Scientific Foundations of Ethical Decision-Making:
Translating the Science of Morality in
Day-to-Day Practice

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Workshop Description

- In their day-to-day work, psychologists must make ethical decisions themselves and to help patients think through their own ethical decisions as well.
- This program will review recent scientific developments in the science of morality, such as **Haidt's moral foundations theory**, **Greene's dual process theory**, relevant considerations from **affective neuroscience**, and other theories dealing with how people make moral evaluations.
- Then the presenters will consider how these thinking patterns can influence how psychologists (and our patients) think through and resolve ethical issues.
- There will be participant interaction and discussion of case vignettes.

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Learning Objectives

At the end of the program the participants will be able to:

1. Describe moral foundations theory;
2. Describe Greene's dual process theory;
3. **Apply** moral foundations theory, dual process theory, and relevant considerations from affective neuroscience to the day-to-day decisions that psychologists must make; and
4. **Assist patients** in thinking through the ethical decisions they need to make.

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Consider This Situation. . .

- A 75-year-old patient reports to you he has been involved in yet another fender-bender car accident (*the third in the last 6 months*). His wife says that he is getting more forgetful lately…

  (modified from Knapp & VandeCreek, 2005)

- **What should you do?**

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An Ethical Dilemma

- Should the psychologist act to protect the public and report the individual to the DMV? **OR** should the psychologist protect the confidentiality of the patient?
  - *PA law requires reporting impaired drivers but is vague on **when the standard of impairment begins**…*
- This may be called an *ethical dilemma* because it **pits two overarching ethical principles against each other**
  - At first appearance it does not seem clear how one may protect the confidentiality of the patient &, at the same time, protect the public

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Road Map: What We Do Today. . .

Propose a decision-making model for this and similar dilemmas.

- Before we do so, it is **useful to understand *ourselves*** better-- to understand the psychological **processes** by which we – as humans– make moral decisions.
- We can **apply these models to ourselves** and instruct our patients when they face ethical decisions.

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Goal for Today

- **Describe scientific findings** related to **decision making** and how they can **improve** how we make decisions
- We will end the session today with the **opportunity to discuss some real-life ethical dilemmas** faced by psychologists

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Our Moral Decisions Are Influenced by. . .

- Heuristics and biases…and context *(Kahneman)*
- Emotions as described by moral foundations theory *(Haidt)* & others
- Slow and fast thinking systems *(Greene [& Kahneman])*
- Other psychological factors…

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Presentation Focus

- Psychology & cognitive neuroscience findings relevant to moral judgment:
  - **Affect** is important; **reasoning** can play a *restricted but significant* role in moral judgment
    - Emotions & reasoning ***both*** **matter**, but **automatic** emotions tend to dominate
  - **Many** brain areas make important contributions to moral judgment, although none is devoted specifically to it
  - There are **steps** we can take **to improve** our decision-making, reducing noise & bias

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Trends in Moral Psychology

Greene & Haidt, 2002

- Historical disagreements about moral judgments
  - Dialectic between two key considerations:
    - **Emotional & non-rational processes**
      - e.g., Freudian internalization or behaviorist reinforcement
    - **Reasoning & 'higher' cognition**
      - e.g., Piaget's & Kohlberg's post-conventional reasoning

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Trends in Moral Psychology-2

Greene & Haidt, 2002

- **Pre-1950s**: behaviorist & psychodynamic theories
- **1950s and 1960s**: rise of cognitive revolution
  - Mental models & info processing are preferred psychology frameworks
  - Lawrence Kohlberg applied cognitive revolution to moral decision-making
    - Built on Jean Piaget's work to create 6-stage model of moral reasoning development

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Trends in Moral Psychology-3

Greene & Haidt, 2002

- **1980s**: Cognitive revolution matures; rise of 'affective revolution'
  - Kohlberg's moral reasoning focus overlooked moral emotions
  - Evolutionary psychology & primatology saw human morality origins in emotions (linked to expanding cognitive abilities), making individuals *care* about:
    - **Welfare of others**
      - E.g., kin altruism, including feelings of sympathy
    - **Cooperation, cheating, & norm-following**
      - E.g., reciprocal altruism, including feelings of shame, gratitude & vengeance

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Trends in Moral Psychology-4
Integrating Affect and Reasoning
Greene & Haidt, 2002

- **1990s**: Affective revolution reinforced by focus on 'automaticity'
  - Mind's ability to solve many problems, including high-level social ones, **unconsciously & automatically**
    - Moral **reasoning processes** commonly involve one-sided efforts in support of pre-ordained conclusions
    - Moral reasoning matters *primarily* in **social contexts** in which people try to **influence each other** and **reach consensus** with friends & allies

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Ethics defined

- Concepts & principles that guide us in determining what behavior helps or harms others
- Integral to professional & personal living
  - Thinking, feeling & acting are all involved in ethical practice

-In common parlance may refer to the laws or rule that govern our profession, but it also refers to the foundational values that we have as individuals & as a profession

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Ethical Dilemma

- Occurs when two or more overarching ethical principles appear to conflict with each other, & one cannot fulfill one ethical obligation without violating another

- In the decision-maker, they often create:
  - **tension and paradox**
  - **fear, anxiety, and perplexity**

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Ethical Dilemma (continued)

- These situations can cause conflict & may be characterized by:
  - **Novelty**
  - **Complexity**
  - **Partial information**

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Introduction

- Anxiety & stress in ethical dilemmas can impede decision making
- Therefore, the most effective decision makers:
  - Are **aware** of & **regulate** their **emotions** (as much as possible)
  - Embed themselves into a strong **social network** that provides emotional **support, feedback**, or **reassurance**
  - **Aware** of cognitive **biases** or unhelpful heuristics

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Clinical Decision-Making (Fiester, 2013)

- Two Key Frameworks:
  - **Consequentialism** (Utilitarianism)
    - *Value* of an action (the action's moral worth, its rightness or wrongness) derives entirely from its consequences
  - **Deontology**
    - Actions are right or wrong based on obligations or duties we have to each other
    - Morality of an action based on the action's rule adherence
      - For most ethical questions, consequentialists and deontologists **end up at the same spot**; e.g., they oppose murder, stealing, exploitation of vulnerable and so on…

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Example of Deontological vs. Consequential Decisions

Problem: **What would you do if you were a really *really* good psychotherapist and did a great deal of good in the work that you did, and your schedule was always completely full, and you had a large waiting list.**

Responses:

Act utilitarian perspective: you could argue that greater good would come from your seeing 40+ patients a week, even though doing so would mean that your spouse and children would be neglected leading to their immediate and long-term unhappiness. But if you do so much good for your patients, doesn't that mean that ethically you should continue to treat your patients and ignore your family because, in the long run, the happiness of the patients would outweigh the misery of your family?

