An Integral Approach to Counseling Ethics

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The authors offer an integral approach to counseling ethics using K. Wilber’s (2000a, 2000b) integral metatheory. The article examines traditional counseling ethics through the lens of K. Wilber’s (2000a, 2000b) “all-quadrants, all-levels” model, consisting of quadrants, levels, lines, states, and types. The authors begin with the 4 quadrants and how they can inform understanding of traditional counseling ethics. Vertical development in relation to counseling ethics is addressed, followed by a case study of an ethical dilemma in counseling. The authors offer an integrally informed process of ethical decision making that can be seen to complement less comprehensive ethical decision-making models.

There are few areas in the practice of counseling that require more tolerance for ambiguity than ethical practice and decision making. Corey, Corey, and Callanan (2003) stated that, when it comes to ethics, one must avoid the trap of dispensing simple prescriptions for complex problems. Integral theory is an excellent map that can be applied to ethical practice in counseling to help counselors honor the complexity of ethical decisions and avoid oversimplification of complex issues. Integral theory helps counselors approach a more complete understanding of ethics by viewing multiple “truths” or perspectives as complementary. This in turn increases counselors’ ability to make informed ethical decisions. The study and practice of ethical counseling contains a dichotomy in that clearly articulated ethical principles and codes of conduct exist alongside a marked lack of guidance on how to apply the principles and codes in many real-life counseling situations. In this article, we outline what the four quadrants or perspectives of integral theory imply for counselor ethics, we discuss the role of development and supervision, and we offer a brief case example.

In some ways, the idea of integral ethics is somewhat of an oxymoron. Wilber (1998) has discussed ethics and morals in the context of the lower left (LL) quadrant or the “We” space of cultural understanding and intersubjectivity. However, in order for ethics to be more integral in nature, we must expand our conceptualization of ethical practice in counseling and attend to the remaining three quadrants of “I,” “It,” and “Its.” We would like to suggest that, on the whole, current counseling ethics is less than integral and that an integral approach to counseling ethics must expand its scope of practice to include and incorporate the four quadrants in Wilber’s (2000a, 2000b) model.

The Four Quadrants: Ethics, Law, Behavior, and Morals

We remind readers, before discussing counseling ethics and the four quadrants, that the distinctions between the quadrants, although semantically convenient, do not actually reflect reality. Rather, all quadrants arise simultaneously in
each moment. We break down each moment into these four perspectives for the purpose of being mindful, of being conscious of what is occurring in each quadrant. In the case of ethics and ethical decision making in counseling, dissecting situations quadrant by quadrant is seen as a reflective tool for both counselors and their supervisors. This process, however, can be complex. It is relatively unproblematic to locate behavior and law in the upper right (UR) and the lower right (LR) quadrants, respectively. However, locating morals in the upper left (UL) quadrant and ethics in the LL quadrant (as we have done herein) requires more careful consideration.

K. Wilber (personal communication, May 9, 2006) stated that, whereas ethics establishes what is good, morals establish what is right. This is an important distinction to make when considering an integral approach to the ethics of counseling. For example, two mainstream counselors may agree that it is “good” to avoid all dual relationships, regardless of the circumstances. However, a more culturally sensitive counselor may believe that, in certain circumstances, it is morally “right” to engage in a particular kind of dual relationship when not doing so would prevent a nonmainstream or culturally diverse client from accessing the help that he or she needed. On the basis of Wilber’s aforementioned comments, we believe that placing morals in the UL quadrant and ethics in the LL quadrant is warranted.

**LL Quadrant: Ethics and Justness**

We start with the LL quadrant and ethics proper. Ethics can be thought of as what is “just” when it comes to interactions between two people. As soon as two people engage in a therapeutic relationship, there is at least shared implicit understanding of the roles for each with concomitant expectations. On the basis of those expectations, we can ask, Is the counselor’s behavior interpreted as helpful, that is, good by both counselor and client, or is it interpreted as harmful and/or damaging by one or even both parties? The perspective of the LL quadrant also includes shared cultural understanding that may or may not exist between the counselor and client.

