
Displacing the Psychology of the Individual in Ethical Decision-Making: The Social Constructivism Model

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ABSTRACT

A social constructivism model of ethical decision-making is summarized and related to the Canadian Counselling Association Code of Ethics. Social constructivism is described as an intellectual movement that allows for a biological and social conception of human understanding, thereby superseding or displacing psychological theory. The theoretical progression from the "psychology of the individual" to social constructivism is described and is represented by the author's transformation from a psychological to a social theorist. Applications to ethical decisions are provided. Multicultural applications are also explored.

RÉSUMÉ

Un modèle socioconstructiviste de prise de décision éthique est résumé et relié au Code de déontologie de l'Association canadienne de counseling. Le constructivisme social est décrit en tant que mouvement intellectuel qui admet une notion biologique et sociale de la compréhension humaine et remplace ainsi la théorie psychologique. L'auteur décrit la progression théorique partant de la « psychologie de l'individu » et aboutissant au constructivisme social; il représente cette progression en décrivant la transformation qu'il a vécue de théoricien de la psychologie en théoricien de la société. Des applications relatives aux décisions éthiques sont fournies et des applications multiculturelles sont également examinées.

I was flattered when William Schulz, the editor of this special issue, requested a paper expounding upon the social constructivism model of ethical decision-making (Cottone, 2001). I accepted the request and viewed it as an opportunity to further describe the model, but I also view this paper as an opportunity (a) to delimit my own journey from the psychological paradigm to the constructivism approach, and (b) to outline some of the serious conclusions that I believe derive from thinking about decision-making from a social constructivism viewpoint. Finally, I hope to relate the decision-making model to ethical decisions made according to the Canadian Counselling Association's (1999) Code of Ethics.

To truly appreciate a social constructivism model of ethical decision-making, one must first transform one's thinking to accept a radical position: the psychology of the individual can be displaced by relational (biosocial) theory. Social constructivism is founded on ideas that allow for all conclusions about human functioning to be understood based on the biological and social factors that affect behaviour. Psychology that focuses primarily on an individual can be viewed as excess baggage, a social creation itself that provides little or no descriptive power beyond biological and social factors. In other words, all behaviour can be viewed

as biologically affected and manifested through social relationships. This is a difficult position for some people to accept. After all, many current mental health professionals have been inculcated with psychological theory. The thought that the psychology of the individual is superfluous is not easily accommodated.

Consider the one psychological trait that is viewed by many as fundamental. Most people would agree that there is something that humans express that reflects “intelligent” action. “Intelligence” is startlingly observable, when, for instance, one considers the extremes—the severely mentally impaired person versus the intellectual “genius.” Although there is much controversy in psychology about what constitutes intelligence, few would disagree that there is a trait that certainly, at least, corresponds to academic accomplishment. The trait is viewed as inherent in the individual, yet it is considered a psychological trait and not solely biologically based. Accordingly, people carry around intelligence as if it is in their pockets.

A social constructivist, on the other hand, views all that is known as socially based. There is no mind or intelligence in an individual sense. Mind is in the social matrix (Bateson, 1972). There is no such thing as an individual thought—all thinking comes from sharing and derives from language that is communicated from the earliest ages (Gergen, 1985). What appears to be thought is really a manifestation of social interaction. Gergen (1985) said: “Knowledge is not something people possess somewhere in their heads, but rather, something people do together” (p. 270). Further, he said, “The mind becomes a form of social myth; the self-concept is removed from the head and placed within the sphere of social discourse” (p. 271). The concept of intelligence, for instance, is transformed from a psychological to a biosocial phenomenon. Individuals are biologically predisposed (or “wired”) a certain way that may fit well within their social context at a certain time. People who have skills are viewed as skillful because they biologically match that which is socially necessary for survival. There were no “computer geniuses” one hundred years ago, because there was no means of expression of such skill. And what may be considered genius today may not be considered genius tomorrow. When a person sits down to an intelligence test, he or she is not being measured on a “trait”; rather he or she is in a *relationship* with the people that developed, produced, and marketed the test of “intelligence.” Accordingly, intelligence, like any other psychological trait, cannot be viewed out of its social context. As another example, consider the trait of “motivation.” A constructivist would argue that motivation is not inherent in the individual; it is manifest instead in social relationships. The least motivated student in school might be the most motivated drug pusher on the street. In other words, social constructivists argue that psychological phenomena can be better explained by looking at the biological and social forces affecting behaviour. In fact, by this view, psychology is irrelevant.

