

Issues and Insights

Kitchener's Principle Ethics: Implications for Counseling Practice and Research

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This extensive literature review examining the influence of K. S. Kitchener's (1984) introduction of principle ethics on counseling and psychology ethics notes the ultimate practicality of principle ethics. The authors maintain that although a strong influence of principle ethics in the area of counselor education emerges through the review, there is little clear evidence of influence in the areas of counseling research or practice. A primary reliance in the counseling professional literature on K. S. Kitchener's original work has likely resulted in a static understanding of the concepts and a concomitant theory-to-application knowledge gap. Implications include a more thorough and ongoing bridging between counseling ethics, philosophical ethics and practice, and a more overt presence of principle ethics.

Kitchener's (1984) article "Intuition, Critical Evaluation, and Ethical Principles: The Foundation for Ethical Decisions in Counseling Psychology" is a highly influential work in professional literature regarding how counselor educators and counseling students understand professional ethics. With her work, Kitchener initiated an important bridging process between the philosophical discipline of ethics and the helping professions of counseling and counseling psychology. This bridge is now more than 20 years old, and a review of Kitchener's adaptation of principle ethics seems timely and important in maintaining and reinforcing this bridge while seeking enhancements. Thus, the goal of this article is to trace the provenience and influence of Kitchener's original work in principle ethics for the purposes of discerning key implications of principle ethics for counseling preparation, practice, and research.

Kitchener's Principle Ethics

In 1984, Kitchener presented an overall model of moral reasoning consisting of several hierarchical levels. One level of the model, the level of moral

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principles, has garnered the most attention in counseling and psychology literature. In discussing this level and its ultimate utility in ethical decision making, Kitchener presented the principle ethics model originally developed by Beauchamp and Childress (1979) for use in biomedical ethics. This model consists of the moral principles of autonomy (freedom of action and choice), beneficence (doing good), nonmaleficence (avoiding harm), and justice (fairness). Kitchener (1984) proposed the addition of fidelity (loyalty) as an additional moral principle of interest for ethical decision making in counseling psychology.

In her 1984 article, Kitchener defined these principles and sought to provide examples from the practice of counseling psychology, which highlighted key aspects of each principle. In addition, she supported Beauchamp and Childress's (1994) proposition of the principles as being *prima facie* valid, meaning that each principle constitutes "an obligation that must be fulfilled unless it conflicts on a particular occasion with an equal or stronger obligation" (p. 33). Thus, she rejected an outright rank ordering of the principles or an acceptance of the principles as being absolutely valid in all circumstances.

Although Kitchener successfully bridged the disciplines of philosophical ethics and counseling and psychology ethics, she did not clearly articulate a methodology by which to use the principle ethics framework in ethical decision making. In principle ethics, when principles conflict, the practitioner must carefully weigh, balance, sift, and winnow competing principles to determine which principle has precedence. It is this important issue that raises considerations about the influence and implications of Kitchener's work for counseling ethics.

Influence of Kitchener's Approach

Indicators in the counseling literature support the foundational role Kitchener's (1984) principle-based, ethical decision-making approach plays within the ethics landscape of counseling and psychology (Kitchener, 2000; Urofsky, 2000). In a qualitative study of counselor and psychologist educators who had written on the topic of ethics in their respective fields and who had been involved in shaping the professions' directions with ethics (including Kitchener), respondents generally agreed that Kitchener's introduction of principle ethics played an important role in shaping the way that ethics is discussed in the helping professions (Urofsky, 2000). Assertions in the literature have also suggested that the principles espoused in Kitchener's model underlie the codes of ethics of both the American Psychological Association (APA; 2002; Bersoff & Koeppel, 1993; M. Hill, Glaser, & Harden, 1995) and the American Counseling Association (ACA; 2005; Pedersen, 1997).