In the counseling relationship, counselors are encouraged to follow the principle of beneficence and do good in their work with clients. At least counselors are admonished to first do no harm (Welfel, 2005). Looking through the lens of the LL quadrant, counselors can begin to appreciate the complexity of following ethical principles: How does a counselor know or do what is “good” for a client and know and avoid what will “harm” a client? The culture of research in counseling has demonstrated some fairly “immutable” intersubjective truths relative to ethical practice but has also contributed to the ambiguity. For instance, counselors know that sexual intimacy with clients will more than likely harm the client (Pope, 1988). However, the use of nonerotic touch and its beneficial or potentially harmful effects are not as clear (Heatherington, 1998). The issue of justness as it relates to ethical practice by counselors is well informed by the LL quadrant, because, we believe, it has been historically privileged by counselor practitioners in the field and by counselor educators in institutional settings.
LR Quadrant: The Legal System and Functional Fit

The quadrant or perspective beyond the LL that has received the most attention in counseling ethics is the LR quadrant. This quadrant offers a perspective on interobjectivity, defined as the functional fit of members of systems with each other. In terms of counseling, there are two systems that must functionally fit together in order for counselors to continue to have a place in society. The first system is one that facilitates counselor education, training, supervision, practice, and monitoring. Graduate training programs, professional associations, accrediting bodies, and ethics committees are all part of the "counselor" system. The second, equally important system is the one that concerns itself with what is lawful and allows for the "smooth" functioning of society and the multitude of systems embraced by the larger social system. Licenses; state, provincial, and federal regulation of mental health services; and prosecution and defense of criminal acts as well as civil suits are all part of the legal system. In terms of the intersection of these two systems, accredited counselor education programs include a discussion of local and state laws as complementary and necessary for engaging in ethical practice with clients. The relationship between these two systems can be problematic, but most counselors have an appreciation for the necessity of understanding how the legal system informs their ethical practice within the counseling system.

UR Quadrant: The Body, Individual Behavior, and Truth

Traditional counseling ethics has tended to focus on the LL quadrant and, perhaps by necessity, the LR quadrant of legal and professional systems. In our view, ethics has traditionally been the exclusive domain of the lower collective quadrants, giving less attention to the upper individual quadrants. The UR quadrant is an area that has received scant attention in the education, supervision, and practice of ethics-based counseling. How can the UR quadrant that reveals objective data about an individual inform an integral approach to ethics? We know that the individual behavior of the counselor, corresponding to the objective truth of the UR quadrant, is one of the main issues involved in ethics. However, from an integral standpoint, behavior itself cannot be interpreted as helpful or harmful without the context provided by the LL quadrant. Is touching a client helpful or harmful? That will depend on the context of the touch, the intent of the touch, and the subjective experience of the person being touched.

The focus of ethical practice from the perspective of the UR quadrant may appear to emphasize what the counselor does in any given session and how counselors conduct their business. However, a more integral view of ethics must include counselor behavior outside of the counseling relationships as well. Specifically, the literature in counselor self-care addressing issues such as counselor stamina (Osborn, 2004), secondary traumatic stress (Pearlman, 1995; Pearlman & Saakvitne, 1995), and compassion fatigue (Figley, 2002) should be addressed. On the basis of the work of the aforementioned authors, we know that counselors neglect issues of self-care to their own detriment and, we suggest, to the detriment of their clients. We propose that part of integral ethical practice involves the conscious intention of counselors to maintain their health and well-being.
Initiatives to link counselor self-care with ethical management have been made mandatory by the Feminist Therapy Institute (FTI; 2000). However, on closer examination, it is apparent that the FTI only requires that its members engage in self-care that focuses on the LL and, by proxy, the UL quadrant by making use of personal consultation, supervision, and therapy (Standard IV.C.).