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Example continued

Rule-Based Utilitarianism: No need to do a happiness calculation for every decision, but establish a general rule, such as one should not work so hard that one's immediate family is disadvantaged. (*If everyone did work that hard, the world would be worse off*)

Deontological: One could establish a rule that one's family always comes first: not all relationships are of equal value and one's obligations to one's family can take precedence over the obligations to strangers

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Another Example:

Situation: **A psychologist spontaneously feels sorry for a prospective patient and takes her on as a patient, even though the patient can only pay a small portion of the fee of the psychologist.**

Act Utilitarian response: On the whole, would your loss of anticipated income be compensated by the overall benefit created by delivering a low-cost service to this patient.

Rule Utilitarian response: A general rule is that one should provide charitable goods or services to others in need- regardless of whether one felt sympathy for the recipient or not.

Deontological Response: Similar to rule utilitarian, it could be argued that if one decided that they had an obligation to take low-income patients, then they should do so even if they did not spontaneously feel emotions toward the recipient.

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Principlism (Bush, 2007)

- System of ethics based on several key moral principles
  - Drawn from Consequentialism and Deontology
  - Part of a "common morality," an approach that "takes its basic premises directly from the morality shared by the members of society—that is, unphilosophical common sense and tradition"
- Based on W. D. Ross and later Tom Beauchamp & James Childress: *Principles of Biomedical Ethics* (1979): four principles lie at the core of moral reasoning in health care…

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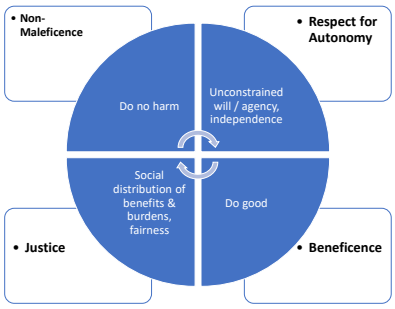

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Overarching Principles (Expanded Version)

- **Beneficence**– promoting well-being of patients
- **Nonmaleficence**- avoiding harm to patients
- **Justice**- treating patients fairly
- **Respect** for patient autonomous decision making
- Fidelity- keeping promises
- General beneficence- obligations to the public

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Something More About the Principles . . .

- These are not fixed categories
- They can be spliced up, combined, or modified, as desired
  - E.g., the APA Ethics Code combines beneficence & nonmaleficence into one principle

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Principlism (Bush, 2007)

- Principle-based ethics are a prominent philosophical system widely adopted across health care disciplines
- These principles, evident in many professional ethical codes (e.g., APA, ACA, etc.), reflect the foundational values of society
  - E.g., the right to self-determination & the right to live safely are primary values in North America

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Principlism (Principle-Based Ethics)

https://en.wikipedia.org/wiki/Principlism

- Practical approach for ethical decision-making that focuses on the common-ground moral principles of autonomy, beneficence, nonmaleficence, justice, fidelity, and general (public) beneficence
- How is it practical?
  - Is consistent with, or not in conflict with, a multitude of ethical, theological, & social approaches to moral decision-making
  - A pluralistic approach is essential when making moral decisions institutionally, pedagogically, & in the community as pluralistic interdisciplinary groups often disagree on **particular moral theories or their justifications**
    - However, pluralistic interdisciplinary groups can and do agree on **intersubjective principles**
    - Principles are **commonly understood and accepted within society**—and thus have a broad degree of **support**
  - In the principlistic moral framework it is **not a necessary condition** that the justifications of these principles be established
    - Rather the **sufficient condition is that most would agree, prescriptively & descriptively, that there is wide acceptance of the general values of autonomy, nonmaleficence, beneficence, justice, fidelity, and public beneficence**

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Two-level utilitarianism

https://en.wikipedia.org/wiki/Two-level_utilitarianism

- A utilitarian theory of ethics (developed by R. M. Hare)
  - Moral decisions should be based on a set of moral rules, except in certain rare situations where it is more appropriate to engage in a 'critical' level of moral reasoning
  - A **synthesis** of the opposing doctrines of act utilitarianism & rule utilitarianism
    - Act utilitarianism can be likened to the **'critical'** level of moral thinking, while rule utilitarianism can be likened to the **'intuitive'** level
    - Criticisms:
      - It's not deontological
      - **The problem of 'weakness of will': *motivated reasoning* when we try to keep critical thinking separate from intuitive thinking**

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Principlism: Criticisms

https://en.wikipedia.org/wiki/Two-level_utilitarianism

- **Lacks theoretical unity**
  - The 4 principles lack a systematic relationship because they are drawn from conflicting moral theories, & can often lead to conflicting conclusions
- **Relativism**
  - Clouser: "It is a kind of relativism…in effect, choose whichever of the competing theories, maxims, principles, or rules suits you for any particular case. Just take your choice! They each have flaws—which are always pointed out—but on balance, the authors seem to be saying, they are probably all equally good!"
- Global applicability?
- More principles to be added for a truly common-sense morality?

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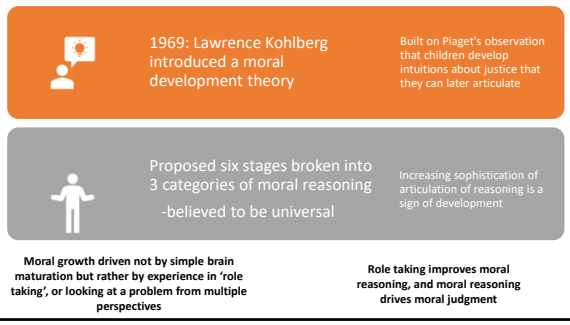

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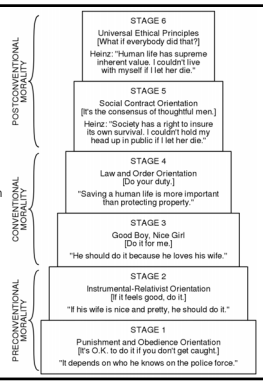
emphasized **justice** as the key concept in moral reasoning



E.g., a psychologist working at a teaching institution may provide pro bono services because:

(Stage 6) It is an expression of my life values of promoting human wellbeing

(Stage 5) It is part of my contract with society

(Stage 4) Because it is something that good psychologists do

(Stage 3) Because it is expected of me

(Stage 2) I enjoy doing it

(Stage 1) I need it to demonstrate community service to get tenure

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High levels of moral reasoning correspond with increased gray matter in brain (June, 2015)

"…(67) MBA students ages 24 to 33, past the **age at which structural brain maturation is complete**, and tested their moral reasoning, then looked at the level of gray matter in the brains of a subset of subjects"

-Hengyi Rao, PhD, assistant professor of Cognitive Neuroimaging in Neurology and Psychiatry, Perelman School of Medicine

"…the Wharton curriculum addresses issues of moral decision-making and reasoning"

"We aimed to **investigate whether the stage of moral reasoning is reflected in structural brain architecture.**"

-Diana Robertson, PhD, professor of legal studies and business ethics, Wharton School

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High levels of moral reasoning correspond with increased gray matter in brain

Date: June 3, 2015

Increased gray matter in the prefrontal cortex (implicated in complex social behavior, decision making, and conflict processing) **in subjects with post-conventional moral reasoning compared to those who are still at a pre-conventional and conventional level**

I.e., Gray matter volume was correlated with the subject's degree of post-conventional thinking

Dr. Rao: "The current findings provide initial evidence for brain structural difference based on the stages of moral reasoning proposed by Lawrence Kohlberg decades ago.