Coming to accept social constructivist thinking, for me, required a long journey. The journey took me through psychology (I was trained as a rehabilitation psychologist and counsellor), through systemic-relational theory (primarily the works of Bateson, 1972, and Hoffman, 1981), into the study of the biology of

cognition (Maturana, 1978; Maturana & Varela, 1980). It was through the works of Maturana that I began to realize that the psychology of the individual could be superseded. Maturana (1978) provided a biological basis for understanding that knowledge derives from the connection between biology (how we are physiologically structured to perceive) and the social context (what he described as the “social domain” or “linguistic domain”). Humans are biologically organized in a way that allows for simultaneous perceptual and social perturbation; organization that literally allows for a communicational context at the time of perception. Humans, for example, can make love and define it as “love” at the same time. The biological facility to have an experience and simultaneously socially to define that experience appears to be unique to humans. Finally, it was through the works of Gergen (1985, 1991, 1994), a social psychologist, that I began to fully realize the implications of this line of thinking. Gergen has been an outspoken advocate of what he calls “social constructionism” (Gergen, 1985). Gergen’s work on social constructionism is not grounded in biology, as is Maturana’s work. Rather, Gergen builds on the works of social theorists, and he articulates a resounding argument for abandoning a psychology based on conceptions of a world understood as “real” outside of social understanding. Gergen’s (1985) “The Social Constructionist Movement in Modern Psychology” is a milestone that is required reading for individuals interested in following this movement. For me, the transition from psychological to biosocial relational theory took years, and I now represent that transition by use of the term “social constructivism.”

Once I accepted the social constructivism movement, the connection to ethical decision-making was an easy one. I have written extensively on ethics, and have published an ethics text in counselling with my colleague, Vilia Tarvydas, now in its second edition (Cottone & Tarvydas, 2003). Before writing the second edition, I did a review of the literature on ethical decision-making models (Cottone & Claus, 2000) and realized that no one had fully addressed ethical decision-making from a social constructivism perspective. The social constructivism model of ethical decision-making (Cottone, 2001) was a marriage of my interests in constructivism and professional ethics.

THE SOCIAL CONSTRUCTIVISM MODEL OF ETHICAL DECISION-MAKING

The tenets of the social constructivism ethical decision-making model (the constructivism model) are as follows. First, all decisions are taken out of the head (so to speak), and placed rather in the social context. Psychology is not involved. Other psychologically based decision-making models as a general rule identify the decision maker as the focus, and, somehow, in some unclear way, the decision disappears into the mind of the decision maker. By way of contrast, decision-making according to the constructivism model is out in the open – in the social interaction. There is no individual decision maker, because all decisions are made in the context of social interaction. What appears to be a decision is simply an action taken within a social context deriving from biological and social

forces. Second, ethical and unethical actions are always biologically and socially compelled. The predicaments within which counsellors find themselves derive from the biological and social forces that were operative at the time actions were taken. Helping to define those forces is a critical aspect of the decision-making model. Third, decisions involve consensualizing, a process of acting according to what is “known” through social interaction. Consensualizing is the constructivism model’s equivalent to a decision, but it is not a decision in the classic psychological sense. Consensualizing is an interpersonal process and is manifest in the action of a person in a social context. Fourth and finally, when consensualizing fails to resolve conflicts between individuals, the additional processes of “negotiation” and “arbitration” are engaged. Negotiation involves debate around conflicts, as options for settlement are presented and discussed. Arbitration involves enlisting the assistance of a consensually agreed-upon third party who will act on the arguments presented by those in disagreement. In all three cases (consensualizing, negotiating, and arbitrating) the decision-making occurs in the interactive process and is not internal to an individual’s psychology. See figure 1, which is a graphic summary of the constructivism model.