An important contribution of integral thinking to this issue of self-care is what Morelli, Leonard, Patten, Salzman, and Wilber (2005) called “integral life practice” (ILP). ILP is a personal growth approach that focuses on a more comprehensive exploration of one’s potential. ILP focuses on four modules containing specific practices for body, mind, spirit, and what is called a shadow module. The body module includes diet, exercise, and energy work such as yoga or martial arts. The mind module focuses on developing the ability to bring multiple perspectives together through studying integral theory. The spirit module emphasizes the practice of a spiritual path (using meditation, contemplation, or prayer). Finally, the shadow module outlines a journaling process to help integrate disowned aspects of our experience, such as uncomfortable feelings. The idea behind ILP is that this type of cross-training (body, mind, spirit) has a synergistic effect, making it an efficient approach to self-care. ILP can be included in the context of the supervisory relationship as well. Because of its succinctness, supervisors can use the ILP model to do a quick check-in with counselors on the topic of self-care. Because ILP also affects the subjective experience of the counselor, we turn to the UL quadrant that reflects that perspective.

UL Quadrant: Morals, the “I,” and Truthfulness

In this section, we make a distinction between morals and ethics. While acknowledging the complexity and nuance of distinctions between ethics and morals that are embraced within the larger “all-quadrants, all-levels” (AQAL; Wilber, 2000a, 2000b) model framework (K. Wilber, personal communication, March 6, 2006), we simplify matters here by viewing morals as more or less situated by the agency of the individual counselor. Understanding that all “Is” are embedded in the “We,” morals are nevertheless best reflected in the UL quadrant because they draw on and require participation of the counselors’ subjective selves, including their emotions, beliefs, values, bodily sensations, prayers, transpersonal experiences, reflections, and thoughts. We believe that the UL quadrant has been neglected most by conventional ethical practice and teaching in counseling. Instead, a truly integral approach to counseling ethics will consciously engage the subjective self and moral agency of the counselor, who must ultimately decide not only what is the good thing to do but also what is the right thing to do when confronted by an ethical dilemma.

How does one engage the subjective self of the counselor within an integral approach to ethics? To do so requires that counselors, on an ongoing basis, mindfully engage those aspects of themselves that are only available to themselves through self-reflective and/or contemplative practices. As in the ILP model (Morelli et al., 2005), this ongoing practice may take the form of journaling, quiet self-reflection, meditation, prayer, or body awareness. As
explicated later in this article, such ongoing practice needs also to address any issues of disowned thoughts and feelings that often come to constitute a kind of shadow agency and, therefore, a shadow ethics undermining an individual’s otherwise well-intentioned efforts at ethical behavior.

The quadrants are a good place to start, but they are insufficient in and of themselves for taking an integral approach to ethics in counseling. In the following section, we discuss how the four quadrants, combined with a developmental perspective in each quadrant, can enhance a counselor’s ability to practice integrally informed ethics.

**Development and Ethics in Counseling**

Counseling ethics tempts counselors with a “myth of the given.” Professional standards often assume that individual counselors will interpret and apply static principles, codes, and decision-making models in a uniform manner. One of the challenges of ethical decision making and supervision is understanding that the developmental level of the individual counselor may be a better determinant of behavior than the developmental levels of those who created any given ethical code. As such, in order for counseling ethics to become more integral, a developmental perspective must be considered.

The notion of development, for some counselors, can be contentious. Drawing on the work of a large number of developmental theorists, Wilber (2000b) has made the case for the ubiquitous nature of human development, including preconventional, conventional, and postconventional stages. Of the AQAL model’s (Wilber, 2000a, 2000b) elements (quadrants, levels, lines, states, and types), it is lines moving through levels that represent the developmental components. The concept of a line of development can perhaps best be understood through reference to Howard Gardner’s (1993, 1999) well-known theory of multiple intelligences (also see Gardner, Kornhaber, & Wake, 1996). Rather than viewing intelligence as a monolithic entity, Gardner (1999) argued that intelligence is best viewed pluralistically (e.g., visual/spatial, musical, verbal, logical/mathematical, interpersonal, intrapersonal, and bodily/kinesthetic).

Wilber (2000a) brought together and correlated the work of developmentalists who have focused on important lines not specified by Gardner (1999), such as Maslow’s (1948, 1968) work on needs, Graves’s (1970) work on values, Loevinger’s (1966) writings on identity, and both Kohlberg’s (1969) and Gilligan’s (1982) publications on moral development. The AQAL model (Wilber, 2000a, 2000b) summarizes the research on these various developmental lines by conceptualizing them heuristically as the increasingly complex and inclusive ways in which human beings respond to the questions that life asks of them. Several of the developmental lines, the corresponding questions that they can be thought of as answering, and representative researchers are shown in Table 1 (Wilber, 2006).

