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Normative Ethics: An Exercise to Facilitate Awareness

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Abstract

Normative ethics is a branch of moral philosophy upon which applied ethics, such as the Code of Ethics of the American Counseling Association, is based. This article presents an exercise designed to heighten normative ethics awareness. The exercise should be conducted by a supervisor competent in normative ethics. Participants could include students and counselors-in-training, practicing clinicians, and professionals wanting to increase their understanding of the various theories used to determine what is right and what is wrong.

Every counselor has conceptions of what is right behavior and what is wrong behavior in his or her personal worldview. Throughout the course of a lifetime, the question, “What is the right thing to do?” is asked repeatedly in both personal and professional contexts. How counselors answer this question has numerous clinical ramifications, from confidentiality dilemmas to the theoretical approach driving their therapeutic practice. This “normative awareness” is an under-recognized realm of self-awareness that at high levels yields tremendous power for counselors. Increases in normative awareness can lead to differences in how clients’ affect, cognitions, and behaviors are evaluated. From clearer case conceptualization to greater empathy, normative awareness is a useful clinical tool. This article presents an exercise designed to introduce clinicians and counselors-in-training to normative awareness. The words *clinicians* and *students* will be used throughout the article to refer to the common participants of this exercise.

Rationale

The foundation of professionalism for clinicians is ethics (Roberts & Hoop, 2008). Without ethics, no amount of brilliance, pedigree, or technique can salvage a practice, let alone allow a career to prosper. The ethical clinician is many things, including a trustworthy keeper of confidential information, a believer in client autonomy, and a provider of empathy (Remley & Herlihy, 2013). But the true heart of ethics is morality, which implies notions of right and wrong, and how to know the difference

between the two (McGavin, 2013). This also includes knowing the source of where the answers to questions of right and wrong originate (Huemer, 2008). While ethical codes exist in nearly all professions to help guide and even direct or mandate action, practicing clinicians have copious room for clinical judgment in day-to-day professional life (McCullough, 2013). With high awareness of norms, clinicians can make judgment calls that are informed, educated, and based on a foundation of reason, rather than caprice or ignorance.

Normative awareness is important because it is education of the heart and belief system, and there is evidence that beliefs guide or direct behavior (McKay, Davis, & Fanning, 2011). While all clinicians exercise judgment and make decisions based on beliefs of right and wrong, some evidence suggests that few clinicians comprehend the rationale behind these decisions (Hyland, 1992). Therefore, it logically follows that a more reasoned understanding of the how, why, and what of right and wrong will lead to more reasoned decision making. Reason is the driving force behind science. Clinicians receive training in fields purporting to be scientific, such as psychology. Hence, using the principle of logic there is a robust connection between overt science and the ostensibly abstract field of ethics (Huemer, 2008). The purpose of this exercise was to provide students with an opportunity to explore their beliefs about right and wrong and how they may affect their clinical practice.

Clinically, this exercise provided four benefits for increasing normative self-awareness.

1. The exercise can help clinicians dealing with their own existential challenges or crises by illuminating a possible underlying cause: the belief that one is not living a meaningful, moral life.
2. The exercise can bring into consciousness the knowledge of where students' core beliefs originate, allowing them to practice from a state of comprehension rather than ignorance.
3. The exercise can help students clarify what they stand for, elucidating their sense of professional purpose and hence increasing their level of self-identity.
4. The exercise can foster students' self-confidence. A genuinely confident person possesses the dual qualities of self-awareness and self-acceptance. As Aristotle asserted, one must "know thyself."

Activity Instructions

This activity is designed to heighten normative self-awareness. Its purpose is not to tell clinicians what to believe nor to intrude on sensitive beliefs clinicians may already hold. While it is unlikely to revolutionize clinicians' moral framework, it can introduce new vantage points. Ultimately, each clinician walks his or her own moral pathway. In this sense, the exercise is like a map complete with routes of the various roads available to travel. The supervisor is both a mentor and map reader. The clinician chooses a moral system, accordingly.

Throughout the exercise, the supervisor should insert clinical examples into the educational components and general dialogue with participants. This serves the dual purpose of showing the exercises' practical relevance and preventing defensiveness on the part of the clinician. For example, one clinician was working with a client who reported feeling depressed after his grandmother passed away. Acting as a surrogate, the

client was forced to decide whether or not to continue life support when his grandmother became incapacitated after her condition worsened. Long after her passing, the client struggled with whether he made the right decision. The clinician reported a better ability to empathize with the client because he completed the normative-awareness exercise; he better understood the two normative systems the client felt caught between. As the client was not aware of the two conflicting systems causing his grief, the clinician discussed the multiple ways available to determine right and wrong. Although this knowledge alone did not solve the client's problem, the clinician credits it as a transformative moment in session that allowed the counseling to progress.

