thinking about the ethical dilemma, and what they think in retrospect about the decision they made. Each interview was audo taped, transcribed and analysed in order to depict the way in which the themes of justice and care were present in the decision-making process.

This methodology has been adapted from the original work of Carol Gilligan, and particularly the more recent research of Brown et. al (1989), and Brown & Gilligan (1991). They describe moral conflict as involving a "tension between differing moral voices, and conflict between opposing values" (Brown et. al, 1989, p.141). They see it as essential to moral life, and the resolving of moral conflict as inherently involving a question of relationships: between individuals in relationship to each other, and between differing voices within an individual. Their premise is that an individual, when talking about a moral conflict, makes salient certain aspects of the conflict, and certain relationships within it. Depending on which aspects they choose to speak about, and the amount of weight given any particular piece, the conflict or dilemma takes on a different focus. The two moral voices of justice and care are seen as a way of conceptualizing two distinct, yet overlapping frameworks for understanding conflicts.

This manner of looking at dilemmas requires listening to the narratives of individuals and attempting to understand them from the speaker's point of view. Brown & Gilligan (1991) distinguish this type of research from the objectivist approaches to understanding human behaviour, in at least two different manners: 1) the researcher's role and relationship with the speaker, and 2) the context within which the speaker is telling their story. They have attempted to design a method whereby researchers can challenge assumptions about the roles of men and women in society, as well as the role of psychology and research. Through open-ended interviews, and a system of listening to these interviews that entails "resisting" linear, androcentric, stereotyped ways of being, they have developed a Guide to Listening to narratives about moral conflict that incorporates "responsive(ness) to the layered nature of the psyche, the harmonics of psychic life, the nonlinear, nontransparent orchestration of thoughts and feelings, the polyphonic nature of any utterance, and the symbolic nature not only of what was said but

also of what was *not* said." (p.44). This type of rich, in-depth understanding of narratives about moral conflict includes listening for the different "voices" speakers use in describing their particular dilemmas. These voices inform the intricate structure of an individual's experience, and it was this structure which I attempted to extricate from my dialogue with the participants in this study.

The Interview

The focus of the interview is to illicit discussion of difficult ethical dilemmas, and the reasoning contained in making decisions about these issues. I began with structured questions about a time in the participants' professional lives when they were faced with an ethical decision. The interview continued with unstructured clarification of terms and responses and to increased exploration of the decision making process. A number of studies have been instrumental in outlining procedures for this type of interviewing (Brown et al., 1989; Gilligan & Attanucci, 1988; Mennuti & Creamer, 1991). See Appendix A for the list of questions used as a framework for the interview.

My task during the interview was to listen while the participant described an ethical dilemma s/he had encountered, to ask questions to facilitate exploration of the decision-making process, to clear up any ambiguous terms or concepts while maintaining an unobtrusive stance in order to minimize the influence of my own bias or perspective on the participant's answers. I listened only for clarity and understanding of the participant responses, and asked questions only to guide the individuals to further explore what their dilemmas meant and how resolution of the dilemmas had occurred.

The following are some examples of research interview questions: 1/ Have you ever been in a situation of moral/ethical conflict where you had to make a decision but

weren't sure what was the right thing to do? 2/ Could you describe the situation? 3/ What were the conflicts for you in that situation? 4/ What did you do? 5/ Do you think it was the right thing to do? 6/ How do you know? (Gilligan & Attanucci, 1988, p.229). Questioning included clarification of such terms as responsibility, obligation, moral, fair, selfish, caring, or any other concepts that I found necessary to be explored along the way. It was very important that both the participant and I were speaking the same language so that my interpretation of the interview was as true a reflection as possible of what was said and meant.

The interviews, which lasted approximately 60 minutes, were audio taped, and transcribed verbatim for analysis. At the end of each interview, I wrote field notes about my immediate perceptions of the interview, any non verbal communication I was aware of, any general thoughts I had about the nature of the participant's process in describing the ethical dilemma(s). The purpose of these field notes, as suggested by Mennuti & Creamer (1991) was to capture my thoughts concerning the conversation while it was still fresh in my mind. These notes also provided a initial point of departure for clarifying my own biases and assumptions concerning the information I had just heard. This process will be elaborated on shortly. The transcribing of the interview was done by me, and the participants' names were replaced with numerical codes in order to ensure confidentiality.

I also incorporated some of the changes to the original interview that Gilligan & Attanucci suggested in their 1988 study. One was to explore where the self lies in the conflict, i.e. what was at stake for you in this conflict? This helped illuminate how the particular dilemma had meaning for the individual, tapping into perhaps the most natural way for the participant to address moral dilemmas. This would also clarify Thoma's (1986) belief that "females may respond to justice defined measures of moral reasoning

much the same way as males, yet prefer the care orientation in discussing their own spontaneously produced moral dilemmas" (p.173). I was interested in the way individuals spontaneously think about dilemmas, and moral reasoning, so that any questions or explorations that helped clarify that were incorporated. Also, as Brown et al (1989) suggested, tracking the "voice" of the narrative self (the participant) was crucial to gaining his/her perspective within the particular story. It was the relationship of the self to the dilemma that illuminated the role of both care and justice perspectives in the individual's thinking about ethical dilemmas they faced.

Another change that Gilligan & Attanucci suggest is to explore alternative perspectives with the participant. For instance, is there another way to think about this problem? They assume that people can adopt both orientations and will, with some encouragement. By exploring other options, the individual might illuminate why they would see the dilemma one way rather than another, or what aspects of either perspective appealed to them. This questioning further enhanced my knowledge of how people think about ethical decisions they have to make and brought to light the subtle interplay of justice and care perspectives that Brown et al (1989) and Mennuti and Creamer (1991) found in the reasoning of their participants.

The interviews took place at a mutually agreed upon place that afforded privacy, comfort, electricity for a tape recorder, and undisturbed time. It was important that the participant feel as comfortable as possible, while at the same time maintaining enough structure to facilitate a focused interview. Some individuals preferred to meet at their own work place, while others met at a mutually convenient location.

Participants

I interviewed male and female therapists working in Victoria, who have at least five years of experience in the field and a Masters Degree level of education. These criteria were adopted to facilitate the discovery of factors in ethical decision making by people who share a number of traits. I use the term therapist and counsellor interchangeably because that is the way it is used in the community. I was looking for professionals who work in the counselling field and, therefore, face somewhat similar ethical dilemmas in their work. Participants were elicited by a notice to the British Columbia Association of Clinical Counsellors asking for participants (See Appendix B), and by word of mouth. All participation was completely voluntary. Volunteers telephoned me and the process was explained including what was required of them in terms of time commitment. I asked them to think of a dilemma they wished to talk about and have it ready for our meeting. Participants filled out a data sheet (Appendix C) and an Agreement to Participate (Appendix D) which was kept separate from taped or written materials. Each participant was given a number for referencing and pseudonyms have been used throughout the analyses.

Analysis Of The Interviews.

I have used the interpretive procedure outlined by Brown et. al. (1989) in their Reading Guide for interpreting narratives of conflict. This guide was developed as an aid to interpreting narratives about moral conflict using care and justice concepts as a framework. The Reading Guide was written as a procedure for teaching others how to read a text that is complex and reflects situational, personal and cultural factors. It is, therefore, broader based than a coding system, and allows more flexibility for interpreting

the individual's use of language, their perspective, and the relationship between the reader's and the narrator's language and perspective.

My focus was on interpretation of the narratives, and writing about my understanding of the role that justice and care orientations played in the way these participants understood their own decision making process. Hayles (1986) describes narrative as "a story both shaped by and inextricable from the voice that tells the story'" (p. 23). The Listening Guide developed by Brown et. al. (1988) recognizes this connection between voice and story, and outlines a method for both listening and looking at an interview, incorporating four different 'lenses', in order to capture the different voices that are part of the decision making process. "Thus, listening first for one voice and then another, the listener appreciates the intricate structure of a person's experiences of self and relationships" (Brown & Gilligan, 1991, p. 45). The Guide suggests reading a narrative four separate times. The first time, it is read for the story itself, for the who, what, when, where and why of the dilemma and the individual's decision. Recurrent words, images, metaphors, contradictions, inconsistencies of style, information left out, and switches from first, second, and third person in the narration are noted. This first time through, I also attended to my own reaction to the interview and the participant, asking myself, in what way do I or do I not identify with him/her? Am I confused by any part, feel angry, upset, or pleased by what s/he was telling me? Writing at length about these questions helped me separate my personal reaction from my interpretation.

In the second reading, attention is paid to the narrative self: who the narrator is; what s/he thinks; feels, says, and does. In this way a personal connection is made with this individual and "... allow(s) the narrator's words to enter (the) psyche" (Brown & Gilligan, 1991, p. 47). This reading facilitated a connection between myself and the

participant, which "... signifies an opening of self to other, creating a channel for information, an avenue to knowledge" (p. 47). Passages that represented the self, were underlined with a green pencil.

The third reading entails looking for representations of a care perspective. A care perspective, as outlined earlier, includes a focus on relationships that embodies concerns about loving, caring and being cared for, attachment and responsibility, listening and being listened to (Brown et. al., 1988). When looking for evidence of a care orientation in the interview, I attended to:

> Concepts such as "being there", listening as a moral act, building and sustaining trust over time, being hurt or troubled by another's pain, shared responsibility for each others' safety and welfare, knowing another well as a result of shared history, and disagreement as strengthening a secure relationship. (p. 94)

Passages reflecting care concerns were underlined in red.

The final reading focuses on justice concerns, which consist of seeing relationships in terms of equality, fairness between people, reciprocity, and an awareness of the potential imbalance of power between individuals. When reading for a justice orientation, attention to problems of inequality, weighing or balancing claims and rights of individuals are noted. I searched for relationships based on these rights, and on the importance of "treating self and others with equal respect" (Brown et. al., 1988, p.111).

> Concepts such as reciprocity, redress of grievances, justified punishment, earned reward, punishment in proportion to the crime contractual obligation, equal or impartial application of the rules (unfairness or discrimination or favoritism), fair exchange for mutual benefit, equal or fair chance, and the right to tell one's "own side of the story" point to the need to maintain or redress a balance. (Brown et. al., p.111)

Justice passages were underlined in blue. This method of underlining the voices in different colours transforms the transcript into a kind of map or visual representation of the different voices in the individual's narrative. It then becomes more apparent where these voices overlap, or where there may be confusion as to which one was being attended to in the decision making process.

Along with analysing the interviews for justice and care orientations, Brown et. al (1988) suggest looking for alignment of self to these orientations. When the self is aligned with a moral voice the individual represents it as his/her own voice. The point here is to distinguish between mere articulation of care or justice perspectives, and belief in those orientations themselves. This belief can be present in a couple of ways: 1) as explicit alignment, in which the individual articulates both perspectives but actively chooses one, or clearly explicates a choice of orientations; or 2) as implicit alignment, which requires a more interpretive leap but involves, not so much a choice on the part of the narrator, but evidence of the use of either a care or justice voice. In looking at care and justice orientations within the narrative, interpretations are made about whether and in what way the individual self was aligned with these orientations.

The information underlined is entered on worksheets (see Appendix E). These worksheets are used to chronicle evidence of the perspectives, and explore the interpretation of this evidence. As well, each reading is consolidated with a summary interpretation in which the various themes are explicated. This process assisted me in constructing a picture of the unique way the orientations were expressed by each individual participant.

As a final step, a general summary interpretation of self and moral voice for each interview was developed. In doing this I asked myself which, if either, perspective

predominates in this individual's thinking about their ethical dilemma. I had three choices: 1) that care predominates; 2) that justice predominates; or 3) that neither predominates, but both exist either in conflict, side by side but not connected, or interwoven in a manner suggesting that both orientations are necessary for an understanding of this person's decision making process.

This method of interpretation has been subjected to both reliability and validity testing. The authors (Brown et. al., 1989) tested inter-reader reliability among five individuals and found fair to almost perfect agreement beyond chance. The validity of their construct was tested based on Gilligan's argument that justice and care voices are gender related. They found, using 50 participants, significant difference in the predominance dimension between males and females on the two perspectives, with no significant difference on the presence dimension, both results as were expected. Since this method of analysis builds on Lyons' (1983) coding which has been used by a number of researchers, including Gilligan, I believe it was a sound procedure for interpreting my data. It allowed analysis of the content and process of the dilemmas presented, and avoided the "rigid opposition of ....thought to feeling, and justice to care" (Brown, et. al., 1989, p.163) by providing room for exploring the way the two perspectives interconnected with each other.

The manner in which I approached the interpretation of these voices was of crucial importance. I attempted to adopt a 'resisting' viewpoint, a viewpoint that opposes a "patriarchal/androcentric logic" (Brown & Gilligan, 1991, p. 48) as I explored both justice and care voices within the interviews. This androcentric logic includes societal conventions of feminine and masculine behaviour which may manifest themselves in care and justice perspectives. With a resisting approach, I looked at the representation of these

perspectives, keeping in mind the conventions that have produced them, and attempted to identify the vulnerabilities particular to them, namely

> The potential for self-sacrifice or self-silencing and the desire for purity and perfection in the case of the feminine ideal (the "good woman"), or, in the case of the masculine ideal (the "real man"), the potential for self-aggrandizement and the desire to control or dominate. (Brown & Gilligan, 1991, p. 48)

I completed my analysis of each participant's dilemma before the next person was interviewed. The reason for this was so that the information could build on itself, and any overall themes between and among participants could emerge and be followed up on in subsequent interviews. This is a basic component of what is termed grounded theory, in which the theory builds on the data itself within the study (Glaser & Strauss, 1967). This type of research methodology is "inquiry-guided" (Mishler, 1990) in which observations and interpretations of data shape and reshape each other, so that information gathered in the study builds on itself and influences subsequent interpretation. I found that, with each subsequent interview, I was clearer on the type of information that was necessary to pursue as well as the themes or key words to be attentive for.

Upon completion of a preliminary summary interpretation for each interview, I mailed a copy back to the participant for feedback and reactions from them concerning content and interpretation accuracy. All participants were satisfied with my analysis, except for one, who needed to talk with me at some length about my interpretation of our interview. The details of that subsequent interview and what I learned from it are included in Chapter 3. This method of receiving feedback from participants was invaluable in helping to insure that my assessment of their process was an accurate reflection of their experience.

Personal Assumptions And Self Interview

The presence of myself as an individual with ideas, biases and assumptions in the gathering and interpreting of information necessitated that I become familiar with what I was bringing into the research in order to have an awareness and be able to make interpretations from a knowledgeable perspective. I achieved this "bracketing" of my personal preconceptions (Oberg, 1988) by exploring my basic assumptions about what I expected to find in this research, writing about my personal reaction to each interview immediately after, answering the interview questions myself (with the help of a colleague) and analysing my answers in a similar (although less rigorous) manner as the other participants.

My basic assumptions going into this research were as follows: 1/ that participants will come up with dilemmas in which there is a clear conflict between two different possibilities; 2/ that they will have in mind situations in which their conflicts were resolved; 3/ that men and women will show some kind of difference in their use of justice and care perspectives respectively; 4/ that the two perspectives will be quite clearly delineated, that is, that an individual will show a definite inclination towards one or the other. I also found that, in some of the individual interviews, I needed to write about my own judgments as to what I thought was the best answer to their dilemma. I did this immediately following the interview, as I listened and read the transcript, and/or through the worksheets as I explored what care or justice themes I thought were missing in the individual's discussion of their dilemmas. This process was invaluable in addressing the biases and judgments that are inherent in this type of exploration.

My analysis of my own ethical situation revealed some of the ways I naturally think about moral dilemmas, as well as the type of dilemma that I may see as problematic. I discussed a situation in which I was counselling both people in a marriage, each on an individual basis. The struggle for me was between how I was feeling about my difficulty keeping them and their stories separate in my mind, and the perception I had that they were very happy with the work we were doing. Basically, the conflict was between what seemed to be working for others and what I was feeling inside about my integrity and values. Some main care themes that emerged were an attention to relationship, both their and mine, and the struggle between being connected and being separate (boundaries). I also focused on the particulars, both of the individuals involved and of the situation itself. Even after a difficult experience, I felt it important to acknowledge the limits on the rules I would set for myself in this area. It was important to me also to both believe I had done no harm to them, and to understand that I needed to take better care of myself in terms of listening to my own feelings about a situation and acting on them. Justice issues were less delineated and more peripheral to the central concerns. There was some notion of responsibility to the individuals involved, a notion which, while often a care concept, seemed to stem from a perspective of inequality of influence and a belief that these people needed protection from potential harm that could come from this kind of situation. I was also concerned about adhering to my own rules of conduct and part of my struggle with boundary limits was a need to stay in a certain counsellor 'role.' These issues speak to adherence to principles or standards abstracted from the situation. I learned from this that care concerns (for relationship, connection) are central to my thinking about ethical dilemmas. This exercise was very informative. Knowing my own preference for seeing situations in terms of connection, context, and finding a solution that does no harm helped me stay aware and critical of my interpretations.

Presentation Of Interpretations

The analyses are presented in descriptive form, using excerpts from the interviews in order to illustrate my interpretations and to demonstrate particular points. My write up for each interview consists of a brief summary of the individual, their dilemma, and the steps they took to resolve it. Pseudonyms are used in all cases to protect confidentiality. The focus of the presentation of the results is to provide any patterns of justice and care responses that appear in the narrative, and illustrations of either one or the other predominating in the dilemma content or in the reasoning about the decisions made. There is also room for discussion of any other themes or ideas that I think are important for the understanding of the ethical decision making process of these counsellors.

Each interview is summarized and interpreted individually in the following chapter. A final summary of the findings outlines the major themes that emerged, as well as differences and unique patterns of decision making that were illustrated. This account of ethical decision making provides a look at some of the ways the two orientations of care and justice are integral to the resolution of conflict within this profession.

CHAPTER 3

Interpretations

The following are descriptions of the individual participants, their dilemmas, and an analysis of each of their decision making processes.

Ann

Ann Mathews is a fifty-four year old woman who works as a counsellor in private practice. She has an M.A. in Counselling Psychology which she received seven years ago from a west coast university. Ann's ongoing interest in ethical issues in the counselling profession led her to volunteer to be interviewed for this study.

Ann discussed two dilemmas with me. They both involved overlapping relationships, and her attempt to be helpful to friends. In the first dilemma, Ann was phoned by a friend's wife and asked for some counselling about a very specific issue (the possible suicide of her brother). Ann agreed to help and arranged that they would meet in her office and the woman would pay her for the session(s) just as other clients do. But, as the first session progressed, Ann became confused in her role, going a half hour over time and not charging the woman at all. In the end she phoned the woman, told her it wasn't going to work, and referred her to someone else. The woman was initially upset, but in the end was happy with the way the situation worked out. She went to another counsellor, someone neither she nor her family knew, and was very pleased with the work she was able to do with this other professional.

When asked what the core of the dilemma was for her, Ann said it was dual roles. She thought she had set it up so that she wouldn't be confused, that the roles they had with each other would be clear and separate, but the external guidelines such as meeting in her office and getting paid did not eliminate the internal confusion that she experienced. Ann saw the turning point to be when she didn't charge the woman for the session. Once she had let the session go over time, Ann felt like she was not being a good counsellor, and, therefore, could not charge the woman for a session that was not of value.