Wilber’s (2006) notion of the relationship of various lines is that cognition, as the line that determines what a person is aware of, leads the way in development. Following this are self-related lines, such as self-identity and morals, that address the question, Given what a person is aware of (cognition), what does he or she identify with? This implies that all lines of development do not progress


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<th>Developmental Lines</th>
<th>Life Questions</th>
<th>Researchers</th>
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<tr>
<td>Cognitive</td>
<td><em>What am I aware of?</em></td>
<td>Piaget, Kegan</td>
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<tr>
<td>Self</td>
<td><em>Who am I?</em></td>
<td>Loevinger</td>
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<td>Values</td>
<td><em>What is significant to me?</em></td>
<td>Graves, Spiral Dynamics</td>
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<td>Moral</td>
<td><em>What should I do?</em></td>
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<td>Interpersonal</td>
<td><em>How should we interact?</em></td>
<td>Selman, Perry</td>
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<td>Spiritual</td>
<td><em>What is of ultimate concern?</em></td>
<td>Fowler</td>
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<tr>
<td>Needs</td>
<td><em>What do I need?</em></td>
<td>Maslow</td>
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<tr>
<td>Kinesthetic</td>
<td><em>How should I physically do this?</em></td>
<td>Gardner</td>
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<td>Emotional</td>
<td><em>How do I feel about this?</em></td>
<td>Goleman</td>
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<td>Aesthetic</td>
<td><em>What is attractive to me?</em></td>
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At the same pace. For example, a particular counselor may evidence a high level of cognitive development but not necessarily behave ethically, reflecting a much lower level of moral development than his or her cognitive development seems to imply. This observation leads to the necessity of viewing development in some sort of stage-wise manner, but proceeding along multiple lines of development.

The issue of development in counselors can be divided into two different conceptualizations: one based on the individual's professional development as a counselor (e.g., Skovholt & Ronnestad, 1992a, 1992b; Stoltenberg & Delworth, 1987) and one based on the development of the individual's overall center of gravity (Cook-Greuter, 2004; Cook-Greuter & Soulen, 2007). We believe that developmental models applied to the professional self of counselors have merit, and the stages described by Skovholt and Ronnestad (1992a, 1992b), for example, appear to denote vertical transformation through stages of increasing complexity and inclusiveness. Although beyond the scope of this article, it is productive to establish conceptual and empirical correlations between the developmental stages of Stoltenberg (e.g., Stoltenberg & Delworth, 1987) and Skovholt and Ronnestad (1992a, 1992b) and those outlined by Cook-Greuter (2004). Skovholt and Ronnestad (1992a, 1992b) also tended to speak more to developmental models for supervisors to help them understand how to work more effectively with counselor trainees across a broad range of skills. Their stages do not appear to specifically address the issue of developmental ethics.

Corey et al. (2003) also discussed what they call levels of ethical practice, contrasting "lower level ethical functioning with higher level functioning" (p. 12). They described lower level ethical functioning as *mandatory* ethics: acting in compliance with minimal standards, acknowledging the basic "musts" and "must nots." *Aspirational* ethics, in contrast, are considered the highest standards of conduct to which professional counselors can aspire and require that counselors do more than simply meet minimum standards but that they understand the interpretive framework behind the code and the principles upon which the code rests. These distinctions seem to at least resonate with, if not correlate to, Kohlberg's (1969) conventional and postconventional moral senses, respectively. Thus, taking an integral approach enhances counselors' ability to better bring a
substantial preexisting volume of work from developmental psychology to bear upon the ethical development of counselors.

The point of introducing the notion of development into a discussion of counseling ethics is to attune the reader to the complexity of ethical reasoning as it relates to ethical behavior. Understanding the concept of different lines of development, progressing at different rates, can sensitize counselors and supervisors to the need for awareness concerning counselors' ability and/or willingness to "walk their ethical talk" in their work with clients. It is insufficient to simply assume that when counselor trainees are introduced to their profession's code of ethics, that the trainee will necessarily have the capacity or will to behave ethically. Ethical reasoning must be situated in an individual with multiple lines of development progressing across the life span. Finally, it is readily apparent that no examination of counseling ethics to date includes a full acknowledgment of the prepersonal, the personal, and the transpersonal levels of development in both counselors and clients.