However, further research will be needed to determine whether these changes are the cause or the effect of higher levels of moral reasoning."

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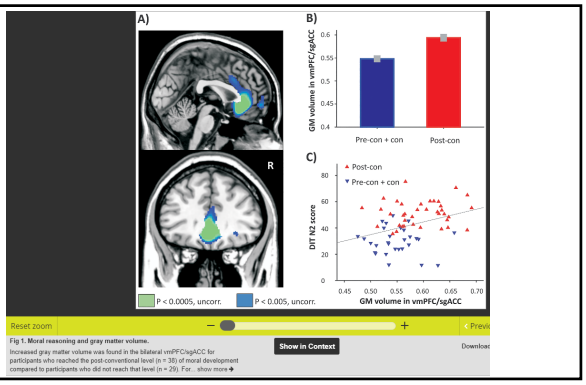

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Test Your Knowledge

A utilitarian psychologist would be more likely to focus on the _____ while a deontological psychologist would be more likely to focus on the _____.

a. Consequences obligations
b. Obligations consequences
c. Consequences outcomes
d. Rules consequences

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ORIENTATION TO THE NEUROSCIENCE OF MORAL COGNITION

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Can a better understanding of morality research help solve problems that divide us, & make better decisions in a dilemma?

Two (Heuristic) Divisions of Brain-Mind:

- 1) Affective/Instinctual "Core"
- 2) Regulatory/Inhibitory & Cognitive/Symbolic "Canopy"

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Recap: An Intro to the Brain for the Psychoanalytically Minded, with Some Clinical Implications

Courtesy of Maggie Zellner, Ph.D., L.P.

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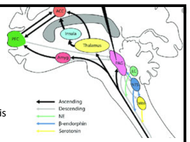
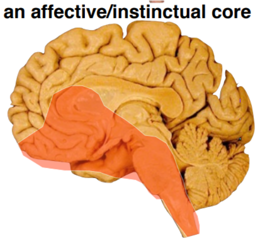
Basic arousal system facilitates consciousness

Periaqueductal grey (PAG) is central to this



1) an affective/instinctual core



capacities mediated by the **brainstem** and **other subcortical** circuits:

drives, instincts, emotions

- desires compel us to satisfy needs
- basic emotions allow us to take advantage of good opportunities and avoid dangers

We don't need to learn how to do this. These capacities are primarily ***involuntary,*** *and* ***profoundly embodied.***

(But also emotions also fundamentally **mediate learning.**)

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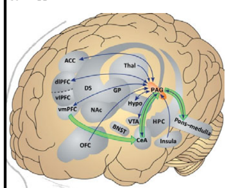
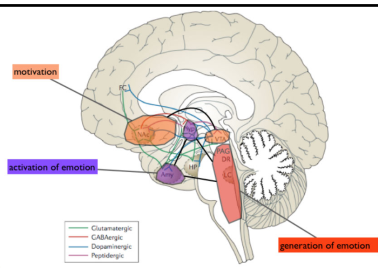
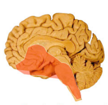




adapted from Berton and Nestler 2006 *Nat Rev Neurosci*



1) an affective/instinctual core

SEEKING LUST CARE PLAY RAGE FEAR PANIC/GRIEF

Panksepp 1998

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Recap: An Intro to the Brain for the Psychoanalytically Minded, with Some Clinical Implications

Courtesy of Maggie Zellner, Ph.D., L.P.

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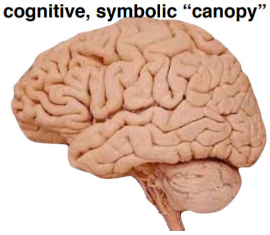
regulated by 2) an inhibitory, cognitive, symbolic "canopy"



capacities mediated by the **cortex**:

inhibiting our impulses and reactions

planning our actions

learning new associations and procedures, based on reward and punishment

thinking and **imagining:**; consider alternatives, create things that did not exist before

These capacities are more ***voluntary, abstract,*** and ***less embodied.***

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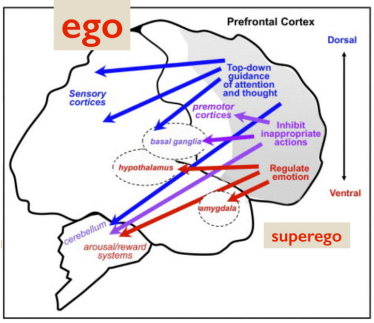
Recap: An Intro to the Brain for the Psychoanalytically Minded, with Some Clinical Implications

Courtesy of Maggie Zellner, Ph.D., L.P.

regulated by 2) an inhibitory, cognitive, symbolic "canopy"

Two key functions of **prefrontal lobes** in this process:

inhibition and thinking



Arnsten and Rubia | *Am Acad Child Adolesc Psychiatry* 2012

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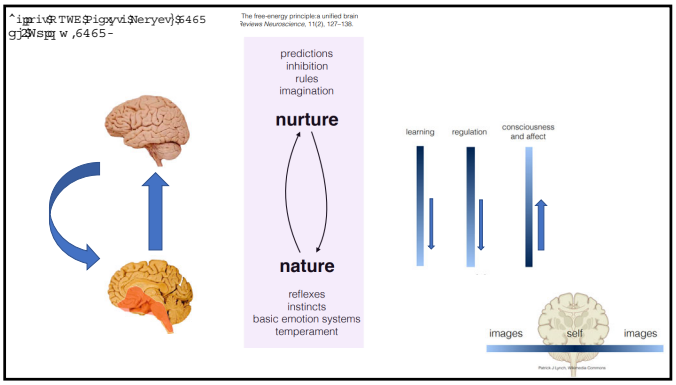

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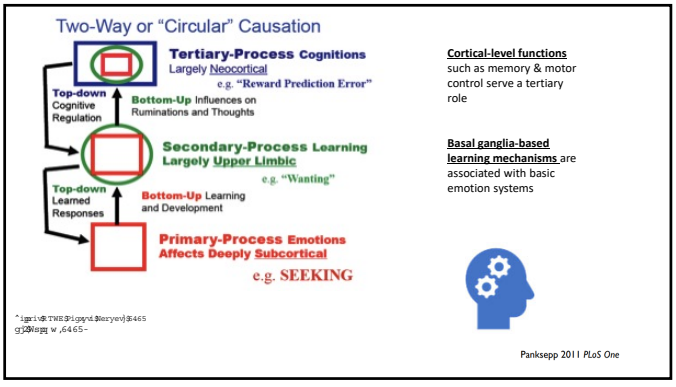