Ann's second dilemma involved the same kind of situation of a friend asking for help. A woman Ann knew called her up and asked, not for counselling, but just to talk about a problem she was having. Ann had a sense right from the beginning, both of the nature of the woman (needy), the nature of their relationship (not really friends), and that she didn't want to do it. Still, she agreed to meet with the woman and they could go for a walk (as they sometimes do) and talk about it. The woman wanted to meet in Ann's office, saying the problem was much too serious for a walk. Also she could arrange it only for a specific time. Ann felt manipulated and angry, but agreed to see the woman in her office, as a friend. Even with the support of a colleague, Ann could not bring herself to phone and tell this woman she wouldn't see her.

A few days before the scheduled session, the woman herself phoned to cancel because of another appointment. She also said she had had a chance to talk with another friend about her problem and felt much better and didn't need Ann's help anymore. At that point, Ann told the woman how manipulated and angry she felt. The woman was hurt and Ann felt that her point of view was never really understood. The confrontation caused irreparable harm to their relationship, since the woman said she would not feel comfortable asking Ann for this kind of favour again.

Both care and justice concerns drove Ann's thinking and decisions in these dilemmas. They were evident around three major areas: 1) how she experienced the relationships, 2) how she acted in these relationships, and 3) how she framed her decision making. Within these major areas are various themes which I will elaborate on and discuss in relation to their alignment with a care or justice orientation. In general I found that, although both perspectives were present in Ann's thinking, the care orientation was by far the strongest, informing the way she struggled with, and made sense, of the two dilemmas she spoke about.

Ann's dilemmas concerned relationships: with friends, clients, colleagues, and herself. Therefore, the way Ann spoke about and made sense of relationships gives important clues to how care and justice orientations are involved in her thinking about the dilemmas. In general, from a care perspective, relationships are understood in terms of connection or attachment, and separation or detachment. From a justice perspective, they are understood in terms of equality and inequality, or issues of relative status. Ann's dilemma in her relationships with the two women and with herself, can be interpreted as a conflict related to connection and separation, a care perspective.

Ann's sense of connection with these women determined how she felt about them, what decisions she made concerning them, and how she reacted to those decisions. The core of both of Ann's dilemmas centred around this view of relationships. Her struggle was to find the balance between attachment and detachment, or to find the place where each belonged. In the first dilemma, Ann attempted to maintain two connections, social and professional, with her friend's wife. In order to do so, she needed to separate from her on a personal level, to back away and impose clear boundaries. Ann found that she could not maintain the separation necessary for acting as a good counsellor, and really being able to

"be in her shoes." Ironically, separation was necessary in order for Ann to be able to be really connected to this woman in her new capacity as a counsellor.

> I probably wasn't as hundred percent as I would be with a total stranger because we know each other so when she mentions all these people that she's talking about ... she's ... worried how they are in relation to her brother, I know all those, so I'm doing a lot of inputting that I wouldn't do if it was a total stranger.

The point of counselling for Ann was to be there in a caring way for this woman. And in order to do that, she needed to be separate; in fact, it would be best if she were a stranger. Ann offered a recurring image in her story, the image of lines separating people and roles, sometimes clear, sometimes fuzzy. The dilemma arose for Ann when her attempt to be really connected with this woman in a counselling capacity was thwarted by the fuzziness of the lines that kept them apart. Ann set out, in the first dilemma, believing she could keep these boundaries clear. "Well, I felt like I could wear two hats. I felt like I could separate my relationship with her socially, and see her professionally." This attempt to be both roles to one person, speaks to Ann's need to keep her connection with this woman. And, it was this very connection, that made it so confusing and difficult for Ann to be both people to her.

In Ann's attempt to keep her connection with this woman, she drew from a justice orientation and put some rules in place for herself, so that she could keep both roles separate.

> Like I said, look, ... I won't see you as a friend. .... it feels like I can't be there for you as a friend, and I would need to see you as a counsellor and I need to see you in my office and it would need to be a paid relationship and that would feel clear for me...

These rules or guidelines were used by Ann to keep the relationship in line. They were also used as a way to make the special relationship she had with this woman (her friend's

wife) transform into one in which she was just like any other client. It was an attempt to override the particular relationship with guidelines that would make it generic or universal. This treatment of all people within certain categories in the same manner is a justice aspect of thinking. It didn't work for Ann, who said "I think it's 'cause I set up the guidelines for a counselling session and then I didn't ... that's how I knew I was in trouble, I didn't follow my own guidelines". This desire to adhere to rules illustrates an alliance with a justice perspective, but an incidental one only. While Ann recognized the usefulness of these rules; their function was fundamentally to serve her care concerns, which were in part, to remain connected and in relationship with this woman in a caring capacity.

Another aspect of a caring perspective that Ann focused on was the issue of responsibility. In fact, it may have been her emphasis on the responsibility inherent in relationships that caused the dilemmas she experienced. Ann spoke of herself as needing to be responsible in order to be a good counsellor, and a good friend. She easily articulated her sense of duty to others, a sense that sometimes made her feel like she couldn't act in her own best interests.

> And I got sucked into the belief that she has known me for a long time, and she feels like I was the kind of person she could talk to and she couldn't ever imagine ever doing this if it wasn't for me. So that was the piece that caught me, and I thought well, gee, if she won't do it with me, then she probably won't do it and then you know, she won't get the help she needs and I got caught in the (role of the Rescuer), absolutely.

Ann admitted that she felt compelled to become involved in a counselling relationship with both women out of a feeling of responsibility for their getting help. The language Ann used both acknowledged and rejected this deep sense of responsibility for others. "I got sucked in as a family member (to the belief) that I would just give..."

Ann 's dilemmas were driven by this sense of responsibility toward others. She saw herself as "always the helper, always trying to make it easier for someone," which kept her from acting in a manner that was congruent with her feelings. I see this as not just a negative attribute. It is also this responsibility to others that allowed Ann to be "willing to give (her) whole self, (as the) tool you take in (to counselling)" and enabled her to be intimately involved in her work as a caring activity.

Ann's sense of responsibility was a driving force in working out these dilemmas. It seems to account for much of what Brown et. al. (1988) describe as a vulnerability of care. This is a kind of paralysis, an inability to act because of the awareness that any action may hurt someone or endanger a relationship. Ann seemed to have this paralysis, particularly in the second dilemma where she knew what she was feeling, knew what she wanted to do, but felt unable to do it.

> And I'm getting angry, but I still can't say no .... I'm still not saying no, I feel I can't say no ... I felt manipulated, I felt used and I felt unable to disentangle myself .... I felt helpless, I felt like I was just unable and ..... I thought, I can't call her .... I knew, even though I still was going to do it, I knew I couldn't do it.

Her feelings of anger and manipulation were strong, yet something was keeping Ann from acting in her own best interests. She found herself preparing to go ahead with something she really did not want to do.

My sense of what paralyzed Ann in this dilemma was not so much a fear of losing this particular relationship, which didn't seem to hold a lot of weight for her, but the whole notion of responsibility to others and the way her self image was tied into these feelings of what it means to be a good friend. When asked about what might be behind this inability to act, Ann replied:

> There's some place where I feel ... like I have to do it, I feel like I'm not a good person. ... what kind of friend am I, what are friends for, somehow it's my responsibility, they call me, they must think I can do it. I don't know, I mean, it must be all mixed up, rescue, rescue, rescue, you know.

I see Ann as being paralyzed by two factors: 1) a belief that friends are bound by certain duties such as to help others, and 2) a feeling that her self worth depended on her capacity and willingness to maintain this helping stance. This second factor was something she attempted to reject for herself. "You can like me even if I don't help you." Through a justice lens, these beliefs speak of an attempt to live up to certain standards of friendship, and a need to act according to the rules Ann believed one should live by. Through a care lens, they speak to a feeling of responsibility towards others because of their pain and need of assistance, and because Ann saw herself as a caring individual. Both orientations were at work here, and the outcome for Ann was that she felt unable to act on her own true feelings; she was caught in trying to do the 'right' thing at her own expense. This also speaks to the traditional role of women as the embodiment of a selfless caring at the expense of their own best interests. It seems as if Ann tried to maintain this selfless level of care, but found that her own feelings and her need to care for herself got in the way and caused not only conflict but paralysis.

The justice theme of adhering to standards of behaviour arose for Ann in the first dilemma as well. One of the driving factors for Ann in deciding to end counselling with her friend's wife was the fact that she didn't feel she was living up to her own standards of counselling. "I didn't do a good job. And I think I knew I hadn't done a good job and I think that's why I couldn't charge her..." These standards of counselling were a kind of inner gauge with which Ann measured herself. When she felt she had not lived up to her own standards, she thought it only fair not to charge the woman. It is apparent that Ann applied a justice perspective in the business part of her life, such as dealing with clients,

handling money and time matters, and assessing her own qualities as a counsellor. Issues of fairness to all concerned, and treating each person the same regardless of their particular circumstances, are particular to the justice orientation.

Lastly, an overall concept that Ann both acted on, and stated explicitly, added to the strength of the care perspective she presented. This was the recognition of the contextual nature of dilemmas. Although Ann had a strong sense of commitment and responsibility around relationships in general, she also attended to the context of each dilemma and valued the history of the connection between people, and the particulars that went with it. Ann's long standing relationship with her male friend was an important aspect of the conflict she experienced. She could not put that long standing relationship aside in order to be a counsellor to his wife, who was also her friend. Ann made a distinction between how she usually deals with situations and how she dealt with this one. In explaining what was happening for her as she kept the woman in session over the time limit and then decided not to charge her, she said:

> I've kept her an hour and a half, and that's my own disorganization, ... she doesn't hardly have enough money to pay me for this hour, ... so all that stuff's getting in the way where I wouldn't normally worry about that...

Ann acknowledged that she behaved differently with this woman than she usually does with clients, worrying about her finances in a way that marked this relationship as different from the others, even though Ann tried to create a situation in which it would be the same as with all other clients. In this way, the special circumstances of her relationship with this woman affected the way she perceived the situation and made her decisions.

Not only did Ann act based on the peculiarities of these relationships, but she explicitly stated that context influences her ethical decisions. "I think each... ethical

situation is unique and you don't know... it until you stumble on it.... So it was a good learning experience for me, and ... I wouldn't generalize it to anybody or to myself.... I believe it to be true that I shouldn't do it and ... it's different every time". This strongly illustrates a care perspective that values each situation individually, rather than using universal rules that apply across the board to govern one's actions.

As we can see, both care and justice orientations informed Ann's thinking and actions in these two dilemmas. My interpretation is that the care concerns for helping, being responsible and attached to the particular people involved were more central to Ann's process than the justice concerns for adhering to standards of behaviour and being fair in her treatment of the individuals. The paralysis Ann experienced, as she struggled to act on her feelings and beliefs, conveys strong feeling of responsibility to others, a feeling that extended beyond her own needs, that overrode her own best interests at times, and kept her from acting in a free autonomous manner. This is a potential trap of a caring orientation, in which one can lose one's ability to act, even lose one's sense of self needs because of a belief that the needs and emotions of others are of utmost importance. Gilligan called the movement out of this place as The Second Transition: From Goodness to Truth.

> At this level women begin to see that a morality of care must include care of self as well as others. The situation, the intentions, and the consequences of an action are of primary importance here, not the evaluation of others A woman "strives to encompass the needs of both self and others, to be responsible to others and thus be 'good' but also to be responsible to herself and thus to be 'honest' and 'real'" (Gilligan 1977, p. 500). A heightened sense of responsibility for the decision accompanies the increased attention to one's responsibility to self as well as others. (Brabeck 1983, p. 36)

Ann showed an awareness of the struggle in her own life to overcome this kind of paralysis and spoke of the whole area of ethics as embedded in these kinds of personal

struggles, to overcome such tendencies as putting the needs of others before self, and to make decent decisions one can act on.

> I think ethics is all about personal growth, and I think it's your own embedded stuff .... I could be real clear about ethical situations that other people struggle with and other people can listen to mine and can't understand why I could ever get that mixed up. It just isn't an issue for them. So I think ... your greatest weakness would be your greatest strength in time, it will be something you need to pay attention to.

Scott

Scott Brown is a middle aged man, working in an agency, counselling individuals, couples and families concerning a wide range of issues. He has a Masters Degree and has been in the field for many years. Scott's motivation for talking to me was the hope that someone reading about his situation could learn from it. He spoke of his dilemma in an even-paced, methodical manner.

Scott's dilemma concerned his attraction to and subsequent relationship with a female client, who first came to see him about two and a half years ago. When he initially began to feel attracted to this woman (whom I will call Sarah), he consulted with a colleague and with his own therapist. Scott ultimately decided to end the therapy with this woman, refer her to someone else, and wait three months to see if they were both interested in pursuing a personal relationship (she felt attracted to him as well). At the end of the three months Scott and his former client began a personal relationship that eventually became an intimate one. About a year later the relationship ended, and Sarah filed a complaint against Scott with his professional association. In this complaint she claimed that Scott misled her, and influenced her inappropriately through the therapeutic relationship. The complaint was, at the time of our initial interview, still under investigation. We engaged in a second interview about five months later to clarify some details. At that point the investigation had been completed.

After reading my interpretation of our first interview, Scott requested I meet with him so that we could discuss some changes and clarify some items he felt were misunderstood by me. The meeting took place in his office and lasted approximately three and a half hours. Most of that time was spent reviewing my interpretation and 1) editing

parts that he thought were too revealing of his identity; and 2) clarifying some aspects of my interpretation that Scott felt were either not accurately representing what he had meant at the time, or did not reflect his evolving understanding of the dilemma since the initial interview. The last hour was spent in an audio taped conversation in which I probed more deeply into some of the issues that had arisen from our discussion.

The subsequent discussion and interview was a powerful tool for sorting out my own assumptions and reactions to Scott's decision and his way of making sense of it. The whole encounter with Scott made me aware of the extent of my own biases in my interpretation of this interview. Even though I had made a conscious effort to put them aside by writing about them and constantly checking my approach in the analysis, they came across in small ways, such as the language I used or certain assumptions I made. This second interview also made me aware of how crucial it is in this type of research to have feedback from the participants themselves in order to catch the blindness that I as researcher may have to my own biases and judgments.

The major dilemma for Scott was, do I pursue a personal relationship with Sarah after the therapy has ended and if so, how long do I wait? He initially denied being worried about the outcome of the investigation, and believed he took all necessary steps to protect his client from harm. In our subsequent interview, after hearing the ethics committee decision that he had acted inappropriately, Scott expressed an awareness that he had not made the best decision possible. He did though believe he had handled the situation the best way he could given the knowledge he had at the time. For himself, he stated he will not take the risk of becoming personally involved with a former client again.

This was a dilemma about relationship and change. Most of Scott's conflict concerned the best way to shift the relationship he had with Sarah from the professional to

the personal. In thinking about this change, Scott looked at various possibilities and ways of framing his situation, including listening to the advice of colleagues and professionals. Although both care and justice concepts were articulated and understood by Scott throughout his decision making process, I have concluded that a justice perspective was predominant, because the key factors in Scott's decision came from justice concerns, particularly matters of mutual satisfaction of needs and equality between individuals within relationships.

Nevertheless, Scott did demonstrate a care perspective in many of the ways he thought about and acted with his client. His obvious care for her was evident in the way he was concerned about her getting the support and therapy that she needed, and in the pain he felt over her pain and loss at the end of the relationship. We see a care perspective articulated around his minor decisions such as the care taking behaviours he undertook at Sarah's request in sessions. These decisions arose out of a feeling of responsibility for her well being, and for providing what he thought she needed within the therapy.

Scott's feelings for Sarah were a factor in his decision. Not only did he want to have an intimate relationship with her, but he also wanted what he assumed was best for her and spoke about a genuine belief that her experience with him would be positive. "I cared very deeply about her, even before I became romantically involved with her, I cared about her as a person". In his dialogue with me it was apparent that Scott thought he had given Sarah everything he could, everything she seemed to want in a partner, such as trust, intimacy, understanding, and caring.

> Once we quit being therapist-client, the message that I got from her ... was that I want a relationship ... and you seem to be that guy, ... you really are caring, you are supportive ... that was okay with me, I was that person who could understand .... It seemed like I was the perfect person for her because I understood ... her needs .... I did support her through all those months, I was a good partner ...

Scott's care for Sarah went beyond a therapist's care for a client; it was particular to who they both were as individuals. Scott had an awareness and perception of Sarah as a unique person with immense needs for care and intimacy, needs he felt he could fill.

> I guess knowing her family of origin situation ... someone who really cared about her, someone who listened to her ... who really cherished her ... was very important .... She hadn't had that in a ... male-female relationship for all that time .... So in that sense I perceived a need and that would be something she would like to have in her life.

Although a caring perspective was articulated quite extensively by Scott in terms of his care for this woman both within the therapeutic relationship and afterward, initially it was not central to his thinking about the dilemma itself. What I believe was central to his ability to make the decision to pursue the personal connection was the way Scott framed relationships in terms of the importance of equality between individuals. Scott spoke of the therapeutic relationship as one in which one person (the therapist) has influence over another (the client). This view of relationship is justice related in that it frames it in terms of the balance of power between the two parties. His decision to pursue the personal relationship with this woman who was his client was at least partially based on the belief that the inequality of the therapeutic relationship could be transformed into one of equality.

> ... I knew her in a very intimate way, she had shared a really deep part of herself with me and I felt she was very safe in doing that, but I recognize at some point that needed to be turned around, that I needed to be also vulnerable to her, she had the right to know as much about my pain or weaknesses or whatever if she were going to be a partner.

This belief was based on two justice concepts: 1) that being equal was a prime consideration in the relationship, and could be achieved by equalizing the vulnerability they had with one another; and 2) that Sarah had this right in a relationship, to know as much about him as he did about her.

> ... she had come to me as a client and had told me things that she hadn't told anybody else. So that makes an unequal relationship in my thinking. So, in making the relationship more equal, what I want to say to her is that I will tell you my deepest darkest secrets so I'm just as vulnerable to you as you were to me .... So that's how I was hoping to change that distinction, of what she had unwittingly given as being my client, I would wittingly expose myself to her in an attempt to make the relationship more equal.

This emphasis on balance, individual rights and equality within a relationship is central to a justice perspective.

But the answer is not that simple. In this dilemma, relationships for Scott were not only about equal rights. They were also about connection. "You know, this isn't something that's happened for me before, but I'm starting to feel a connection with this woman that may be more than just the client-therapist ... " Scott's motivation for his actions arose out of a desire for connection with this woman, this particular woman, and he recognized this as a factor in his decision. From a care perspective, connection in relationship carries with it the prospect of separation. When Scott experienced a feeling of attraction towards Sarah, he was faced with a difficult decision. "Here's someone that I've been having a very close ... intimate kind of dialogue with, (and) I have to either cut this off entirely and never see this person again, or I have ... a large break of time of which that's not easy either". He needed to decide how and when to separate from her as her therapist because moving apart from each other was necessary in order to facilitate reconnecting in a different way. Scott went through some struggle and debate in deciding how and when to make this separation. He also acknowledged his difficulty with this detachment.

> I'm involved in (a) kind of meditation group and so because (meditation) had worked for her before, just not the (other specific) group, I said, well I'm involved in this other group, this was earlier on that I said, this is a group you might want to check out some time. But ... then when the therapy was ending and supposedly we were going to have this three month separation, ... where I see now that I slipped and said, here's one way we could have a very superficial structured contact with each other, ... if you thought this group would ... work for you, ... that maybe that would be somewhere we could see each other for an hour ...