In recognizing Kitchener's impact, Cottone and Claus (2000) chose Kitchener's (1984) work as a starting point for their review of ethical decision-making literature in counseling and psychology between fall 1984 and summer 1998. Knapp and Sturm (2002) also attested to the importance

of Beauchamp and Childress's principle approach to ethics (p. 161) presented in Kitchener's (1984) work. Jordan and Meara (1990), in making their own significant contribution to the ethics dialogue with their challenging of principle ethics and advocacy of an alternative "virtue ethics" orientation, emphasized the important role principle ethics played in psychology training and practice, noting the "focus on the application of ethical principles to situations involving dilemmas" (p. 107). Clearly, the professional counseling literature is replete with recognition of Kitchener's approach.

Approaches to Drawing on Kitchener's Work

Many authors have drawn upon or cited Kitchener's (1984) work. A cited reference search of the very narrow Web of Science (including *Arts and Humanities Citation Index*, *Social Sciences Citation Index*, and *Science Citation Index Expanded*, but excluding all but five ACA journals) revealed that Kitchener's work had been cited 134 times since 1985. Although it is beyond the scope of this article to review all of the works in which Kitchener was cited or all similar works in such ethically focused journals as *Counseling and Values*, an abbreviated examination revealed two general approaches to drawing on her work: a basic summarization of or reference to her work as a foundation for an argument or premise, and a more thorough examination of concepts she raised or application of the concepts to particular practice issues. Both of these goals seem to have considerable untapped potential utility for mental health practice.

Basic Summarization or Reference

In the first approach, basic summarization of or reference to Kitchener's (1984) work, authors essentially re-present the principles in Kitchener's work or cite Kitchener before building upon or introducing a new concept of possible merit to the literature. Such works contribute to principle ethics-in-counseling literature by disseminating the overall concepts to a wider audience while also reaffirming the significance of Kitchener's work within the profession. In turn, this summative scholarship stimulates articles that expand on the principle ethics concepts. Some representative examples of articles in this first category include Bowers and Pipes's (2000) use of Kitchener's competing principles ethical dilemma criteria to develop vignettes for studying influences of consultation on ethical decision making. Although they do not specifically reference Kitchener's article, Glosoff and Pate (2002) listed and defined the moral principles included in her work and under the rubric of principle ethics, and indicated that school counselors could benefit from looking at moral principles to help them manage privacy and confidentiality issues.

D. Robson and Robson (2000) discussed ethical issues in Internet counseling in relation to the ethical principles presented by Kitchener (1984).

These authors did not address the resolution of dilemmas but explained respective considerations in Internet counseling for each of Kitchener's principles, yielding a helpful resource for specifying and weighing ethical principles in decision making. Similarly, Harris (2002) drew on Beauchamp and Childress (1994) and Kitchener (2000) in examining issues for working with diverse clients. Harris asserted that foundational principles could assist neuropsychologists in interpreting APA's (2002) *Ethical Principles of Psychologists and Code of Conduct*. Whittinghill (2002) likewise used ethical principles to classify ethical dilemmas encountered by family therapists working in alcohol and drug settings. Sukut and Trathen (2002) essentially re-presented the principle ethics approach of Kitchener (1984) for use by marriage and family therapists who are attempting to follow the American Association for Marriage and Family Therapy's (2001) ethics code.

Bewsey and Odulate's (2003) discussion of specific ethical dilemmas related to forms of abuse encountered by clients used Kitchener's (1984, 2000) principles to label specific attributes of cases. In studying a related topic, Hunter (2001) applied Kitchener's (1984) principles to evaluate five theoretical approaches to working with domestic violence issues. Stevens (2000) briefly cited the pivotal importance of Kitchener's (1984) principles, and Jordan and Meara's (1990) and Meara, Schmidt, and Day's (1996) virtue considerations, noting the fundamental importance of both as bases for counselor ethical decision making and action. Vasquez (2003) examined implications and meaning of Kitchener's (2000) ethical principles through a feminist ethics lens. Suffice it to say, Kitchener's impact is readily documented as pervasive in professional counseling literature across a wide spectrum of ethical issues. Moreover, several in-depth explorations attest to the depth of Kitchener's work and influence.