**Applying Integral Counseling Ethics**

Once counselors have an understanding, at a theoretical level, of the basic elements of the AQAL model (Wilber, 2000a, 2000b) and how they relate to ethics, counselors want to move to the practical level of application. The key element of the practice of ethics is ethical decision making in complex situations, often called "ethical dilemmas." Ethical training for counselors often involves the discussion of ethical dilemmas in the context of an ethical decision-making process. The code of ethics of the American Counseling Association (ACA; 2005) does not provide a decision-making process, instead expecting individual counselors to "be familiar with a credible model of decision making that can bear public scrutiny" (p. 3). Thus, our purpose in this section is to put forward a model for applying integrally informed ethical decision making in a way that embraces the integral values of comprehensiveness but without sacrificing practicability. We hope that an integral ethical decision-making model could provide a viable choice for counselors needing to comply with the 2005 ACA Code of Ethics guidelines.

An integrally informed process involves moving sequentially through four steps, each of which corresponds to an enacted "view," one corresponding to each of the four quadrants. Some of the views involve several substeps in order to account for different subviews within the overarching view. The four major views involved in applied integral counseling ethics are the video camera view (UR), the systems-regulatory view (LR), the relational-contextual view (LL), and the moral virtues view (UL). The application of each view as a critical aspect of applied integral counseling ethics is discussed as follows.

**Step 1: Video camera view (UR).** The video camera view is so named because it answers the basic question, What exterior or objective dimensions of the situation are the counselor aware of? This view informs the first portion of Step 1 of the ACA publication *A Practitioner's Guide to Ethical Decision Making*: "Gather as much information as you can that will illuminate the situation. In doing so, it is important to be as specific and objective as possible" (Forester-Miller & Davis, 1996, p. 2) However, because the integral approach relies on a postmetaphysical
conception (Wilber, 2006), it is not assumed that the video camera view exists as a thing in itself; rather, it is contextualized by at least several other important views. These views, also called “perspective dimensions” (Wilber, 2007), coenact one another in order to bring forth the entire ethical dilemma. Thus, taking the video camera view constitutes merely the first step in an integrally informed ethical decision-making model.

**Step 2: Systems-regulatory view (LR).** After counselors have completed the video camera view, they proceed to the systems-regulatory view. Here, one considers the ethical dilemma from the perspective of the law, relevant institutional policies, and applicable ethics codes: What are the potential legal implications arising from this dilemma? Consider all aspects of them. One must separate legal from ethical and moral concerns in this step: What are the relevant institutional policies? This substep applies when working in any kind of agency or government setting. One must also consider all relevant institutional policies and their implications for resolving the ethical dilemma: What are the applicable ethical codes? Consult the existing ethics codes for relevant moral principles, values, and standards.

**Step 3: Relational-contextual view (LL).** This step reflects the incorporation of the field of relational ethics and related domains of contextual and culturally sensitive ethical practices (Prilleltensky, Rossiter, & Walsh-Bowers, 1996; Prilleltensky, Walsh-Bowers, & Rossiter, 1999; Rossiter, Walsh-Bowers, & Prilleltensky, 2002). These domains could be grouped, at least for heuristic purposes, under the rubric of postmodern ethics. In practical terms, they involve two main interrelated substeps:

1. **Consult with all affected parties:** Within an integrally informed model, not only are practitioners advised to consult colleagues and/or supervisors, but they also include in consultation, whenever possible, the parties potentially affected by whatever decision is eventually made. An important aspect of the virtue of fidelity from an integrally informed perspective, then, is to include the affected parties in the decision-making process as directly as possible. Articles about the ethics of qualitative research often reflect this postmodern ethical norm and can be consulted for further direction (e.g., Haverkamp, 2005).