It is evident that Scott was feeling that his connection with Sarah was very important and he was obviously struggling with making the separation necessary to ultimately continue the connection. This separation was a painful but necessary part of the process for Scott, and one that he was able to acknowledge he had not completed as well as he could have. "What I'm seeing now is, it (separation) should have been longer, I should've probably had more therapy about it".

Adjacent to the issue of attachment and separation (care) the justice theme of fairness was articulated by Scott. "It's not fair to me, but it's not fair to her either that ... we would both have to give up a relationship that seemed so mutually enriching just because (of the way) we had met ...". Scott articulated two themes here, the idea of mutuality in relationship, equal benefit for both parties involved, and the notion of fairness.

> It's not fair to have found someone that I seemed to connect with so well, that just because of the way we met, that I could never have a relationship with her, that this would be one, yeah, I have feelings for her, she seemed to have feelings for me, but because of the way we met, we should never have a relationship. That didn't seem fair.

Both Scott and Sarah apparently wanted to override concerns about the manner in which they had met with principles of fairness. On the surface, these behaviours appear to be based on a care perspective (to be interconnected), while at a deeper level they look like an example of one of the vulnerabilities of a justice perspective. This vulnerability is a failure to be aware of the possible feelings of others in the pursuit of principles. Scott's concern

for achieving fairness for himself may have blinded him to the needs of the other person involved. Scott confirmed this himself. "I didn't adequately assess the potential for the relationship not working out. I was blinded to that, I suppose."

This metaphor of blindness, or sightlessness came up a number of times, particularly in the second interview. Scott spoke of himself being blinded to a number of issues: 1) that the therapist-client relationship might still exist within their personal relationship. "That was something I was blind to. I was still in a sense carrying on the therapist-client relationship;" 2) that the professional relationship could have damaged the personal one. "I'm increasingly seeing how some elements of having been therapist-client would have contaminated the relationship. I didn't see them at the time;" and 3) to the possibility that the relationship might end some day. Scott genuinely believed that since he had such good intentions and wanted the best for Sarah and himself, that everything would work out. "I was fully intent that I could be an honest partner and it never occurred to me that the relationship might end".

In his 'blindness' to both the possible effect of the previous therapeutic relationship on the personal one, and the possibility of it ending some day, Scott was also initially unaware that his own behaviour was changed by the way they had met.

> Something I think I had held back from her ... out of protecting her which is a therapist-client kind of relationship as opposed to a partner-partner ... that I felt that I had to, because she was more timid or vulnerable, I had to protect her, I couldn't really let out the full force of my feelings.

Although he felt he could tell her many deep truths about himself, he did not feel he could be really true with his feelings. We can see by this example, another belief that Scott held about relationships, the view that one person (himself) needs to take care of or protect the

feelings of the other person. Scott could admit this attitude played a role in the relationship. His role as protector was evident in his decision making process as well.

> Part of the decision of the damage that could be done if I said ... I have to stop being your therapist and I'm never seeing you again .... I think she would've interpreted that I'm a bad person ... somehow I made (Scott) fall in love with me. .... so there would have been some hurt there as well.

Scott entered the personal relationship with a belief that he needed to protect Sarah both from her own feelings and from the force of his own emotions, particularly negative ones. I see this need to protect as another element of a justice perspective, which recognizes relationships in terms of inequality between individuals and a duty of the one in a higher status to protect the more vulnerable individual. This can be seen as a classic example of our dominant culture internalized within Scott, that he, as the man and the former therapist, would automatically take a protective stance with someone he was in a relationship with.

Scott's eventual realization of his own limitations within the relationship can be interpreted as an element of care, a caring for the self. Scott's drive to care for Sarah came on one level at the expense of his own need to be really true with his feelings. This care of self came through in Scott's decision to end the relationship which was based, at least partially, on his awareness that he was not able to express himself as fully as he needed to do. The role of giver at the expense of self is a vulnerability of the caring perspective to blind an individual to their own needs. Scott seemed to fall into that vulnerability in an attempt to be the perfect partner for Sarah, and only became aware of it as the relationship progressed.

Another theme that wove its way through the interview was justice based, a recognition of the importance of rules, and standards of behaviour. Scott had a bottom line, which he articulated early on and repeated throughout the interview. This bottom line

was a rule he held to be true, that you don't act romantically or sexually toward someone who is your client. "Well, I don't get involved with clients, that's clear and I've checked with my colleagues about this, but there might be a possibility for later, after we've had some time of severing this relationship and ... seeing if there's a possibility of a relationship on another basis". This rule was based on what others, (colleagues and experts) suggested, and on his own internal morality. "Yeah, the issue (of) ... something actually happening in a session never was there for me.... I've got a pretty strong moral sense and code of ethics that that never is gonna happen". Here we see Scott acknowledging, not only that he believed the rule about not being sexual within sessions, but that it fit with his own internal sense of morality. The adherence to autonomous beliefs based on one's own individuality is a justice concept.

This statement also illustrates that Scott found standards of behaviour important concerns when wrestling with this dilemma. He spoke of romance in therapy as a contaminating agent, infecting the relationship or setting. In other words, he believed the standards of therapy would be diminished severely by acts of a romantic nature. Again, a justice perspective dominated Scott's thinking; the concept of right and wrong as integral components of his thinking. The use of the metaphor of contamination, reminding us of disease or illness, speaks to the strength of Scott's beliefs about this matter.

When asked initially about what was at stake for him in this conflict, Scott replied:

> Losing a good relationship. .... because, if you want to take the straight ethical answer for the professional counsellor says you don't get involved with clients, ever. It's contaminated the relationship that you started this way, you just don't do it. I didn't want to give it up, it's too rare a thing. And because I had the confidence of knowing that I wasn't going to seduce anybody in the therapy, that part didn't feel at risk.

Scott rejected the rule that said you don't get personally involved with clients because what was more important to Scott was to not lose this relationship that he had found. As far as he was concerned, he had adhered to the bottom line rule; therefore, he had acted ethically. This reconfirms my belief that Scott framed his decision using a justice orientation that applies universal rules to a situation. Even though this dilemma was definitely about two specific people with a special alliance, Scott attempted to liken it to a situation between any two people, minimizing the fact that they were individuals with a unique relationship.

Scott attempted to treat the therapeutic relationship, at some level, like any other one, believing it could evolve, with some work, into a personal one. This is also indicative of a justice perspective and the notion that all people can be ultimately subject to the same rules or principles of behaviour, regardless of their connection to each other. At the same time Scott could see the special nature of the therapeutic alliance. He spoke of the therapeutic relationship as being both beneficial and detrimental to the continuation of a personal one. On the one hand he recognized the special trust that exists between therapist and client.

> So it's cranked up my awareness of how... what a sacred trust it is to do this kind of work because in this role, people are really allowing you in very deep, and it's a sacred trust, and you just have to be extremely careful with it.

On the other hand he believed that the closeness developed within the therapeutic relationship could be beneficial in a personal one.

> I think there's some very positive things that can come out of having met that way, I mean, it's not often you disclose your inner self to somebody that much, so they know that, those core things, and they accept you, they love you. So that's a wonderful model for anyone in a relationship.

When making his decision originally, Scott employed a justice perspective saying that the situation was an issue between two individuals seeking a mutual connection on an equal

basis. At the same time, he did acknowledge that the relationship itself was unique and could have had an effect on the outcome of the situation.

These seemingly contradictory ideas became visible in the message Scott gave with respect to his feelings about his decision. On the one hand, he was very clear that he thought, that had the relationship worked out, he would believe he had made a competent, correct decision. But, there were incongruities in this view. Scott came to realize for himself that on some level he "was still in a sense carrying on the therapist-client relationship". Here we see an example of Scott initially justifying his decision using a justice position of treating situations generically, and then shifting his awareness into a care consideration of the special nature of certain relationships. By the second interview, Scott was more of the belief that Sarah probably would not have become so vulnerable to him had they not met in therapy, and that there is a connection between how they met and her getting hurt. "I suspect it (the pain of the break-up) was intensified by my being her therapist".

It was originally unclear whether Scott believed he made the right decision or not, and what that signified about the decision making process. The elements that felt negative to him (the involvement of the therapeutic relationship, the hurt feelings), were indicative of a care orientation. The components he felt good about (not breaking rules, safeguarding the client) derived from a justice perspective. There was obviously a struggle for Scott between these two orientations, which he summed up nicely.

> If I had realized the complicating factors that were going to lead to the end of the relationship, I would say I should have never got involved with her. But, had this not happened, you know, if you would have asked me, midway or three quarters through the year, I would say, it really doesn't make any difference at all, it was a really wonderful way for us to have got to know each other. So almost, the decision I made ... to end the therapy was a good one, and I feel good about that. The decision to ... and the period of time elapsing was good. The reason I

> feel ambivalent about what I did, the decision as a professional, is really more coloured by the fact that the relationship ended than by the fact of what I did.... If we were still in the relationship, I would not have considered that a bad decision at all. It's mainly I guess, the guilt and the pain that I feel for ... knowing how much hurt she went through because of me, my ending the relationship.

Scott's imposed high standards on himself. He voiced a lot of concern about making all the right moves, taking the proper precautions. As well, Scott was aware of his professional reputation. He felt concern about being judged by others as having broken some rules through this relationship. "There was ... the traditional thing of, ... what would other people think if they knew that's how we got together ... will I be judged professionally that I'm unethical in some way"? This belief in rules arose a number of times for Scott as he struggled with the decisions he needed to make. As well as accepting certain rules about behaviour within therapy, Scott also rejected a piece of advice that was recommended. "This colleague that I had trusted to talk to about it ... was more of the opinion about maybe a year, maybe never, and I couldn't accept that, that didn't seem reasonable". Although Scott decided that in retrospect his colleague was probably correct, in deciding about this situation, Scott was willing and able to reject those rules that didn't fit with his way of thinking, that seemed unreasonable, or that kept him from getting what he needed. Regardless, Scott still found it necessary to point out that he had "done everything by the book," implying that he possessed a respect for the rules in place. Again, this illustrates a justice perspective.

This whole issue of rules may be confused by the fact that Scott was, at the time, being investigated by his professional association's ethics committee. This kind of pressure could accentuate Scott's need to emphasize that he did not break any rules, that he did indeed act ethically. Scott did not admit this in the initial interview, but did discuss it at length during the second one. Scott was aware of imposing judgments on himself in terms

of his behaviour. He articulated that what he had done was wrong, that there are standards of behaviour that he had broken. This belief in the importance of standards, of principles of right and wrong was embedded in Scott's thinking. He worked at rejecting this belief in order to allow himself to be both a good person and a person who had made a mistake. "When we first talked maybe I was stuck in that denial saying I can't acknowledge that I made this unethical choice because that would mean I intended to make an unethical choice ... and under those conditions I couldn't continue to practice". His conversation with me helped facilitate this process which he had started with his therapist, the process of letting go of the importance of the rules and allowing himself to believe that his behaviour could be wrong and he could still essentially be a good person, a competent therapist, and could learn from his mistakes. His thinking was starting to shift from a justice, individualistic perspective in which one is either right or wrong based on rules or codes of behaviour, to a more caring perspective in which one takes into account the particulars of individuals and their relationships to each other.

Scott showed a great deal of courage in being willing to tackle his ingrained belief system and admit something as difficult as that. He is still in the process of understanding that "Yes, a mistake was made, a very serious mistake was made, that doesn't mean you're a bad person, it just means you made a mistake". A positive outcome for Scott from our interview was an ability to see some potential healing with Sarah. "As I hear you say that, (it's possible to admit my mistake and still be an acceptable person) and I own that, I think I see the potential for healing with her, 'cause I think that's what she wanted to hear and maybe what I haven't been able to give before." The process of talking and helping me understand his experience of the dilemma, was a catalyst for Scott's own greater acceptance of his behaviour and reactions in the ongoing situation with Sarah and the ethics committee.

Scott incorporated both a care and justice perspective in making his decisions around this dilemma. He showed an awareness of the need to take care of his client, and responsibility for not hurting her in the process. But the main thrust of his decision centred on how he made sense of the relationship, and what he deemed to be important. From a care perspective, Scott would have looked at how a decision could be made to try to eliminate or minimize hurt to all concerned. Scott was blinded to this, I believe, by his own wishes and the wishes of Sarah, and saw the dilemma from a justice perspective, as an issue of reciprocity, and balance of vulnerabilities. He took care to address this principle, and felt that, in doing so, he made an ethical decision. This is an example of both orientations at work, with one emerging as a stronger force in the decision making process. This dilemma is illustrative of the employment of a justice perspective around fairness and equal rights as a rationale for acting on the deep feelings and need for interconnection and caring that Scott experienced.

Debbie

Debbie Craig is a counsellor in her forties, working for a local agency. She has a Masters Degree in Social Work and has been counselling for approximately six years. The dilemma she chose to talk about centred around an elderly woman client who was "...sort of deaf and half blind and cognitively impaired and drinking and driving her car". Debbie's ethical dilemma was about her decision to prevent this woman from continuing to drive. By taking her car away, Debbie and the woman's family were depriving her of her means to get alcohol, and, therefore, forcing her to quit drinking as well. Debbie was then left with the problem of providing her client with a safe place to withdraw from the alcohol. This required her to coordinate resources, knowing the risk that the woman might reject the help and, therefore, be in physical danger. Debbie's task was to make this woman's inevitable alcohol withdrawal as safe as possible.

For Debbie, this dilemma was basically about safety versus rights . The question seemed to be: How could she meet the needs of society to be safe, the family to have their mother safe, and the client to both be safe and have her rights respected? From a theoretical point of view, Debbie attempted to make a decision that would incorporate both care (safety) and justice (rights) concerns. Both perspectives, therefore, were present for Debbie throughout this process, either in conflict with each other, or interwoven within Debbie's thinking about the dilemma.

Debbie's primary conflict was between: 1) her desire to acknowledge and act on the rights of individuals to live their lives the way they want, regardless of the implications (a justice concept); and 2) her feeling of responsibility for the safety of her client and society in general (a care concept). Debbie initially decided that the woman must stop driving her

car because it was endangering the lives of others. This decision in itself was not difficult for her. "I was really clear that she couldn't drive." Nevertheless, in her discussion about this initial decision we see Debbie already struggling with the two concepts outlined above. These two perspectives seemed to be both at odds with each other, and interwoven to create the fabric of Debbie's decision making.

Even though she knew that they (herself and her client's family) could not allow this woman to continue driving, Debbie was still aware that they were overriding her client's rights with this decision. "We could sort of say well that's her right but I didn't feel like that, that I could let the car driving situation go on 'cause she was putting others at risk." The justice concept of the importance of the rights of an individual to do what they want with their life were weighed against the duty to care for the safety of the public who would be in danger if this woman continued driving. Thus Debbie chose to be responsible for the safety of society (care) rather than honouring the rights of this individual woman.

There are two ways of looking at Debbie's thinking about this dilemma. On the one hand, it can be seen as an example of both perspectives present in her reasoning, but care (the safety of others) being given more weight for this particular decision. In other words, in a conflict between the two perspectives, care could be seen as winning out. Or it could be seen as a juggling of differing rights within a justice perspective: the rights of this woman to keep driving and drinking versus the rights of society to be safe. People have the right not to be harmed. Debbie's language was the language of justice: rights, individual freedom and independence. "She can't drive the car is a moral thing 'cause I don't feel she has any right to put other people at risk with her behaviour". As Debbie reiterated her concerns about her decision in regard to the driving she framed it not so much

as a choosing of care over individual rights, but a choosing between the rights of some over the rights of others.

The safety matters from this point of view concerned people in general, rather than specific individuals with particular relationships. This is another component of a justice perspective that applies principles (in this case of safety) to individuals because of their membership in a particular group (in this case society in general). In this piece of Debbie's decision making process, the care issues were abstracted from the specific situation. Ultimately the outcome was that the public and this individual were made safe by Debbie's decision, but she framed it as an issue of rights, that her client had rights, but only if those rights did not infringe on the rights of others. Her thinking seemed to come predominantly from a justice framework within which lay care concerns.

Once Debbie made her decision about the car driving, she became again concerned with safety issues. "Given that she's going into withdrawal, we have to respond, to keep her as safe as we can". She felt a responsibility, an obligation because, in making the decision that would lead to this woman not having alcohol, she needed to insure as much as possible the woman's safety and well being.

> ... what the ethical dilemma actually was about was that .... well, that's her right but I didn't feel like that, that I could let the, ... car driving situation go on 'cause she was putting others at risk. But if we took her car away, her car was how she accessed her alcohol, so if we took the car away, ... she would go into withdrawal and she was eighty-two with a bad heart and all that, and she would refuse you know, safe places to detox.

This clearly shows that Debbie was employing a care perspective in her ultimate concern for her client's health and safety and her feeling of responsibility to insure that. As well, Debbie's response to the particulars of the woman's situation (her age and health) also indicates a care orientation.

> Well, I was really clear that she couldn't drive ... that the conflict that left for me was that this whole business of when people are wanting to drink, you know, and ... have the choice to live at risk and ... and then when we sort of coercively structure the environment so that they can't have what they want, I guess that was the dilemma. And the dilemma was also, is this going to be safe for her.

Within Debbie's decision to care for the safety of her client, she also needed to honour her principles that dictated this woman had the right as much as possible, to freedom and independence. Debbie acknowledged that she could have had the woman put in hospital or in a home to detox from the alcohol, and that would have insured her safety, but out of respect for her desires for autonomy, she helped set up a situation in which her client would be safe enough in her own home with as little interference from others as possible. Thus Debbie attempted to incorporate aspects of both perspectives in her actions by deciding to help the woman detox at home rather than forcing her into a hospital.

Although Debbie talked about feeling strongly that individuals have the right to live at risk if they want, in this case she knew that an individual is obligated to be "part of the social contract" and that an individual's right to personal freedom and their "right to live at risk ends at the end of (their) nose". Debbie understood that rights have limits. The rights to individual freedom ended where others were hurt. Therefore, her beliefs about individual rights to freedom were not absolute, they depended somewhat on the situation. Still, within those limits, even within a caring perspective, Debbie acted to preserve the rights of the individual to whatever freedoms were possible.

Debbie's understanding of relationships also suggests both justice and care perspectives. She did not speak at great length in the interview about relationships per se but did voice a feeling of responsibility to the people who were affected by her decisions. She felt responsible towards her client, the family, and the greater community. She felt an obligation to take care of them all, to minimize or eliminate harm to them, to make their

situations easier. "The community is my client... her family is in there, they're actually the one's who come to me first, they're my clients you know, and their worries and difficulties and fears with her, and their relationship with her you know, all of that is part of it.". Debbie acknowledged the role that these relationships played in her thinking . She tried to take everything into account: the family's needs, the safety and abilities of her client, the safety of the community, the well being of the care-givers. This shows a care perspective, a belief in her responsibility to others, and to making a decision that would insure their well-being.

