THE APPLICATION OF VIRTUE ETHICS TO THE
PRACTICE OF COUNSELING PSYCHOLOGY

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
The Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By
Heather L. Fry, M.A.

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The Ohio State University
2005

Dissertation Committee:
Dr. Don M. Dell, Advisor
Dr. Richard K. Russell
Dr. Lyle D. Schmidt

Approved by

Advisor
Psychology Graduate Program
ABSTRACT

The increasingly diverse populations served by psychologists has led to an increase in the importance of acknowledging cultural factors in both practice and research. The practice of virtue ethics encourages professionals to develop a conscious awareness of their morals from a multicultural perspective, and to strive to attain a worldview that does not perpetuate the beliefs and values of mainstream culture. Although scholars within the field acknowledge the complimentary nature of virtue ethics to current ethical standards, the integration of virtue ethics into the training and practice of psychology has produced more theoretical discussion than empirical research.

Accordingly, the purpose of the current study is to replicate the findings of Fry (2002) using a sample of licensed, practicing psychologists and to examine the empirical relationship between the two constructs within virtue ethics that have been identified as the essential components to developing a psychology sensitive to cultural, racial, and social diversity and moral decision-making. More specifically, the present study examined the likelihood of psychologists to actually demonstrate the virtues of benevolence and respectfulness in everyday behaviors and to distinguish such practitioners from those who may possess knowledge of such virtues, but choose not to act upon them.
A battery consisting of four measurement scales and nine demographic questions was administered to 190 licensed, practicing psychologists from the membership Divisions 17 and 29 of The American Psychological Association. Benevolence, but not respectfulness, was found to be a significant positive predictor of greater sensitivity to multicultural issues among respondents. Unlike the previous empirical study by Fry (2002), no group differences were observed across gender, racial/ethnic identity, age, degree, or theoretical orientation of psychologists. Several hypotheses are discussed that may explain the results of the present study.

Implications of the results address the integration of virtue ethics into the training and practice of culturally competent counseling psychologists. Limitations of the present study and suggestions for future research in the area of virtue ethics are discussed.
ACKNOWLEDGMENTS

I wish to extend my appreciation to my advisor, Don Dell, for his patience and guidance in assisting me with this project.

I would especially like to thank Naomi Meara, for her thought provoking correspondence, continual encouragement, and valuable contributions to the topic of virtue ethics within the field of psychology that provided me with the inspiration to pursue this research.

I also wish to thank Rich Russell and Lyle Schmidt for their suggestions in methodology and intellectual support.

Edgar Merkle provided invaluable assistance in the analysis and preparation of my results for which I am grateful.
December 28, 1976……………………….Born – Pittsburgh, Pennsylvania, USA

1999……………………………………..B.A. Psychology, Ohio Wesleyan University.
             B.A. Sociology, Ohio Wesleyan University.

2002……………………………………..M.A. Psychology, The Ohio State University.

1999……………………………………..Clinical Data Analyst/Manager,
             Western Psychiatric Institute and Clinic
             University of Pittsburgh, Pittsburgh, PA

2000 – 2001…………………………..Graduate Administrative Associate,
             Academic Advising, University College
             The Ohio State University, Columbus, OH

2001 – 2002…………………………..Instructor, Center for Talented Youth,
             Johns Hopkins University, Baltimore, MD

2001 – 2003…………………………..Graduate Administrative Associate,
             Career Counselor, Career Connection
             The Ohio State University, Columbus, OH

2003 – present………………………Graduate Teaching Associate, Department of
             Psychology, The Ohio State University
PUBLICATIONS

Research Publication


FIELDS OF STUDY

Major Field: Psychology
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INTRODUCTION

Ethical standards are vital to the profession of psychology. Psychology, at minimum, asserts that the goals and character of the profession are to exhibit competence and to serve the common good (Meara, Schmidt, & Day, 1996). However, as the ‘common good’ served by psychologists becomes an increasingly diverse population, established psychologists and those in training are faced with the challenge of becoming trustworthy professionals who are competent to work with variety of constituencies and clients. Recent comments from scholars in the field of psychology (Sue, 2001; Welfel, 1998) note that many cultural definitions of ethical behavior are not embraced by current professional standards. Likewise, recent research has questioned whether the practice and delivery of psychological services to culturally, racially, and socially diverse populations has been morally just (Pedersen & Marsalla, 1982; Ivey, 1987; Pedersen, 1995; Kitchener, 1996; Meara, et al., 1996; Welfel, 1998). Therefore, a re-examination of existing ethical codes of conduct is needed to consider individual differences and to establish more ethically sound standards to the practice and research of psychology.

Current ethical standards in psychology can be categorized as *principle ethics*. Principle ethics are the standard rules and regulations set forth by institutions and
organizations (e.g. The American Psychological Association), and could be described as “professional obligations” or “prescribed principles of practice”. Although they serve an intermediate level of moral justification between personal intuition and formal theory, the standardized principle ethics observed throughout the field of psychology were developed from Western, individualistic traditions. Therefore, any professional behavior that adheres exclusively to these principle standards may risk failing to serve all individuals with equality and to acknowledge the existence of individual differences.

1.1 Introducing Virtue Ethics to Psychology

Based upon the recent comments within the field of psychology, (Sue, 2001; Welfel, 1998) the exclusive application of current ethical standards appears insufficient in accommodating the culture and beliefs of ethnic, racial, religious, physically challenged, socioeconomic, and sexually oriented populations whose value systems are not tantamount to Western, mainstream culture. **Virtue ethics** are a set of ethical beliefs that predispose persons to understand what should be done in the presence of an ethical dilemma, and increase the likelihood that they will act on moral ideals (Kitchener, 1996). Despite the prevalence of **virtue ethics** in philosophical literature and research, Meara and her colleagues (1996) were the first authors to describe these characteristic ways of thinking, feeling, and acting upon a moral character in a theoretical model that applied them to the profession of psychology. Additionally, Meara and her colleagues (1996) have maintained that virtue ethics serve as a compliment to, rather than a substitute for, principle ethics, which refer to the set of **prima facie** obligations, rules, and prescribed ethics that one considers when confronted with an ethical dilemma.
DuBose, Hamel, and Connell (1994) contend that whereas principle ethics address the question, “What ought I to do?” virtue ethics address the question of “What ought I to be?” Kitchener & Anderson (2000) elaborate further on this concept and note that the study of virtue ethics focuses on what characteristics a moral person should have rather than what actions they should do. Viewed as characteristic ways of thinking, feeling, and acting upon a moral character, virtues predispose individuals to understand what should be done when they encounter an ethical dilemma, and increase the likelihood that they will act on moral ideals (Kitchener, 1996). Virtue ethics rely on the wisdom and mores of a particular group to define what constitutes virtuous behavior, and have been conceptualized as a focus on character traits and non-obligatory ideals that facilitate the development of ethical individuals (Meara, et. al., 1996). Meara and her colleagues (1996) define virtues as traits of character that are assigned merit in some context. Ethical virtues can therefore be conceptualized as virtues that have merit in relation to matters of right or proper conduct. Furthermore, Meara and colleagues initially define their theoretical model by simply defining what it is not: principle ethics. It is the complimentary nature of virtue ethics to current principle standards by which psychologists could engage more effectively with, and discern appropriate ethical conduct to clients of culturally, racially, and socially diverse populations in both research and practice.

Whereas the framework of principle ethics is defined by prescribed rules and guidelines, persons who integrate the ideals of virtue ethics into their professional codes of conduct believe motivation, emotion, character, ideas, and moral habits within the traditions and practices of a culture or group present a more complete account of moral
life than actions based on such prescribed rules alone (Meara, et al., 1996). DuBose and colleagues (1994) note that although virtues do include a motivation to perform “right” actions, they themselves are not sufficient to determine which actions are “right”. It is a consideration of the context in which an action is to be performed that differentiates virtue ethics from the prescribed rules of principle ethics. Virtue ethics are community specific since they rely on the wisdom and morals of a particular group to define what is virtuous behavior. Psychologists that are cognizant of how virtue ethics may influence their professional roles are cautious to demonstrate knowledge of possible cultural issues when working with clients, but refrain from making assumptions or conclusions based solely upon the visible demographic criteria of clientele.

Welfel (1998) contends that in consideration of psychology’s emphasis on individual differences, it appears somewhat illogical to not include a subjective ethical component such as virtue ethics within models of effective psychological services and research. The practice of virtue ethics not only encourages individuals to develop a conscious awareness of their morals from a multicultural perspective, but also to strive to attain a worldview that does not perpetuate the beliefs and values of mainstream culture (Ibrahim, 1996).

A failure to acknowledge diversity in ethical standards presents psychologist with the dilemma of cultural values competing with ethical values. Furthermore, a failure to integrate principles of diversity with the delivery of psychological services stunts the development of more culturally pluralistic ethical standards, and jeopardizes the character and public trust of professionals within psychology. The diverse clientele served by mental health professionals has led to an increase in awareness of the importance of
acknowledging cultural factors in both practice and research (Constantine, 2002; Constantine, Ladany, Inman, & Ponterotto, 1996).

Recent investigations support assertions that psychologists demonstrating interest in a client’s culture are perceived as more culturally competent by clients than those who do not attend to the construct of culture (Pope-Davis, et. al, 2002; Gim, Atkinson, & Kim, 1991; Sodowsky, 1991). Such perceived cultural competence has been demonstrated to increase the effectiveness of the working alliance in therapy (Sodowsky, et al., 1999) and, theoretically assumed to inherently meet the needs of culturally different clients in therapy (Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001).

1.2 A Need to Shift From Theory to Practice

Given the pluralistic and increasingly diverse nature of society, principle ethics, albeit necessary, are clearly not sufficient in providing a complete account of what it means to be an ethical professional within the field of psychology. Ivey (1987) notes that the current ethical standards of psychology are based on Aristotle’s “Nicomachean ethics” which identify what is “good” and “correct” as that decided by the majority in power. While counselors impose ethical rules upon themselves, the therapeutic relationship has the potential to create a hierarchical model of ethical standards; the counselor becomes the person in power and frequently decides the rules for clients to follow in therapy.

Given that one of the greatest concerns in the field of psychology regards the ethical competence of its professionals in working with culturally, racially, and socially diverse populations, the assumption that practitioners can universally apply standardized ethical principles across various communities and cultures with equal effectiveness does
little more than hinder psychology’s progress in serving diverse populations equally, and perpetuates the pervasive myth of equality in the services provided. Furthermore, attitudes of cultural mistrust held by many people of color toward providers of psychological services make it especially important for professionals within this field to address client concerns in a culturally sensitive and appropriate manner (Constantine, 2002; Nickerson, Helms, & Terrell, 1994).

Welfel (1998) notes that many cultural definitions of what is ethical (e.g. high priority of autonomy in Western cultures), is not endorsed by other societies. Ignorance of such differences presents psychologists with the dilemma of cultural values not only competing with ethical values, but with determining the very definition of what is ethical. Fortunately, the characteristics of virtuous agents are not biologically inherited traits, but rather learned skills and abilities that can be developed throughout one’s life. Possessing a high degree of self-awareness and having discernment in knowing how a principle or ideal is relevant in a given situation are considered by Meara and her colleagues (1996) to be examples of how individuals display virtuous characteristics.