Panksepp 2011 | *PLoS One*

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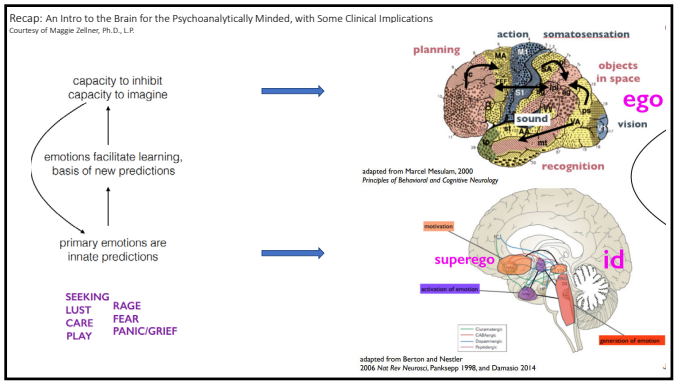

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Kahneman:
Thinking, Fast and Slow

HEURISTICS AND COGNITIVE BIASES
IMPACTING ETHICAL DECISIONS

CHART OF COGNITIVE BIASES

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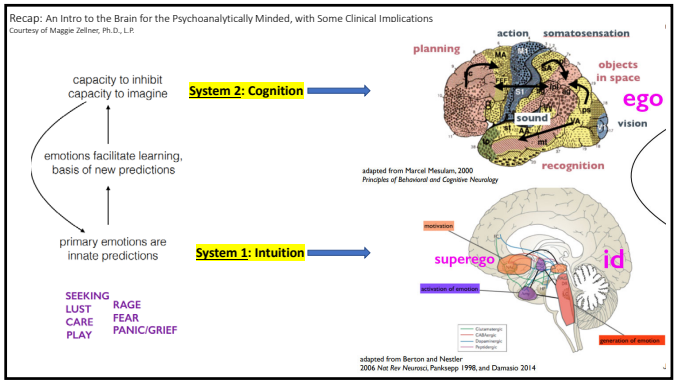

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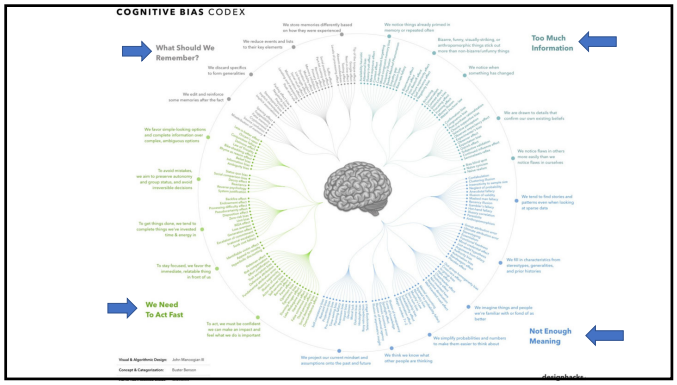

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From a Practical Perspective

Confirmation Bias: tendency to interpret new evidence as confirmation of one's existing beliefs or theories

-may be the bias that most immediately impacts the quality of care of health care professionals (Lisa Sanders: *Every patient tells a story; common reason for treatment failure in a large urban hospital*)

Loss Aversion also appears especially relevant to health care professionals *(the avoidance of harm may sometimes be overvalued)*

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Moral Feelings & Moral Reasoning

- Claims to Examine:
  - Moral *feelings* appear **first** in development (ontogenetically & phylogenetically), & are **later** followed by moral *principles* or ethical *reasoning*
  - Moral **feelings** provide an anchor-point for moral **reasoning**
    - The capacity to imagine the felt experience of the Other, is a large if not **necessary** component of the capacity to appreciate Others as worthy of moral consideration (Thompson, 2007)

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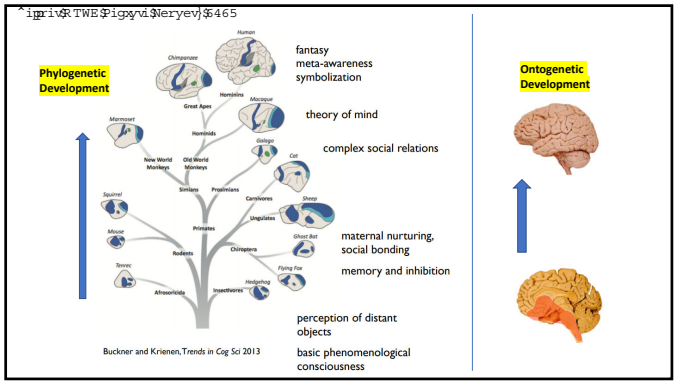

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Empathy as an Entryway to Ethics

- Empathy refers to interactions of self & other in three affective & cognitive contexts:
  - **feeling** what the other feels
  - **knowing** what the other feels
  - **responding sympathetically** to the other's suffering (Thompson, 2007, citing Eisenberg (2000))

- **Cf. Jamil Zaki: empathy has a motivational component to help (perhaps comparable to *responding sympathetically*); these components are dissociable (i.e., a person may have one or more of these components in their response)**
  - E.g., individual with psychopathy may cognitively understand another's pain, but has no emotional response to it, nor any motivation to alleviate the pain

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Psychotherapist Regulating Emotions

-Relationships with clients often generate emotions in psychologists

-Effective interventions usually require psychotherapists to help clients to identify and learn to regulate their own emotions

-A psychologist who shows too little emotion is going to come across as distant & uninvolved

-A psychologist who shows too much emotion may distract the focus of psychotherapy away from the client

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Psychologist and Emotions- 2

-Psychologist who shows no empathy may be ineffective

-Psychologist who shows too much empathy may be enmeshed

-Let's explore some background on empathy that can help psychologists justify a balanced attitude toward empathy, & which can help them make better ethical decisions…

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Empathy as an Entryway to Ethics

(Thompson, 2007)

- Four types of empathy
  - Affective & Sensorimotor Coupling
  - Imaginary Transposition
  - Mutual Self & Other Understanding
  - Moral Perception

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Affective & Sensorimotor Coupling (ASC Empathy)

(Thompson, 2007)

- First type of empathy to emerge (phylogenetically & ontogenetically)
- Somatosensory coupling & emotive coupling:
  - "passive or involuntary coupling or pairing of my living body with your living body in perception & action"
  - Self & other dynamically linked via **body schema similarity**; non-conscious
    - E.g., Body schema similarity can relate to gesture, posture, & movement

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ASC Empathy: Supporting research