Ideally, this exercise should be completed under the direction of a professor or competent supervisor. Practicing clinicians, undergraduate, and graduate students can benefit from the exercise. It is designed for most students; however, the following circumstances may preclude participation.

1. Clinicians who are convalescing from a traumatic experience are advised not to participate or to exercise caution before doing so. Those recovering from post-traumatic stress disorder, for instance, may be emotionally fragile. Challenging the emotional states of these individuals should be avoided.
2. Clinicians in a state of bereavement due to the loss of a loved one and who are bereaving the loss should use caution before participating. Extreme symptoms of bereavement can be diagnosed as depression (American Psychiatric Association, 2013). These individuals often use their belief systems as sources of comfort as buffers against depression, and consequently are advised not to participate or to exercise caution before doing so.
3. Likewise, clinicians who have experienced significant amounts of change within the past year are encouraged to use prudence before completing the exercise because high levels of change have long been associated with higher increases in physical illness (Holmes & Rahe, 1967).

This exercise can be self-assigned or assigned by a supervisor as part of a training exercise, class requirement, or workshop training. The exercise is most effective when conducted in a class or group-supervision setting; therefore, the instructions are written primarily to the supervisors overseeing the exercise. To lead this exercise, the supervisor should have knowledge of normative ethics. Although not purposefully provocative, the exercise has the potential to create resistance and defensiveness. Thus, the supervisor should have the ability to reassure clinicians that challenging beliefs is not the same as questioning the worth or accuracy of those beliefs. Moreover, the supervisor should be able to process with clinicians any feelings of discomfort that may arise. The supervisor should aspire to educate, comfort, and collaborate with clinicians as they clarify their beliefs about right and wrong. Before beginning the exercise, the supervisor should provide an overview of the exercise, which consists of the following four steps: (a) writing a reflection paper, (b) learning about normative-ethics theories, (c) participating in a group discussion, and (d) writing a revised reflection paper. The instructions are as follows:

Step 1: Reflection Paper

To begin, the supervisor should ask participants to reflect on the question, "How do you determine right and wrong?" and write a one page paper explaining their

responses. The following template is provided to assist clinicians in writing their reflection paper:

- When confronted with an ethical dilemma, how do you determine which course of action you will take?
- Are you guided more by principles or by outcomes?
- Do you use more objective data or subjective values when determining right and wrong? What is an example?
- Do you believe morality is determined by the impact your actions have on others, by doing what makes sense, or by the supernatural?
- Do you believe morals are universal to everyone or relative to each person?

The supervisor should allow participants one hour to write their papers. When they have completed their papers, participants should keep them until the end of the exercise.

Step 2: Education About Normative Ethics

In a class or group supervisory setting, the supervisor should present the various theories that address normative ethics. The Normative Ethics Terminology Sheet defines relevant terms as well as the various philosophical theories one can use to determine the appropriate course of action when faced with an ethical dilemma. The emphasis of the presentation is on the core meaning of each theory (e.g. deontology is a duty-based ethic that suggests that the right course of action resides in doing one's duty, for instance, by obeying religious doctrine). The supervisor should encourage clinicians to provide their own clinical examples and share them with their peers during the later discussion. The following terminology sheet (see Figure 1) was developed for the activity and can be used to supplement clinicians' comprehension of the subject matter.

Step 3: Small Group Discussion

The supervisor should ask participants to form groups of three to four people to discuss what they have learned about the normative theories. This process will help to clarify any misunderstandings and depending on the group, usually takes between 15-30 minutes. The supervisor should take care to convey that participants may wish to keep certain feelings and beliefs private and that this is normal and acceptable. During this time, the supervisor should circulate throughout the room and be available to answer questions.

Step 4: Revised Reflection Paper

Following the group discussions, the supervisor should ask participants to write another reflection paper, again addressing how they determine right and wrong, based on their increased knowledge of normative ethics.

Examples

Students enrolled in an ethics course were required to complete the normative awareness reflection paper as part of the course requirement. A first-year student in mental health counseling, reflected, "I now have a better understanding of why I make the decisions I do. Before the exercise I never sat down and thought about my thought processes, which are extremely important. Working through the exercise helped me

Normative Ethics Terminology

Did you know that the American Counseling Association's *Code of Ethics* is an example of applied ethics? Did you know there are philosophical theories one can use to determine what is right and what is wrong? Our topic of discussion is Normative Ethics, which like applied ethics is a branch of philosophy. Below you will find some relevant terms to help you clarify and differentiate the different theories and branches of ethics (Huemer, 2008; Kagan, 1997). The explanations below represent philosophical fields used by human service professionals to determine right and wrong, albeit usually unknowingly. What follows below are simple definitions for what can be complex fields of study. Use them to help refine your own code of right and wrong and to help you better understand your clients' perspective.