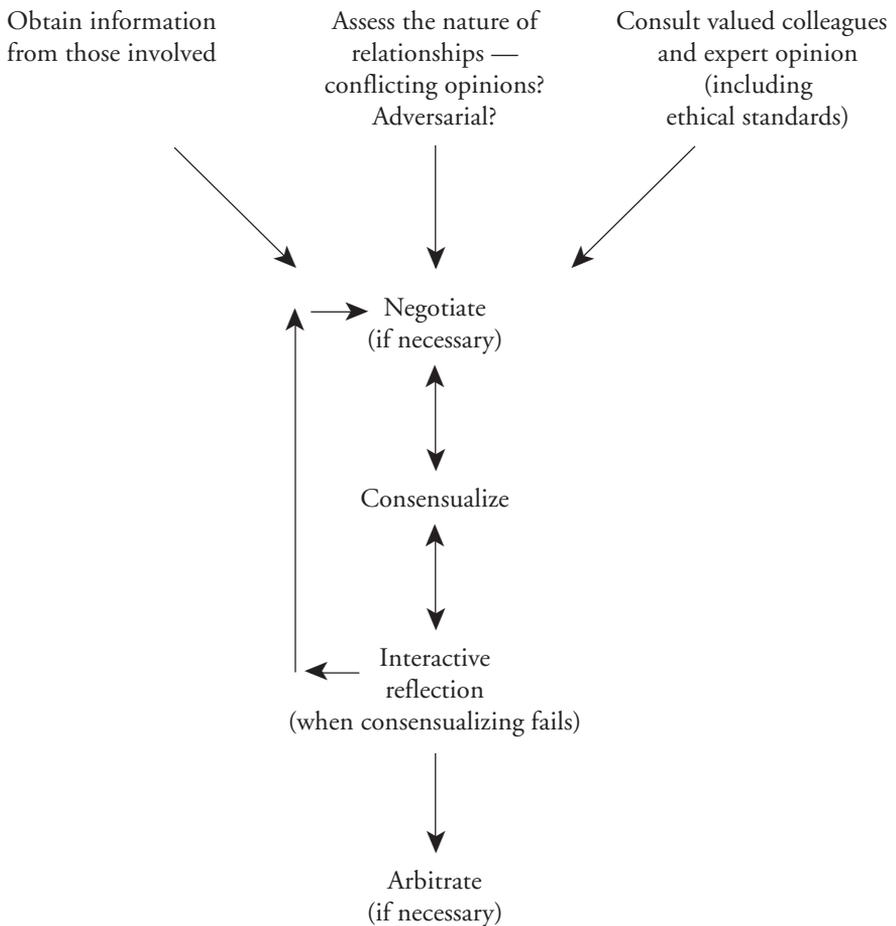
APPLYING THE MODEL

As you read the remainder of this section, consult Figure 1 and the Canadian Counselling Association (CCA) Code of Ethics. Attempt to define the process of decision-making according to the graphic presentation of the model (Figure 1).

Consider the case of a male counsellor accused of touching a female client in a sexual way. The client makes a credible case to the supervisor that the counsellor acted inappropriately, stating that the counsellor gave her a hug that was sexual. She provides a copy of an e-mail communication she received from the counsellor that is apologetic about the hug, yet the e-mail acknowledges his sexual feelings toward her. The supervisor then calls the counsellor in and describes the situation, requesting an explanation. The counsellor describes a situation where he hugged the client to console her after an emotional disclosure. He claimed that his intentions were innocent, but he did acknowledge the e-mail correspondence and the feelings relayed in the e-mail. No other interactions followed the e-mail. The client consults her family members and decides further to consult an attorney. She believes she was harmed by the interactions with the counsellor, and feels it will affect her ability to trust counsellors and the counselling process in the future. The supervisor and the counsellor learn that there may be a formal complaint against the counsellor, and they too consult an attorney. Ethical codes and the laws of the legal jurisdiction are consulted, and inappropriate hugging of a sexual nature is considered unethical. What does the CCA ethics code say about this type of behaviour? The counsellor’s malpractice insurance company is contacted. A meeting is called between the attorneys; during the meeting the attorneys come to an impasse as to whether the action of the counsellor was reasonable consolation or unacceptable sexual interaction. Both sides agree that they will settle the matter

in the courts, where a judge will make a decision as to whether there is liability. However, continued negotiation occurs at the behest of the involved parties and the malpractice insurance carrier. A final agreement is reached before a court hearing and there is a financial settlement. Final arbitration by the judge is not needed except to agree to the settlement arrangement.