- **Common-Coding Theory of Perception & Action** (Prinz, 1997)
  - Overlapping neural framework for perception of events & planning of actions
- **Mirror Neuron Research** (di Pelligrino et al, 1992)
  - Region of the premotor cortex active when monkeys achieving their own specific goal-directed hand motions
    - **Also** active when monkey visually observed another doing same goal-directed activity!
  - Mirror neurons fire in **first-person** motor functions, as well as with perceptual apprehension of a **second-person** action (Thompson, 2007)

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Imaginary Transposition (IT empathy)

- Second type of empathy to emerge developmentally
- **Cognitive perspective-taking** that facilitates "the imaginary movement or transposition of myself into your place" (Thompson, 2007)
  - Can assume the *other's point of view*, by switching places with the other in ***imagination***

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IT Empathy: Various Forms

- **Theory of Mind**: cognitive ability to attribute mental states to another individual & understand the other's behavior in light of them
- **Consolation Behavior**: "friendly contact by an uninvolved & less distressed bystander toward a victim of a previously aggressive encounter"
- **Tailored-Helping Behavior**: "coming to the aid of another with behaviors tailored to the other's particular needs" (Thompson, 2007)
- **Joint Attention**: shared attention (between infant & adult) regarding a reference phenomenon
  - **9-12 months**: Capacity to transpose mental images of self & other
    - As infants engage in joint attention activities, they comprehend other people as **volitional** beings (Tomasello, as cited in Thompson, 2007)

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Mutual Self and Other Understanding (MSO empathy)

- Third type of empathy to developmentally emerge- soon after joint attention
- A meta-capacity involving infant's ability to observe intentional acts of the other
  - "Understanding of you as an other to me, & **me as an other to you**" (Thompson, 2007)
    - Observation of the other's intentional acts includes acts directed *toward the infant*, because the infant is also an object in the activity of joint attention

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MSO Empathy: Importance of **Language**

- Medium through which we engage each other's experiences
  - Consequently, we engage in an **intersubjective perspective** that surpasses the singular first-person point of view (Thompson, 2007)

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Moral Perception (MP empathy)

- Fourth & final type of empathy
- "Perception of the **other as a being who deserves concern & respect**" (Thompson, 2007)
  - Component of capacity to appreciate others in the Kantian sense of others as *ends-in-themselves*
  - Develops in contexts, allowing us to morally relate to others:
    - E.g., teacher & student
    - E.g., parent & child
    - E.g., therapist & client

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Test Your Knowledge

Empathy consists of:

a. Feelings
b. Knowing what the other person is feeling
c. Responding sympathetically to the other person
d. All the above

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Test Your Knowledge-2

According to Dr. Lisa Sanders, the most common reason for treatment failure at the large urban hospital was

a. The availability heuristics
b. The representative heuristics
c. Confirmation bias
d. Loss aversion

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Moral Foundations Theory

(Wikipedia 12.1.20)

- Origins
- Foundations
- Applications
  - Political ideology

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Moral foundations theory (MFT): Origins

(Wikipedia 12.1.20)

- Social psychological theory explaining origins of & variation in human moral reasoning on the basis of innate, modular foundations
- Proposed in 2004 by Jon Haidt & Craig Joseph
  - Reaction against the developmental rationalist theory of morality associated with Kohlberg & Piaget , because they lacked a focus on emotion
  - Social intuitionism
    - Beliefs come primarily from intuitions: "moral judgment is caused by quick moral intuitions"
    - Rational thought often comes after to justify initial beliefs
      - Moral reasoning is a post-hoc rationalization of already formed judgments

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Moral Foundations Theory: Origins

(Wikipedia 12.1.20)

- 2004: Haidt & Joseph surveyed works on roots of morality
  - Identified "intuitive ethics" types, stemming from human evolution as responses to adaptive challenges
    - Each type formed a module, developmentally shaped by culture (functioning via preparedness)
      - Providing "flashes of affect when certain patterns are encountered in the social world"
    - Morality diverges because **different cultures utilize the building blocks differently**

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Moral Foundations Theory

Two higher-order clusters (?):

Individualizing
Person-focused cluster of Care and Fairness

Binding
Group-focused cluster of Loyalty, Authority and Sanctity

Harm vs. Care
- ***Sensitivity to signs of suffering in offspring; develops into a general dislike of seeing suffering in others & potential to feel compassion in response***

Fairness/Reciprocity vs. Cheating
- ***Evident when someone observes or engages in reciprocal interactions; concerned issues of fairness and justice.***

Ingroup/Loyalty vs. Betrayal
- ***Recognizing, trusting, standing with, and cooperating with members of one's ingroup, as well as being wary of members of other groups***

Authority/Respect vs. Subversion
- ***How someone navigates in hierarchal ingroups and communities***

Purity/Sanctity vs. Degradation
- ***Stems from disgust emotion that guards the body by responding to elicitors biologically or culturally linked to disease transmission;*** abhorrence for disgusting things, foods, actions

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Five foundations- plus one?

- **The liberty foundation**
  - Sixth foundation, opposite of *oppression*
  - Theorized by Haidt in *The Righteous Mind*, in response to libertarians regarding coercion by a dominating power or person

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The Righteous Mind: Why Good People are Divided by Politics and Religion (2012) Haidt

- Morality, having multiple foundations, "is at least six things, and probably a lot more" & "[religion & politics are]…expressions of our tribal, groupish, righteous nature"
  - "Hive switch": Hypothetical; turns a selfish human "chimp" into a "groupish" human "bee"
    - Cultures & organizations have techniques for getting people to identify with their groups, such as dancing, moving, & singing in unison
    - *Polarizing feature*, can lead to degrees of in-group / out-group dynamics depending on the variables at play

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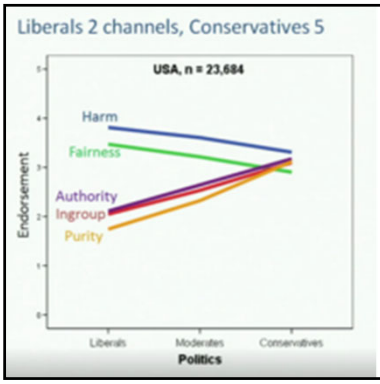

Moral Foundations Theory: Applications - Political ideology

(Wikipedia 12.1.20)

- Using the MFQ, Haidt & Graham found:
  - **Liberals** most sensitive to the Care & Fairness foundations
  - **Conservatives** equally sensitive to all foundations
    - **Libertarians** most sensitive to the Liberty foundation

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MFT Applications: Political ideology
Implications for political discourse

- Political camps are often unaware of moral foundations of others
- May perceive morally driven words or behavior as having another basis—**at best self-interested, at worst evil, & thus demonize one another**
  - Foundations can be used as "doorway" to step through the "wall" put up between political affiliations on major political issues
    - (Wikipedia, 12.1.20)

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Test Your Knowledge

According to Haidt et al., political liberals are more sensitive to issues of

a. Fairness and caring
b. Liberty
c. Loyalty and purity
d. Respect for authority

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Take a Minute and Think

What practical applications does Moral Foundations Theory have for professional psychologists?