In-Depth Examination and Application of Principle Ethics

Our review found that counseling ethics literature has relatively few in-depth examinations of principle ethics compared with basic summarization of or reference to principle ethics as a concept. Schulte and Cochrane's (1995) school counseling ethics text did not specifically mention Kitchener's work but did explore in depth the utility of first- and second-order *prima facie* principles for school counselors regarding the exploration and resolution of ethical challenges. The concept of the principles being *prima facie*, as indicated previously, is a distinct element of Beauchamp and Childress's (1979) presentation of principle ethics popularized in the counseling literature by Kitchener. Thus, Schulte and Cochrane's in-depth work assumes Beauchamp and Childress's (1983) and Kitchener's (1984) basic framework.

Other examples of thorough explorations of principle ethics include works by Jordan and Meara (1990); Meara et al. (1996); M. Robson, Cook, Hunt, Alfred, and Robson (2000); and Jenkins (2003). Jordan and Meara and Meara et al. performed the most critical analyses of principle ethics as it relates to

psychology and counseling. These authors transformed the discussion with their own reaching out to the philosophical ethics literature to propose *virtue ethics* as a necessary and complementary approach to principle ethics. Virtue ethics is an ethical model emphasizing the importance of client and counselor character and traits in ethical decision making. One distinction between these approaches can be understood in terms of principle ethics answering the question "What should I do?" in an ethical dilemma, whereas virtue ethics addresses the question "Who should I be?" as an ethical therapist (Urofsky, 2000). These and the following in-depth examples from professional literature further underscore Kitchener's (1984) encompassing influence and potential for expanded impact.

M. Robson et al. (2000) explored Kitchener's (1984) overall model of moral reasoning with regard to counseling research issues and indicated a need to return to the intuitive level to examine assumptions after working through the model. They concluded that this approach (i.e., a return to professional intuition) to the application of Kitchener's principles could enhance investigation of the values and assumptions that influenced how counselors worked through the model and which principles they chose to give preeminence in a decision. Jenkins (2003) cited Kitchener extensively in an examination of ethics that drew upon principle ethics and philosophical ethics literature. Jenkins ultimately argued for a hybrid approach to ethics, described as including universalism, particularism, and communitarianism ethics to meet various demands of counseling practice.

Kitchener (2000) herself revisited principle ethics in her book *Foundations of Ethical Practice, Research, and Teaching in Psychology*, expanding on the discussion in her 1984 work and including additional information on virtue ethics. However, Kitchener's contributions in selected chapters of Anderson and Barret's (2001) edited text *Ethical Issues in the Practice of Psychology With Clients With HIV/AIDS* demonstrate extensively, through case study analysis, the great potential of principle ethics to clarify and facilitate ethical decision making in very complex cases. Most recently, Freeman and Francis (2006) proposed casuistry, a case-based approach to ethical decision making involving "identification of paradigms and analogies to past experiences" (p. 148) as a complement to principle ethics. In effect, the preceding literature review documents a major perspective and force of breadth and depth for principle ethics-based decision making in all counseling circumstances, including complex cases. Such a pervasive influence constitutes a basis for major implications, including expanded utility for counseling practice, counseling research, and counselor preparation.

Ethics Education

In surveys of programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (2001), Urofsky and Sowa (2004) and A. L. Hill (2004b) uncovered an important role being played by

principle ethics in counselor education. Forty percent of respondents in the Urofsky and Sowa survey reported teaching Kitchener's ethical decision-making model, surpassed in the study only by the Corey, Corey, and Callanan (1998) ethical decision-making model (67%). Similarly, in A. L. Hill's (2004b) study, 70% of respondents ranked "biomedical ethical models (e.g., principle ethics)" (p. 195) among the top five theoretical models that were a focus of their instruction. A. L. Hill (2004a) found decision-making models; legal cases and precedents; and models of principle ethics, in that order, to be the three highest ranked models for teaching ethics in counselor preparation programs.