2. **Consider the contextual factors and particularities most relevant to the case:** Often a comparative approach helps one see the differences across contexts most relevant here): First, look at those factors fairly well delineated in current codes of ethics, including differences in ethnicity, culture, race, gender, age, socioeconomic status, sexual orientation, ability, personality type, and so on. For example, in Section A, the 2005 *ACA Code of Ethics* states, “Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve” (p. 4). Note that these might be called differences in types. Second, look at those factors that the integral approach adds as particular foci: (a) differences related to lines of cognition, self-identity, morals, needs, and values as they move through levels of development and (b) differences related to the self-identity line. Investigate one’s perception or intuition with respect to the presence of disowned thoughts and feelings that might be in play, such as transference or countertransference issues involving any of the affected parties.
Step 4: The moral virtues view (UL). The integral approach explicitly acknowledges the important role of the ethical agent in ethical decision-making processes and resultant action. Thus, the level of development of the practitioners' interior beliefs, feelings, attitudes, and opinions—their virtues—as well as their mental, emotional, and spiritual health and development are vital components of an integrally informed ethical decision-making process.

We posit that this part of the ethical decision-making process provides a specific procedure for helping actualize an important statement within the 2005 ACA Code of Ethics preamble: "Inherently held values that guide our behaviors or exceed prescribed behaviors are deeply ingrained in the counselor and developed out of personal dedication, rather than the mandatory requirement of an external organization" (p. 3). This statement is appropriate to this step because the moral virtues view intentionally focuses on what is inherent in or to, rather than focusing on what is exterior to. Thus, the moral virtues correspond with the UL quadrant or perspective dimension in the AQAL model (Wilber, 2000a, 2000b). It seems that the writers of the 2005 ACA Code of Ethics are attempting to engineer or encourage a shift away from practitioners' exclusive reliance on codes of the LR quadrant by evoking the interiority of the practitioners, their own moral compasses.

Suggested steps to follow when enacting the moral virtues view include taking full responsibility for oneself as the primary moral agent and addressing disowned thoughts and feelings.

1. To take full responsibility for oneself as the primary moral agent, engage in a process of integrally informed self-reflexivity with respect to the ethical dilemma under consideration. The following journaling process is made up of questions that evoke the multiple intelligences or developmental lines discussed previously as most relevant to ethical decision making:

- **Interpersonal line:** "How should I interact (with the key actors)?"
- **Moral line:** "What should I do?"
- **Values line:** "What is significant with respect to this situation?"
- **Identity line:** "How am I identified here?" That is, "What are my roles here? What is my sense of my relationship to those roles? Am I clear or unclear? Overidentified with any of them? Not sufficiently identified with a particular role?"
- **Affect line:** "What am I feeling about this?"
- **Spiritual line:** "What is of ultimate concern here?"
- **Needs line:** "What do I need to have happen here?"

It may or may not be practical to engage with all of these questions for a given dilemma. We suggest that counselors modify the depth of their self-reflection process, both in terms of how much time they spend on each question and in terms of how far they proceed down the list, according to their perceived seriousness of the dilemma encountered.

2. To address disowned thoughts and feelings, counselors should note the following: Consistent with the general tenets of psychodynamic theory, integral theory suggests that the ego, or I, as Freud actually termed it, can disown or project aspects of its experience. (For a discussion of Freud's original use of the terms I and It, see Wilber's [1999] article "Where It Was, There I Shall Be-
come”) If deemed threatening or undesirable in some way, a feeling state that
the I has initially identified with (e.g., “I am angry!”) can be pushed outside
the self-boundary where it is either projected onto another person (e.g., “You
seem pretty angry, but I am fine!”) or viewed as simply an alien object, an It
that is afflicting the I (e.g., “I don’t feel angry, but this depression, it is really
bothering me”). Because they are initially identified with and then disowned,
these thoughts and feelings take with them pieces of the individual’s actual
agency. Furthermore, every agent has an ethics. Thus, conscious agency and
capacity for ethical choice becomes diluted, whereas unconscious agency is
strengthened. The consequences of this fragmented state of an individual’s
interiority are potentially disastrous, because the aspects of agency that are
disowned or lost to the conscious I are usually those from earlier stages of an
individual’s development. Likewise, the agency possessed by those disowned
parts or voices may be playing itself out at a level of ethical or moral develop-
ment one or even many stages below the individual’s center of gravity. Thus, an
individual with potentially a postconventional center of gravity, and therefore
moral and ethical sensibility, may unwittingly enact preconventional ethical
behavior because of a state of inner fragmentation.