When she did talk about relationship more directly it was about the inequality she perceived between herself and her client, and her own discomfort with that inequality. She struggled with the fact that she and the family had the power to affect such change in this woman's life. "We were starting to feel like ... a gang conspiring against this poor old lady". The whole idea of "... go(ing) in and (being) super person and .. do (ing) this on people" did not appeal to Debbie, and yet she realized that was what she was deciding to do. She saw the inequity there, but strove with that, to make the relationship as equitable, as respectful of the woman's rights as she possibly could. Debbie recognized that in taking someone's right to drink and drive away, she exerted a power over them, rendering the relationship unequal, and she expressed great feelings of discomfort about that even though she felt strongly that her decision was made in the woman's own best interest.

> So I felt anxious. I wasn't sure I'd done the right thing ... because ... the lady really wanted to drink, ... that always feels uncomfortable to really go against someone's wish, you know, even, no matter how insane they are, someone that really, this is, it's their wish, it's very, ... uncomfortable always to override that.

This focus on relationships in terms of balance of power and equality of individuals is a justice perspective. Again, though, Debbie superseded her justice concerns about the

principles of equality with the need to recognize her client's limitations and care for her safety. In caring for the safety of this woman, Debbie adhered to a justice element in relationships which sees them as incorporating protection of one person by another. In this way, it is apparent that Debbie's relationship with her client was one of protection and power over, a perspective which Debbie both embraced and rejected.

Although relationships were not central in Debbie's thinking about her dilemma, she did recognize their importance in her work in general. She beautifully clarified her philosophy about her own limits and responsibilities as a helper in these kinds of situations.

> There's no point in telling people you've got to do what they can't bring themselves to do. .... There's no point in going in and giving all this good professional advice if people are not able to follow through. Then they just feel guilty and bad about it ... they either do what you suggest against their will, which is really hard on them and then they can't keep it up very long, or they do their own thing anyway and then feel really guilty and bad about it, and then also they never call you again when they need the help, and these situations are ongoing so it's important to ... work with what is and to build for the future because the situation may not be perfect today, but there'll be another crisis ... and the ground work we do today will play in this in the next one.

Debbie realized that because a certain treatment or strategy may not work at the time, the relationship she builds is an important aspect of her job because that is what ultimately allows her to be with these people when they need help again. In this way she recognized and gave credit to the importance of maintaining connections with people, even in the face of what may appear to be a failure to help them in the moment. This weight on relationships as interconnections between people is a care perspective.

As stated before, Debbie's belief in the freedom of choice for individuals did have limits, and depended on particular circumstances, a notion that she articulated clearly.

> Yeah but ... it always comes down to the balance. She doesn't have the right to drive into some kid, or somebody else and hurt them, and also, she ... was really cognitively impaired so that also muddies the water ... how good is her judgment, how realistic is it to expect her to make these judgments because she's ... getting more and more out of it mentally.

Here we see another factor in Debbie's conflict. She was clear that her client had rights, but limited ones, and she also recognized the context within which she herself was making a decision about those rights. Debbie realized that this was not just a decision based on principles but also one based on the reality of a particular woman's cognitive abilities. This adherence to the context, the particulars of a situation is a key aspect of a care perspective. Debbie gave up her universal principle of individual rights in order to take care of a particular person in a particular situation. Again, both justice and care were involved in Debbie's thinking, but when it came right down to the decision, she superseded her belief in the universal principle of freedom of choice to attend to the care of this particular woman and her particular needs.

> When asked what was at stake for her in this situation, Debbie answered:
>
> Me as a person? Oh, I don't know ... I guess I was anxious about looking good, that I have ... you know, it's like, you're trying to do a professional job but it's like, ... I don't know if we can pull this off, should we even try ... just being really aware that there's lot's of places where it can go wrong and I could wind up feeling crazy and incompetent.

Debbie's main concerns for others were for both universal rights and the safety of individuals, but her concern for herself was around keeping up standards of behaviour (justice) and feeling competent (care of self). It was important to her that she feel confident about her process, " That even if it didn't go all right ... I was really clear that I had thought it through and worked it through and ... it didn't go wrong ... because (of) any reason of something I neglected or was careless about." Debbie, therefore, relied on the support of her co-workers so that she did not have to feel alone in her decision. "It

decreases my anxiety...just to be able to talk over it with people and to hear from other people yeah, that's right ... it's ... almost like I need validation."

This decision obviously carried some risks for Debbie and she felt vulnerable about it. After the fact, when everything worked out well, she also felt proud of herself for being willing to take those risks. This is another aspect of care, a care of the self, the ability to take into account not just everyone else's needs, but one's own as well. Consistent with a care perspective, Debbie valued the connection she maintained with others as a hedge against feeling crazy and incompetent. Reliance on others speaks of interdependence and was an important piece of Debbie's process. She was able to carry out this risky decision (to help her client detox at home) because of the support she received from others. At the same time, she had a need to keep up at least an appearance, or feeling within herself of competence, of maintaining standards. What would make Debbie feel bad in this situation was failing to be competent within herself. This is a justice concept, an attention to standards of behaviour. Again, we see Debbie incorporating both perspectives in the way she saw this conflict affecting her sense of self.

Debbie's ambivalence about her decision after the fact is illustrative of the core of the conflict. Debbie had said that she wondered if she really even had a dilemma because the decision about what to do was essentially an easy one for her to make. She did not struggle with it at the time but seemed to experience conflict in her feelings about it afterwards. Although it worked out beautifully for everyone concerned, "... she's a lot safer and she's gotten used to having people in her home through doing this and ... actually, it really did her a lot of good," Debbie expressed over and over again, her doubts about her right to interfere so much in this woman's life, and her feelings of discomfort

with her decision because of her own overriding belief that people have the right to live their life without too much intervention from others.

> It's a high degree of interference in someone's life for their own good. And ... that always feels very uncomfortable to me, even if it's for their own good and there's all these good reasons why you're really directly going against the way the person chooses to live.

Debbie seemed to be left, when all was said and done, with lingering discomfort about going against some of her own justice based principles.

As I have outlined, Debbie's conflict can be seen as a struggle between, and an incorporation of, both justice and care perspectives. Although she ultimately decided to act based on care concerns (for the safety of others, the safety of her client, and the solution that would provide the least harm to all concerned), we can see a justice element always at work in the way she attempted to balance the two perspectives that felt important to her; the rights of an individual to live their lives the way they choose and the safety of both the individual and society. Ultimately safety concerns won out, but not without discomfort on Debbie's part. Her dilemma and her ultimate solution was an attempt by Debbie to incorporate as much as possible her principles concerning individual rights, and her responsibility to care for the safety of her client, the community and her self.

David

David Morris is in his mid thirties and has been working in the counselling field for over ten years, although he just recently completed a Masters Degree. The dilemma David chose to talk about involved an incident that happened about five years ago when he was working with teenagers in a community agency. His dilemma involved his actions with a very troubled boy.

> So with this one kid ... he was highly suicidal, very abusive ... highly impulsive, ... eventually ... he had become violent with a female staff ... so I got paged because I was kinda the coordinator of this one house where this kid was ... and after I had talked to my supervisor over the phone ... what was decided that we would do is that I would accelerate the kid's behaviour. .... And the purpose behind this was that if we could get him acting out enough then we could get him hospitalized which eventually meant that we could get him into (a suitable facility).

David then provoked the boy in a manner that caused his behaviour to become more and more erratic and destructive, so that David could take him to the hospital and demand that he be put into a facility that could really help. As a consequence the boy was placed temporarily into such a facility.

A short time later, David began experiencing a great deal of internal conflict about his actions and eventually decided to make some major changes in his life.

> Well I basically ... went into questioning what I was doing in the profession I was working in and ... within probably a month of that period I quit ... I just refused to work with (the boy) anymore and finished off some contracts that I had ... and quit very quietly.

In this situation we see an example of an absence of choice. David spoke about not having a chance to think about his decision. "In the heat of the moment there wasn't even time ... to think about well, is this okay or not?" As well, his language suggests a perception of having little or no choice about what he would do. David's use of such

phrases as "*needed to* get him in somewhere ... what *was decided* ... it *had to* be done" (italics mine), all suggest a lack of volition, a sense of powerlessness. David believed at the time that "it was the only thing I knew how to do." After the situation was over he had a chance to think about it. It was then that he experienced a conflict. "When I was in it, it was like it seemed to make sense to me you know, and then it was after ... I struggled with it for quite a while." He talked about struggling with feelings of confusion, shame, outrage, anger and isolation due to the circumstances and the way he had acted.

David's process seemed to have three distinct phases: 1) when the situation occurred; 2) shortly after his actions when he had time to think about his feelings; and 3) five years later when discussing it with me. These phases illustrate a shifting in David's thinking from immediate concerns for getting a job done, through self revelation, and on to reflective observations. An analysis of these stages shows a shifting as well, from a distant, task oriented justice orientation, through a questioning of those values, to a more balanced perspective, incorporating both justice and care concerns.

A justice perspective was clearly articulated in David's understanding of his experience at the time of the dilemma.

> It was sort of like putting my values ... to the side. Somehow I did that ... I just did the operation I was involved in. I understood how that would ... eventually get him help. I guess what I didn't realize was ... the amount of feelings that I would have afterwards, doing something like that.

As is typical of a rights or justice orientation, one goal was placed above the others, and actions were taken based on adherence to that goal. David saw that he had put other values aside in order to achieve the goal of getting the boy some different kind of help.

David's actions, as mentioned above, came out of urgency, and a need to get something accomplished. David was aware that he had been able to act in such an abrupt manner by distancing himself both from the boy and from his own feelings about what he had done.

> At the time I think I was really highly cognitive which is really interesting. I felt quite detached from my feelings ... it was more ... kind of a functional operation that I was doing and I had very little feeling about it.

In this way, David could do what he needed to do without having any concerns. It was his way of being able to act within a pressured situation.

As well as his own emotions, David also minimized the boy's feelings. "I don't think the kid got hurt in it at all, you know ... I think that the kid had probably had his behaviour escalated to that point often ... it was not an uncommon thing for him". This attempt to downplay the boy's pain may have allowed David to manage his uncomfortable feelings by minimizing the effects that his actions had on the boy. It may also be illustrative of a vulnerability of a care perspective, which is to deny the hurt of others because one is so aware of it and has a difficult time acknowledging it all. This distancing of David from the boy's pain, and from his own responsibility was also evident in the way he switched from first person to third person pronouns, as illustrated in this metaphor David used to describe his experience.

> I would imagine it would be like being in a war or being a pilot and *your* plane is basically ... going down, ... having to shoot somebody that *you* don't even know, it's like basically *you're* out there, that's *your* job, *you* detach *yourself* from *your* feelings and *you* do it ... and then *you* deal with it afterwards (italics mine).

This is a powerful image, alluding to the intensity and seriousness of the situation, the lack of choice that David felt he had at the time, and his perception of the boy as little more than

an object of his duty. The objectifying of individuals is a justice theme, one result of putting goals ahead of individuals. David needed to distance both from the boy and from his own feelings in order to carry out his task.

Another aspect of David's thinking at the time of the dilemma concerned his perceptions of relationships within it. The notion of a hierarchy of authority seemed to dominate David's perception of relationship as the situation with the boy was unfolding. This was evident in the authority he gave his supervisor, whom he seemed to rely on to guide him in his decision. "So basically, through a conversation with my supervisor, what was decided that we would do is that I would accelerate the kid's behaviour." David's primary relationship in this dilemma was with the boy and again, it was a hierarchical one, in which David had the power to both accelerate the boy's behaviour, and to physically suppress his movements. "I pushed his buttons and had him bouncing off the wall to the point where I had to restrain him ... get him into a vehicle and take him to the hospital in this state ." Initially, David was driven in his actions by the advice of someone in authority (his supervisor), and in turn acted as a person with power over another.

Thus we can see that David's actions and thinking at the time of the dilemma involved a justice orientation, including taking the advise of his supervisor, and acting quickly to get the boy out of the facility he was in and into somewhere else even if that meant overpowering him, either physically or emotionally. These actions required coming from a justice perspective that acknowledges relationships as involving unequal status, goals as more important than process, and an abstracting of feelings from actions.

As mentioned above, David reacted to the situation and his actions by feeling distressed and withdrawing from both the boy and the work setting. David's main concern was that he thought he had invaded the boy's boundaries, unnecessarily manipulating him

in the service of some end goal (even though the goal itself was in the interest of the boy). The conflict that David experienced for having "invaded" this boy's boundaries became the catalyst for his rethinking of the dilemma and ultimately the way he wished to be with people.

David's initial adherence to, and actions from a place of authority was shortly after rejected by him.

> I really believe in people going through a process ... not forced into it ... you know, infringing on what you think is the right thing that needs to be done .... There's a fine line sometimes when people cross and they need to be brought back to reality. .... for me, I don't like that type of work I guess.

David rejected the notion that relationship is about individuals having power over others. At the same time, he recognized that sometimes people cross a line in their behaviour, and a certain amount of force may be necessary. It seemed confusing for him, a conflict between what he believed to be true, and what he knew from real life situations. This could be described as a conflict between justice and care perspectives, between abstract principles and particular context. It was also possibly a factor in his need to withdraw from that type of work for a while.

As well as rejecting the idea of hierarchy in relationship, David articulated a care perspective on relationships. This was the importance for himself, of being connected with others, and of being listened to. These are care themes which David seemed much more in tune with in the interview than at the time of the situation itself. These were the values he seemed to automatically put aside at the time in order to get the task done.

> I think for me what, what would happen was I became really isolated working with this kid in the environment I was working in. And so it really makes it clear to me how important it is to have support.

David's process was one of disconnecting from people in reaction to his feelings about the dilemma, and then coming to realize how important support from others could be. Here we see David move from a justice orientation involving a focus on hierarchical concerns within relationships, to a care orientation, focusing on connection and support.

Another way in which David's shifting of perspective evidenced itself was in his rejection of the concept of the end justifying the means, that originally guided his behaviour. "You know, they (supervisors) just thought it was something that needed to be done and was really matter of fact and it didn't feel like that to me inside". He reacted against the notion that the end justified his actions and that he shouldn't feel bad because it just had to be done. Although he acted on that belief initially, on deeper examination, David could not believe it was right. "If we have to force people into being dysfunctional in order for them to get help and support, you know, what are we setting up?" It seems that David had the ability to stand back from his actions and see them in a wider context and to judge that his actions did not fit with his wider beliefs.

As a result of David's reaction to the situation, and his need to make sense of it, he moved from action, to questioning his original perspective, feeling troubled about his actions, and consequently rejecting some justice concepts put forth by others. By the time he spoke with me, David had some years experience, both in training and in the field. His beliefs and understanding of the situation had shifted, once again and seem to have settled into more solid understanding of his actions, and the way he would have ideally reacted to the situation. This final understanding of his dilemma at the time of our interview could be understood as a combination of both care and justice themes contained within a justice framework. This justice framework involved the concept of weighing values or goals in

order to come to a decision. David's reasoning and feelings demonstrated an awareness of and alignment with both care and justice perspectives within this weighing of values.

Within this justice framework, David's values contained both care and justice themes . The care themes involved a moral obligation to help others, and attention to the particulars of an individual and situation. The justice themes involved the rights of individuals to be treated certain ways and to maintain their autonomy by not having their boundaries invaded. They also included a belief in the importance of adhering to standards of behaviour.

The care/justice distinction was not a clear one. For instance, invasion of boundaries, a key factor in David's discomfort with his actions, could be seen as an example of a justice theme from the perspective of the rights orientation, that all beings, regardless of personal history or connection, have the right not to be invaded or overpowered. It could also be seen as a care issue, that individuals deserve to be cared for, and that part of caring is respecting boundaries. By looking at the way David articulated this and other important values it is possible to understand the interplay of these two orientations in his thinking.

The care orientation was clearly articulated by David as he reflected on his behaviour . He was aware at the time of talking to me that he had ignored the individuality of the boy and his specific needs. In retrospect he could see that "...what the kid needed is to be in a safe environment ... to be attended to, ... somebody to listen to the desperate straits he was in." David experienced an awareness of the boy's needs, a realization that this boy was asking to be listened to, that his behaviour may have been a cry to be heard.

A number of care themes emerged here. One was recognition of the boy as an individual with particular needs. "I believe that I certainly didn't do the most healthy thing for the kid." Another was the ideal of attention and response to need, a quintessential aspect of a care perspective. David's ideal response would have been to get the boy help without sacrificing his need for attention and care along the way. What he saw in his actions was a sacrificing of this need in order to get an end goal met. David realized he had not given the boy those things that he came to believe were most essential.

A justice orientation was articulated by David as an essential aspect of his belief system. At the core was a belief David had about the rights of the individual.

> What was at stake for me was some part of myself ... going against a core belief that I have and I think back even back then I wouldn't even been able to articulate it, like I don't think I had the awareness at that time ... I could only see it as an invasion towards that kid and, yeah, so I think at stake was that I really went against a real core belief that I have about people's human rights.

These rights involved the following:

> Well, I think it just basically gets down to every being's implicit right not to be invaded. .... I just think it, as individuals we all have a right to be ourselves and have those boundaries and limits and , and nobody has the right to invade that. Kind of like a golden rule I suppose that I have.

David used the language of a justice or rights perspective. He talked about both the rights of the individual as well as limits to the rights of others. This illustrates both an adherence to a rights orientation as well as a setting up of values or rules in a hierarchical structure. This value or rule of David's, of the individual's right not to be invaded, to be a separate entity, superseded for him, the rights of anyone to cross those boundaries regardless of the goal.

Yet, within this perception of the rights of others, David discussed many other values that articulated a care perspective. These were the right of the individual to be heard, respected, honoured and to be cared for.

> Well I think we all need to be heard ... and that's part of healing. And it's part of being valued as who we are and so it really tells us ... what we have to say is really valuable and people are willing to meet you on that level and so a very strong connection that we make ... when people meet on that level.

These care claims were about connection between individuals and about being taken care of. The justice rights spoke of the separation, individuation of people. Here we see again, the framework of differing values within which David articulated both perspectives. David's overriding belief seemed to be that whatever individual values he expressed, he emphasized the importance of adhering to these values for each person. This emphasis on treating all people alike, and lack of emphasis on the particularities of this situation and person, was illustrative of a justice orientation.

David's self and the justice orientation were aligned in the following ways. He talked about the role of standards of behaviour in his thinking

> I think when I get in trouble with it is when I rationalize my behaviour and don't really ... acknowledge all levels of myself, my feelings or whatever. It's when I don't really consider myself, I do things that are probably wrong.

David expressed a belief that some actions are right and others wrong. He felt like he had gotten in trouble by not being self aware enough. This notion of right and wrong behaviour is a justice concept, speaking to standards of behaviour and an obligation to maintain them.

Other values that David articulated in his reflection on that time related to the importance of having support in his life and of self understanding. He spoke not only of

self care, but of an acknowledgment of the importance of connection both in relationship to others and to one's self.

> So support is one thing that ... is essential I think in working with people and , I think the other thing is really knowing what my values are, like the more I can understand my values, the more I can attend to myself.

Another aspect of self care that Dave talked about was the concept of forgiveness of self as a way of healing. "I needed to forgive myself 'cause I didn't know any better at the time". This ability to care for himself in a manner similar to the way he believed he should have cared for the boy shows a movement for David, a shifting from justice concerns about standards of behaviour to care concerns about being sensitive to the feelings of the individual (in this case himself).

David also demonstrated sensitivity to the feelings and needs of the boy and acknowledged that he had neglected to address them in his initial actions.