The ethics instructors who participated in Urofsky and Sowa's (2004) study indicated that they primarily used several standard counseling ethics textbooks. Fifty percent of the respondents reported using *Issues and Ethics in the Helping Professions* (Corey et al., 1998), and 23% reported using the textbook *Ethical, Legal, and Professional Issues in Counseling* (Remley & Herlihy, 2001). Both of these textbooks provide definitions of the principles presented in Kitchener (1984) and also include basic consideration of those principles in the ethical decision-making models they each present. Although the Corey et al. and Remley and Herlihy works are the most often used counseling ethics textbooks, other counseling ethics texts address principle ethics and offer deeper explorations of the principle ethics concepts.

Cottone and Tarvydas (2003) provided case scenarios to illustrate meanings of the different principles and to tie the principles to particular counseling practice considerations, noting the great value of principle ethics in highly challenging ethical decisions faced by counselors. Sperry (2007) discussed ethical principles but put greater emphasis on a virtues approach, translating the principles into corresponding ethical values. It is clear that Kitchener's influence on counselor preparation textbooks is so pervasive that it has a profound influence on the ethical understanding of counselor educators and master's- and doctoral-level counseling students.

Discussion

The clearest indicators of the influence of Kitchener's (1984) principle ethics presentation is in the area of counselor education. There is anecdotal evidence of principle ethics influencing ethics understanding at the leadership level of the counseling profession (Urofsky, 2000) as well as assertions of the foundational role the principles play in the codes of ethics of the helping professions (Bersoff & Koeppel, 1993; M. Hill et al., 1995; Pedersen, 1997). Despite its foundational prevalence, however, many questions remain about the proper role and function of principle ethics in counseling ethics. Are there more suitable ethics models that would better suit a relational/artistic enterprise like counseling? Is principle ethics really an appropriate ethics orientation for counselors? Has principle ethics in counseling ethics evolved as a concept to the extent and prominence that it has in other fields, particularly biomedical

ethics? Has principle ethics actually influenced the ethical practices and decision making of practitioners? Can principle ethics evolve from a more covert to an overt presence in ethical decision making in counseling?

Alternative Approaches

Alternative approaches to principle ethics (e.g., Betan, 1997; Callender, 1998) have arisen in response to a perceived incompleteness or inadequacy in principle ethics as an orientation for counseling ethics. However, our extensive literature review found only one sustained effort on the part of authors to build upon concepts they presented or to respond to or critique concepts presented by other authors. The result is a range of disconnected concepts that lack breadth, depth, and the incremental gains emanating from a sustained dialogue among authors with similar or contrasting ideas concerning appropriate directions for counseling efforts. One notable exception to this scattered trend is the sustained and influential work of Meara (Jordan & Meara, 1990; Meara et al., 1996; Punzo & Meara, 1993) in the area of virtue ethics, which closely parallels Kitchener's (1984, 1996, 2000) development of principle ethics concepts.

To date, virtue ethics has emerged as an influential alternative or complementary orientation to principle ethics. Kitchener (1996) accepted that some virtue considerations were relevant to principle ethics, although she argued against some of Meara et al.'s (1996) formulation. In the evolution of principle ethics in the biomedical ethics arena, Beauchamp and Childress (2001) have placed greater emphasis on moral character in addition to principles.

Attention in the literature has also addressed relational ethics formulations. Betan (1997) argued that the context of the therapeutic relationship and the therapist's subjective responses must be considered in the interpretation and application of ethical interventions. Kitchener (1996) indicated that Noddings's (1984) ethics of care warranted additional consideration as a means to establish a "multiculturally sensitive" (Kitchener, 1996, p. 95) ethic for psychology, although no scholarship has developed in the counseling literature addressing an ethics of care. The emphasis on mutual interdependence in relationships in an ethics of care approach seems to hold promise for a profession such as counseling, which emphasizes human worth, dignity, uniqueness, potential, self-respect, and respect for others. These relational approaches offer a subtle contrast to the emphasis in principle ethics on a more dispassionate, cognitive, ethical analysis of the variables in an ethical dilemma.