Although they are not obligated to do so, virtuous agents are motivated to do good. Additionally, they are connected to and understand the mores of a community in regard to how moral decisions are made (Ibrahim, 1996; Meara, et al., 1996; Welfel, 1998). Therefore, virtuous agents intrinsically want to do good and acknowledge the community specific nature of virtue ethics as well as the moral differences that exist across populations. The lofty goal of achieving equality in both treatment and research requires psychologists to move beyond standards of principle ethics, and exhibit the virtues appropriate to the profession. Punzo and Meara (1993) acknowledge this need and
make a distinction between self-regarding and other-regarding virtues. Self-regarding virtues primarily benefit the agent who possesses them, and are frequently conceptualized as indicators of inner character strength. Other-regarding virtues assume an orientation that produces moral goodness for others, or provide directly to the benefit of the community (Meara, et al., 1996; Punzo, 1993).

Whereas the self-regarding virtues of prudence and integrity are most closely related to the goal of competence, or personal excellence within psychology, the other-regarding virtues of respectfulness and benevolence further the goals of developing a psychology sensitive to cultural, racial and social diversity (Meara, et al., 1996). Given the increasing emphasis on developing multicultural competencies among psychologists and the recent adoption of the Guidelines for Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists at the 2002 National Convention (2002b), particular focus has been given to the virtues of respectfulness and benevolence as the characteristics likely to facilitate the attainment of competency in regard to the provision of psychological services to diverse populations.

Although scholars within the field acknowledge the complimentary nature of virtue ethics to current ethical standards, the integration of virtue ethics into the training and practice of psychology has produced more theoretical discussion than empirical research. Virtue ethics has recently been viewed as an influential component in counseling with multicultural populations (Pedersen, 1995; Meara, et al., 1996; Sue, 2001), but attention to how virtue ethics may be a component of working effectively with diverse populations has been limited to theoretical discussion rather than empirical research. Similarly, current studies in the area of multicultural competencies have yet to
consider ethics as a primary focus of empirical or theoretical research. Nevertheless, the theoretical and practical implications of virtue ethics identify them as constructs that warrant empirical examination as psychologists serve an increasingly diverse society.

A study by Fry (2002) marked the first empirical attempt to directly ascertain the existence of the virtues of benevolence and respectfulness as measurable psychological constructs. Although previous attempts sought to establish empirical links between moral behavior and philosophical based theories (Punzo, 1993), Fry (2002) examined the relationships between virtues of benevolence and respectfulness and the likelihood of individuals to engage in moral behaviors as indicated by scores on the Visions of Morality Scale created by Shelton and McAdams (1990). The responses of 417 participants supported the author’s hypothesis that persons who frequently engage in behaviors characterized by higher levels of benevolence and respectfulness would also possess a greater sensitivity to attitudes related to multicultural issues than those who did not engage in such behaviors. The results also provided support that the virtues of benevolence and respectfulness exist as separate entities that contribute to the display of virtuous behavior.

Although such a study serves as an important first step toward the integration of virtue ethics in the field of psychology, the need to determine the applicability of such findings to licensed practitioners in the field exists in order to define just how psychologists may be able to better serve and increasingly diverse clientele. Given their prospects to increase a professional’s sensitivity to diversity among populations and ability to provide for the common good, particular attention is warranted to examine relationships between the other-regarding virtues of respectfulness and benevolence, and
the likelihood of licensed psychologists to engage in moral behaviors. Examining the likelihood of practitioners to actually *demonstrate* these virtues and engage in virtuous behavior may distinguish virtuous practitioners from those who possess knowledge of such virtues, but choose not to act upon them. Furthermore, such research initiatives appear to be imperative, as the virtues of benevolence and respectfulness have been regarded as necessary components for the ethical distribution of psychological interventions to diverse populations (Meara, et al., 1996).

Accordingly, the purpose of the present study is to establish an empirical link between the other-regarding components of virtue ethics identified by Meara and colleagues (1996) as the essential components to developing a psychology sensitive to cultural, racial, and social diversity and moral decision-making. More specifically, the current study will examine the likelihood of licensed, practicing psychologists to actually demonstrate the virtues of benevolence and respectfulness in everyday behaviors, and to distinguish such virtuous practitioners from those who may possess knowledge of such virtues, but choose not to act upon them. Furthermore, the results of the proposed study will seek to replicate the findings of Fry (2002) in which persons who said they frequently engaged in behaviors characterized by higher levels of benevolence and respectfulness also reported a greater sensitivity to attitudes related to multicultural issues.

With primary goals of providing service and enhancement to the lives of others, the profession of psychology is well served by attention to the integration of virtue ethics into the lives of professionals. Individuals who do not espouse respect for differences across ideas or subcultures other than their own are limited in their ability to distribute
services or interventions equally to diverse populations. More importantly, a failure to address such issues in the training of professionals in psychology and the standards of continuing education for practicing psychologists is likely to result in the delivery of unequal services to members of historically underrepresented cultural, ethnic, racial, and social populations. Furthermore, such practices perpetuate the inequalities in the social and vocational opportunities available to these members of society. The integration of virtue ethics into the training of professionals that provide mental health care and preventative education will not only improve the quality of service provided to clients of culturally, racially, and socially diverse populations of society, but also serve to enhance the profession’s credibility, reputation, and ability to be viewed as trustworthy among such groups within society.
CHAPTER 2

LITERATURE REVIEW

2.1 The Relationship of Virtue Ethics and Multiculturalism in Psychology

Research by Kitchener (1996) suggests that a client’s willingness to trust a psychologist or therapist depends less on the competence of the practitioner than the extent to which clients can trust the character of that practitioner. Therefore, although the behaviors of a counselor are necessary for virtue ethics to be integrated into practice, the client’s perception of the counselor also plays an important role in determining whether a counselor “is viewed” as being a virtuous professional. The integration of virtue ethics into the practice of psychology encourages individuals to develop a conscious awareness of their morals from a multicultural perspective, and to strive to attain a worldview that does not perpetuate the beliefs and values of mainstream culture (Ibrahim, 1996).

Although the traditions of virtue ethics have existed since the time of Aristotle, their focus has traditionally been on rules, duty, principles, and laws rather than on human character (Mayo, 1993; Meara et al., 1996). Perhaps in their most pure existence, virtue ethics address the moral question of “What ought I to be?” rather than “What ought I to do?”, as is proposed by most principle ethical standards. Virtue ethics were described
by DuBose et al., (1994) as those ideals that enable a counselor to discern the “right” course of action in a specific situation without necessarily relying on principles or rules to guide their decision-making. Furthermore, DuBose and colleagues note that virtue ethics enhance the inclination to do what is right and to avoid what is wrong. Thus, the desire for a counselor to either perform or not perform a specific action is perceived not as an obligation, but rather a choice that he or she seeks to make.

Recent revisions to the APA Ethical Principles of Psychologists and Code of Conduct reflect the continuing evolution of psychology and changes in the socio-political climate of the United States (2002a). An example of such a change includes the addition of a subsection to the current Assessment section of the Code which 9.02, which emphasizes that psychologists should only use assessment instruments that are valid and reliable for the population being tested. If validity or reliability have yet to be established, psychologists are instructed to include both the strengths and limitations of their results using a particular assessment in their written interpretation. It also directs psychologists to use assessment methods appropriate for an individual's language preference and competence, unless the use of another language is relevant to the assessment. While such an addition acknowledges the need to establish cultural equivalency in standardized assessments and diversity among clients in terms of language, education, and competency levels, many current ethical beliefs within the field continue to impede the development of more culturally pluralistic ethical standards, and hinder psychology’s progress in serving diverse populations with equality.

Pedersen (1995) proposes a more relational view of ethics in which a tripartite understanding or “negotiation” between the counselor, client, and the cultural context
occurs. Such negotiation would not only minimize the phenomenon of what he refers to as cultural encapsulation, in which counselors seek “absolutist” solutions to ethical dilemmas, but also decrease the institutionalized cultural bias of counselors that often unknowingly violates the ethical standards of psychotherapy. A relational view of ethics such as this enables clients to offer perspectives that provide useful information about what is helpful about counseling, both generally and precisely with regard to multicultural issues (Constantine, 2002). Given that such information may assist mental health professionals in identifying and providing effective and satisfactory services to a wider range of client groups, scholars of the field have proposed that future ethical standards be applied and interpreted differently in each cultural context, while remaining grounded in the same ethical principles (Paulson, Truscott, & Stuart, 1999; Pedersen, 1995).

The importance of the cultural context of therapy has also been considered by Sue and Sue (2002) who contend that it may be more advantageous for therapists to adjust to and work within a client’s culture rather than demanding that the client adapt to the culture of the therapist. The authors note that many minority group individuals find the one-to-one and in-office type setting common to psychotherapy very formal, removed, and alien. Assuming the role of an outreach facilitator, consultant, change-agent, or the use of the client’s familial or indigenous support system may therefore be more appropriate at times, and involve the therapist more actively in a client’s life experiences than what he or she has been traditionally trained to do. The acceptance of such alternative roles by a professional within the field of psychology helps to indicate
commitment to clients, and a therapist’s interest in them as individuals (Sue and Sue, 2002).

Ivey (1987) also advocates the development of a construct that would consider the total social and cultural context of an individual in counseling from an ethical viewpoint, and states that clients representing populations other than that of White, mainstream culture are not only unable to express themselves honestly and openly without being judged, but are more likely to perceive a power differential existing between themselves and the White counselors when a cultural context is absent from discussions of ethical dilemmas. Constantine (2002) notes that because of cultural mistrust attitudes held by many people of color toward professional psychological services, it may be especially important for therapists to address mental health issues in a culturally sensitive and relevant manner. The integration of virtue ethics to psychology would advocate a new form of a dialectical inquiry between counselor and client in the process of counseling. Such discussions may help to clarify the ethical concerns and needs of diverse client populations served by psychologists.

2.2 A Variety of Virtues...Why Benevolence and Respectfulness?

Beauchamp and Childress (1994) define a moral virtue as an ‘acquired habit or disposition to do what is morally right or praiseworthy’ (p. 261), and emphasize the defining feature of virtue ethics by the action of applying these beliefs into the distribution of services by a profession. Interestingly, a psychologist’s display of benevolence and respectfulness (as defined by Meara, et al., 1996) are the other-regarding entities in which such trust is founded. Chosen to be the foundation upon which virtue ethics is constructed within the field of psychology, these virtues, along with
the self-regarding virtues of prudence and integrity, are essential to the process of psychologists acting on moral ideals (Meara, et al., 1996).