*Break Time!

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Dual Process Theory (DPT)

- Core commitments
- Scientific evidence
- Criticisms
- Ethical implications

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Dual Process Theory

(Wikipedia, 12.1.20)

- Proposed by **Joshua Greene**, Brian Sommerville, Leigh Nystrom, John Darley, Jonathan David Cohen & others
- **Theory of human moral judgment**, among many more general dual process theories
  - Cp. "system1"/"system 2" distinction

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Dual-Process Theory: Core Commitments

(Wikipedia, 12.1.20)

- Moral decisions result from one of two distinct cognitive processes
  - **Automatic-Emotional Process:**
    - Fast & unconscious *(may be consciously inaccessible)*
    - Automatic & emotionally-driven
      - *Gives way to intuitive behaviors & judgments*
  - **Conscious-Controlled Process:**
    - Slow & deliberative reasoning
    - Less influenced by immediate emotional features of decision-making
      - *Draws from general knowledge & abstract moral conceptions, along with a more controlled analysis of situational features*

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Dual-Process Theory:
Neuroscientific experiments

(Wikipedia, 12.1.20)

- Green et al. evaluated brain activity & responses of subjects confronted with ethical dilemmas in Philippa Foot's **Trolley Case** (see next Figure)
  - **Two variants:**
    - **Trolley Dilemma**
    - **Footbridge Dilemma**
  - *Greene's 2001 fMRI investigation cited over 2000 times…*

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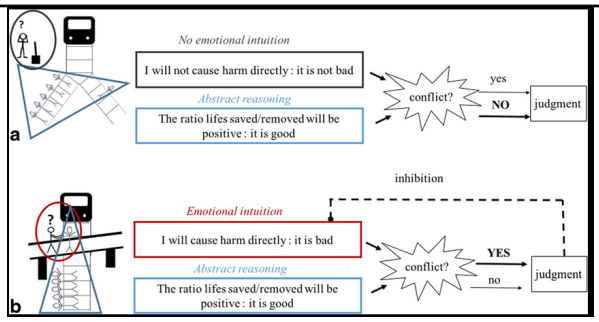

Representation of dual processes model of moral judgment; processes underlying judgment about (a) the Trolley dilemma and (b) the Footbridge dilemma (Greene, 2014)

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Digital Camera Analogy:
Two complementary modes

(Wikipedia, 12.1.20)

- **Automatic** "point-and-shoot" setting, fast & highly efficient
  - Allow intuitions to guide behavior & judgment
  - Not necessarily "hard-wired;" can change through (cultural) learning
- **Manual** mode, photographer has flexibility to adjust & refine
  - Draws judgments from general knowledge about "how the world works" & explicit understanding of special situational features
  - Requires effortful conscious deliberation
- **Dual-process moral reasoning**= effective response to **efficiency-flexibility trade-off**
  - Can **switch** between automatic & manual mode
    - Automatic (intuitive) processes **always active**
    - Conscious deliberations can "**override**" our intuitions

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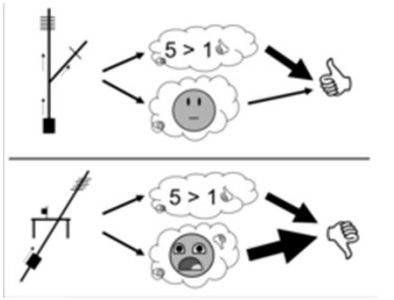

(Greene, 2014)

Depiction of how the affective (**automatic**) response overrides the consequentialist (**manual**) response in the footbridge case, but not in the switch case

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Greene et al.
fMRI Experiments

(Wikipedia, 12.1.20)

- **'Impersonal dilemma'** ***(trolley/switch dilemma)***
  - **Increased** activity in brain regions associated with cognition/working memory
  - dlPFC & Parietal lobe
- **'Personal dilemma'** ***(footbridge dilemma)***
  - a) **Action** could reasonably be expected cause bodily **harm**
  - b) **Harm** is inflicted on a particular **person**
  - c) Harm **isn't result of diverting** previously existing threat onto another
    - **Increased** activity in brain regions associated with **emotion**
    - vmPFC, Posterior Cingulate Cortex/Precuneus, Posterior Superior Temporal Sulcus/Inferior Parietal Lobule & Amygdala

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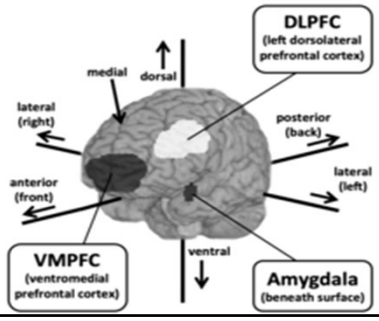
Brain Areas for Moral Judgments (Greene, 2014)



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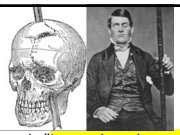
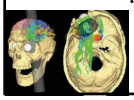
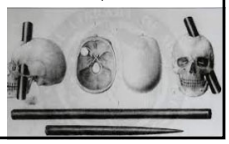
Brain Lesions & Morality



- **Phineas Gage**, 1848:
  - Working on a railway track, "iron rod used to cram down the explosive powder shot into Gage's cheek, went through the front of his brain, and exited via the top of his head"
    - Survived & returned to normal life
  - **Personality & character *radically* changed**
    - Vulgar & anti-social: "Where he had once been responsible & self-controlled, now he was impulsive, capricious, & unreliable"
    - **Moral intuitions transformed**
      - Able "**to know**, but **not feel**" (Damasio, *Descartes' Error)*





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Brain Lesions & Morality (Greene, 2014)

- Correlation between "**moral" & character** transformations & vmPFC injury
- **vmPFC damage**
  - Neuropsychological lesion studies indicate **dissociation** between emotional & rational decision processes
  - More frequent endorsement of the **"utilitarian"** way in **trolley problem**
  - When **emotional info is removed** (through context or damage to brain regions necessary to render such info), **rational, controlled reasoning dominates decision making**

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Brain Lesions & Morality (Greene, 2014)

- Greene thought this could explain **disparate moral intuitions** in different trolley problem versions
  - In the footbridge version:
    - We ***feel*** that we shouldn't push the man
    - But we ***think*** it better to save five rather than one life
    - The feeling & thought are ***distinct***

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Ethical Implications

Linked to dual-process organization

(Greene 2014)