> That kid had some needs that I'm not even clear what it was. But it was really important for him to have people know that he was in the shape he was in. So he was sending out a pretty clear signal ... so I think that really needed to be validated for him and I think one of the ways he saw it happening was to get into the hospital. So he needed to do that ... I certainly think ... with all the experience and training and things that I have now I probably would have ... handled it much more gently, been more sensitive to his needs.

This passage clearly illustrates David's change in thinking over time. In retrospect, David could see that the boy was trying to get listened to. He was able to articulate how he would handle the situation differently now. The differences he talked about stemmed from a caring perspective. They had to do with honouring, respecting, and listening to the boy; getting him the care he needed; and doing it in a way that took into account the boy's individual needs. This awareness speaks to the ideal of care and response to individuals, characteristic of a care orientation. David believed that the goal of getting the boy into

another facility could have been accomplished, and at the same time the boy's feelings and needs could have been attended to. This was an example of the care act of concession, of attempting to arrive at a solution that will satisfy all parties involved.

In general, David voiced both justice and care concerns, showed an understanding of them in his thinking about and looking back on the dilemma. He acted mainly on the advice of someone in authority, and on a belief that the end justified the means. In his reaction to that decision, he rejected some of these justice concepts. Many of the values David expressed came from a justice perspective. But, beside those values, he also expressed a desire to have acted in a more caring, nurturing way with the boy. In fact, in an ideal world, that's just what he would have done. Had he had the time to think about the situation, or had it come up now instead of then, with his enhanced understanding and training, David believed the best action would have involved still getting the boy more help, but in a kinder, gentler fashion, coming out of an understanding of his particular needs. That ideal of attention and response is a quintessential caring perspective.

David's thinking reflects an intertwining of justice and care ideologies, with neither one predominant in his thinking. He began and acted initially from a justice perspective that put goals above feelings and needs, and moved from there to an understanding of the role of caring in this dilemma. Still, the way he framed both the dilemma itself, and his understanding of his actions and feelings incorporated the justice concept of principles as overriding concerns and as paramount in the decision making process. The answer though is not that straightforward. David also incorporated both care and justice themes in his thinking about the particular people (including himself) involved in the dilemma. Therefore, David's decision making process involved both orientations existing side by

side and intertwined within a justice framework of competing values to create the fabric of his moral process.

Summary Interpretation

The four participants were individuals with varying backgrounds, beliefs, experience, and criteria for being involved in this study. Each had a Masters Degree, three in Counselling Psychology and one in Social Work. Years of experience ranged from five to twenty-three. Their ages ranged from thirty-six to fifty-four. Two participants worked at least part time in private practice and two worked exclusively for a community agency. Only one person mentioned a specific course in ethics, although two others said they believed they had some training but couldn't remember exactly what it entailed.

The participants' stories were different in many ways, as were their ways of making sense of their dilemmas. As well though, there were a number of concepts and processes that were consistent or overlapped these experiences. These consistencies and differences in the area of content and process of decision making will be examined, as will the use of care and justice perspectives within the stories of these individuals.

Dilemma content and process

Although all four participants talked about relationship when discussing their dilemmas, only two had relationship as a central concern (Scott and Ann). And interestingly, it was a man and a woman who chose to discuss dilemmas that centred on their connection to particular people. The other two (man and woman) had chosen to talk about dilemmas that were primarily about duties and tasks they performed. This fact is interesting because of the view in the literature that women tend to recall personal relationship problems more readily than men and view them as more central to their lives (Pratt, Golding, Hunter, & Samson, 1988). This being such a small number of people, I would not venture to do more than notice this fact.

The process that the participants went through in order to decide how to resolve their dilemmas was fairly consistent. Everyone discussed it with someone else, even David, who made the quickest decision. Everyone talked to people involved in the same work, whether it be peers (Ann, Scott, Debbie), or authorities (Scott and David). Many felt that those discussions had been helpful and that they had handled the decision making process well (Scott and Debbie in particular). Both David and Ann felt less confident about their decisions, but still acknowledged the value of the listening and support they got from others.

The most prominent factors affecting the decision making process seemed to be time and urgency. David articulated most clearly the experience of a lack of choice, but this perception was, to some extent, a factor in every one's decisions, even Scott's, who spent a great deal of time sorting through what he would do. The lack of choice was precipitated by safety concerns (Debbie and David), lack of time (David), authority of others (David), and internal processes such as self expectations (Ann and Scott). Scott, for instance, on some level felt that he could not decide against the relationship as it was not fair to have found someone that seemed so right only to have to give her up. This perception of a lack of choice lead to some kind of internal conflict for each participant, and a need to sort out what had happened and how they felt about it. The very process of speaking with me seemed to facilitate the sorting out for them, as it was a place where they could explore the meaning of both their decisions and their subsequent feelings about them. None of the participants, in my opinion, exhibited any signs of excusing themselves from the responsibility that their decisions entailed as Gilligan (1982) suggests some of her participants had. She says that an experience of a lack of choice often leads to abandoning responsibility for decisions. Perhaps the maturity of these partticipants, or the fact that part of their experience was to take responsibility and make sense of their actions precluded

this from happening. In any case, regardless of the pressures they felt in making their decisions, these individuals were willing to take responsibility for the outcomes, even when that responsibility was delayed as in the case of Scott.

Dilemma outcome

An element of each person's dilemma involved, not conflict about what they were going to decide or do, but internal conflict in reaction to decisions already made and actions taken. This internal struggle illustrates an affiliation of the self to the moral decisions made. Flanagan & Adler (1983) explained this idea in the following way. They propose that because our morality (as human beings) is taught to us throughout life in a way that links it to self-worth, there is always an attachment between our moral decisions and our feelings about ourselves. "A moral judgment that is made from a completely impartial perspective, from the point of view of what anyone in the same sort of situation should do, is one that says nothing about me in particular." (p. 586). If morality is objective, they conclude, than there is little to take personal pride in or to feel anxious about.

The findings from these participants lends support to this idea that moral or ethical judgment is personal. Everyone talked about feelings of both pride and distress around their decisions. Ann felt uncomfortable being in a counselling session with her friend. Scott worried about the effect his decision had on Sarah and on his own reputation. Debbie felt conflicted about the discrepancy between her beliefs and what she thought she needed to do, as did David. It seemed that, for these participants at least, an ethical dilemma involved not only not knowing what to do, but also entailed not being sure that any decision was completely correct. In other words, gray areas of reasoning or feeling constituted moral conflict. This fits with my own experience of thinking about a dilemma to explore. What automatically comes to mind for me are situations in which I made

decisions and am still not entirely sure I made the right one or am feeling pretty sure I didn't make the best decision that I could have made.

In some cases (Ann's first dilemma, and Debbie's) the outcome was positive for everyone concerned. They thought that everything had worked out for the best in the end. Ann's friend got the kind of counselling she really needed and Debbie's client and family were happy with her recovery from drinking. In other cases (Ann's second dilemma, Scott's and David's) the outcome was not as satisfying. Ann's friend felt betrayed, Scott was accused of behaving unethically, and David eventually quit his job and the boy ended up back in the original facility. The awareness that the situation was not a success came after the dilemma was over. For David it came shortly after. Ann's discomfort arose in the middle of it. Scott's real awareness that perhaps he had made a wrong choice did not come until around the time of our second interview and the judgment by the Ethics Committee.

These outcomes surprised me because one of my expectations was that participants would talk primarily about situations in which they felt successful. I was pleased that there was enough trust and honesty within these individuals to permit them to explore situations in which the outcome was less than satisfactory. Their ability to look at the dilemmas and learn from their choices allowed them to explore changes they would make could they do it over again or should similar situations arise. David said he would have handled the situation more gently, Scott would have recognized the special circumstances of his relationship with Sarah, and Ann would have set up and adhered to clearer personal limits with friends. Even at their most conflicted (when Ann felt paralyzed, Scott felt punished, and David felt ashamed), they were able to think about and understand themselves and have a sense of their own vulnerability. One of the internal processes that allowed this was their ability to care for themselves, a concept I will explore shortly.

Justice

I found articulation and understanding of the justice orientation in each participant's interview. As outlined in the individual summaries, each counsellor exhibited a justice perspective to some extent their thinking. What follows are some common justice themes discovered in these people's stories.

The participants expressed an understanding of a justice orientation in part by the way they viewed relationships. From a justice perspective, relationships are conceptualized according to a recognition of unequal status between individuals. For the participants, this recognition lead to a number of reactions: attempts to equalize the different status; decisions to treat others in a protective manner and the exercising of authority over others. David was clearly an example of someone adhering to what Card (1990b) calls an ethics of rights, of formal and impersonal relationships. This description of a justice perspective on relationship suggests that in formal relationships (such as counsellor and client) obligations exist as promises or agreements, which have the following characteristics: they carry the threat of force, coercion or punishment; they demand a payment of debt, or a discharge of obligation when done; the relationship ends when the obligations are done; and it can facilitate good will between individuals who would otherwise have no reason to be connected.

David's exercising of power over another individual, and his conflict about that portrayed an essential struggle between the concepts of justice and care, or between formal and informal obligations. Debbie as well, recognized that she was acting from a position of authority with her client, and that she had the power to greatly affect this woman's freedom. She also decided that she needed to act from that place, but clearly expressed conflicting feelings about it. Scott and Ann both expressed a view of relationship to some

extent as an issue of equality, recognizing that as counsellor and client, the balance was uneven. In some way, each individual acknowledged a justice perspective within their conception of relationship although how central this perspective was to their perceptions of the dilemma and the people involved, differed among the participants.

Another justice theme that wove through the interviews was the issue of fairness and rights. From a justice viewpoint, importance is placed on individuals having certain rights simply because they belong to a particular group, regardless of their individuality or relationship to others involved in the situation. Each participant expressed some desire to adhere to this principle. Ann attempted to treat her friend as she would any other client and Scott attempted to treat his former client as if she were any other woman he may have met in a social setting. Both Debbie and David attempted to treat their clients as they believed people in general deserve to be treated, and both struggled with the realization that they were required to fall short of that ideal.

Within this view about the inherent rights of individuals, both care and justice concepts were apparent. The justice concepts involved the right to autonomy and to live according to one's own rules (Debbie), the right to not be invaded by others (David), and the right to have counselling that meets certain standards (Ann and Scott). Often these rights, or beliefs in these rights, were in conflict or competition with the need to care for the specific individuals involved in these dilemmas. This conflict will be explored shortly.

Standards of behaviour (another justice concept) were also important to the participants. Scott was concerned about his reputation and his own beliefs in himself as a competent therapist. Ann, as well was faced with questions of her own standards as a counsellor, questions which contributed to her not charging her friend for the counselling session. Debbie worried about her own feelings of competency if her strategy failed, and

David recognized that his standards for counselling have improved from the time of his dilemma. This theme did not present as a core issue driving any decisions, but was a common thread throughout the interviews, something each person considered along the way.

Rules and guidelines were also involved in how these individuals thought about their own actions. Some talked about having a bottom line or 'golden rule' that they either adhered to, or pushed in order to make sense of their dilemma. Scott's rule was that you don't seduce clients within therapy sessions. By adhering to this rule, he felt he was immune from criticism. Ann had a rule that she doesn't see friends as clients. She pushed this rule, establishing guidelines that in the end she couldn't follow. Her guidelines were rules she put in place in order to be able to maintain her connection with her friend. This is an example of a justice concept put in place in order to serve a care function. David and Debbie expressed rules as beliefs, that nobody has the right to invade another person's boundaries (David) and that everyone has the right to do what they want with their lives, even if it puts them in danger (Debbie). At the same time, there was also a general expression from each of the participants of the concept that each situation is unique, and, therefore, rules don't always apply.

As well, each participant's relationship with their own rules was in some way questioned, either by them breaking it (Ann, Debbie, David), or discovering that there were other rules that were being broken; that what they thought was the golden rule, was not the only one (Scott). Ann found that her rules about what constitutes a good counsellor and good friend did not allow her to act in her own best interests. Scott found that he had to reject an internalized rule that said he was a bad therapist if he hurt someone by his actions, in order to heal and forgive himself and learn from his mistakes. David actively rejected

the rule that the end justifies the means, and Debbie struggled with incorporating both her beliefs about individual rights, and her understanding of the particulars of the situation. Thus we can see that rules were fairly prominent within these dilemmas but were at times in conflict with the decisions made. This shows an awareness of the justice perspective, but not a complete allegiance to it.

We can see that justice themes were expressed in the following areas: with regard to relationship involving issues of equality between individuals; as an attention to issues of fairness and rights; as a concern for maintaining standards of behaviour; as an adherence, or attempt to adhere to certain rules or guidelines, either other or self imposed. For the most part, justice concepts constituted a framework within which existed both care and justice themes, or they were explored and rejected or questioned within the participants' process of thinking about their dilemmas. As indicated in individual summaries, some participants put more weight on justice concepts than others, and justice thinking was present in conjunction with, and sometimes opposed to, a care orientation.

Care

Some consistent care themes were presented in all the dilemmas. These involved caring for others as a moral imperative, understanding relationships as involving connection and separation, understanding ethics as a matter of context which involves attending to the particulars of the situation and/or person, and care of self as a moral issue.

Each person was concerned with caring for the individuals they were involved with. Debbie was concerned for the health and safety of both her client and society in general. Scott was concerned for Sarah's happiness, Ann and David were both concerned

with getting or providing help for others. They each showed and talked about their regard in different ways, but recognized it as a driving force in their decisions and actions.

Sometimes this feeling of responsibility to care for others was actually a source of conflict for the participants. Ann was caught trying to please everyone: her friend, his wife, her other friend, and herself. Her conflict can be seen as an example of a struggle between care of others and care of self. This will be explored further as we look at self care as an ethical concern. Debbie's attempt was to accommodate society, her client and her client's family. David initially was caring only for the boy in getting him help, but later realized he was accommodating the staff, the boy (to some extent) and not himself. Scott also attempted to accommodate both his own needs (for a relationship) as well as Sarah's (to be with him). Care as a moral imperative was constant throughout the dilemmas. It presented itself in different ways for each individual, as has been outlined in their summaries.

Another consistent care theme can be seen in the framing of relationships in terms of connection and separation. While everyone recognized to some extent the importance of attachment to others, a large part of the conflict (for Ann and Scott, in particular) was around managing these two aspects of relationship. Both Scott and Ann felt a desire to be in connection with others as a driving force in their decisions. Part of both their dilemmas was how to maintain or enhance that connection. And in both cases, in order to do that, they needed to separate from the individuals they were involved with. Debbie talked about being connected to others in a general way when speaking about her work. She saw it as an important aspect of counselling, but it wasn't central to her dilemma with this particular woman. In fact, although she provided care to her, Debbie was not concerned about their particular relationship, its history or future. David as well did not speak of his connection

to the boy as central to his dilemma, but did need to distance himself emotionally from the boy in order to act on his decision to escalate the behaviour. This distancing, as the opposite of connecting, was part of David's distress about his actions. Of these participants, the two (Scott and Ann) who saw the issue of relationship as central to their conflicts, were also the ones who were driven by the connection/separation dichotomy in their decisions.

As we can see, issues of attachment/separation were integral to some of the dilemmas presented. These issues are inherent in a care perspective which values the interconnection and interweaving of individuals in the act of caring. Part of this understanding of relationships involves seeing individuals as having unique situations and needs. This adherence to the context of both the dilemmas and the people within them is another care theme that was present to some extent in all the dilemmas.

There are two aspects to this idea of context: 1) recognizing that each situation may be unique and have its own solution, and 2) recognizing the particularities of a person's circumstances or relationship. Debbie showed an awareness of context when she talked about the shifting baselines in ethical decisions and the need to find comfort with ambiguity in her decisions in this field. Ann as well expressed the idea that each situation is unique, and there are no rules that fit everything. They articulated the idea that the context often determines the solution.

For Ann and Scott in particular, there was a push/pull between the recognition that their situation was unique, and the desire to have it be universal. They both tried to create environments (counselling a friend and befriending a client) in which the particularities of their relationships did not affect what they were trying to do. This set up conflict in them. Ann found her feelings got in the way, and she couldn't maintain the pretense that this

woman was a client and not her friend. Scott ultimately found himself protecting Sarah from some of his own feelings and then had to face her challenge of his actions with the Ethics Committee. Only Ann and Scott had the particulars of their relationships with others as an actual force behind their conflict, but the acknowledgment of the importance of context to decision making was expressed by the other participants. This concept is the opposite of a justice based belief in the applicability of universal principles to all situations.

The final care theme that I want to focus on seemed particularly relevant for the counsellors in their process of understanding their decisions. This was the theme of caring for the self. Self care arose as a part of each participant's thinking process around their decisions and reactions to their dilemmas. They presented self care as an area of conflict and a place of healing. One way in which self care was manifest was in the acknowledgment of the importance of the support of others in the decision making process. Each participant consulted with others. They also spoke about the helpfulness of that consultation for them. For Ann, it came after her decision and helped her be aware of her own lack of volition with her friend in the second dilemma. Scott relied heavily on others for consultation before he decided what to do. This helped him feel supported in his decision, especially in the face of investigation from authorities. Debbie as well felt cushioned in making a risky decision, by having support and input from her colleagues. David recognized his lack of support from supervisors who did not understand his conflicted feelings, but was driven to find someone to listen to him, recognizing the importance of that for his own emotional well being.

I see self care also manifested as an awareness of one's own need to do a good job. For Debbie, self care came in the form of feeling competent, and making a decision that would enhance that feeling. She spoke of an appreciation of her own accomplishments and

her willingness to take risks. This was also a source of stress for Debbie, who acknowledged the pressure she felt (in deciding to provide her client with a place to detox at home), that she would fail and it would affect both how she saw herself as competent and how others saw her. Ann needed to feel like a good counsellor within her sessions. Scott expressed a need to be a good partner to Sarah. Although issues of competency speak to the justice concept of standards, what I perceived was a connection between feeling good in one's self and feeling competent. Through a care lens, this looks like one aspect of caring for self.

Each participant either talked about or explicitly acknowledged the role of self care in their process. David and Ann spoke to the importance of listening to themselves to find the answers. Both experienced conflict because of their inability to do that at the time of their initial decision making. They both also believed that they had access to that inner knowledge that would not only let them make the right decision, but would also enhance their own good feelings. This focus on the importance of self knowledge again can be seen as a justice concept, the idea of tuning into oneself for the answers rather than connecting with the other person for the information about what would best suit them. With a care lens, listening to the self implies the same caring process, only acknowledging that one's own needs are also important in the situation. This was particularly true for Ann, who was in danger of losing herself to the need to care for others.

Another aspect of self care manifested as the ability to forgive oneself. David, Scott, and Ann all acknowledged the importance of forgiveness as a part of their experience of their conflicts. Forgiveness came up as a strong care theme, as a care of self that acknowledges the uniqueness of the situation and experience, allows one to learn from mistakes and go on to try again. Ann was aware of having to forgive herself over and over

again in this work. David acknowledged his limited knowledge and experience at the time as a factor in his decision, and Scott probably experienced the most profound self forgiveness. He came to a point of being able to admit to having made an error, and hurting someone in the process and still be able to see himself as a caring, competent individual who could continue to be a valuable counsellor. This speaks to a relationship with oneself at a deep level. I believe forgiveness to be a powerful form of self care, and one that ensures continued growth and awareness.