Analogous to the “bedside manner” of medical doctors, these four virtues are believed to enable persons to better understand and respond to ethical problems and standards in psychology than professionals not possessing such qualities. These characteristics are not only desirable traits of persons in training, but also relevant to the making of well-qualified and competent psychologists (Kitchener & Anderson, 2000). Although virtue ethics focus on an individual’s character development for the basis of professional judgments and actions, Jordan and Meara (1990) hypothesize that it is the exercise of the other-regarding virtues of respectfulness and benevolence that likely lead persons to demonstrate behaviors that illustrate competence to serving the common good and a sensitivity to multiculturalism. The current study sought to examine their hypothesis, and provide empirical support that psychologists possessing virtues of benevolence and respectfulness are more likely to take action in pursuit of these values.

2.3 Respectfulness

The principles of virtue ethics embrace respect as a provision of special attention, deference, or regard to individuals and communities on and in the terms that they themselves define (Meara, et al., 1996). Respect is conceptualized as a dynamic concept that is dependent upon a culture or society for its’ definition. The critical question for professionals to consider is how others want to be respected. Therefore, until a community or individual defines how or what it would like to have respected, there exists no simple guidelines for professionals to determine what constitutes ethical behavior.
While a small number of studies exist that have examined concepts related to respect such as social justice, equality, broad-mindedness, and unity with nature, virtually no research has empirically measured respectfulness as defined herein. With such a paucity of relevant research existing on the construct of respectfulness, Schwartz’s conception of the universalism value which encompasses understanding, appreciation, tolerance, and protection for the welfare of all people and for nature, makes it the definition of respect most akin to that used in the current study. Schwartz’s use of the words ‘understanding, appreciation, and tolerance’ reiterate the core notion that respect is a dynamic concept, that is dependent upon a culture or society for its’ definition; It is not a simply awareness of a preconceived set of beliefs, but rather, a provision of special attention, deference or regard to individuals and communities on and in the terms that they themselves define. The focus on both the enhancement of others and transcendence of selfish interests makes the Universalism scale of the Schwartz Value Survey (SVS) (1992) a complimentary measure of respectfulness to include in the current replication of Fry (2002).

Welfel (1998) noted that in order for professionals to conceptualize respect as a fluid and community specific entity, the development of a tolerance for ambiguity, as well as a divergent view of right and wrong, is needed. Rather than merely acknowledging that psychological processes may differ across cultures, Lonner and Ibrahim (1996) note that the developing a tolerance for ambiguity encourages psychologists to assume a universalist approach to practice and research, and helps to facilitate the demonstration of respect through behaviors.
Perhaps nowhere is such a tolerance more needed than in the diagnosis and treatment of culture-bound syndromes in the United States. Despite fairly high prevalence rates among the immigrant populations of U.S. cities, culturally bound syndromes such as *hwa-byung*, a suppressed anger syndrome suffered by Koreans, and *Latah*, a Malaysian and Indonesian psychosis that leads to uncontrollable mimicking of other people, are frequently undiagnosed in immigrant populations or confused with other conditions (Kershaw, 2003). When psychologists show acceptance, awareness, and understanding to their clients with regard to the manifestation of psychological processes differing across populations, they display the virtue of respect in the form of tolerance for ambiguity (Lonner & Ibrahim, 1996). The subsequent and favorable result of such behaviors on behalf of psychologists is most often the formation of therapeutic relationships that are more heavily influenced by cooperative dialogue and mutual respect than by a prescribed set of rules and regulations (Vasquez, 1996).

### 2.4 Benevolence

Individuals possessing benevolence are distinguished by wanting to do good, despite the fact that they are not obligated to do so. The virtue of benevolence is implicitly esteemed with high regard by the Principles contained in the APA Code of Ethics (1992, 2002a), and define the Principles themselves as the ideals and aspirations of practitioners rather than the obligations they must seek to fulfill. Clearly, Principle E (Concern for Others’ Welfare) and Principle F (Social Responsibility), along with recent promotions for psychologists to become professionally involved with social action task groups, overtly encourage professionals within the field to engage in benevolent acts.

Benevolence often integrates components of social responsibility and public interest through its practice, and thereby serves as a vehicle through which professionals achieve the goal of contributing to the common good. The benevolent professional knows what is good or best for those (s)he serves, and regardless of his or her own views, sets about to do good (Meara, et al., 1996). Likewise, the concern for virtue ethics to examine “What ought I to be?” rather than “What ought I to do?” further clarifies the nature of benevolence to influence individuals to act in morally appropriate ways when moral requirements and self-interests conflict (DuBose, 1994).

Similar to its other-regarding counterpart of respectfulness, benevolence is a construct that is virtually absent from empirical literature in psychology. Although a small number of studies have measured related constructs such as helpfulness, forgiveness, honesty, and loyalty as individual variables, only a paucity of research has examined the virtue of benevolence as an empirical construct. With a focus on the concern and welfare of close others in everyday interactions, Schwartz’ (1992) definition of benevolence encompasses the related aforementioned values, along with values of responsibility, true friendship, a spiritual life, mature love, and meaning in life. It is the inclusivity of this definition and validity of the value items both cross-culturally and within a given culture that lend the Benevolence scale of the SVS as an ideal secondary measure of benevolence to compliment the Self-Report Altruism Scale, the primary measure used both in the current replication study and originally in Fry (2002).
Given that virtue ethics rest on the belief that motivation, emotion, character, ideals, and moral habits situated within the tradition and practice of a culture or group, their function within a profession is to present a more complete account of the moral life than actions based on prescribed rules or principles of practice that can be detached from individuals and their communities. Virtue ethics call upon individuals to develop traits of character that enable person to achieve these ideals and serve as the inextricable link between who and what we are and what we do that defines the ethical character of psychology as a profession.
CHAPTER 3

METHOD

3.1 Participants

Participants were 190 licensed, practicing psychologist (98 females, 83 males, 2 persons identifying as neither gender) from the membership of the American Psychological Association (APA). Participant identification was conducted via the APA Office of Research through the random selection of 1100 APA members (550 females, 550 males) with membership status in Division 17 (The Society of Counseling Psychology) and/or Division 29 (Psychotherapy) as listed in the 2003 Directory of APA Membership. These Divisions were selected for participant sampling given the likelihood that affiliates with either Division would spend more time on client-related activities than APA members choosing not to be affiliated with other Divisions of interest. The initial sample of 1100 members was stratified to match the racial and ethnic diversity of both the Division 17 and Division 29 membership. Each of the 1100 potential participants was mailed a packet containing a brief cover letter explaining the study, the assessment battery itself, a prepaid return mail envelope, and instructions for voluntary participation. These materials appear in Appendices A-D, in the same order that they were presented to each of the participants.
A return rate of 17.3% was obtained from the mailing of research materials, with a final sample of 190 participants returning completed assessments to be included in the data analysis. The racial/ethnic composition of the present sample is in Table 3.1. Majority of respondents were Caucasian (90.4%, N = 169) with the percentages of racial/ethnic minority group respondents approximate their average representation in Division 17 and Division 29 of the American Psychological Association (see Appendix F). The largest portion of respondents in the current study was between 51 and 60 years of age (48.1% of sample).

The highest professional degree obtained by more respondents in the sample than any other degree was the Doctorate of Philosophy in Psychology (Ph.D.), (86 %; N = 165) with private practice the modal response for the primary work setting of participants. Most respondents (74.6%. N = 138) reported spending more than 75% of their time on client-related activities across all reports of primary work setting. Additionally, more participants identified themselves as eclectic in their approach to therapy that any other single theoretical orientation (35.8%, N = 64). A complete summary of all demographic information compiled from the participants of the current sample are presented in Tables 3.2, 3.3, 3.4, and 3.5.
<table>
<thead>
<tr>
<th>Racial/Ethnic Identity</th>
<th>Frequency</th>
<th>Percentage of Total Sample ( ^a )</th>
</tr>
</thead>
<tbody>
<tr>
<td>African/African-American</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>Asian-American/Pacific Islander</td>
<td>6</td>
<td>3.2</td>
</tr>
<tr>
<td>Caucasian</td>
<td>169</td>
<td>90.4</td>
</tr>
<tr>
<td>Latino(a)/Hispanic</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>&lt;1.0</td>
</tr>
<tr>
<td>Multiracial</td>
<td>3</td>
<td>1.6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>&lt;1.0</td>
</tr>
</tbody>
</table>

\( ^a N = 187 \)

Table 3.1: Racial/Ethnic Identification of Participants in Sample.

<table>
<thead>
<tr>
<th>Highest Professional Degree</th>
<th>Frequency</th>
<th>Percentage of Total Sample ( ^a )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ph.D</td>
<td>165</td>
<td>86.8</td>
</tr>
<tr>
<td>Psy.D.</td>
<td>10</td>
<td>5.3</td>
</tr>
<tr>
<td>Ed.D</td>
<td>9</td>
<td>4.8</td>
</tr>
<tr>
<td>M.A.</td>
<td>3</td>
<td>1.6</td>
</tr>
</tbody>
</table>

\( ^a N = 187 \)

Table 3.2: Highest Professional Degree Obtained by Participants in Sample.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Frequency</th>
<th>Percentage of Total Sample ( ^a )</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-30</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>31-40</td>
<td>9</td>
<td>4.9</td>
</tr>
<tr>
<td>41-50</td>
<td>45</td>
<td>23.7</td>
</tr>
<tr>
<td>51-60</td>
<td>89</td>
<td>48.1</td>
</tr>
<tr>
<td>61-70</td>
<td>33</td>
<td>17.8</td>
</tr>
<tr>
<td>71 and older</td>
<td>7</td>
<td>1.8</td>
</tr>
</tbody>
</table>

\( ^a N = 185 \)

Table 3.3: Age Representation of Participants in Sample.
<table>
<thead>
<tr>
<th>Primary Work Setting</th>
<th>Frequency</th>
<th>Percentage of Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>University or College</td>
<td>22</td>
<td>11.9</td>
</tr>
<tr>
<td>Industry/Business</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>VA Hospital/Clinic</td>
<td>8</td>
<td>2.1</td>
</tr>
<tr>
<td>Primary Health Care Provider</td>
<td>8</td>
<td>2.1</td>
</tr>
<tr>
<td>Community Mental Health</td>
<td>8</td>
<td>2.1</td>
</tr>
<tr>
<td>Private Practice</td>
<td>123</td>
<td>66.5</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>7.6</td>
</tr>
</tbody>
</table>

\(^a\)N = 185

Table 3.4: Primary Work Setting of Participants in Sample.