Expansion of Dialogue

High-quality efforts toward critical analysis of a principle ethics approach in counseling exist, but the quantity and frequency of such studies is limited when one considers that more than 20 years have passed since Kitchener's (1984) original publication. This dearth of intensive inquiry and shared discovery is a

significant issue given the evidence suggesting that principle ethics is influencing counseling education. There appears to be a general, albeit tacit, acceptance of principle ethics as a valid concept for counseling ethics, without a concomitant depth of sustained inquiry to validate the premise and promise of this model.

Without an ongoing evaluative dialogue and expansion of the principle ethics concepts, it is possible that what has been accepted is a fairly static concept, little changed from what Kitchener (1984) originally introduced. As indicated previously, Kitchener (1984) primarily defined the principles and identified considerations in psychology related to each principle, but did not fully address application considerations of a principle ethics approach. The relative stasis of principle ethics concepts in the counseling literature stands in marked contrast to the continual evolution of principle ethics and other ethical concepts in the field of biomedical ethics. Regarding the five editions of Beauchamp and Childress's (1979, 1983, 1989, 1994, 2001) *Principles of Biomedical Ethics*, DeGrazia (2003) argued, "One would be hard pressed to find a text that has been more influential and more frequently cited" (p. 219). Beauchamp and Childress's work, however, does not have tacit universal acceptance in the biomedical ethics literature, but operates instead in a healthy environment of continual support, skepticism, and criticism. The result is a continual evolution and expansion of ideas by both proponents of the Beauchamp and Childress principles formulation (e.g., Beauchamp, 1995) and opponents (e.g., Gert, Culver, & Clouser, 1997).

Integration Into Ethical Codes

As indicated previously, principle ethics appears primarily as an isolated concept in the counseling ethics literature, frequently distilled down to a consideration of the principles themselves, rather than as a decision-making enterprise involving specifying, weighing, balancing, sifting, and winnowing the principles in relation to the particulars of the case under consideration. In some instances, basic consideration of principles may be adequate, but this necessitates counselors having a clear understanding of what is meant by the principles under consideration, including subtle as well as obvious aspects of these principles. In more complex situations, where there is a great deal at stake, such as cases involving decision making in counseling and HIV cases or in cases involving minors, the weighing of principles is a difficult process that necessitates an in-depth examination of what each principle means and what it means in relation to the particulars of the case, as well as a subsequent translation of this understanding into action.

Currently, careful and deliberate application to subtle as well as overt aspects of principle ethics, if included at all in ethical decision-making models, is generally presented as one step in the model, usually preceded at some point by consideration of the relevant ethical codes and legal standards. Thus, the ethical codes retain their prominence as the primary action guides for ethical decision making in counseling. Knowledge of the ethical code(s) is critical

for all counselors because the codes present the standard of care for counseling. However, counselors go about making ethical decisions in a variety of ways, and there are different levels for considering ethical dilemmas, as Kitchener (1984) indicated in her critical-evaluative model. Principle ethics and the codes of ethics should not serve as mutually exclusive concepts, because, as Kitchener and others have indicated, the principles included in the model, although perhaps not explicitly evident, implicitly serve as the foundation for the codes of ethics for ACA (2005) and APA (2002).