Self care was an aspect of each participant's experience of their dilemma and their discussion of it with me. Self care can be seen in relation to self concept, self awareness, connecting with others for support, and being understanding and forgiving of oneself. These were important aspects of each participant's reaction to and understanding of their decision making process. I have paid particular attention to care of the self because of my own belief that it is an integral part of ethical decision making.

As we have seen, care themes were expressed in the following areas: concern with caring for both specific individuals and people in general; viewing relationships in terms of a need for connection and fear of or dislike of separation; an adherence to the context of both the situation and the particular individuals involved; and the notion of care of the self as an integral part of a caring orientation. As with justice themes, care ideas were sometimes expressed as ideas and points of conflict, and sometimes expressed as integral to the decision making and subsequent reaction to it.

Vulnerabilities

Both care and justice perspectives give rise to vulnerabilities that can occur in the extremes of either orientation. A number of these were evidenced in the participants' experiences. One vulnerability appeared as a minimizing of the potential damage done in the course of the conflict. David maintained that the boy was used to having his behaviour escalate out of control. Scott believed for at least part of the time that his decision had not contributed to the hurt felt by Sarah and Ann expressed explicitly that she did not think she had caused any harm. The need to minimize the hurt one may have caused another seems to be a natural reaction. Scott was the most clear example of this need as he shifted over time, from lack of acknowledgment of the connection between his decision and Sarah's hurt, to awareness of the pain he had helped to cause.

This vulnerability can be seen from both perspectives. From a justice orientation, to be "blind to the consequences of decisions in the service of justifying principles or standards" (Brown et. al., 1988, p. 112) is a vulnerability which may minimize suffering. I see Scott's reaction as a vulnerability of justice, needing to disavow Sarah's pain in the service of his belief that the particulars of the situation were not as important to adhere to as the principles of equality and fairness. From a care perspective the minimizing comes from an inability "to acknowledge that another will be hurt. ... (due to the) realization that ... however one responds, someone will be hurt." (Brown et. al., 1988, p. 96). Ann's disclaimer of harm could be an attempt to overcome the paralysis (another care vulnerability) that came from a "loyalty to persons or relationships (that may have caused her) to be blind to the larger picture or system." (Brown et. al, 1988, p. 95). Her reaction was an example of an individual struggling to overcome these vulnerabilities in order to act

to accommodate everyone involved, including herself. These vulnerabilities speak to a need to be aware of potential blind spots in the service of either orientation.

Interplay Of Care And Justice

As Gilligan (1986) suggested, care and justice are not dichotomous systems existing independent of each other. These interviews illustrated in many ways, the manner in which care and justice concerns interact within individuals' thinking about and acting on ethical dilemmas. One way the two perspectives co-existed was to be encompassed within a justice framework. Gilligan (1987b) pointed out that this distinction can often be seen in moral dilemmas, between 1) care as construed within a justice framework and 2) care as the framework or perspective on moral decision. The former could be seen most clearly in David and Debbie's interviews. The language used to describe the important concepts they were grappling with was the language of justice, of the rights of the individual, of weighing and balancing claims.

The act of arranging values hierarchically as Debbie did, in deciding which was more important, the woman's right to drive or society's right to be safe, or as David did, in thinking about whether the boy's need to be taken care of was more important than how he got there, illustrates a justice way of perceiving the conflicts. This setting up, or weighing of values demands that an individual distance, or abstract themselves from a situation and look at it from beyond the specifics of these particular individuals and their own connection with them in this place and time.

Within these justice frameworks, care and justice were often either in conflict or coexisting side by side. Debbie and David both struggled with the knowledge that they had interfered in someone's life (violated their rights to autonomy) in order to satisfy a different

agenda. The agenda often came from a care perspective, to get them help, to react to their specific needs and situation rather than act on principles and rules. The difference between them was that Debbie seemed ultimately content with her decision, even as she experienced conflict about it because it went against some universal principles she believed in and David was less satisfied with his. Debbie could have succumbed to another vulnerability of the justice orientation, which is to fail to provide care in the service of a universal belief. Yet she didn't. In the struggle between the two perspectives she ultimately chose care. This is an example of care tempering justice, of a person freely choosing to "modulate the strict demands of justice" (Gilligan, 1987b, p.24). Thus both perspectives could be seen in interaction within a larger justice framework.

David, while still acknowledging that he needed to somehow get the boy help, regretted not having cared more about how he did that. He chose care as a potential solution in the future. Still his way of understanding the dilemma was from a justice point of view, a weighing of differing values. Both care and justice existed within these values, including rights of individuals to have respect, to be cared for (care), to be autonomous (justice). What I want to point out is that care and justice ideas were both present, sometimes in conflict within the individual. Part of the process for these individuals was to sort out these two different ways of understanding the situation and to come to terms with their own beliefs and feelings about the way they had acted. Often the conflict could be understood as a playing out of the two perspectives, justice values and care concerns.

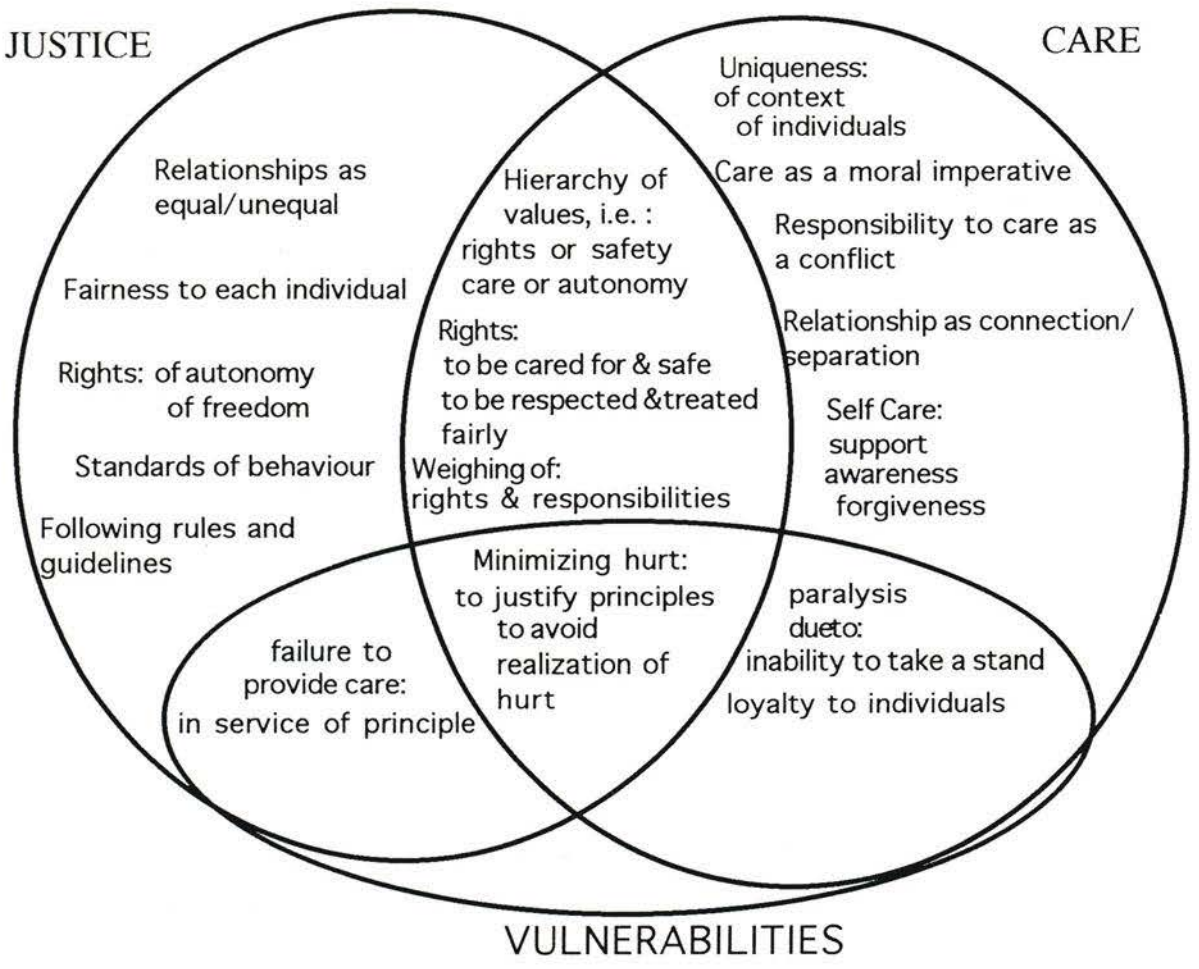
The realization for David that he regretted his actions illustrated another way in which care and justice can exist. An individual's awareness can shift over time from one orientation to another. Due to the nature of timing, that the dilemmas happened in the past and the participants thought about them later, sometimes years later in conversation with

me, there was often this kind of shifting in the participants' thinking. David and Scott were the most clear examples of this. As mentioned before, their thinking became more care oriented as time went on. In the end David believed he could have accommodated every one's needs; the agency to get the boy help, the boy to be placed in a better facility, the boy's need to be listened to and treated kindly, and his own need to be more emotionally attached to the boy. Scott believed that his actions had not sufficiently taken into account the needs of the other person involved and the particular nature of their relationship. He admitted to being blind to the outcome of his actions, thus signifying a movement from a justice perspective that required acting on his principles (of fairness and equality), to an awareness of the particulars of this situation and his relationships within it. This shift is another way care and justice were seen to interrelate within situations.

The interplay of care and justice themes within these narratives of moral conflict were intricate and sometimes confusing. As explored earlier, sometimes the understanding of them depends on which set of glasses one has on. It is evident that care and justice are not completely independent concepts, and they are not always clearly distinguishable from each other. But, the awareness they bring forward, of the disharmony that can sometimes occur between ways of perceiving situations is valuable information in the understanding of ethical dilemmas. As well, care and justice perspectives offer a window into the changes in understanding and awareness that can occur within individuals struggling with moral issues. The end result of deciding whether an idea falls in a justice or care camp is not as valuable as the process of understanding how individuals make sense of real life situations presented in the counselling field.

Figure 1

Justice And Care Themes And Their Interrelation



CHAPTER 4

Discussion

The concepts of care and justice provide a framework within which to think about both the counselling profession itself and ethical decision making within it. As demonstrated in this study, ethical decisions are often made on the spur of the moment without much forethought, sometimes within sessions or under pressure. Therefore, the study of the process of decision making is extremely valuable to the profession as it allows greater understanding of how these decisions are made and how they affect both the decision makers and others involved. I will explore the way in which understandings from these findings as well as from the debates on care and justice can be instrumental in enhancing the understanding counsellors have of their own profession and the nature of ethical decisions within it.

Implications for Ethics and Counsellor Education

The study of ethics is an integral part of counsellor education and ongoing professional development. My research corresponds with an aspect of ethics that Corey, Corey & Calahan (1988) call aspirational ethics, a general sensitivity to the effects of one's actions on the client and on society. This view of ethics links it to the literature on morality and moral decision making as a process that involves one's beliefs and values. It is safe to say that ethics involves the making of moral decisions and that in the counselling profession we are constantly faced with decisions that affect both the people we are helping, and society as a whole. Therefore, it is crucial that we make ethics education an important part of counselling, both in the training stages, and as an ongoing process within the profession.

From this research a number of key points have become apparent in terms of the way people struggle with moral or ethical dilemmas and how they learn from these situations. I will incorporate these findings into ideas about ethics education and ethics within the counselling field. There are two levels on which I want to approach this. One involves the research process itself as a model for ethics education. The other involves using the content of the literature on care and justice as well as my findings as a framework for understanding ethical decision making in counselling and the education of counsellors.

The process my participants engaged in involved relating a story about a real life experience in which they were faced with a situation where they were not clear as to what they should do. Through talking with me they explored their actions, their thinking about the situation, their feelings about their actions and outcome, and who was affected by their decision. This process led to new awareness of how they viewed dilemmas, what values were important to them, and how they might approach their decision or behaviour in the future. As a learning exercise, the interviews were beneficial, both because of the relevance of the dilemmas and because the participants were afforded time and attention to explore the meaning of the situations for them in their work. In ethics education this same process of using dialogue about real life dilemmas could be incorporated, with emphasis on the meaning of particular ethical conflicts for the counsellor, and a focus on how they might approach a similar situation in the future. I imagine a learning environment in which the above objectives of self awareness are clearly delineated and of marked importance.

Raugust (1992) developed a project for transforming the workplace based on a feminist ethic that parallels an ethic of care and is transferable in many respects to ethics

education. "In feminist ethics, thinkers emphasize that the particular context, not abstract principles of right and wrong must shape and inform morally appropriate choices" (Cole & Coultrap-McQuin, 1992, p. 2). Feminist ethics as a basis for workplace values includes the following assumptions:

- traditional androcentric ethics has failed to take account of women's lives
- adding women's experience to androcentric philosophical theories is not sufficient; an alternative way of knowing is demanded
- feminist ethical discourse attends to values of cooperation, relationship, and interdependent nurturance
- a feminist ethical epistemology is rooted in practical, everyday realities (Raugust, 1992, p. 125).

These values would be well-tempered with the following principles of a democratic learning environment (Higgins, 1989):

1) the process of learning is different for different individuals, but equity and equality should be norms so that everyone learns to treat each other with respect and care and to participate in their community

2) the experiences of equality and mutual respects are the tenets of feminism which can be described as the elimination of social injustices against women and girls due to their sex alone

The classroom itself could be the setting for implementation of the above tenets (where applicable). They could also be applied to the analysis of the decision making process itself, as a kind of framework for thinking about dilemmas. This kind of process could be accomplished for example, using small group formats. Groups provide social context for "the stimulation of moral and ethical development" (Hayes,

1991, p. 27). Groups also afford the opportunity for individuals to hear themselves struggle with their own thoughts, as they attempt to clarify their ideas to others (Hayes, 1991). Group exploration of ethical dilemmas could lead to enhanced understanding, not only of one's individual decision making process, but of the dynamics of collaborative problem solving, in a way that uses group dynamics as a vehicle for problem solving. Both dilemma content and group process could be used to explore how ethical conflicts are handled. This process would also facilitate a breaking down of the individualistic thinking that can isolate counsellors in their ethical dilemmas.

This study also affords a wealth of information about the kinds of concepts inherent in people's thinking about ethical decisions. The theory base I have used, while only one of many [for example, Ethical Judgment Scale (Van Hoose & Paradise, 1979); Defining Issues Test (Rest, 1983, 1986) among others], provides an informative and broad based philosophical foundation for exploring the meaning of ethical conflicts in people's work. The delineating of care and justice, while somewhat artificial, does provide a way of looking at these concepts within the counselling field. Separating care and justice serves to make explicit the split in thinking that can accompany ethics. Friedman (1987) contends that the way people make moral decisions is to make a commitment in moral reasoning either to principles (justice) or particular persons (care). One might, when in difficulty, look either to the guidance of these principles, or to the guidance of trusted others. As shown in the interviews, in most cases, both adhering to principles, and consulting of others occurred. By looking at these processes separately, we can begin to discover what is important for an individual in their own personal decision making and how each of these components aids this process. This can help them become more conscious, diligent decision makers in the future.

While it is important to distinguish between care and justice in order to more fully understand the role they play in moral decision making, it is equally important to recognize that they do not necessarily exist as two separate concepts. As shown in the findings, the two perspectives of justice and care are not always distinguishable. Sometimes it depends on which lens you happen to be looking through. So, what is important about attempting to make a distinction? Delineating care and justice helps us to understand how they are in relationship to each other within the decision making process. As shown in this research, sometimes they are in contradiction with each other (as in Debbie's struggle between individual rights and caring for a client), sometimes they are actually the conflict itself (as in David's struggle between the principle of the end justifying the means and his need to care for the boy's feelings). Sometimes they exist side by side (as when Scott attended to both the need for equality and for connection within a relationship), and sometimes they actually complement each other (as in Ann's dilemma when she incorporated standards for herself as a counsellor with care of herself and others).

It is important to address both rights (justice) and responsibility (care) issues in the delineating of moral decision making. Although they have been separated both in the literature and in this study, there is considerable overlap and they can be mutually compatible. The complementary nature of the concepts of care and justice has been explored within the literature on moral decision making. Friedman (1987) suggests that dichotomous concepts of justice and care are rationally implausible. Each perspective has its own limitations and they work more compatibly together than alone. As well, mature men and women (like those in this study) would not limit themselves to only one way of perceiving and making sense of situations. In fact, as Higgins (1989) suggests, care can only be known in the context of justice. When we see behaviour that we

perceive as uncaring, we actually experience it as unjust. "I want to emphasize that care and justice are not appropriately contrasted since a caring person cares that others are treated well and that they are treated fairly" (Shogan, 1988, p. 55). Although Noddings (1984) suggests that care is of the utmost importance in morality, Friedman proposes that care alone is not enough, particularly within relationships. She sees that relationships (and I think this is especially true in counselling relationships) are unbalanced, and the potential exists for one person to become a victim. Care must be equitable, and some bottom line rules about rights need to be in place in order to ensure others are cared for. Because we live in a less-than-perfect world, people need protection from the uncaring actions of others, and rights provide some of this, as well as providing minimum standards in the form of rules that encourage caring from those who otherwise might not (Manning, 1992). Therefore justice concepts such as duties to treat others fairly and to protect the weaker party (Card, 1990b) are important aspects of this type of caring relationship.

This interweaving of care and justice is an important element in looking at ethical decision making. Sometimes when two values are contradictory as in Debbie's dilemma, when care for the woman was in conflict with the notion of personal autonomy, an understanding of where these values fit within a justice/care framework could assist an individual in understanding the larger picture within which a decision is being made. An ability to apply knowledge of these two concepts and the way they might interact within an individual's thinking would be helpful in future decision making by making the internal process conscious and explicit. An ethics education that makes apparent this process and affords students an opportunity to explore the way this interweaving happens for them would be instrumental in facilitating greater understanding of their own decision making process. This is just one example of the

way an understanding of the process of ethical decision making could be facilitated using a justice/care framework.

Another important point that was examined in this study was the role of the self in the decision making process. My interviews support Flanagan Jr. & Adler (1983) who suggested that because morality is taught to us throughout our life in such a way that links it to our self worth, and because we link moral responsibility to individuals, moral decision making cannot be completely objective or impartial. They describe Gilligan's (1986) reasoning that in a moral dilemma, an action being contemplated is done so in a context of uncertainty and, therefore, of risk, to self, to self concept, and to others.

> A moral judgment that is made from a completely impartial perspective, from the point of view of what anyone in the same sort of situation should do, is one that says nothing about me in particular. (Flanagan Jr. & Adler, 1983, p. 586)

Since morality is subjective, linked to the self and to self worth, there are emotions and beliefs attached to decisions. This was evident in the interviews, and in the depth of reflection offered by the participants. A teaching of ethics would recognize the inextricable link of self to ethical decisions and facilitate a respectful, open ended, non-judgmental atmosphere in which to explore the meaning of decisions and values to individuals. A number of participants talked about the importance of being able to listen to themselves in order to make decisions. The facilitation of this listening process would be invaluable in assisting counsellors in future decisions. I envision a learning environment in which students are encouraged to reflect on where their selves are situated within a moral dilemma as asked by the question, "what was at stake for you?". Self awareness is the knowledge of one's own decision-making process and of one's

vulnerabilities. The ability to be self aware, as a crucial attribute of a skillful counsellor, extends to the arena of ethics. Education should foster and help cultivate this ability.