<table>
<thead>
<tr>
<th>Theoretical Orientation</th>
<th>Frequency</th>
<th>Percentage of Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>42</td>
<td>23.5</td>
</tr>
<tr>
<td>Eclectic</td>
<td>64</td>
<td>35.8</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>14</td>
<td>7.8</td>
</tr>
<tr>
<td>Humanistic</td>
<td>8</td>
<td>4.5</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>45</td>
<td>25.1</td>
</tr>
<tr>
<td>Social Learning</td>
<td>1</td>
<td>&lt;1.0</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>2.8</td>
</tr>
</tbody>
</table>

\(^a\)N = 179

Table 3.5: Theoretical Orientation of Participants in Sample.
3.2 Instruments

3.2.1. Benevolence. The extent to which the desire to do good without an obligation to do so was assessed with two different instruments; the Benevolence subscale of the Schwartz Value Survey (Schwartz, 1992) and the Self-Report Altruism Scale (Johnson, Danko, Darvill, Bochner, Bowers, Haung, Park, Pecjak, Rahim, & Pennington, 1989). The Schwartz Value Survey (SVS) examines 10 general value types that Schwartz (1992, 1994) has demonstrated to be recognized reliably by people within and across cultures. These ten value types have been found to exist in 44 different countries including the United States.

Benevolence, as defined herein, is concerned with the well being of significant others in everyday actions by being more helpful, loyal, and forgiving to them when they commit transgressions (Ryckman & Houston, 2003). It is important to note that benevolence is more narrowly defined than prosocial behavior, a related but different construct that emphasizes concern for the welfare of people in all settings. Additionally, it is this more broadly defined construct that has received more empirical examination than the more narrowly focused virtue of benevolence. Given that the benevolence values present in the Benevolence subscale of the Schwartz Value Survey emphasize the preservation and enhancement of the welfare of people with whom one is in frequent personal contact, it serves as an ideal measure for use in the present study.

The most recent version of the SVS consists of 56 items in which lists of values are presented with a brief explanation of each presented in parentheses next to the value. The instrument has used norm groups obtained from 97 samples in 44 countries from every inhabited continent between 1988 and 1993, and consists of 41 samples of school
teachers of varied subjects (Grades 3-12), 42 samples of university students of mixed majors, 12 occupationally heterogeneous samples of adults, and two samples of adolescents, totaling 25,863 respondents (Schwartz, 1992, 1994). Such diversity poses a strong test of possible universal aspects of value contents and structure, but is nonetheless limited to contemporary literate cultures.

Respondents are asked to indicate the importance of each value as guiding principles of their lives on a nine-point Likert type scale (-1=not important; 7=of supreme importance). Although all 56 items were administered to respondents in the present study, only the items contained in the Benevolence and Universalism subscales were used in data analysis. A sample value item from the Benevolence subscale of the SVS is, “Forgiving (willing to pardon others)”. Coefficient alphas for the Benevolence value types based on a recent sample of college respondents from the United States and Great Britain was reported as .74 (Ryckman & Houston, 2003).

Similarly, the Self-Report Altruism Scale (SRAS) was designed to measure the extent to which an individual is consistently more kind, generous, and helping to others. The instrument is an action frequency questionnaire, consisting of 56 short sentences that present situations where the potential for altruistic behavior exists. Johnson and colleagues (1989) define altruistic behavior as “performing an act helpful to someone without expectation of reward or repayment” (p. 855). Participants respond to each situation on a 5-point Likert scale ranging from Never or Once to Often or Very Often. Examples of items include, “I have shared credit for an accomplishment when I could have easily taken it all”, and “I have helped an someone I didn’t know get up when (s) he slipped and fell down”.

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The establishment of the psychometric properties of the SRAS was conducted using seven samples of university students from six different countries (United States of America, Australia, Egypt, Korea, Republic of China, and the nation formerly known as Yugoslavia, N=1052). High test-retest reliability rating over the span of a 2-week interval was reported for the SRAS ($r = .94$). Johnson and colleagues (1989) examined the internal consistency reliability of the SRAS and reported coefficient alphas for all samples ranging from .89-.94. Such findings were corroborated by Fry (2002) who determined an alpha coefficient of .92 in her use of the SRAS with a college population, but no known research has used this measure with older populations.

Additionally, Johnson and his colleagues examined the correlations between the SRAS, separate altruism measures, and benevolence scale scores. Each of the separate measures of altruism they examined were highly correlated with scores of the SRAS and a rated importance of helping, while a lack of association was found between lie scores and each of the altruism measures, including the SRAS. These findings suggest that social desirability response sets did not greatly influence the psychometric findings of the SRAS during the initial development of the instrument by Johnson and his colleagues (1989).

3.2.2. Respectfulness. Meara and colleagues (1996) describe respectfulness as the giving of attention and deference to individuals and communities in the terms that they define, and it is this definition that was utilized in the present study. Similar to the examination of benevolence, two separate instruments were used to examine a pluralistic definition such as this, which accounts for and encompasses diverse paradigms of respectfulness.
The 8-item Universalism subscale of the Schwartz Value Survey (SVS) (1992) was the first instrument used to examine this construct. Schwartz (1992) describes the value type of Universalism as an “understanding, appreciation, tolerance, and protection for the welfare of all people and for nature”, and a conscious acceptance of others who are different and commitment to treat them justly. This contrasts with the narrower focus of Schwartz’s benevolence values, which focus on solely on the welfare of individuals with whom one has frequent personal contact. Additionally, Schwartz’s concept of universalism includes the notion of accepting others who are different from the self, and treating them with justice and equality. This concept reflects the essence of what Meara and her colleagues refer to as respectfulness, and it is for this reason that items corresponding to the value type of Universalism were used as one of two measures for the construct of respectfulness in the current study.

Identical to the format of the Benevolence subscale of the SVS, respondents indicate the importance of values as guiding principles of their lives on a nine-point Likert type scale (-1=not important; 7=of supreme importance). A sample value item from the Universalism subscale of the SVS is, “Broadminded (tolerant of different ideas and beliefs)”. Ryckman and Houston (2003) reported coefficient alphas for the Universalism value types as .84 based on their sample of respondents from the United States and Great Britain.

A second instrument used to obtain a measure of respectfulness was an adapted version of The Multicultural Attitude Survey designed by Ponterotto, Baluch, Greig, and Rivera (1998). The Multicultural Attitude Survey was designed to measure the awareness of, and sensitivity to, issues of cultural pluralism, and consists of 20 items that
were written to reflect general multicultural awareness, appreciation, and tolerance. Given The Multicultural Attitude Survey’s emphasis on diverse paradigms of beliefs in a professional setting, it was selected as an ideal secondary measure of respectfulness for the present study.

Although The Multicultural Attitude Survey was initially developed for use with a teacher population, the contextual content of items was adapted for use with a psychologist population by the author in both her present and previous studies of this nature (Fry, 2002). Participants respond to each item statement using a 5-point Likert scale that ranges from Strongly Disagree to Strongly Agree. Examples of items include “As the clientele served by mental health professionals becomes more culturally diverse, the practitioner’s experience becomes more rewarding”, and “College curriculum, graduate and professional training programs, and continuing education standards need to be adapted to meet the need of culturally diverse student and professional populations”.

Ponterotto and colleagues (1998) initially reported a .86 internal consistency alpha coefficient using a teacher sample. Fry (2002) reported similar findings in her use of the 20-item instrument with a college student sample (\(\alpha = .85\)). Additionally, Ponterotto and colleagues reported a 3-week test-retest coefficient of .80 for the total score. Criterion-related validity was assessed using the group differences approach (Walsh & Betz, 1990), and examined score differences based on gender, race, and multicultural-specific training in either graduate courses or professional workshops. Results demonstrated that The Multicultural Attitude Survey scores could distinguish between participants who had and had not completed multicultural workshop training. Additionally, Ponterotto, et al., (1998) demonstrated a positive relationship between
scores on The Multicultural Attitude Survey and scores on the Quick Discrimination Index subscales for race and gender. Given these results, The Multicultural Attitude Survey appears to be a useful measure that is able to discriminate between persons high and low in multicultural awareness.

3.2.3. Likelihood to engage in virtuous behavior. Apart from merely possessing the characteristics of virtue ethics, it is imperative for virtuous agents to behave in ways that demonstrate these ideals to others. According to Meara, et al., (1996), it is imperative that one must not only be virtuous, but must be seen as virtuous. The Visions of Morality Scale (Shelton & McAdams, 1990) was used to assess the likelihood of individuals to engage in virtuous behavior, and measure the “everyday morality” of individual, that the authors define as a morality, which has commonplace events and situations as its focus. The measure consists of 45 short scenarios that are designed to present participants with a variety of non-exceptional and at times, morally ambiguous situations.

Three subscales comprise the Visions of Morality Scale, and each subscale consists of 15 items. The subscales are private morality, (defined as “anonymous prosocial responding without knowledge of or a relationship to the person benefiting from the response”), interpersonal morality (defined as “a prosocial response directed toward person(s) known by the moral agent”), and social morality (defined as “emphasis on social issues and humanitarian themes” p. 927). Only the private and interpersonal morality scales were used for the purposes of the proposed study as these are the subscales adapted by Punzo (1993) in his initial examination of virtue ethics and moral behavior, and those used by Fry (2002) in the first empirical study of this nature. Punzo’s
decision to only use the two aforementioned scales was based upon the results of pilot studies conducted to provide empirical groundwork for a measure of other-regarding behavior. Such was the justification for their use in Fry (2002), and the present replication study as well.

Participants respond to each item on a 7-point Likert scale ranging from “I would definitely do [what the statement says I do]” to “I definitely would not do [what the statement says I do]”. Examples of items include the following scenario:

I am a member of a community organization that invites a guest speaker who will speak on current political events. A three-person committee from the organization is in charge of arranging details for the event. The committee asks me to come two hours early on the night of the speech in order to set up chairs and fix refreshments. I tell the person that I will come to the talk but I will not come two hours early to set up.

Despite the relatively small body of empirical research on the Visions of Morality Scale, several evaluations of the psychometric properties of the instrument have been conducted. Fry (2002) observed an alpha coefficient of .88, and Punzo (1993) reported similar findings in his use of the VMS (α = .86, N=115). A study by the Shelton and McAdams (1990) illustrated a positive relationship between Visions of Morality scores and participants’ voluntary involvement with social service activities. Additionally, Punzo (1993) reported a predictive association between higher scores on the Visions of Morality Scale and participants’ likelihood to link moral thought and behavior together.

3.2.4. Demographic questionnaire. A brief set of nine questions appeared at the end of the assessment battery and requested information regarding the age, gender, racial/ethnic identity, primary work setting, nature of training program (Ph.D, Psy.D, or Ed.D.), years in practice, percentage of time spent with client-related services, approximate hours (if any) of any specific continuing education or training in the areas of
either diverse populations and/or ethics, and major theoretical orientation of each participant.

3.3 Procedures

The research battery was mailed along with a brief cover letter explaining the study and providing contact information for the researcher, a prepaid return mail envelope, and instructions for voluntary participation to each of the 1100 members randomly selected from the Division 17 and Division 29 memberships. Each battery consisted of the 56-item Schwartz Value Survey (SVS), the 52-item Self-Report Altruism Scale (SRAS), the 20-item Multicultural Attitude Survey (MAS), and the 30-item Visions of Morality instrument (in that order), with nine demographic questions appearing at the end of the battery. The cover letter included instructed individuals to participate only once should they receive duplicate mailings as members of both Divisions.