We offer further recommendations at this point. Should counselors find that
their self-reflection process of an ethical dilemma leads them to believe that
they are experiencing psychological distress symptoms, or even simply have a
nagging feeling that something is unclear about the situation, we recommend
that these counselors engage in a psychotherapeutically oriented supervision
process with an experienced counselor-supervisor and/or work through
issues using a journaling process aimed at reintegrating disowned thoughts and
feelings. Morelli et al. (2005) have developed a structured journaling process
for this purpose; however, any process that incorporates a psychodynamic ele-
ment that addresses issues of identification, repression, and projection would
likely suffice. The responsibility of the counselor who wishes to be integrally
informed is thus to engage in therapy as necessary in order to heal any inner
fragmentation: a healthy I is an ethical I.

Case Study: Martha—A Community Counselor

Martha—a heterosexual, 45-year-old European American woman raised in upper
New York State—is a counselor in a community agency. A female client, born
and raised in Norway and a recent immigrant to the United States who is strug-
gling with issues related to drug use and subsequent HIV infection, discloses that
she has been having a secret affair with a married man who has three children.
Through the course of Martha’s work with this client, Martha begins to suspect
that she may know the client’s male lover and that Martha may be acquainted
with this man’s wife through a mutual friend at the church that they all attend.
As the client discloses more and more details related to the man’s life and his
family, the more certain Martha becomes regarding the man’s identity. Despite
the fact that the client has chosen not to use her lover’s real name in their ses-
sions, Martha is convinced that she knows the man and his family.
Step 1: Video camera view (UR). An important implication of the video camera view is that it encourages rigorous separation of fact from interpretation as the initial step in ethical problem solving. In this case, Martha suspects that she knows the identity of the client's lover; however, the lover's name has never been spoken. In addition, although the client has disclosed drug use and HIV infection, Martha knows nothing about any high-risk behaviors in which the client is engaging with her lover. Finally, the client has disclosed an affair with the married man, but the video camera view helps Martha remember that she has no verifiable evidence of this having occurred. Martha may be convinced of the identity of the lover, but this is not based on the evidence provided by the video camera view. Martha therefore needs to proceed cautiously in judging what may or may not be taking place outside of the therapy session.

Step 2: Systems-regulatory view (LR). Martha must consider the ethical, legal, and agency policy issues that are implicated in this case. The potential ethical issues arising in this case include conflict of interest, given that Martha believes she is acquainted with the man's wife through church; ensuring the client's confidentiality is not breached unnecessarily; duty to warn if the client is engaging in high-risk behavior with her lover; and counselor competence with respect to Martha's level of experience working with clients who use drugs and who are HIV positive. The potential legal issues that arise from this case also include duty to warn, as well as the issue of client privilege. The community agency has only one policy related to this case: Clients must not be high or drunk when they arrive for their appointments; if clients arrive intoxicated or stoned, counselors are to reschedule the appointment and are not permitted to see the client until the client has sobered up. It is during this step that we see the role of conventional ethical decision-making models within a more comprehensive or integral ethical decision-making process.

Step 3: Relational-contextual view (LL). There are two interrelated substeps to consider here: consulting with all affected parties and considering the contextual factors most relevant to the case. Martha may choose to consult with her colleagues and/or a clinical supervisor to assist her in dealing with the potential ethical dilemmas she faces. In addition, Martha will discuss with the client her concerns regarding the fact that she believes that she knows the client's lover and that Martha is concerned about whether the client is engaging in high-risk behavior with her lover. Martha will have very clear discussions with her client about her concerns prior to making any decisions and, it is hoped, will include the client in cocreating an appropriate plan of action.

The contextual factors that need to be considered by Martha include understanding the client's frame of reference as a person and as a recent immigrant of Norwegian origin. The client is living in a country and culture that are not her own, and she is HIV positive in a culture that still holds de facto prejudice against those who are infected, despite the recent advances in public awareness. In terms of depth, Martha will attempt to ascertain the client's overall level of self-development and, in particular, her level of moral development as evidenced in her behavior. For example, suppose the client states that she is very concerned that she does not infect her lover,
yet a probe by Martha reveals that the client has not informed her lover that she is infected. Thus, although the client espouses moral values that are sensitive to the life and health of her lover, her behavior does not match her stated moral values. It may be that the client is actually behaving from a more egocentric level of morality and has chosen to avoid telling her lover for fear of losing him and ending up alone. This will then have implications for how decisions are made and the relative roles that both Martha and the client will take.