FIGURE 1
The Interactive Process of Socially Constructing an Outcome to an Ethical Dilemma



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In this case, the process of coming to a conclusion over an ethical conflict can be clearly defined as primarily social, involving relationships and interaction at every stage.

It is the contention of this article that any actions of a counsellor can be viewed as ethical or unethical depending on whether there is at least one other person that comes to such an agreement. In other words, defining what is ethical or unethical always involves interaction between at least two people in some social context, and where there is a conflict or disagreement between two people, there is a conflict of “consensualities” (the communities of understanding that each person represents). In effect, resolving conflicts involves negotiating “truths,” because different people may claim different understandings of circumstances depending on the physical and social forces operating at any moment. For example, giving a hug is both physical and social and may be defined as inappropriate within the context of professional interaction.

Consider a second case scenario. This case demonstrates that the constructivism model allows for full acknowledgement of cultural differences while delimiting the acceptability of cultural traditions. The dilemma derives from a counselling supervision circumstance. A counsellor under supervision was faced with the following situation. He had a female client, a child in her early teens, who was a native of an African nation and was living with her parents who had temporary permission to stay and work in the United States. The child was to be returned to the homeland for an extended visit, and during the visit, she was to undergo a traditional female circumcision, which involved mutilation of the vagina. She expressed her concerns about the ritual to her counsellor, who was then faced with making a decision to report the case to the State (provincial) authorities. The State of residence had laws against child abuse and/or neglect, and mental health professionals were bound by law to report known or suspected child abuse. The question raised in supervision related to the need to report this case to the child protection authority. In this case, the counsellor followed a process that exemplifies the social constructivism model. First, the counsellor obtained information from those involved. The counsellor asked direct questions about the female client’s feelings about the procedure. The counsellor researched the ritual and found that it was a cultural tradition. The counsellor explored the relationships of the client and the parents. Laws and ethical standards were reviewed to assess whether there was an easy answer to the dilemma. Because the child and the parents were not legally citizens, the question of the applicability of State laws was raised. The counsellor consulted with the supervisor, who decided to consult with a professor of multicultural counselling and a professor of ethics. There was some disagreement among the professors. The professor of multicultural studies encouraged the supervisor to assist the counsellor in honoring the cultural wishes of the family. On the other hand, the ethics professor argued that legal citizenship was not necessary to be bound by the laws of the State, and so long as the client and the family maintained residence in the State, the issue should be treated as child endangerment. A process of negotiation between the

consulted professors and the supervisors occurred, leading to an agreement. The agreement was that the State laws predominated, and in this case, the ethical principle of beneficence (related to the welfare of clients) took precedence. The counsellor was instructed to meet and to explain his position to the parents, giving due respect to the cultural traditions. He told them that, regardless of their cultural traditions, he was bound to practice according to the ethical and legal standards of the State of residence. If they insisted on returning temporarily to their native land, given the expressed fears of the child, a report of suspected child abuse would be made to authorities. This case is an excellent example of how multicultural factors are considered through the social constructivism model. It also clearly defines the limits of multiculturalism, where clear legal or ethical standards set limits on the acceptability of specific behaviours, regardless of their validity within a competing cultural context. In this case, as in the prior scenario, social interaction provided the backdrop for taking an ethical action. Through processes of negotiation and consensualizing, the supervisor assisted a counsellor in framing a response to an ethical dilemma. Of course, the actions of a counsellor are always debatable. How would the CCA Code of Ethics and Canadian provincial laws apply to this situation?