Normative Ethics

Ethical theories that help determine what one should morally decide based on different perspectives of what is the core feature of what is right and what is wrong, such as consequence or duty.

Theory 1: Deontological. A duty-based ethic that says the moral right is staying obedient to a law, authority, or reasonable consistency. The focal point of right or wrong is on allegiance to law, and doing one's duty accordingly. Deontology suggests that the means justify the ends.

Theory 2: Consequentialist. An outcome-based ethic that says the moral right is dependent upon positive results either for a group of people or the self. This is a results-focused theory that suggests that the ends justify the means.

Theory 3: Virtue. A character-based ethic that says the locus of right and wrong is based on disposition and character traits, rather than doing. Virtue ethics is concerned with the inherent person more than an analysis of the person's deeds.

Theory 4: Ethic of caring. An ethic stressing the subjective value system in determining right and wrong, a caring-focused ethic points out the interdependent nature of humans and suggests that relationships should be a deciding factor in deciding on what is right and wrong.

Theory 5: Ethical intuitionism. Both a meta-ethical theory and normative, the idea is that right and wrong is self-evident. However, intuitionists suggest that intuitions can be skewed by prejudice, misinformation, and notions that bias the mind.

Descriptive Ethics

Comparative ethics that study what people believe. Descriptive ethics state what is believed, not what *should be* believed.

Meta Ethics

Studies ethics itself – the nature of values and evaluative statements (Are there objective values? Can we justify our beliefs?).

Applied Ethics

Applied ethics are the guidelines and mandates of a particular profession or field, such as counseling or medicine.

Figure 1. The Normative Ethics Terminology sheet.

analyze a part of myself I never had thought much about before. Now I know myself better.” This student’s summation underscores a greater self-awareness following completion of the exercise. Students in other fields of study have also achieved greater normative awareness by completing the exercise.

Medical students often enter medical school with some experience in health care. Consequently, they are familiar with ethical matters in which value judgments must be made. A group of medical students taking a required ethics course also completed the exercise. Many of the students reported that the activity proved to be an insightful experience. One shared, “Eye-opening and challenging, it made me think about things I never had done before.” Another reported, “This activity showed me that my patients may use a number of ways to decide what the best course of treatment is for them. I will use this to understand their point of view and establish a stronger relationship with them.”

Experienced clinicians who completed the exercise reflected on normative awareness as well. One practicing counselor stated, “I got into counseling for self-growth and self-growth includes awareness. Exercises like this enable me to see the legitimate perspectives of others.”

It is not uncommon for clinicians to be reserved about disclosing their moral frameworks. They, like many people, are accustomed to perceiving morality as sacred ground that cannot be broached. This exercise allows participants to explore notions of right and wrong in an education-driven, non-threatening way. As stated, the purpose of this exercise is not to change a person’s deeply held beliefs, but simply to raise awareness and increase knowledge.

Measuring Progress

To measure progress in the domain of normative awareness, the supervisor should revisit the exercise periodically with participants. Following completion of the reflection paper, clinicians will likely maintain their work environment and continue in their roles as practitioners (or student clinicians will continue with their practicum or internship experience). The supervisor can facilitate progress by asking clinicians about their current thoughts on normative awareness, processing any lingering questions or concerns with them, and helping them integrate any adopted norms into their older belief systems.

Clinicians who completed the normative awareness exercise and do not have access to a trained supervisor can take steps to measure their own progress. Because normative thought processes are personal and close to the heart, they are sometimes hard to articulate, especially before completing the exercise. Clinicians who can clearly articulate their belief systems and fluidly express the origins of their notions of right and wrong have reached an advanced phase of normative-awareness, a good measure of progress. Likewise, clinicians can monitor their progress by way of written expression. Journaling allows clinicians to steadily process what may be an ever-evolving worldview. Normative-awareness is a process that includes many levels of progression. Each stage can be observed and noted for signs of progress through clear expression of language.

Conclusion

By its nature, this exercise aims to challenge clinicians to clarify and justify their beliefs. The multiple components of the exercise, from the first reflection paper to the last, are designed to provide sufficient time for participants to process the information

and integrate it into their worldview. Quite often so much of what a person does or does not do can be traced back to normative beliefs. Most people strive to do the morally right thing. Ironically, most normative theories are unknown to most people. This activity aspires to raise normative awareness and allow clinicians to more fully understand themselves and their clients in a newer, more vibrant light.

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