Identification numbers rather than names were randomly assigned to completed response sheets prior to data analysis. Response sheets contained no identifying information (e.g. name, address) to ensure the anonymity of participants and their responses. This system of data collection made it impossible to match the identification number of a response sheet with a specific name or address, and thus maintained anonymity in responses. Participants were able to request a debriefing statement detailing the nature and purpose of the study and the results of the final data analyses. Debriefing statements and research findings were provided via United States Mail Service or electronic mail per the request of the participant.
CHAPTER 4

RESULTS

4.1 Instrument Reliabilities

The reliability and normality of the four instruments administered were examined prior to data analysis. The reliability of the measures was assessed using Cronbach’s alpha, and each was shown to approximate the psychometric robustness of previous research. Internal consistency reliability for the 53-item Self-Report Altruism Scale (SRAS) was .91, and .73 for the 20-item Multicultural Attitude Survey (MAS). Likewise, the alpha coefficients for the Benevolence & Universalism (Respectfulness) value types on the Schwartz Value Survey (SVS) were .75 and .84, respectfully, and .88 for the 30-item Visions of Morality Scale used with this sample. Additionally, each of the measures demonstrated both skewness and kurtosis values indicative of no significant departure from normality.

4.2 Means, Standard Deviations, and Group Differences

Measures of Benevolence

The overall means and standard deviations of respondents for each of the four measures are provided in Table 4.1. The construct of benevolence was assessed using 2 measures; The Schwartz Value Survey (SVS) and the Self-Report Altruism Scale.
(SRAS). The SVS uses a 9-point (0-8) Likert-type scale to measure the virtue of benevolence, and a 5-point (1-5) Likert-type scale is used in the SRAS. The greater a respondent’s score on each measure, the greater identification they have with the construct benevolence.

The present sample attained a mean of 2.49 on the SRAS, the identical value observed by Fry (2002) (\(M = 2.49, SD = .46, n = 417\)). The finding suggests respondents of the current study to be similar in regards to their identification of benevolence as the college sample previously examined by Fry (2002).

The SVS scale was not used as a second measure of benevolence in the author’s previous research, thus, no data on this particular measure is available for comparison with Fry (2002) as it is with the SRAS. While, greater variance was observed across respondent scores on the Benevolence scale of the SVS than those on the SRAS, the mean scores of both the Benevolence Scale of the SVS and SRAS fall relative to the mean for each measure. This observation suggests that there is no reason to conclude that the two instruments are measuring different aspects of benevolence in the present study.
Table 4.1: Means and Standard Deviations of Measures of Benevolence (SVS, SRAS), Respectfulness (SVS, MAS), and Likelihood to Engage in Virtuous Behavior (VMS).

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benevolence</td>
<td>4.08</td>
<td>2.46</td>
<td>8</td>
</tr>
<tr>
<td>Respectfulness</td>
<td>4.91</td>
<td>1.43</td>
<td>8</td>
</tr>
<tr>
<td>SRAS</td>
<td>2.49</td>
<td>.74</td>
<td>5</td>
</tr>
<tr>
<td>MAS</td>
<td>2.64</td>
<td>1.03</td>
<td>5</td>
</tr>
<tr>
<td>VMS</td>
<td>4.83</td>
<td>.60</td>
<td>7</td>
</tr>
</tbody>
</table>

Note. SVS = Schwartz Value Survey; SRAS = Self-Report Altruism Scale; MAS = Multicultural Attitude Survey; VMS = Visions of Morality Scale. The higher the score, the greater benevolence, respectfulness, and likelihood of engaging in virtuous behavior, for each measure, respectively.

*aN = 190

Measures of Respectfulness

The construct of respectfulness was assessed using two measures; The Schwartz Value Survey (SVS) and Multicultural Attitude Survey (MAS). Identical to the range of the Benevolence scale of the SVS, the Universalism scale uses a 9-point (0-8) Likert-type scale to measure the virtue of respectfulness, and a 5-point (1-5) Likert-type scale is used in the MAS. Similar to the instruments used to measure benevolence, the greater a respondent’s score on each measure, the greater identification they have with the construct respectfulness.

Compared to the overall mean (\(M = 3.51, SD = .55, n = 417\)) of MAS scores observed by Fry (2002), the mean herein of 2.64 suggests the current sample to be less
positive in regards to respectfulness in the context of multicultural attitudes than the sample used in her initial study. Similar to the measurements of benevolence, the mean scores of both the MAS and the Universalism Scale of the SVS fall relative to the mean for each instrument. This observation suggests that there is no reason to conclude that the two instruments are measuring different aspects of respectfulness in the present study.

Respondents generally displayed a greater frequency respectful behavior than benevolent behavior on each of the instruments intended to measure the constructs, respectively. Current respondents were also slightly less likely to engage in virtuous behavior as measured by the Visions of Morality Scale (VMS) \( (M = 4.83) \) than were those observed by Fry (2002) \( (M = 4.91, \, SD = .72, \, n = 417) \).

Additionally, a one-way ANOVA was conducted to examine differences in scores on each of the instruments administered across each of the demographic variables measured. No significant differences across gender, ethnic/racial identity, degree, age, or theoretical orientation were observed on any of the four measures administered; hence subsequent analyses used the total sample.

4.3 Regression Analysis

Multiple regression analysis examined the virtues of benevolence and respectfulness as predictors of likelihood to engage in virtuous behavior as represented by total scores on the Visions of Morality Scale (VMS). Table 4.2 presents the results of this analysis with each total sum score from each of the four measurement scales administered serving as variables within the regression equation. Both measures of benevolence (total sum scores on the Benevolence Scale of the SVS and SRAS) were significant predictors of an increased likelihood to engage in virtuous behavior, \( F(4, \)
189) = 5.74, p < .05, R² = .110. Interestingly, neither measure of respectfulness significantly predicted likelihood to engage in virtuous behavior.

Additional regression models were examined to determine if the measures administered differentially predicted the likelihood to engage in virtuous behavior. Several regression equations examined only 2 predictors at a time as predictors of likelihood to engage in virtuous behavior. The first equation examined the Benevolence Scale of the SVS along with the Respectfulness Scale of the SVS. The second equation examined the Benevolence Scale of the SVS with the MAS, and a third equation examined the Respectfulness Scale of the SVS with the SRAS. Additionally, the total sum score of each of the four instruments administered to respondents was examined independently as a predictor of virtuous behavior. Equivalent findings were observed across each of these additional regression models with both measures of benevolence, but neither measure of respectfulness, existing as significant predictors of respondents’ likelihood to engage in virtuous behavior.
### Table 4.2: Correlations Between Total Scores for Measures of Benevolence (SVS & SRAS), Respectfulness (SVS & MAS), and Likelihood to Engage in Virtuous Behavior (VMS).

<table>
<thead>
<tr>
<th>Measure</th>
<th>SVS (B)</th>
<th>SVS (R)</th>
<th>SRAS</th>
<th>MAS</th>
<th>VMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benevolence (B)</td>
<td>---</td>
<td>.841*</td>
<td>.670*</td>
<td>.574*</td>
<td>.260*</td>
</tr>
<tr>
<td>Respectfulness (R)</td>
<td>.841*</td>
<td>---</td>
<td>.457*</td>
<td>.542*</td>
<td>.100</td>
</tr>
<tr>
<td>SRAS</td>
<td>.670*</td>
<td>.457*</td>
<td>---</td>
<td>.139</td>
<td>.242*</td>
</tr>
<tr>
<td>MAS</td>
<td>.574*</td>
<td>.542*</td>
<td>.139</td>
<td>---</td>
<td>.051</td>
</tr>
<tr>
<td>VMS</td>
<td>.260*</td>
<td>.100</td>
<td>.242*</td>
<td>.051</td>
<td>---</td>
</tr>
</tbody>
</table>

Note. SVS = Schwartz Value Survey; SRAS = Self-Report Altruism Scale; MAS = Multicultural Attitude Survey; VMS = Visions of Morality Scale. The higher the score, the greater benevolence, respectfulness, and likelihood of engaging in virtuous behavior, for each measure, respectively.

*N = 190
*p < .01

### Table 4.3: Summary of Multiple Regression Analysis for Variables Predicting Likelihood to Engage in Virtuous Behavior.

<table>
<thead>
<tr>
<th>Variable</th>
<th>R</th>
<th>R²</th>
<th>B</th>
<th>SE</th>
<th>β</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benevolence</td>
<td>.332</td>
<td>.110</td>
<td>.767</td>
<td>.250</td>
<td>.253</td>
<td>3.073*</td>
</tr>
<tr>
<td>Respectfulness</td>
<td>-.138</td>
<td>.178</td>
<td>-.064</td>
<td>-.778</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SRAS</td>
<td>.158</td>
<td>.054</td>
<td>.205</td>
<td>.2908*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAS</td>
<td>.026</td>
<td>.064</td>
<td>.029</td>
<td>.405</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. SVS = Schwartz Value Survey; SRAS = Self-Report Altruism Scale; MAS = Multicultural Attitude Survey; VMS = Visions of Morality Scale. The higher the score, the greater benevolence, respectfulness, and likelihood of engaging in virtuous behavior, for each measure, respectively.

*N = 190
*p < .01

Table 4.3: Summary of Multiple Regression Analysis for Variables Predicting Likelihood to Engage in Virtuous Behavior.
CHAPTER 5

DISCUSSION

The virtue based ethical standards of professionals place less emphasis on which rules individuals should follow and instead focus on helping people to develop the character traits imperative to make correct decisions in a particular profession. The present study sought to examine the virtues of benevolence and respectfulness as two virtues that contribute to the display of virtuous behavior by licensed practicing psychologists. More specifically, it considered the hypothesis of Meara and colleagues (1996) that the other-regarding virtues of benevolence and respectfulness further the goals of developing a psychology sensitive to cultural, racial, and social diversity by examining the relationship of these two virtues with practicing psychologists’ sensitivity to attitudes of multicultural issues. Benevolence, but not respectfulness, was found to be a significant positive predictor of a greater likelihood to engage in virtuous behavior among respondents. These findings were based on measurements of benevolence using the Benevolence subscale of the Schwartz Value Survey (SVS) (Schwartz, 1992) and the Self-Report Altruism Scale (Johnson, et al., 1989) and measurements of respectfulness using the Universalism subscale of the SVS (1992) and the Multicultural Attitude Survey (Ponterotto, et al., 1998).
A primary goal of the current research was to replicate the study by Fry (2002) using a sample of licensed, practicing psychologists rather than a college population as used in the original study. The present study supports the previous empirical finding of Fry (2002) in that the other-regarding virtue of benevolence was positively related to an increased sensitivity to issues of diversity and multiculturalism. The findings of the current study did not corroborate the presence of a similar relationship between the virtue of respectfulness and sensitivity to multicultural issues as was observed by Fry (2002), and several reasons may account for this finding.