Some counseling and psychology organizations have sought to address the disconnect between principles and codes of ethics by making the principles more overt in their codes of ethics. The British Association for Counselling and Psychotherapy (BACP; 2007), for example, has moved away from a single code of ethics approach, proffering instead an overarching *Ethical Framework for Good Practice in Counselling and Psychotherapy*. The BACP emphasizes different approaches to ethics in its framework, asserting that an overreliance on any single ethical approach (e.g., a code of ethics) has its limitations. Included in the framework are examples of "good practice" for the same principles included in Kitchener's (1984) model, along with examples for the principle of self-respect. In describing the utility of the principles, the framework includes the following statement:

Ethical decisions that are strongly supported by one or more of these principles without any contradiction from others may be regarded as reasonably well founded. However, practitioners will encounter circumstances in which it is impossible to reconcile all the applicable principles and choosing between principles may be required. A decision or course of action does not necessarily become unethical merely because it is contentious or other practitioners would have reached different conclusions in similar circumstances. A practitioner's obligation is to consider all the relevant circumstances with as much care as is reasonably possible and to be appropriately accountable for decisions made. (BACP, 2007, p. 2)

Thus, some guidance is provided for understanding what the principles are and involve, and the issue of conflicting principles is given some consideration.

The Canadian Psychological Association (CPA; 2003) adopted a somewhat different approach, specifically and overtly integrating ethical principles into their code of ethics. The four principles included in the code (respect for the dignity/of persons, responsible caring, integrity in relationships, and responsibility to society) serve as the organizing structure for the code—with each principle presented in the code followed by a values statement defining the principle and a listing of standards illustrating the application of the principle. By making the principles explicit and integrated into the code, the CPA is able to provide specific ethical decision-making guidance within the code of ethics pertaining to conflicts between and among the principles.

The frameworks of these two organizations represent alternative formats to the ACA *Code of Ethics* (ACA, 2005). Although overt inclusion of ethical principles at the beginning of each section of the current ACA *Code* constitutes a major move beyond the acutely and falsely dichotomized ACA (1995) ethical

standards, much of the ACA *Code* concentrates on specifics at the expense of principles; more overt and extensive attention to principles could enhance counselor ethical decision making. Overt attention to and infusion of ethical principles in the British and Canadian codes cited earlier is an important consideration for two reasons: First, people approach ethical decision making in a variety of ways, and integrating multiple approaches to ethics within a code can create a more holistic code that is accessible and usable by more professionals. Second, principle ethics, as it currently stands, is a relatively isolated concept from ACA's *Code of Ethics*. The closest integration between the two found in this literature review is in Forester-Miller and Davis's (1996) guide to ethical decision making that is included on ACA's Web site.

Integration between the code of ethics and the principle ethics approach holds promise for maximizing utility of the principle ethics approach through promoting a greater understanding of what is involved in each of the principles, how they relate to each other, and considerations related to weighing principles when one or more are in conflict. For principle ethics to have utility beyond its extensive stimulation, rubric, and protocol, practitioners will need enhanced understanding of the previously discussed issues. Such understanding could be promoted and enhanced through an overt recognition or modeling by ACA, perhaps via future ACA codes of ethics, that this approach has gained precedence over the many other models of ethical decision making proposed throughout the years in the counseling literature. Integration of principle ethics into a code of ethics could result in a better code with explanatory elements and decision-making components built in. In turn, this integration could result in better practice applications. In crisis situations, practitioners may find that time and resources are limited. A document that promotes understanding and decision making, in contrast to a general, legalistic one, could benefit practitioners at all levels.

Conclusion

Lack of an ongoing dialogue around principle ethics and related ideas raises two interrelated implications: (a) need for formalized study, articulation, and dialogue within the counseling profession about relationships among principle ethics, virtue ethics, and counseling ethics and (b) the need for a wider outreach toward and appreciation for the disciplines of philosophy and ethics to help inform this debate and generate subsequent formulations. Such a dialogue could help counseling practitioners, educators, and the profession, in its entirety, come to a fuller understanding of principle ethics. In turn, focused inquiry and informed dialogue could yield a variety of options for adaptation and integration of competitive and complementary ideas and applications. In effect, this advanced, more overt theoretical knowledge could assist with the theory-to-application gap that exists in the literature.

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