- **Deontological theories** focus on "right **action**"
  - correspond to automatic-emotional processing (**system 1**)
- **Utilitarian theories** focus on "best **results**"
  - correspond to conscious-controlled reasoning (**system 2**)
  - **Question judgments based on moral intuitions**, when they might be based on morally ***irrelevant*** factors
    - Example of incestuous siblings (e.g., "harmless wrongs")

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Dual-Process Theory: Central Tension Problem

(Wikipedia, 12.1.20)

- **Deontological** judgment: preferentially supported by **automatic**-emotional processes & intuitions
- **Consequentialist** judgment: supported by **conscious reasoning** & allied processes of cognitive control

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Dual-Process Theory: Central Tension Problem Examples

(Wikipedia, 12.1.20)

• More System 2 Activation

- Encouraging **deliberation** or ↓**time pressure**= ↑consequentialist responses
- Asking to **explain** or **justify responses**= ↑consequentialist responses *(even for explaining deontological principles)*

• More System 1 Activation

- **Primed to be more emotional** or **empathic**= ↑deontological responses

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More Ethical Implications

Linked to dual-process organization

(Greene, 2014)

- Moral judgments based on emotion aren't categorically bad, rather, **different "settings" appropriate for different scenarios**
- "Familiar" moral situations:
  - Automatic settings can be relied on
  - **Familiarity** can arise from:
    - **Evolutionary history** (e.g., Fear of snakes)
    - **Culture**
    - **Personal experience** (e.g., Reluctance to place hand on a stove)

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More Ethical Implications

Linked to dual-process organization

(Greene, 2014)

- **"Unfamiliar"** moral situations:
  - Rely **less** on automatic settings (automatic emotional responses) & **more** on manual mode (conscious, controlled reasoning), *lest we bank on "cognitive miracles"*
  - Intuitions won't *always* be wrong, but **pay attention** to where they come from & how they compare to rational deliberation

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Scientific Criticisms of DPT

(Wikipedia, 12.1.20)

- Deontological inclinations **aren't** *less* rational than utilitarian inclinations (Byrd & Conway, 2019)
  - Cognitive reflection predicts *both* **utilitarian & deontological inclinations**, but only by dissociating these moral inclinations with an advanced protocol (*not used in early DPT research*)

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Empathy Revisited

- Jess Prinz (2011): "prone to biases that render moral judgment potentially harmful"
- Paul Bloom (2016): *"narrow-minded, parochial, & innumerate"*
  - Harm can arise when entrusting emotional, un-reasoned responses to tackling complex ethical issues, which can only be adequately addressed via rationality & reflection
- Empathy can 'misfire'…we need more than "amplifying certain emotions" in our ethical training:
  - "it is likely that augmenting higher-order capacities to *modulate* one's moral responses in a **flexible, reason-sensitive, & context-dependent way** would be a **more reliable, & in most cases more desirable**, means to agential moral enhancement" (Earp, 2017; e.g., Green's model)

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MFT & DPT: Some Conclusions

Greene & Haidt, 2002

- 'Moral judgment' refers to disparate processes, both **'affective' & 'cognitive'** (*& more*)
  - **Emotion**: driving force in moral judgment (*social intuitionist model*)
    - All emotions *can* contribute to moral judgment in some circumstances
    - Some emotions are more central than others
      - e.g., compassion, guilt & anger
  - **Reasoning**: can play important role
    - In impersonal moral judgments *(e.g., trolley switch dilemma)*
    - In personal moral judgments in which reasoned considerations & emotional intuitions conflict *(e.g., foot bridge dilemma)*

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Van Bavel, J. J., FeldmanHall, O., & Mende-Siedlecki, P. (in press).

The neuroscience of moral cognition: From dual processes to dynamic systems

- **There's no specifically moral part of the brain**
- **These brain areas are implicated in non-moral processes too**

Neuroscience of Moral Decision-Making: Some Conclusions

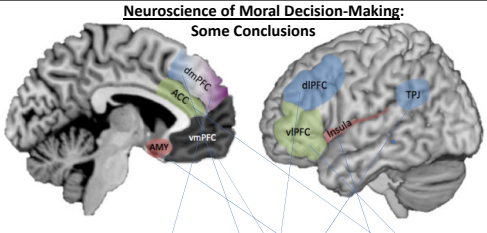

Figure 2. The neural substrates of moral judgment and decision-making constitute a widely-distributed network of interactive brain regions. Here we outline several key regions that have been repeatedly implicated in moral cognition.[1] The color-coding in the figure above loosely reflects key brain regions that contribute to specific roles within moral decision-making: purple, self-related processing; blue, other-related processing; red, motivations; green, processing related to conflict and updating. Finally, the vmPFC (shaded in black) integrates these distributed inputs towards an ultimate calculation of the moral value of a given judgment or behavior.

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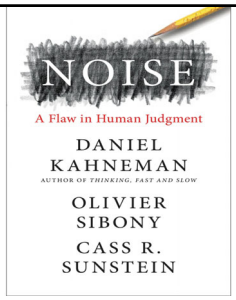

-Intricate examination of **decision-making & sound judgment**

-**Explores bias & "noise"** causing errors in human judgment

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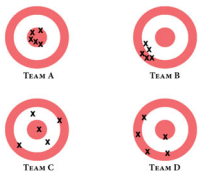
Two Kinds of Error: Bias and Noise



Shooting range metaphor: human judgment errors

- Team A: On target
- Team B: **Bias**= systematically off target (systematic deviations)
- Team C: **Noise**= shots widely scattered (random scatter); no obvious bias because roughly centered on bulls eye
- Team D: Biased & Noisy= systematically off target & widely scattered

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Noise

- **Wherever there is judgment there is noise, & more of it than we think**
  - Judgments, combined with one's own biases—conscious or not—cause error
- "**Occasion noise**": **Fluctuations** in a person's mood, fatigue, physical environment, weather, cases we've recently seen or discussed, & prior performance **shape judgments** (including the trolley problem)
  - *Judgment is like a "free throw" in basketball*
- Systems are noisy, in part, because:
  - Different professionals apply different **standards**
  - Same professionals apply different **standards** (over time)
- **Evaluative judgments benefit from focusing on the process**

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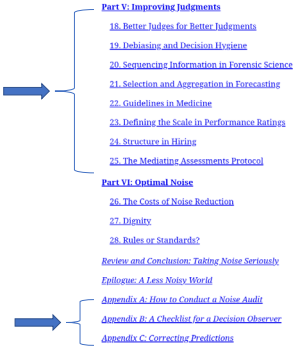

-8 chapters devoted to methods for **reducing noise**

-3 appendixes to help **conduct noise audits, develop checklists to improve group decisions & improve predictions**

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Noise-reduction strategies:
Decision Hygiene

- Ch 18: Better judges
  - Hallmarks of people who **dampen** system noise:
    - Constantly search for new info & update their beliefs
      - **Actively Open-Minded Thinking**: cognitive style in which you actively seek info to disconfirm your idea; *may be teachable*