The present study defines respectfulness as a dynamic concept that is dependent upon a culture or society for its’ definition. Only recently has such a connotation become more widely accepted as American society has become increasingly diverse in its population. This connotation contradicts the traditional, Western notion of respect as a pre-determined set of mores or set of acceptable behaviors. The unfamiliarity with such a dynamic definition of respectfulness may have deterred majority of older respondents from identifying with items intended to measure this construct and may have contributed to the overall lower scores of respectfulness measures in the present study compared to those observed in Fry (2002).

Additionally, the limited racial and ethnic diversity of the present sample may have also affected outcomes in measuring this construct, and thus influenced the presence of lower measures of respectfulness among respondents of the author’s present study in comparison to her previous study. Although a number of factors may have contributed to this outcome, one plausible explanation may be grounded in recent research that reports that the majority of Caucasian Americans do not have frequent personal interactions or
consider themselves to be familiar with people of cultures different from their own (Morrissey, 2003). Given that more than half of the respondents in the present sample identified as Caucasian, the sample may be limited to persons who are not likely to be exposed to varied experiences in different cultures and ways of life, and thus not as likely to embrace the concept of respectfulness as defined within this study.

Unlike the previous empirical study by Fry (2002) that was similar in nature, no group differences were observed in the likelihood for individuals to engage in virtuous behavior as indicated by total sum scores of the Visions of Morality Scale (VMS) across gender, racial/ethnic identity, age, degree, or theoretical orientation of psychologists. Several hypotheses exist that may explain such results. The small cell sizes may affect the ability for differences among groups to be detected through statistical analysis, and the similarity in professional interests and training held by APA members in Divisions 17 and 29 may have also elicited similar responses from participants. Future studies may wish to examine the constructs of focus in the present study with members from a variety of Division interests and subfields to see if greater variance does indeed exist.

The attainment of diversity of Division membership and subfield affiliation in future studies of this nature could help determine if differences in ethical thinking exist across professionals within the field of psychology and if so, if the nature or structure of training programs and clinical experiences across subfields may account for some of the variation. Furthermore, the observation of such differences in stratified samples may reveal differences between continuing education requirements and/or curricula across subfields. Such knowledge in the design and content of graduate training programs and
continuing education may help facilitate the acquisition and maintenance of cultural competency among professionals in the field.

An additional consideration of the present sample is that the psychologists that did choose to participate in the present study by taking the time to complete and return response sheets may all hold very comparable views regarding the evaluation of ethical standards within the field. It is therefore possible that the analogous views of respondents may partially account for the similarity across groups in the present study.

Kitchener & Anderson (2000) note that it is important to consider the social environment in which moral ethics and professional behavior occurs since the presence (or absence) of colleagues has the potential to be either beneficial or counterproductive to the development of ethical psychologists, dependent upon the virtues modeled by colleagues. Given that the majority of respondents (66.5%; N= 123) identified private practice as their primary work setting, future studies of this kind may want to obtain stratified samples of psychologists from a variety of settings to determine if response patterns of psychologist are partially dependent upon the professional settings of psychologists. The different social environments of universities, hospitals, and industrial work settings may influence the frequency and structure of the daily contact and consultation that psychologists in each of these settings are likely to have with their colleagues. Such differences may in turn affect their professional behavior and influence their own set of beliefs about the function of moral ethics in their work with clients.

Finally, it is important to note that many respondents provided anonymous anecdotal commentary to accompany their completed response sheets that may amplify some of the remarks regarding the interpretation of the present study’s findings. Several
respondents cited their age as a factor that limited their mobility to frequently travel outside of their rural neighborhoods. They therefore felt it was difficult to relate to some of the scenarios described in the assessment instruments that are typically more likely to occur in a major city or urban setting. Physical limitations due to the onset of recent health conditions, financial instability, and personal security concerns were all cited by several respondents as limiting factors in their likelihood to respond ‘charitably’ to others in the scenarios presented compared to what they would have done earlier in their lives. Such comments reveal how changes to a respondent’s life circumstances (e.g. deterioration of health, occurrence of accidents/natural disaster, retirement) may impact the relationship between their responses on each of the measurement scales and their likelihood to engage in virtuous behaviors.

5.1 Limitations of Study

Despite its ability to contribute to the paucity of empirical research with ethics that exists within psychology, several limitations of the present study must be acknowledged. The sample consisted predominantly of Caucasian practitioners between the ages of 51 and 60, who spend the majority of their professional activities in a private practice setting. Generalizations regarding the results of the present study should therefore be limited to populations with similar demographics, at best.

Secondly, the exclusive use of self-report data limited the assessment of reliability and/or consistency of participant responses to items across measures. The use of self-report ratings to assess sensitivity to multicultural issues and competence in managing such dilemmas is noted to be somewhat limited, given that some individuals tend to response to such measures in socially desirable ways or in ways that may inflate their
perceived competence in this area (Constantine & Ladany, 2000). Since specific causal pathways were not examined quantitatively, future studies should determine the degree to which the two other-regarding virtues considered in the present study (benevolence and respectfulness) contribute to engagement in virtuous behavior.

Finally, the nature of mail survey research presents the dilemma of obtaining a sample with limited representation from what was already a stratified population of professionals within the membership of the American Psychological Association (APA). Future studies of this nature may want to consider alternative data collection methods in addition to sampling wider professional populations of mental health professionals within and beyond the membership of the APA.

5.2 Implications for Future Research

Contributing to the growing body of empirical investigations on a topic that has been examined predominately by theoretical research, the present study suggests how virtue ethics may exist as a set of valuable constructs with the potential to enhance current ethical standards in psychology. Perhaps the key to understanding the value of virtue ethics in the profession of psychology is to value them as ways to understand how psychologists become moral professionals, how they develop the means by which moral decisions are made with clients, and the process by which these attitudes develop.

Although it is important not to undermine the utility and value of prescribed principle ethics, the current ethical standards used in attempt to provide morally just codes of behavior for increasingly diverse populations are insufficient. A failure to acknowledge diversity in ethical standards presents psychologists with the dilemma of cultural values competing with ethical values. Psychologists are thereby faced with two
opposing sets of rules they are to follow in the practice of their profession, and are forced to serve as agents of injustice to one of the two sets and break the rules of the set they choose not to follow.

Pope & Bajt (1988) note that neither of these two decisions may seem acceptable to psychologist who believe that compliance with a legal or professional obligation would be harmful, unjust, or otherwise wrong. The authors note that absolute compliance connotes a “just following orders” mentality that may sacrifice client welfare and personal values to an imperfect system of structured rules, while selective noncompliance connotes an association of persons who believe themselves to be above the law, and able to pick and choose which legal and professional obligations they will obey. Indeed, different cultures seem to provide different models of moral ideals and there may be several, some conflicting, within a given culture or profession. However, it is the nature of virtue ethics to serve as a compliment to rather than a substitute for, principle standards of ethics, by which psychologists can engage more effectively with, and discern appropriate ethical conduct to clients of culturally, racially, and socially diverse populations in research and practice.

The limited ability to generalize the results of the present study to a variety of populations warrants future empirical investigations of virtue ethics and their role in the ethical practice of psychology. It is important to note that the characteristics of virtuous agents are not biologically inherited traits, but rather learned skills and abilities that can be developed throughout one’s life. Thus, future research in the utility of virtue ethics may have the potential to initiate modifications of both the training programs and standards of continuing education for professionals in the fields of psychology and
mental health care. The integration of virtue ethics into graduate training programs in psychology through coursework and supervised practica experiences may not only improve the quality of service provided to clients of culturally, racially, and socially diverse populations of society, but serve to enhance the profession’s credibility, reputation, and ability to be viewed as trustworthy among such groups within society, as well.

Virtue ethics presumes that persons with good character will be more likely to understand and respond to ethical problems and standards than persons without good character. It is in this regard that the concept of virtue ethics suggests that the profession of psychology be concerned with the character traits, namely benevolence, respectfulness, prudence, and integrity, that are critical to being a “good” or ethical psychologist in its selection of candidates for graduate training programs (Kitchener & Anderson, 2000; Meara, et al., 1996). Meara and colleagues (1996) note virtuous behavior as an important factor in the development of a professional who is sensitive to and concerned about ethical behavior in both their personal and professional life. If this is indeed the case, the topic of virtue ethics should be considered for integration into the core curricula of both graduate training and continuing education programs in psychology.

Although a paucity of research exists in the combined fields of moral ethics and psychology, evidence does indicate that ethics training may improve compassion as it is related to ethical sensitivity and prudent judgment in individuals (Kitchener & Anderson, 2000). While it is important to note that ethics education cannot be relegated to a single course in order to have lasting influence on a professional’s overall character, graduate
programs and continuing education curricula that ignore the moral or character aspect of ethical training in professional development or limit such training to one course will likely be inadequate in preparing truly virtuous and ethical psychologists (Kitchener & Anderson, 2000; Meara, et al., 1996).

The rich theoretical knowledge of virtue ethics is suggestive of invaluable implications that would help psychologists and other professionals to service individuals with effective behavioral interventions that are both welcoming and sensitive to diverse populations. The desire to attain such an ideal, coupled with the promising findings of the current study, warrant additional empirical research in this area, and encourage continued refinement of multicultural counseling competencies in psychology.


American Psychological Association (2001). Division 17 National Conference, Houston, TX.


APPENDIX A

SCHWARTZ VALUE SURVEY
Schwartz Value Survey

INSTRUCTIONS:

In this section you are to ask yourself: “What values are important to ME as guiding principles in MY life, and what values are less important to me?” For the items in the following lists, please refer to the words in the parentheses following each value to help you to understand its meaning. Your task is to rate how important each value is for you as a guiding principle in your life. Try to distinguish as much as possible between the values by using all the numbers.