Given that the self is an integral element of ethical decision making, an awareness of the importance of self care is an essential component of ethics education. As Gilligan (1977) discussed as an aspect of her second transition from second to third level of care, an attention to the self is a mature response to the need to balance care for others in order to keep it from becoming self defeating. This transition, as part of an overall theory of moral development for women denotes a movement from caring as a societal expectation which involves being responsible towards others often at the expense of self interest, or an adherence to the "conventions of feminine goodness" (p. 492), to an awareness that this type of care is psychologically harmful and needs to be balanced with a caring for the self. The Feminist Therapy Institute Code of Ethics (Lerman & Porter, 1987) refers to self care as an ethical imperative.

> A feminist therapist engages in self-care activities in an ongoing manner. She acknowledges her own vulnerabilities and seeks to care for herself outside of the therapy setting. She models the ability and willingness to self-nurture in appropriate and self-empowering ways. (p. 40)

Self care incorporates attending to activities that are both self-nurturing and enhancing of self awareness. Ethics education should attend to both these aspects, with an emphasis on the latter as an integral aspect of mature decision making. Thus, increasing self awareness would be an intrinsic part of every aspect of ethics education. Without attention to self care counsellors can experience 'caring burnout' (Manning, 1992) which comes from an unbalanced emphasis on taking care of others. This burnout inhibits one's ability to make decisions from a care perspective with attention to context and individuals, since those decisions require accepting the ambiguity of a situation without clearly defined rules. Manning sees a justice perspective as a safeguard both for

the one needing care and for the one giving it. "As I approach caring burnout, I can appeal to rules and rights. I do not want my behavior to fall below some minimum standard, nor do I want the one in need of care to fall below some moral minimum" (p. 51). Although she believes rules and rights play a part in an ethic of caring they should not be relied on to displace uncertainty, the uncertainty that is inherent in trying to discover what to do when confronted with those in need of care, or with moral dilemmas about those in our care. She expresses caution around appealing to rules for a sense of security about what to do in situations, at the expense of being close to the ones cared for. Awareness of where one is uncharacteristically leaning on rules when faced with a conflict, could alert an individual to caring burnout and the need for more intensive self care.

Both care and justice have certain vulnerabilities inherent in each perspective (Brown et. al., 1988). Vulnerabilities to care include the following: paralysis due to too much understanding about another's circumstances or loyalty to particular persons; inability to acknowledge that another will be hurt; and exclusion of self. In the justice perspective the following vulnerabilities are possible: mistaking a personal perspective or conventional standard as objective truth; blindness to the consequences of one's actions; and inability to attend to particular others. An awareness of these vulnerabilities would assist individuals in seeing their situations clearly, looking for evidence of 'blindness' in their thinking process, so they can act in the best interests of everyone concerned, rather than from a vulnerable position of which they may not be aware.

The whole realm of gender and the possibility of differences in perspective between men and women, as suggested by Gilligan and researched by others (see Crow et. al., 1991; Dobrin, 1989; Ford & Lowery, 1986; Galotti, 1989; Gilligan & Attanucci,

1988; Mennuti & Creamer, 1991; Miller & Bersoff, 1982; Pratt & Royer, 1982; Rothbart et. al., 1991; Wingfield & Haste, 1987, for example) is inherent in the care/justice theory. In this study I did not find particular gender differences. My main focus was not to come to a conclusion about which particular orientation was prominent in each interview. Although that was an aim of the Reading Guide from which I worked, given the complexity of these two perspectives and of the participants' thinking about their dilemmas, I was not comfortable determining that one or the other was prominent. What I can comment on was that Ann's narrative was the most predominantly care oriented, particularly with her emphasis on relationship, and on taking care of others and finding a solution that would make everybody, including herself happy. The other three participants showed some kind of balance of care and justice perspectives in their thinking.

I did, however, notice something interesting about gender and the use of metaphors to describe experience of ethical conflict. Both men employed metaphors or images that suggested danger, such as being a pilot in a crashing plane, watching warning lights or developing a hair trigger, while the women used images of messiness and confusion; stickiness, being fuzzy or unclear, trying to wear two hats, backpedaling and falling over. The men seemed to see their dilemmas as something they wanted to escape, to turn a blind eye to or be an ostrich and bury their heads in the sand about. The women saw their dilemmas as something they were caught in, a mess, something that unbalanced them. My own metaphors involved slipping into something mucky. This difference in language use was subtle yet worth noting, given the link between self and decision making and the way that language is used to express the process. The use of language, particularly metaphors, can provide inroads to understanding the meaning of ethical dilemmas in individuals' lives.

Gilligan's research and theorizing began a process of questioning the assumptions that a morality based on principles and rules abstracted from context was the only type of morality to be considered mature and correct. In her original work (1977) she asserts that:

> While independent assertion in judgment and action is considered the hallmark of adulthood and constitutes as well the standards of masculine development, it is rather in their care and concern for others that women have both judged themselves and been judged. (p. 490)

Special attention to the morality of care brings with it ways of looking at dilemmas and at the process of ethics education that are fundamentally different from abstract, rule driven, hierarchically situated methods that are found in traditional codes of ethics for counselling and other professions. Card (1990b) finds promise in the idea that a "women's ethic" can "deepen and correct Western ethical theory" (p. 214) by raising issues of informal relationships and the ethics of attachment that are not exclusively rule based and contractual. She sees the relationship between women and care and society not as a case of women knowing more about informal or caring relationships than men, but that "what women more clearly have had is more than our share of the responsibility for maintaining these kinds of relationships and less than our share of the responsibilities of participating in and defining formal institutions" (p.214). She sees a movement toward incorporating the values inherent in the care perspective, such as connection between individuals, maintenance of relationship and responsibility for solutions that benefit the most people, into societal institutions as benefiting women, men, and society.

It is also important to recognize the complexity of these concepts of care and justice. Shogan (1988) cites the following issues as important when thinking about definitions of care: 1/ not just any interpersonal connection is caring; 2/ autonomy is

sometimes important to a caring person; 3/ both reason and emotion play a role in a caring response to a dilemma; 4/ a caring person cares as much about treating someone fairly as helping them; and 5/ a caring person sometimes needs to act from duty or rules (p. 58). She does not think any of these attributes should be more important to one gender or another. Still, just as it is important to recognize where one may be personally subject to the vulnerabilities of either orientation, it is useful to explore one's values, where they stem from, if they are really freely chosen or just reflections of societal conventions. This was a difficult task in my analysis. The judgment about where the participants' decisions and reactions came from, whether they were a result of oppression or domination, was a leap of interpretation I was generally not prepared to make. Further research would delve into these issues more deeply, perhaps incorporating multiple interviews in order to probe these underlying questions.

A feminist ethic provides a place to synthesize many of these concerns. Much debate has gone on among feminist scholars concerning an ethic of care and its place within a philosophy of morality. An exhaustive look at the debate about the place of an ethic of care within moral and feminist reasoning is beyond the scope of this work, but I will outline some main points as they pertain to counselling and ethical decisions making. Manning (1992) suggests that a feminist ethic is interchangeable with an ethic of care because both involve paying special attention to women's experiences. In this way, regardless of the criticism of Gilligan's method or findings, there is a recognition that her work involved feminist ethics because of this attention to women's voices.

Morgan (1988) outlines some key points she believes are necessary for an ethic to be feminist in nature. It needs to 1) be a moral critique; 2) generate new moral paradigms by identifying old ones that are incomplete or inaccurate; 3) explore and

analyze moral double binds that arise in the lives of women by discovering which ones come from situations of genuine moral conflict and which ones come from oppression; and 4) discover and make visible the hidden moral domains in the lives of women in order to open women up to the full spectrum of moral action and character, both good and evil. These tasks are important to keep in mind when discussing ethical conflicts, in order to fully explore the meaning of decisions in counsellors' lives. Brown and Gilligan (1991) call this 'resisting' listening, in which the listener attempts to identify when the voices of care and justice reflect "societal conventions of female and male behavior ... and when they represent relationships that are healthy, (and) freeing" (p. 47-48). Although this questioning comes out of feminist thought and is a reaction to the age long silencing of women, the idea of attending to systemic and societal constraints, and a questioning of assumptions about moral thinking can be beneficial to both women and men.

The study of justice and care opens up avenues of thinking about relationships, individuals, and morality in general. The relatively new perspective of care brings with it new ways of seeing society in general, ways that, having been underrepresented, do not tend to drive decision making in many aspects of public life. Baier (1987) sees Gilligan's ethic of care as more than an aspect of individual morality. She suggests that the principle of individualism and non-interference inherent in a justice perspective can actually become neglect when people who are relatively powerless are involved, and between equals it can become alienating and isolating. She describes Gilligan's version of individuality as one that is defined by responses to dependency, and defined by interconnection and our reaction to others. She believes that society needs to be based more on this concept than on the notion of individualism. Friedman (1987) extends care to the public domain in the form of foreign aid, welfare programs, and disaster relief as

examples of programs designed to relieve human suffering. Manning (1992) proposes extending an ethic of care to the environment, to other occupations such as teachers, lawyers, bankers, police, doctors, etc.

Another task of ethics education could be to explore and to help students develop their own moral theory based on what is important for them in their own experience of moral decision making, and extending this to society as a whole. Most moral theory up to this time has focused on moral persons as autonomous, detached and rational. With care and justice as frameworks, ethics education could encourage formulation of moral theory that embraces differing ways of thinking, the variety of values inherent in individuals' thinking, using their own moral dilemmas as vehicles for this kind of exploration and valuing concepts of the care perspective as an integral aspect of moral thinking. When exploring moral theory, a feminist perspective contributes an awareness of the importance of paying attention to diversity.

> Many questions in this regard remain unanswered. Can there be or should there be an ethical theory shared by all? What difference does cultural background, sexual orientation, or economic class, for example, make in the conception or application of ethical theories? How do we construct a moral outlook that affirms human diversity as a good, without fragmenting the larger communities we also value? (Cole & Coultrap-McQuin, 1992, p. 9)

These are crucial questions and concepts to keep in mind both in the formulation of ethical theories and in the facilitation of self awareness in the decision making process.

Limitations of Study

A number of limitations are apparent in this study. The most prominent for me is the homogeneity of the literature and the participants. While Kohlberg's work can be criticized for its focus on white middle class men, Gilligan's work can be criticized for much the same reason. In fact, most of the research on morality and ethics concerns white, Western, educated, middle class, heterosexual populations. I think this is an important fact to be made explicit. Although this study is not attempting to generalize findings, it is still important to acknowledge that these people come from a specific group and that their experiences will not necessarily match those of other cultures, class, abilities, or sexual orientation (Eugene, 1989; Nicholson, 1983; Seigfried, 1989). In fact, some suggest (Tronto, 1987 for example) that an ethic of care is adopted by any oppressed group, women just happening to be one of the largest. She suggests that women's different moral expression could be a function of their subordinate social position and that they are reluctant to judge situations from a principled stance because they are uncertain about their right to do so due to their exclusion from participating in the dominant culture. This reasoning would and may apply to other subordinate groups such as First Nation People's and other minority cultures (Manning, 1992).

Another limitation is the small number of participants. Due to the nature of the interviews, my analysis of them, and time constraints, this study is a very small representation of the types of responses we might find in exploring the process of ethical decision making. For myself, this work has initiated an understanding and I suspect that more participants would broaden out the scope of information, giving added substance to the patterns that emerge in the way individuals make moral decisions. It

has also provided a forum within which to hone my questions and interpretation of the information individuals can provide within this research setting.

Further Research

Further research could involve the same types of interviews, only on a much broader scale. As mentioned above, this study opens up the prospect of delving into the values and beliefs that drive decision making. Other research could involve multiple interviews focusing on other issues including the way individuals see gender, oppression, socialization, family issues, and personal psychology as factors in the way they make decisions. It may be possible to discern other elements such as place of work, number of years in the field, type of education, whether ethics was explicitly taught, as well as race, ability, sexual orientation as constituents of the decision making experience. The idea that an ethic of care is not so much about women's experience but comes out of coping with any kind of oppression (Eugene, 1989) could be explored. This type of interviewing would more intimately involve the participants as making their own meaning out of their dilemmas and working with the researcher to explore their decisions in a more in-depth manner. Given the wealth of opinion on how care and justice perspectives are integral to people's thinking, this type of exploration could clarify or expand on this foundation of research and theorizing. Above all, the process of examining ethical decision making from this point of view can deepen our understanding of how we make decisions and hopefully increase counsellors' self awareness and integrity within this profession.

Conclusion

This study has provided a number of avenues for thought and exploration in the field of counselling and ethics education. A framework that includes care and justice and the discourse that surrounds these concepts, as fundamental ways of thinking about and understanding moral or ethical dilemmas would be beneficial in helping individuals delineate the values important in their decision making process. As well, the manner of studying ethics that this research has demonstrated is a model for the ways ethics could be taught both to students of counselling and to professional counsellors as part of ongoing training and self development. Listening to counsellors address difficult ethical issues parallels listening to clients address difficult life issues and the skills used to assist individuals in clarifying life issues are the same skills that could be incorporated in helping students and professionals clarify values and understanding of the way they approach ethical conflicts in their work. As well, out of this research and exploration of the literature have come many concepts from the feminist perspective on morality, and specifically on the role of an ethic of care that greatly enhances and sheds new light on the way ethics can be understood, in a broader, more holistic manner than is possible within the confines of rules, principles and codes.

Footnotes

[1] Relevant definitions of self, from The Penguin Dictionary of Psychology (1987) are as follows: 1. Self as inner agent or force with controlling and directing functions over motives, fears, needs, etc. 2. Self as inner witness to events. Here self is viewed as a component of the psyche which serves an introspective function. (p. 676) The attempt here is to connect the individual's sense of their inner force or inner 'knowing' to the way they understand resolution of moral dillemmas.

[2] The Heinz Dilemma is a common moral problem used in Kohlberg's measure of moral development. It involves the question of whether a man (Heinz) should steal a very expensive drug to save the life of his dying wife, when the pharmacist will not sell it to him at an affordable price.

References

Baier, A. C. (1987). The need for more than justice. In M. Hanen, & K. Neilsen (Eds.), Science, Morality & Feminist Theory. Calgary: University of Calgary Press (pp.

Baumrind, D. (1986). Sex differences in moral reasoning: Response to Walker's (1984) conclusions that there are none. Child Development, 57, 5111 - 521.

Beauchamp, T. L. & Childress, J. F. (1979). Morality and ethical theory. Principles of Biomedical Ethics (2nd ed.) (pp. 3 - 18). Oxford: Oxford University Press.

Belenky, M. et. al. (1987). Women's Ways of Knowing. New York: Basic Books.

Bernard, J. L., & Jara, C. S. (1986). The failure of clinical psychology graduate students to apply understood ethical principles. Professional Psychology: Research and Practice, 17 (4), 313 - 315.

Bernard, J. L., Murphy, M., & Little, M. (1987). The failure of clinical psychologists to apply understood ethical principles. Professional Psychology: Research and Practice, 18 (5), 489 - 491.

Bloom, A. H. (1986). Psychological ingredients of high-level moral thinking: A critique of the Kohlberg-Gilligan paradigm. Journal for the Theory of Social Behaviour, 16, (1), 89 - 103.

Blum, L. A. (1988). Gilligan and Kohlberg: Implications for moral theory. Ethics, 98, 472 - 491.

Brabeck, M. (1983). Moral judgment: Theory and research on differences between males and females. Developmental Review, 3, 274 - 291.

Brown, L. M., & Gilligan, C. (1991). Listening for voice in narratives of relationship. New Directions for Child Development, 54, 43 - 62.

Brown, L., Argyris, D., Attanucci, J., Bardige, B., Gilligan, C., Johnston, K., Miller, B., Osborne, D., Ward, J., Wiggins, G., & Wildox, D. (1988). A Guide to Reading Narratives of Conflict and Choice for Self and Moral Voice. Boston: Center for the Study of Gender, Education and Human Development, Harvard University Graduate School of Education, Monograph #1.

Brown, L. M., Tappan, M. B., Gilligan, C., Miller, B. A., & Argyris, D. E. (1989). Reading for self and moral voice: A method for interpreting narratives of real-life moral conflict and choice. In M. J.. Packer & R. B. Addison (Eds.), Entering the Circle: Hermeneutic Investigation in Psychology (pp. 141 - 164). Albany: State University of New York Press.

Brown, L. M., & Gilligan, C. (1991). Listening for voice in narratives of relationship. New Directions for Child Development, 54, 43 - 62.

Bussey, K., & Maughan, B. (1982). Gender differences in moral reasoning. Journal of Personality and Social Psychology, 42 (4), 701 - 706.

Callahan, S. (1988). The role of emotion in ethical decision making. Hastings Centre Report, June/July (pp. 9 - 14).

Card, C. (1990b). Gender and moral luck. In O. Flanagan & A. O. Rorty (Eds.), Identity, Character and Morality: Essays in Moral Psychology (199 - 218). Cambridge, Mass.: The MIT Press.

Chodorow, N. (1974). Family structure and feminine personality. In M. A.. Rosaldo & L. Lamphere (Eds.), Woman, Culture and Society. Stanford: Stanford University Press.

Code, L. (1983). Responsibility and the epistemic community. Social Research, 50 (3), 537 - 554.

Colby, A., & Damon., W. (1983). Listening to a different voice: a review of Gilligan's In a Different Voice. Merrill-Palmer Quarterly, 29 (4), 473 - 481.

Colby, A., & Damon, W. (1987). Listening to a different voice: A review of Gilligan's in a different voice. in M. R. Walsh (Ed.). Psychology of women; ongoing debates (pp. 321 - 329).

Cole, E. B., & Coultrap-McQuin, S. (Eds.). Explorations in Feminist Ethics: Theory and Practice. Bloomington, Indiana: Indiana University Press.

Corey, G., Corey, M. S., & Callahna, P. (1988). Issues and Ethics in the Helping Professions (3rd ed). Pacific Gove, California: Brooks/Cole.

Crow, S. M., Fok, L. Y., Hartman, S. J., & Payne, D. M. (1991). Gender and values: What is the impact on decision making? Sex Roles, 25 (3-4), 255 - 268.

Davis, L. V. (1985). Female and male voices in social work. Social Work, 30 (2), 106 - 113.

Dobrin, A. (1989). Ethical judgments of male and female social workers. Social Work Sept./89, 451 - 455.

Donenberg, G. R., & Hoffman, L. W. (1988). Gender differences in moral development. Sex Roles, 18 (11/12), 701 - 717.

Eugene, T. M. (1989). Sometimes I feel like a motherless child: The call and response for a liberational ethic of care by black feminists> In M. M. Brabeck (Ed.) Who Cares: Theory, Research and Educational Implications of the Ethic of Care.

Flanagan, O., & Adler, J. (1983). Impartiality and particularity. Social Research, 50, 576 - 596.

Friedman, M. (1987). Beyond caring: The de-moralization of gender. In M. Hanen & K. Neilsen (Eds.), Science, Morality and ...

Friedman, W. J., Robinson, A. B., & Friedman, B. L. (1987). Sex differences in moral judgments: A test of Gilligan's theory. Psychology of Women Quarterly, 11, 37 - 46.