In effect, an ethics code and the laws of the legal jurisdictions help to define the context within which professionals operate. Ethics codes and laws are all socially defined. They do not arise out of a vacuum. They derive from consensualities that operate in the professional and legal communities.

THE CANADIAN COUNSELLING ASSOCIATION CODE OF ETHICS IN CONTEXT

All professional ethics codes represent the social consensus of the professionals in the association as to what constitutes acceptable or unacceptable behaviour. Ethics codes are typically constructed by a committee assigned to delineate the basic ethical principles and enforceable standards that define a profession. A committee developed the CCA (1999) Code of Ethics, and input came from several sources, including incorporation of standards (with permission) from the ethics codes of the American Counseling Association and the British Association of Counselling. "Ethical principles" are defined at the beginning of the code, and those ethical principles derive from a rich history of human services (and a literature thereof) that dates back to the Hippocratic oath. For example, the CCA Code of Ethics defines "not willfully harming others" as an ethical principle, which is an expression of the long established ethical principle of "non-maleficence." Likewise, the Code of Ethics principle to provide "responsible caring" appears to be directly related to the ethical principle of "beneficence," which relates to doing "good" for one's clients. Beauchamp and Childress (1994) stated: "An obligation of nonmaleficence and an obligation of beneficence are both expressed in the Hippocratic oath: 'I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or wrong them'" (p. 189). The other ethical principles in the Code of Ethics can be directly

linked to other ethical principles defined as crucial to counselling practice, following the works of Beauchamp and Childress (1994) on biomedical ethics and Kitchener (1984) in counselling psychology. In effect, the CCA Code of Ethics is a conduit for communicating the rich history and professional culture of the profession of counselling. It is a message of tradition. The CCA ethical principles are not commandments from some universal authority. They are standards established from consensualizing that takes into account ideals defined over the course of centuries. In the end, a professional group adopts an ethics code by a vote of the membership or its representatives. Approval is a matter of agreement according to the rules of agreement established by the association. In other words, an ethics code is an excellent example of a social construction of ethical and unethical professional behaviour.

When faced with an ethical dilemma, counsellors are well advised to consider the social bases of: (a) the nature of the problem, and (b) the nature of any resolution to the problem. Counsellors are not alone in an ethical dilemma. Ideally, the counsellor is part of a rich ethical community, one that holds ethical behaviour as a norm. Such a community establishes means and mechanisms for communicating standards and deliberating the nature of ethical behaviour. Counsellors should not be ethical mavericks—they should seek and value consultation and opinion from informed sources. It is the responsibility of the profession to inculcate and to educate counsellors on the heritage that professional counselling represents and to link counsellors to a professional community consistent with the profession's values. A professional ethical culture is probably the best insulation for ethical behaviour.

Social constructivism provides a significant backdrop for viewing professional ethics. It defines professional ethical codes as social constructions. It allows a new way of viewing the issues and the processes involved in addressing ethical dilemmas. It also provides a means of resolving dilemmas through a decision-making model that requires a purely biosocial understanding of a situation. It helps to unravel the mystery of the mind and places decisions in their social context. It challenges counsellors to think "out of the box" by infusing the profession with ideas from the biology of cognition and social and linguistic theory. It offers an alternative view of decision-making in general, and may have implications for the general practice of professional counselling.

CONCLUSION

The social constructivism model of ethical decision-making derives from developments in social theory. It incorporates purist relational (biosocial) thinking, thereby allowing for a displacement of psychological theory in conceptualizing the decision-making process. All decisions derive from social interaction and not from the internal psychological workings of the individual. It is sensitive to multiculturalism, because it acknowledges the validity of differing perspectives deriving from differing cultural traditions. Yet the constructivism model also helps

to define the limits of multiculturalism, by helping counsellors in quandaries to establish a consensus as to what ethical rules or principles prevail. The model has applications to all decisions, but, because of the obvious social nature of the psychotherapeutic enterprise, it is particularly well suited to mental health professional decisions. Social constructivism helps to place the CCA Code of Ethics in its social context.

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