<table>
<thead>
<tr>
<th>Opposed to</th>
<th>Not</th>
<th>Important</th>
<th>Very Important</th>
<th>Of Supreme Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Values</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

VALUE LIST I

RATING

1. Equality (equal opportunity for all)
2. Inner Harmony (at peace with myself)
3. Social Power (control over others, dominance)
4. Pleasure (gratification of desires)
5. Freedom (freedom of action and thought)
6. A Spiritual Life (emphasis on spiritual not material matters)
7. Sense of Belonging (feeling that others care about me)
8. Social Order (stability of society)
9. An Exciting Life (stimulating experiences)
10. Meaning in Life (a purpose in life)
11. Politeness (courtesy, good manners)
12. Wealth (material possessions, money)
13. National Security (protection of my nature from enemies)
14. Self-Respect (belief in one’s own worth)
15. Reciprocation of Favors (avoidance of indebtedness)
16. Creativity (uniqueness, imagination)
17. A World at Peace (free of war and conflict)
18. Respect for Tradition (preservation of time-honored actions)
19. Mature Love (deep emotional and spiritual intimacy)
20. Self-Discipline (self-restraint, resistance to temptation)
21. Detachment (from worldly concerns)
22. Family Security (safety for loved ones)
23. Social Recognition (respect, approval by others)
24. Unity with Nature (fitting into nature)
25. A Varied Life (filled with challenge, novelty and change)
26. Wisdom (a mature understanding of life)
27. Authority (the right to lead or command)
VALUES LIST I (continued)

<table>
<thead>
<tr>
<th>Value</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. True Friendship (close, supportive friends)</td>
<td>______</td>
</tr>
<tr>
<td>29. A World of Beauty (beauty of nature and the arts)</td>
<td>______</td>
</tr>
<tr>
<td>30. Social Justice (correcting injustice, care for the weak)</td>
<td>______</td>
</tr>
</tbody>
</table>

VALUES LIST II

<table>
<thead>
<tr>
<th>Value</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. Independence (self-reliant, self-sufficient)</td>
<td>______</td>
</tr>
<tr>
<td>32. Moderate (avoiding extremes of feeling and action)</td>
<td>______</td>
</tr>
<tr>
<td>33. Loyal (faithful to my friends, group)</td>
<td>______</td>
</tr>
<tr>
<td>34. Ambitious (hard-working, aspiring)</td>
<td>______</td>
</tr>
<tr>
<td>35. Broadminded (tolerant of different ideas and beliefs)</td>
<td>______</td>
</tr>
<tr>
<td>36. Humble (modest, self-effacing)</td>
<td>______</td>
</tr>
<tr>
<td>37. Daring (seeking adventure, risk)</td>
<td>______</td>
</tr>
<tr>
<td>38. Protecting the Environment (preserving nature)</td>
<td>______</td>
</tr>
<tr>
<td>39. Influential (having an impact on people and events)</td>
<td>______</td>
</tr>
<tr>
<td>40. Honoring of Parents and Elders (showing respect)</td>
<td>______</td>
</tr>
<tr>
<td>41. Choosing Own Goals (selecting own purposes)</td>
<td>______</td>
</tr>
<tr>
<td>42. Healthy (not being sick physically or mentally)</td>
<td>______</td>
</tr>
<tr>
<td>43. Capable (competent, effective, efficient)</td>
<td>______</td>
</tr>
<tr>
<td>44. Accepting My Portion in Life (submitting to life circumstances)</td>
<td>______</td>
</tr>
<tr>
<td>45. Honest (genuine, sincere)</td>
<td>______</td>
</tr>
<tr>
<td>46. Preserving My Public Image (protecting my ‘face’)</td>
<td>______</td>
</tr>
<tr>
<td>47. Obedient (dutiful, meeting obligations)</td>
<td>______</td>
</tr>
<tr>
<td>48. Intelligent (logical, thinking)</td>
<td>______</td>
</tr>
<tr>
<td>49. Helpful (working for the welfare of others)</td>
<td>______</td>
</tr>
<tr>
<td>50. Enjoying Life (enjoying food, sex, leisure, etc.)</td>
<td>______</td>
</tr>
<tr>
<td>51. Devout (holding to religious faith and belief)</td>
<td>______</td>
</tr>
<tr>
<td>52. Responsible (dependable, reliable)</td>
<td>______</td>
</tr>
<tr>
<td>53. Curious (interested in everything, exploring)</td>
<td>______</td>
</tr>
<tr>
<td>54. Forgiving (willing to pardon others)</td>
<td>______</td>
</tr>
<tr>
<td>55. Successful (achieving goals)</td>
<td>______</td>
</tr>
<tr>
<td>56. Clean (neat, tidy)</td>
<td>______</td>
</tr>
</tbody>
</table>

Note. Benevolence Value Type items italicized, Universalism (Respectfulness) items in bold
APPENDIX B

SELF-REPORT ALTRUISM SCALE
Self-Report Altruism Scale

Instructions: Please read each item carefully. Decide the frequency with which you have carried out the following acts. Use the numbers on the following scale that conform to the frequency to indicate your answer. Please be sure to accurately record your response for each statement on the data response sheet provided.

<table>
<thead>
<tr>
<th>Never</th>
<th>Once</th>
<th>More than once</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. I have helped push or restart a stranger’s car when it was stalled.
2. I have given directions to a stranger.
3. I have made change for a stranger.
4. I have given money to a charity.
5. I have given money to a stranger who needed it (or asked me for it).
6. I have donated goods or clothes to charity.
7. I have done volunteer work for a charity.
8. I have donated blood.
9. I have helped carry a stranger’s belongings (books, parcels, etc.)
10. I have delayed an elevator and held the door open for a stranger.
11. I have allowed someone to go ahead of me in a line (at a copy machine, in the supermarket).
12. I have helped a stranger to find transportation.
13. I have pointed out a clerk’s error (in a bank, at the supermarket) in undercharging me for an item.
14. I have let a neighbor whom I didn’t know too well borrow an item of some value to me (e.g. a CD, book, dish, etc).
15. I have paid a little more to buy an item from a merchant who I felt deserved my support.
<table>
<thead>
<tr>
<th>Never</th>
<th>Once</th>
<th>More than once</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

16. I have helped a colleague who I did not know that well with a case conference when my knowledge was greater than hers or his.

17. I have looked after a neighbor’s pet without being asked and without being paid for it.

18. I have offered to help a handicapped or elderly stranger cross the street.

19. I have offered my seat on a bus or train to a stranger who was standing.

20. I have helped an acquaintance to move to a new home or apartment.

21. I have helped a neighbor whom I didn’t know that well work on his or her house or yard.

22. I have absorbed the blame for the mistakes of a co-worker or colleague when he or she needed the help.

23. I have done something I honestly felt was wrong in order to help someone I didn’t know that well out of trouble.

24. I have helped someone I didn’t know get up when (s) he slipped or tripped and fell down.

25. I have helped an acquaintance obtain something important that he or she needed (e.g. a job, help with a problem, a place to live, etc.).

26. I have worked past my shift at a job to help a co-worker or boss meet a deadline or responsibility.

27. I have informed authorities (administrators, police, security) after witnessing a wrongdoing, either related or unrelated to my professional work, and identified myself.

28. I have shared credit for an accomplishment when I could easily have taken it all.

29. I have “bent the rules” to help someone I didn’t know that well.
<table>
<thead>
<tr>
<th>Never</th>
<th>Once</th>
<th>More than once</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

30. I have helped a new fellow-employee or colleague get settled on the job or within
the profession, and to learn the tasks or routines involved, even though it was not
part of my job.

31. I have moved my car into a dangerous position to avoid hitting a pedestrian.

32. I have helped an acquaintance out of a personally embarrassing situation and kept
it confidential for her or his sake.

33. I have volunteered to care for an acquaintance that was ill.

34. I have defended someone who I didn’t know from being physically harmed.

35. I have deceived someone when I felt it was for his or her own good.

36. I have loaned my care to friends or neighbors.

37. I have calmed someone I didn’t know who was behaving in a visibly disturbed or
frightened manner in public.

38. I have sacrificed my parking space for a stranger.

39. I have stuck my neck out to “cover for” a co-worker or colleague.

40. In heavy traffic, I have slowed to let someone coming toward me make a right
turn in front of me even though it meant having to wait through the red light.

41. I have stopped on a highway to help a stranger fix a flat tire, or call for assistance.

42. When playing a team sport, I would often sacrifice an opportunity to score when I
see that another player has a better chance than I do.

43. I have “picked up the slack” for another worker when she or he couldn’t keep up
the pace.

44. As part of a group of people, I have done menial jobs that need doing without
being asked even though they were not part of my responsibilities.
<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once</th>
<th>More than once</th>
<th>Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

45. I have been offered responsibilities at work that I have declined in favor of a more qualified co-worker.

46. On occasion, I have “stretched the truth” to help someone out of an embarrassing situation.

47. I have taken a lost child to a store manager so its parents could be found.

48. I have saved someone’s life, other than a client.

49. I have answered the questions of someone doing a door-to-door or telephone survey.

50. I have volunteered to work in a hospital or nursing home outside of my professional training or responsibilities.

51. I have volunteered to participate in community service work.

52. I have attempted to calm someone who was behaving in a frighteningly strange or psychotic fashion when out of the office or ‘off the clock’.

53. I have worked with a committee/group of an unpopular minority organization.
APPENDIX C

MULTICULTURAL ATTITUDE SURVEY
Multicultural Attitude Survey

Instructions: Please read each item carefully. Decide how strongly you agree or disagree with each statement. Your response number indicates how closely each statement describes you. Please be sure to accurately record your response for each statement on the data sheet provided.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Moderately Disagree</th>
<th>Neutral</th>
<th>Moderately Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. I find being in a work environment with culturally diverse individuals rewarding.
2. College curriculum, graduate/professional training, and continuing education and educational procedures need to be adapted to meet the needs of culturally diverse student group.
3. (Sometimes I think that there is too much emphasis placed on multicultural awareness and training).
4. Professionals have the responsibility to be aware of their clients’ cultural backgrounds.
5. I feel that extended family members (e.g. cousins, grandparents, godparents) should be welcome to attend therapy and treatment sessions.
6. (It is not the responsibility of psychologists to encourage pride in one’s culture).
7. As society becomes more culturally diverse, a psychologist’s job becomes increasingly challenging.
8. I believe that the role of psychologists needs to be redefined to address the needs of clients from culturally diverse backgrounds.
9. The communication styles of bilingual clients, particularly children and adolescents, are often interpreted as behavioral problems.
10. As the clientele serviced by mental health professionals becomes more culturally diverse, the practitioner’s experience becomes increasingly rewarding.
11. I can learn a great deal from clients with culturally different backgrounds.
12. (Additional education and multicultural training for experienced psychologists well established in the field is not necessary).
13. To be a conscientious professional, one needs to be aware of cultural differences within society.
14. Multicultural awareness training can help professionals within the field of mental health work more effectively with a diverse client population.
15. (When working with clients within the United States, psychologists should learn to communicate with clients in English only since it is the predominantly used language within the country).
16. (Today’s graduate and professional training programs give too much importance to multiculturalism and diversity).
17. I am aware of the diversity of cultural backgrounds within the immediate and neighboring communities of where I practice.
18. Regardless of the makeup of my own colleagues, friends and acquaintances, it is important for all persons, regardless of their professions, to be aware of multicultural diversity.

19. (Being multiculturally aware is not relevant for the major client populations I service).

20. (Informing young professionals in mental health about cultural diversity will only create conflict and tension within training programs and internship sites).

a. Items in parentheses are reverse scored.
APPENDIX D

VISIONS OF MORALITY SCALE
Visions of Morality Scale

Instructions: Please read each scenario carefully. Decide the how likely you would carry out the behavior described in each of the scenarios, respectively. Use the numbers on the following scale to describe the likelihood with which you would engage in the described behaviors. Please be sure to accurately record your response for each statement on the data response sheet provided.

<table>
<thead>
<tr>
<th>Definitely would not do this</th>
<th>I probably would not do this</th>
<th>I doubt I would do this</th>
<th>I’m not sure I would do this</th>
<th>I might do this</th>
<th>I probably would do this</th>
<th>I definitely would do this</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

1. I am a member of a small community organization that invites a guest speaker who will speak on current political events. A three-person committee from the organization is in charge of arranging details for the event. The committee asks me to come two hours early on the night of the speech in order to set up chairs and fix refreshments. I tell the person that I will come to the talk but I will not come two hours early to set up.