**Step 4: The moral virtues view (UL).** Perhaps because it is often neglected within conventional ethical decision-making models, this view may be the most important perspective for enacting an integrally informed approach to ethical decision making. This approach is directly related to accessing that which is within the counselor, such as emotions, beliefs, values, and morals. Here, Martha uses the integral journaling method described earlier to engage in the critical self-reflexivity needed to invoke the moral virtues view and the interiority of herself as the primary moral agent. The following is an example of what her journal might include: (a) the interpersonal line of development (e.g., How should I interact with my client?), “I really want to make sure that my client is empowered here to do the right thing and learn from her work with me. I want to really respect her wishes, but I also need to think about her lover’s health and well-being”; (b) the moral line of development (e.g., What should I do?), “I feel like I should tell my friend at church what is happening and the fact that her husband is cheating on her. How can I look her in the eye at church on Sunday knowing what I know?”; and (c) the affective line of development (e.g., What am I feeling about this?), “I hate being in this situation. I learned about ethics in grad school, but they never prepared me for this. I resent the fact that I don’t have anyone I can really trust to go talk to about this situation. Well, I guess I could go and talk to Sarah. I am not so sure about how she feels about me, but I like her most days.”

Martha next engages in a process of reflecting on any disowned elements of her experience that could potentially cause adverse effects. Initially, Martha does not feel any nagging doubts, nor does she feel unclear about the situation. However, when Martha consults with her colleague Sarah, Sarah mentions to Martha that she is hearing Martha say some things that do not seem to be congruent with Martha’s usual way of being. Sarah mentions that Martha seems almost driven to ensure that this person learns from this situation and never repeats this kind of behavior again. On receiving this feedback, Martha has an insight related to her childhood and an incident with her mother that Martha has never really resolved. She realizes that her drive to educate the client stems from this unfinished business with her mother, and she is able to let go of her need to have the client learn from this experience in counseling.

**The Plan of Action**

The final step of applied integral counseling ethics involves integrating the perspectives generated from a consideration of the four views into a specific course of action. Note that we have not offered a decision regarding what
to do in this case. The model itself has provided enough information about the next steps, such as to talk to the client in order to discuss the possible conflict of interest and to determine the nature and extent of any high-risk behaviors as well as the lover’s knowledge of the client’s HIV status. There are many different outcomes depending on how the client responds to these initial points of clarification. In addition, providing an overly specific course of action takes away from the spirit of integral ethics, which is to orient oneself toward postconventional attitudes and actions.

Conclusion

The 2005 *ACA Code of Ethics* provides ethical guidelines but not a specific ethical decision-making process that counselors can follow when confronting an ethical dilemma. Instead, counselors are “expected to engage in a carefully considered ethical decision-making process. . . . Counselors are expected to be familiar with a credible model of decision-making that can bear public scrutiny and its application” (p. 3). It is our hope that we have provided one such model for counselors to consider, remembering that according to the 2005 *ACA Code of Ethics*, “there is no specific ethical decision-making model that is most effective” (p. 3).

We believe that our ethical decision-making process based on the AQAL integral model (Wilber, 2000a, 2000b) may hold considerable promise. However, the usefulness of the AQAL model, as with any model or map, depends on how the individual in possession of the map chooses to read and apply it. We have offered our views on one way of using the AQAL map for navigating the often “murky waters” of counseling ethics. We have attempted to provide an example of how counseling ethics, when viewed through the four quadrants and the developmental stages of AQAL, can be expanded from its current state to assist counselors in behaving in a more comprehensive and effective manner with clients and themselves. The ultimate usefulness of the AQAL map lies in how it will be applied by individual counselors, counselor educators, agencies, and institutions devoted to assisting clients in attaining health at whatever overall level of development those clients currently reside.

References