Ford, M. R., & Lowery, C. R. (1986). Gender differences in moral reasoning: A comparison of the use of justice and care orientations. Journal of Personality & Social Psychology, 50 (4), 777 - 783.

Fuqua, D. R., & Newman, J. L. (1989). Research issues in the study of professional ethics. Counselor Education and Supervision, 29, 84 - 93.

Galotti, K. M. (1989). Gender differences in self-reported moral reasoning: A review and new evidence. Journal of Youth and Adolescence, 18 (5), 475 - 488.

Gilligan, C. (1977). In a different voice: Women's conceptions of self and of morality. Harvard Educational Review, 47 (4), 481 - 517.

Gilligan, C. (1982). Why should woman be more like a man? Psychology Today, June, 1982, 68 - 77.

Gilligan, C., (1986). Reply by Carol Gilligan. in Kerber, L. K., Greeno, C. G., Maccoby, E. E., Juria, A., Stack, C. B., & Gilligan, C. (1986). On "in a different voice": An interdisciplinary forum. Signs: Journal of Women in Culture and Society, 11 (2) 324 - 333.

Gilligan, C. (1987). In a different voice: Women's conceptions of self and of morality. in M. R. Walsh (Ed.), Psychology of Women: Ongoing Debates, (pp. 278 - 320). New Haven, Conn.: Yale University Press.

Gilligan, C. (1987b). Moral orientation and moral development. in E. F. Kittay, & D. T. Meyers (Eds.). Women and Moral Theory. Totawa, New Jersey: Rowman & Littlefield.

Gilligan, C., & Attanucci, J. (1988). Two moral orientations: Gender differences and similarities. Merrill-Palmer Quarterly, 34 (3), 223 - 237.

Gilligan, C., & Attanucci, J. (1988b). Much ado about ... Knowing? Noting? Nothing? A reply to Vasudev concerning sex differences and moral development. Merrill-Palmer Quarterly, 34, (4), 451 - 456.

Glaser, B. G., & Strauss, A. L (1967). The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago: Aldine.

Gould, K. H. (1988). Old wine in new bottles: A feminist perspective on Gilligan's theory. Social Work, 33 (5), 411 - 415.

Greeno, C. G., & Maccoby, E. E. (1986). How different is the "different voice"? in Kerber et. al. On "In a Different Voice": An Interdisciplinary forum. Signs: Jounal of Women in Culture and Society, 11 (2).

Haas, L. J., Malouf, J. L., & Mayerson, N. H. (1988). Personal and professional characteristics as factors in psychologists' ethical decision making. Professional Psychology: Research and Practice, 8 (19), 35 - 42.

Hayles, N. K. (1986). Anger in different voices: Carol Gilligan and The Mill on the Floss. Signs, 12, 23 - 29.

Hayes, R. L. (1991). Group work and the teaching of ethics. The Journal for Specialists in Group Work, 16 (1), 24 - 31.

Higgins, A. (1989). The just community educational program: The development of moral role-taking as the expression of justice and care. In M. M. Brabeck (Ed.). Who Cares: Theory, Research, and Educational Implications of the Ethic of Care (pp. 197 - 215). New York: Praeger.

Hinkeldey, N. S., & Spokane, A. R. (1985). Effects of pressure and legal guideline clarity on counselor decision making in legal and ethical conflict situations. Journal of Counseling and Development, 64, 240 - 245.

Hotelling, K., & Forrest, L. (1985). Gilligan's theory of sex-role development: A perspective for counseling. Journal of Counseling and Development, 64, 183 - 186.

Johmann, C. (1985). Sex and morality. Omni, May, 1985, p. 20.

Keith-Spiegel, P. (1977). Violation of ethical principles due to ignorance or poor professional judgment versus willful disregard. Professional Psychology, 8, 288 - 296).

Kerber, L. K., Greeno, C. G., Maccoby, E. E., Luria, Z., Stack, C. B., & Gilligan, C. (1986). On "in a different voice": An interdisciplinary forum. Signs: Journal of Women in Culture and Society, 11 (2), 518 - 521.

Kimmel, A. J. (1991). Predictable biases in the ethical decision making of American psychologists. American Psychologist, 46 (7), 786 - 788.

Kitchener, K. S. (1984). Intuition, critical evaluation and ethical principles: The foundation for ethical decisions in counseling psychology. The Counseling Psychologist, 12 (3), 43 - 55.

Kitchener, K. S. (1991). The foundations of ethical practice. Journal of Mental Health Counseling, 13 (2), 236 - 246.

Lauritzen, P. (1989). A feminist ethic and the new romanticism: Mothering as a model of moral relations. Hypatia, 4 (2), 29 - 43.

Lifton, P. D., (1985). Individual differences in moral development: The relation of sex, gender, and personality to morality. Journal of Personality, 53 (2), 306 - 334.

Luria, A. (1986) A methodological critique. in Kerber et. al. On "In a Different Voice": An Interdisciplinary forum. Signs: Jounal of Women in Culture and Society, 11 (2), 316 - 321.

Lyons, N. P. (1983). Two perspectives: On self, relationships, & morality. Harvard Educational Review, 53 (2), 125 - 145.

Manning, R. C. (1992). Speaking From the Heart: A Feminist Perspective on Ethics. Lanham, Maryland: Rowman & Littlefield.

Mathews, B., & Paradise, L. V. (1988). Toward methodological diversity: Qualitative research approaches. Journal of Mental Health Counseling, 10 (4), 225 - 234.

May, K. M., & Sowa, C. J. (1992). The relationship between a counselor's ethical orientation and the stress experienced in ethical dilemmas. Counseling and Values, 36, 150 - 159.

Mennuti, R. B., & Creamer, D. G. (1991). Role of orientation gender, & dilemma content in moral reasoning. Journal of College Student Development, 32, 241 - 248.

Miller, J. G., & Bersoff, D. M. (1992). Culture and moral judgment: How are conflicts between justice and interpersonal responsibilities resolved? Journal of Personality and Social Psychology, 62 (4), 541 - 554.

Mishler, E. G. (1990). Validation in inquiry-guided research: The role of exemplars in narrative studies. Harvard Educational Review, 60 (4), 415 - 432.

Morgan, K. P. (1988). Women and moral madness. In L. Code, S. Mullett, & C. Overall (Eds.) Feminist Ethics (pp. 195 - 212). Laurence, Kansas: University Press of Kansas.

Morrison, J. K., & Teta, D. C. (1979). Impact of a humanistic approach on students' attitudes, attributions, and ethical conflicts. Psychological Reports, 45, 863 - 866.

Nails, D. (1983). Social-scientific sexism: Gilligan's mismeasure of man. Social Research, 50 (3), 643 - 664.

Nicholson, L. J. (1983). Women, morality, and history. Social Research, 50 (3), 514 - 536.

Noddings, N. (1984). Caring: A Feminine Approach to Ethics and moral Education. Berkeley: University of California Press.

Noddings, N. (1989). Educating moral people. In M. M. Brabeck (Ed.), Who Cares: Theory, Research and Educational Implications of the Ethic of Care (pp. 216 - 232). New York: Praeger.

Oberg, A. (1988 rev.). Writing a good qualitative research report. Prepared for SSHRC-CCSE Workshop "Surviving Manuscript Review" Hamilton, Ontario, May 1987.

Pratt, M. W., & Royer, J. M. (1982). When rights and responsibilities don't mix: Sex and sex-role patterns in moral judgment orientation. Canadian Journal of Behavioural Science, 14 (3), 190 - 204.

Pratt, M. W., Golding, G., Hunter, W., & Sampson, R. (1988). Sex differences in adult moral orientations. Journal of Personality, 56 (2), 373 - 391.

Puka, B. (1989). Caring - in an interpretive voice. New Ideas in Psychology, 7 (3), 295 - 314.

Raugust, M. C. (1992). Feminist ethics and workplace values. In E. B. Cole, & S. Coultrap-McQuin (Eds.). Explorations in Feminist Ethics: Theory and Practice. (pp. 125 - 130). Bloomington, Indiana: Indiana University Press.

Rest, J. R. (1979). Development in Judging Moral Issues. Minneapolis: University of Minnesota Press.

Rest, J. R. (1984). Research on moral development: Implications for training counseling psychologists. The Counseling Psychologist, 12 (3), 19 - 29.

Romain, D. (1992). Care and confusion. In E. B. Cole, & S. Coultrap-McQuin (Eds.), Explorations in Feminist Ethics: Theory and Practice (pp. 27 - 37). Bloomington, Indiana: Indiana University Press.

Rothbart, M. K., Hanley, D., & Albert, M. (1986). Gender differences in moral reasoning. Sex Roles, 15 (11/12), 645 - 653.

Ruddick, S. (1989). Maternal Thinking: Towards a Politics of Peace. Boston: Beacon.

Shogan, D. (1988). Care and gender. in Care and Moral Motivation (pp. 51 - 64). Monograph Series 20. Toronto: The Ontario Institute for Studies in Education (OISE) Press.

Stack, C. B. (1986). The culture of gender: Women and men of color. in Kerber et. al. On "In a Different Voice": An Interdisciplinary forum. Signs: Jounal of Women in Culture and Society, 11 (2).321 - 324.

Stiller, N. J., & Forrest, L. (1990). An extension of Gilligan and Lyons' investigation of morality: Gender differences in college students. Journal of College Student Development, 31, 54 - 63.

Tennyson, W. W., & Strom, S. M. (1986). Beyond professional standards: Developing responsibleness. Journal of Counseling and Development, 64, 298 - 333.

Thoma, S. J. (1986). Estimating gender differences in the comprehension and preference of moral issues. Developmental Review, 6, 165 - 180.

Tronto, J. C., (1987). Beyond gender difference to a theory of care. Signs: Journal of Women in Culture and Society, 12 (4), 644 - 656.

Tymchuk, A. J., Drapkin, R., Major-Kingsley, S., Ackerman, A. B., Coffman, E., & Baum, M. S., (1982). Ethical decision making and psychologists' attitudes toward training in ethics. Professional Psychology, 13 (3), 412 - 421.

Van Hoose, W. J., & Paradise, L. V. (1979). Ethics in counseling and psychotherapy: Perspectives in issues and decision making. Cranston, RI: Carrol Press. pp. 22 - 81 and 116 - 160.

Vasudev, J. (1988). Sex differences in morality and moral orientation: A discussion of the Gilligan and Attanucci study. Merrill-Palmer Quarterly, 34 (3), 239 - 243.

Vreeke, G. J., (1991). Gilligan on justice and care: Two interpretations. Journal of Moral Education, 20 (1), 33 - 46.

Walker, L. J. (1984). Sex differences in the development of moral reasoning: A critical review. Child Development, 55, 677 - 691.

Walker, L. J. (1986). Sex differences in the development of moral reasoning: A rejoinder to Baumrind. Child Development, 57, 522 - 526.

Walker, L. J., de Vries, B., & Trevethan, S. D. (1987). Moral stages and moral orientations in real-life and hypothetical dilemmas. Child Development, 58, 842 - 858.

Welfel, E. R., & Lipsitz, N. E. (1983). Ethical orientation of counselors: Its relationship to moral reasoning and level of training. Counselor Education and Supervision, 23, 35 - 45.

Wilkins, M. A., McGuire, J. M., Abbott, D. W., & Blau, B. I. (1990). Willingness to apply understood ethical principles. Journal of Clinical Psychology, 46 (4), 539 - 547.

Wingfield, L., & Haste, H. (1987). Connectedness and separateness: Cognitive style or moral orientation? Journal of Moral Education, 16 (3), 214 - 225.

APPENDIX A

REAL-LIFE MORAL CONFLICT AND CHOICE INTERVIEW

All people have had the experience of being in a situation where they had to make a decision, but weren't sure of what they should do. Would you describe a situation when you faced a moral conflict and you had to make a decision but weren't sure what you should do?

1. What was the situation? (Be sure you get a full elaboration of the story).

2. What was the conflict for you in that situation?
   Why was it a conflict?

3. In thinking about what to do, what did you consider?
   Why?
   Anything else you considered?

4. What did you decide to do?
   What happened?

5. Do you think it was the right thing to do?
   Why/why not?

6. What was at stake for you in this dilemma?
   What was at stake for others?
   In general, what was at stake?

7. How did you feel about it?
   How did you feel about it for the other(s) involved?

8. Is there another way to see the problem (other than the way you described it)?

9. When you think back over the conflict you described, do you think you learned anything from it?

10. Do you consider the situation you described a moral problem?
    Why/why not?

11. What does morality mean to you?
    What makes something a moral problem for you?

**__Note to Interviewers__: Questions should follow references to judgments about the situation. Follow any references to feelings that are mentioned - e.g., Why did you feel mad or angry? Also follow moral language, i.e., should, ought. Questions should focus on: In who's terms judgments are made. Try to understand the terms of the self and the self's perspective on the terms of the other.

APPENDIX B

January 10, 1993

NOTICE TO PROSPECTIVE PARTICIPANTS

My name is Susan Dempsey and I am working on my Masters Degree in Counselling at the University of Victoria. I am conducting a study on how counsellors and therapists make difficult ethical decisions in their work.

I am looking for professional counsellors, men and women, who have Masters Degree education, and at least five years experience working in the field. Preferably, any prospective participant will be willing to explore her/his inner experience around making ethical decisions, and will be able to articulate this experience to me.

The study will employ a qualitative descriptive methodology, focusing on the participant's subjective experience. The goal is to understand and describe the decision making experience in the participant's own terms.

A time commitment of one and half to two hours is requested from participants for an interview. I will be asking them to describe a time in their professional work when they were faced with a situation in which they were not sure what to do. They will then have the opportunity to describe in detail, how they resolved the situation, and their feelings about their decision.

The interview will be audio taped and transcribed by myself, and participants will have the opportunity if they wish to review and clarify their personal accounts. Full confidentiality is assured.

I would really appreciate your involvement and will be happy to answer any questions you might have. Please contact me at 595-3947. Thank you for your attention to my request.

Sincerely,

Susan Dempsey

APPENDIX C

DEMOGRAPHICS & PROFESSIONAL BACKGROUND QUESTIONNAIRE

Participant's Code # _____

Gender **M** _____ **F** _____ Age: _____

Professional Education

Highest Degree: _____

Where Earned: _____

When: _____

Other Training: (counselling related)

_____

_____

_____

_____

_____

Specific Training in Ethics (courses, workshops, etc.)

_____

_____

_____

Type of Employment: (private practice, public agency, etc.)

_____

Years of Experience: part time - _____ full time - _____

APPENDIX D

Letter of Consent

I hereby give consent for my participation in the study entitled: **An in-depth analysis of ethical decisions of counsellors.**

I understand that the persons responsible for this study are Dr. Vance Peavy and Ms. Susan Dempsey, Counselling Program, Psychological Foundations, University of Victoria.

Susan Dempsey has explained to me the purpose of the study: to understand the decision making process for counsellors faced with ethical dilemmas. She has described to me the method of data collection (an in-depth interview) and the probable time commitment I am making as a participant in this study (one and a half to two hours).

I understand that the interview will be audio taped and then transcribed verbatim by Susan Dempsey. After the analysis of the interview I have the option of acquiring the interview tape or having it erased.

My confidentiality will be protected by Ms. Dempsey who will code the written transcript with a numerical identifier. Only Susan and members of her thesis committee will read written transcripts of the audiotaped interview. The purpose of the committee members' examination of the transcript will be to clarify research findings.

I am aware that I may withdraw from the study at any time without notice or explanation. I may also refuse to respond to any question during the interview or ask that the tape recorder be turned off.

If I have any questions regarding this study I may contact Susan Dempsey at 595-3947 or Dr. Peavy at 721-7804.

YOUR SIGNATURE INDICATES THAT YOU ARE WILLING TO PARTICIPATE, HAVING READ THE ABOVE:

_____ (Signature)

_____ (Date)

APPENDIX E

WORK SHEETS

I: FIRST READING - UNDERSTANDING THE STORY

A. Please Make Notes Here on the First Reading - e.g., relationships, general moral language, repeated works and themes, contradictions, and key images and metaphors.

Interpretation

B. Note All Stories and Conflicts in Stories in the section of the interview entitled "Moral Conflict and Choice" (please cite page numbers where found).

Interpretation

Summary Interpretation -- Conflict(s)

II. SECOND READING - SELF

A. **<u>Self and the Narrative of Action</u> - What actions does self take in the conflict?**

1. Choosing self -- Does the narrator see or describe a choice? What is the choice? How is the choice made?

Interpretation

2. What is self describing him/herself as saying and/or doing?

Interpretation

3. What is self thinking or considering or feeling?

Interpretation

B. **Self in Relationship**

1. What is the organizing frame for the relationship(s) described in the conflict?

Interpretation

C. **What is at Stake for Self?**

Interpretation

Summary Interpretation -- Reading for Self

III. THIRD READING - CARE

A. **Is the Care Voice Articulated?**

1. What evidence do you have?

Interpretation

Summary Interpretation -- Reading for Care

B. **If Care is Not (Clearly) Articulated**

1. What would constitute care in this conflict? | Interpretation

C. **Does Self Align with Care: How do you know?**

1. Is the alignment explicit or implicit? What evidence do you have? | Interpretation

Summary Interpretation -- Self and Care Voice

IV. FOURTH READING - JUSTICE

A. **Is the Justice Orientation Articulated?**

1. What evidence do you have?

Interpretation

Summary Interpretation -- Justice Voice

B. **If Justice is Not (Clearly) Articulated**

1. What would constitute justice in this conflict?	Interpretation

C. **Does Self Align with Justice: How do you know?**

1. Is the alignment explicit or implicit? What evidence do you have?	Interpretation

Summary Interpretation -- Self and Justice Voice

V. BOTH JUSTICE AND CARE -- SUMMARY INTERPRETATIONS

A. **The Relationship Between Moral Orientations: Summary Interpretation**

B. **Alignment of Self with Moral Orientations: Summary Interpretation**

1. How would you characterize the relationship between self and moral voice in this interview-narrative?	Interpretation

Self In Relation To Care And Justice: Overall Summary Interpretation

---

from Brown, L. M., Argyris, D., Attanucci, J., Bardige, B., Gilligan, C., Johnston, K., Miller, B., Osborne, D., Ward, J., Wiggins, G., & Wilcox, D. (1988). A guide to reading narratives of conflict and choice for self and moral voice. Editor: Lyn Mikel Brown. Center for the Study of Gender, Education and Human Development, Harvard University, Graduate School of Education, Monograph #1. p.162 - 171.

VITA

Surname: DEMPSEY

Given Names: SUSAN DEBRA

Place of Birth: St. Catharines, Ontario

Date of Birth: May 9, 1956

Education Institutions Attended:

York University	1974 to 1976
Brock University	1986 to 1988
University of Victoria	1989 to 1994

Degrees Awarded:

B. A. (Honours) Psychology	Brock University	1988

PARTIAL COPYRIGHT LICENSE

I hereby grant the right to lend my thesis (the title of which is shown below) to users of the University of Victoria Library, and to make single copies only for such users or in response to a request from the Library of any other university, or similar instituion, on its behalf or for one of its users. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by me or a member of the University designated by me. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Title of Thesis

CARE AND JUSTICE: AN ANALYSIS OF
THE ETHICAL DECISIONS OF COUNSELLORS

Author [redacted]

(Signature)

SUSAN DEMPSEY

July 25/94

(Date)

ISBN 0-612-03533-6

Canada