   1 2 3 4 5 6 7

   Definitely would not do  Definitely would do

2. I am walking alone and I find a dollar on the street. I pick it up and continue walking. I pass a group of people who are collecting money for muscular dystrophy. I drop the dollar that I found into the basket.

   1 2 3 4 5 6 7

   Definitely would not do  Definitely would do

3. I overhear two female co-workers whom I know casually taking and saying that few people ever attend their research colloquia, even when requested topics are presented for the staff. I realize I have an open afternoon schedule this coming Thursday when the next colloquia is scheduled. I show up for their presentation on Thursday and I stay for the brief reception afterwards.

   1 2 3 4 5 6 7

   Definitely would not do  Definitely would do
4. I recently attended a research symposium in which the presenters discussed how the simple behavior of smiling has been demonstrated in their controlled studies to help other people to feel better about themselves. The next day while running errands, I intentionally make a point of smiling at the employees I encounter at the grocery store and in the checkout line.

   1  2  3  4  5  6  7
   Definitely would not do           Definitely would do

5. While visiting a city for a professional conference, I happen to acquire tickets to go to a sold-out concert with old friends from graduate school also in town for the conference. One of my friends who planned on going has to back out because of conference obligations. Although I have several friends who would like to buy the ticket, I offer it to a new colleague from my office that accompanied me to the conference in hopes that this will give her/him a chance to meet some people.

   1  2  3  4  5  6  7
   Definitely would not do           Definitely would do

6. On a snowy day I decide to walk around the block to get some fresh air. As I begin walking I notice a driver and his car are stuck in the snow. I keep walking and do not stop to help.

   1  2  3  4  5  6  7
   Definitely would not do           Definitely would do

7. A fellow colleague whom I know casually asks if I have an hour this Saturday to help him/her prepare for an upcoming continuing education workshop our agency is sponsoring in two weeks. I am free on Saturday so I tell the student that I would be happy to help him/her.

   1  2  3  4  5  6  7
   Definitely would not do           Definitely would do
8. At the counseling center where I work the clinical director is making the on-call schedule for the holidays. I know that one of my recently married colleagues has been planning to go with his family to visit his new in-laws for the holiday, but he has been put down to cover for the long weekend, whereas I am off. I ask the director to switch the schedule so that I will work on the holiday instead of my colleague. I ask my director to please not tell my colleague I did this.

   1  2  3  4  5  6  7
   Definitely would not do  Definitely would do

9. A lot of people are going on a weekend outing. One of the people whom I know accidentally loses his/her money. Several people chip in and give him/her $10 each. I am one of the people who give this person $10.

   1  2  3  4  5  6  7
   Definitely would not do  Definitely would do

10. When cleaning my closet I collect several pieces of clothing that I can no longer use. I can throw them out or drive five miles to the Salvation Army and donate them. I dispose of them and do not drop them off.

   1  2  3  4  5  6  7
   Definitely would not do  Definitely would do

11. An employee of my agency whom I know casually has been in an accident and there is an announcement that employees can give blood if they wish. I am in good health and can give blood and not afraid of needles or blood. I do not volunteer.

   1  2  3  4  5  6  7
   Definitely would not do  Definitely would do

12. I agree to participate in a study on career-decision making and am asked to respond in writing as to what piqued my interest in psychology and what influenced me to choose this career. In my response, I say that the most important influence in my career-decision making has been the desire to help people.

   1  2  3  4  5  6  7
   Definitely would not do  Definitely would do
13. I have a personality clash with one of my colleagues and simply do not get along with him/her. I hear from another co-worker that this colleague’s father has been quite sick recently. Over the next few weeks I make a conscious effort to be respectful in weekly staff meetings and I go out of my way to say ‘hello’ to him/her when I pass them in the office.

```
1 2 3 4 5 6 7
Definitely would not do    Definitely would do
```

14. I win $500 in the state lottery. I find this out in the morning and in the afternoon a volunteer for the annual cerebral palsy is outside my office on my way to the parking lot and requests that I make a contribution if I can afford it. I do not make a contribution.

```
1 2 3 4 5 6 7
Definitely would not do    Definitely would do
```

15. During the winter holiday season, a neighbor on my block asks me to take her shopping twice a week while her husband is recuperating from a heart attack (she does not drive). I agree to take her twice a week for the next three weeks.

```
1 2 3 4 5 6 7
Definitely would not do    Definitely would do
```

16. I read in the paper about a family who has lost all their belongings in a fire. I anonymously send a $100 check to fund set up for the family by the town newspaper.

```
1 2 3 4 5 6 7
Definitely would not do    Definitely would do
```

17. A college classmate whom I have not seen in more than 15 years calls me up and requests my help for a reunion that is being planned by this former classmate along with two others from the class. The classmate asks me if I could spare several hours to contact people and also help set up for the event. I tell the classmate I’ll probably come to the reunion but I will not be able to help with the details.

```
1 2 3 4 5 6 7
Definitely would not do    Definitely would do
```
18. I am walking downtown fairly rapidly with a friend so that we can make it to a show on time. As I am walking I notice a person standing next to a parking meter. He is holding some change in his hands and looks frustrated. I interrupt my walk to the movies and go over to ask him if he needs correct change for the parking meter.

   1 2 3 4 5 6 7

   Definitely would not do      Definitely would do

19. I am involved in a heated argument with a colleague about an issue presented in a clinical case conference. I read a few days later in a recent journal article that my colleague is right. I apologize for the argument and admit that he/she is right.

   1 2 3 4 5 6 7

   Definitely would not do      Definitely would do

20. I hear on a local radio station that the city orphanage is having a paper drive. The proceeds received from the paper drive will be used to buy recreation equipment at the orphanage. I organize an effort within my office/agency/department to have employees gather papers at home and at the office that week then offer to drive the collected donation to the orphanage to drop it off.

   1 2 3 4 5 6 7

   Definitely would not do      Definitely would do

21. It is the end of a busier than usual two week period at work and everyone seems tired and looking forward to an upcoming three day weekend. A few of my colleagues seem particularly tired of work and start to complain quite regularly. I make an effort not to complain and tell them when they do complain that things aren’t that bad and point out the good things going on within our agency.

   1 2 3 4 5 6 7

   Definitely would not do      Definitely would do

22. I am reading the paper one morning and I come across an article entitled: “How to Become a Better Citizen Within a Diversified Community”. Since it is an election year I pay particular attention to the main points and use them as criteria for evaluating candidates who are running for office.

   1 2 3 4 5 6 7

   Definitely would not do      Definitely would do
23. As I walk down the street, I notice an older woman walking unusually slow on the other side of the street. She appears confused. I cross the street and ask her if she needs assistance. When I discover she is lost, I walk her the two blocks to the store she was trying to find.

1 2 3 4 5 6 7
Definitely would not do  Definitely would do

24. There is a blood drive within my community. I am in good health and can give blood but I do not volunteer to give a pint of blood.

1 2 3 4 5 6 7
Definitely would not do  Definitely would do

25. I am going to driving to a three-day weekend conference. It is a one hundred-mile trip. Another co-worker from my agency whom I don’t know too well asks me if s/he can come along. S/He wants to be dropped off at their brother & sister in-law’s home that is on the way. I would have to detour 20 miles of the main highway, however. S/he says “just drop me off on the way and pick me up on the way back. The co-worker offers to chip in some gas money. I agree to take my co-worker along.

1 2 3 4 5 6 7
Definitely would not do  Definitely would do

26. I receive a request in my paycheck envelope to contribute to a local charitable organization. I do not check the box on the request form that says I will contribute $35 of my next paycheck to the fund.

1 2 3 4 5 6 7
Definitely would not do  Definitely would do

27. I am walking home from the bus stop and I pass a woman I barely know (she lives at the other end of my block). She is carrying a large and medium bag of groceries with some difficulty. I continue walking toward my home.

1 2 3 4 5 6 7
Definitely would not do  Definitely would do
28. The administration of our agency asks all employees to give some serious thought to ways to improve the organization for the populations we serve. We are requested to spend some time seriously reflecting on our experiences within the organization thus far, and then fill out an anonymous questionnaire to be returned to the administrative staff. I take the request seriously despite carrying a heavy client caseload during this time of the year, and over the next few weeks think of ways to improve the agency. I fill out the form and return it to administration.

```
1 2 3 4 5 6 7
 Definitely would not do  Definitely would do
```

29. A local resident of our town has been critically injured in an accident. A woman calls our home asking my family to volunteer some time either to make posters or to sit at a booth in the local shopping center this Saturday to collect money to help pay the huge hospital costs. My family agrees to help; I do not volunteer.

```
1 2 3 4 5 6 7
 Definitely would not do  Definitely would do
```

30. The agency where I am employed needs volunteers who will come two hours early one evening next week to be greeters and parking attendants for an annual guest speaker event. I volunteer and come two hours early.

```
1 2 3 4 5 6 7
 Definitely would not do  Definitely would do
```
APPENDIX E

COVER LETTER TO PARTICIPANTS
Dear Colleague,

I am a doctoral candidate in Counseling Psychology at The Ohio State University conducting my dissertation research under the supervision of Professor Don Dell on the provision of therapeutic services by licensed counseling psychologists. We believe that understanding the ethical practice of psychology requires both motivation, characteristic behaviors, and ideals of its practitioners as well as the prescribed rules and practices set forth by guidelines and ethical codes. You are part of a small national random sample of practicing psychologists to receive this survey.

We would appreciate if you would complete the enclosed assessment to assist with this research. Completion of the assessment is expected to take about 20 minutes of your time. There are no known or anticipated risks to participation in this study, and participation in this project is voluntary. Please do not put your name or other identifying information on the assessment instrument. The responses your provide will be kept confidential; only Dr. Dell and myself will have access to them. Any reports of this research will use only aggregate data.

If you are willing to participate in this study, please return the completed assessment in the self-addressed, stamped envelope by December 15, 2003. If after reviewing this letter and the accompanying assessment you have any questions about this study or would like additional information to assist you in reaching a decision about participation, please feel free to contact Professor Dell at (614) 688-8287 (dell.1@osu.edu) or myself at (614) 292-6741.

We hope you will assist us in the acquisition of new knowledge that may contribute to the high ethical standards of professionals in our field. Should you choose to participate and wish to know the final outcome of our results, please email such a request to fry.115@osu.edu. Thank you in advance for your interest and cooperation in this project.

Sincerely,

Don Dell, Ph.D                 Heather Fry, M.A.
Professor                     Doctoral Candidate
Department of Psychology      Department of Psychology
The Ohio State University     The Ohio State University
APPENDIX F

CHARACTERISTICS OF APA DIVISION 17 AND DIVISION 29 SAMPLE
### Characteristics of APA Divisions 17 and Division 29 Sample

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<th>Racial/Ethnic Identity</th>
<th>Frequency</th>
<th>Percentage of Total Sample</th>
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