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Noise-reduction strategies:
Decision Hygiene

- Ch 18: Better judges
  - Hallmarks of people who dampen system noise:
    - Prone to slow, reflective & careful **"system 2" thinking**, rather than impulsively jumping to conclusions (system 1)
      - **Resist "premature intuition"**
        - i.e., the feeling you "know" something even if you are not sure why
      - Take time to **engage system 2** instead of trusting your first intuition
  - In some cases, intuition is *useful* for making **instant** decisions
  - In **less time-critical** situations, judgements based on intuitive feelings need to be disciplined & delayed
    - Act on intuition **after** a balanced & careful consideration of evidence

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Noise-reduction strategies:
Decision Hygiene

- Ch 20: **Don't be exposed to irrelevant info early** in the decision-making process
  - Our "search for coherence" causes early **impressions** (based on available limited evidence)
    - Next, your **prejudgment is reinforced** as more info becomes available
  - ***Solution***: **Sequence info** to reduce possibility of confirmation bias
    - i.e., get "**only the info you *need* when you need it**"
      - Inpatient consultation example…

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Noise-reduction strategies:
Decision Hygiene

- Ch 21-23: **Aggregate multiple independent judgments** (wisdom of crowds), but choose good sources & judges
  - As much as possible, gather evidence from:
    - **Diverse sources**
    - People who have made **independent judgement** of the evidence
  - **Avoid** initial group discussions (which increase noise); instead, collect individual opinions ***beforehand***
    - Ask people to make independent judgments **first**, & then bring them together to resolve differences
  - Appoint a "**decision observer**" (who tracks & guides interactions) to identify **bias**

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Noise-reduction strategies:
Decision Hygiene

- Ch 24: **Break down complex decisions** into "multiple fact-based assessments"
  - Structure complex judgments by **decomposing them into their component parts**
  - Manage data collection so **sources are independent**
  - **Delay holistic final judgment** until all inputs are gathered
  - **Rules & Standards** (guidelines & constraints) can limit intuitions & idiosyncratic preferences, which *diminishes* bias & noise

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Test Your Knowledge

- During a treatment session, Dr. Sara Bellum quickly sensed that her patient needed to talk more about a recent event at home & encouraged her patient to tell her more about the event.
- Dr. Sara Bellum showed the thinking process described as:

a. Automatic ("point and shoot")
b. Manual mode
c. Dual process moral reasoning
d. Trolley and footbridge

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Test Your Knowledge- 2

According to Dr. Paul Bloom, empathy:

a. Should be the foundation of all ethical decisions
b. Is the gold standard when evaluating ethical behavior
c. Can misfire when applied to ethical dilemmas, unless accompanied by rationality and reflection
d. Depends on motivation, feelings, and responsiveness

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A Reflective Moment

- Take a minute and think about this:
- What have we covered so far that's most helpful in addressing ethical dilemmas you may encounter at work?

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CLINICAL ETHICS CONSIDERATIONS

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The Nature of Ethical Decisions

- Often generate intense **emotions**
- Sometimes we **lack crucial information**, or question the accuracy of the information we have
- Have **competing values**, so that one cannot fulfill one ethical obligation without violating another
- Tensions become worse if there is **time pressure** to act

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An Ethical Dilemma

What do you do when:

- Two or more ethical principles appear to conflict?
- You cannot fulfill one ethical principle without violating another?
- Any action you take will result in the violation of some ethical principle?

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Mislabeling Ethical Dilemmas

- A psychologist may mislabel a situation as an ethical dilemma if they do not realize that an ethically reasonable response already exists in the ethics code (e.g., a received a subpoena, what do I do?)

OR

- That there is a clinical solution that could resolve any apparent conflict between overarching ethical principles (e.g., evidence-supported safety plans can often reduce the need for hospitalizations of suicidal patients)

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When Do Psychologists Need to Use Ethical Decision-Making?

- Conflicts with organizational policies?
- Balancing **privacy** of patient versus **safety** of the public?
- Balancing the **well-being** of patients versus their right to **self-determination**?

…and so on.

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Applying What We Know about the Science of Morality and Ethics

1. We may have biases that impact our thinking *(Kahneman)*
2. Are we sensitive to noise?
3. Our initial reactions (System 1) may need to be balanced with System II thinking *(Greene)*
4. When working with others, we need to consider that their moral foundations may differ from ours or others within their social network *(Haidt)*

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Before you Respond, Consider Your Emotions

- Do your **emotions influence** your decision-making?
- Are you tempted to select a ***just-good-enough solution*** to reduce emotional turmoil?
- How can you **monitor and reduce** harmful emotions?
- Does Paul Bloom's comment about **unethical empathy** seem relevant?

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Before Your Respond- Consider Thoughts

- **System 1 Thinking**: fast, automatic, immediate, effortless, like a point and click camera *(Greene)*
- **System II Thinking**: slow, deliberate, effortful, like a manual camera
- Do **you** allow system I to talk to system II?

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Let's Create a Decision-Making Model

-Many models have been proposed.

Often, they involves 5, 7, 11 or some finite number of steps…

-Across all these models, common features are to:

1. **Slow down** one's thinking
2. **Define** the problem
3. Let **system I talk to system II**
4. **Balance** competing ethical principles
5. **Pick the best** (or the least-worst) decision– not just one that fulfills minimal obligations

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If time allows, expand one's resources…

- Consultants can:

(1) give **information**

(2) help consultees to **formulate** their thoughts & issues as part of presenting the info to the consultant

(3) help **reduce emotional arousal** of the consultee, which may be interfering with their decision-making process

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Steps to Decision Making (IDEAL)

1. Identify or scrutinize the problem by gathering info, & then identify the most relevant overarching ethical principles
2. Develop options or hypothesize solutions
3. Evaluate or analyze and choose the best one (one that minimizes the harm to the offended moral principle)
4. Act or Proceed
5. Look back or evaluate (repeat steps if necessary)

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Step One: Identify or Scrutinize

- "Lean forward"
- "Be curious, not furious"
- Gather info from the patient (try to understand their moral foundations)
- Get consultation if necessary

- Then, identify the most relevant overarching ethical principles (beneficence, nonmaleficence, justice, respect for patient decision making, fidelity, or public beneficence)

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Step Two: Develop or Hypothesize

- **Is there a way to address the problem without having any of the overarching ethical principles conflict with each other?**

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Step Three: Evaluate or Analyze

- **May one principle override another?**
- "When I am in a situation. . . In which more than one of these prima facie duties is incumbent on me, what I have to do is to study the situation. . . Until I form the considered opinion. . . That in the circumstances one of them is more incumbent than any other."
  - W. D. Ross, 1930/1998 p. 269

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Step Three (continued) Balancing Ethical Principles

Although one overarching ethical principle may override another, Beauchamp and Childress state that when:

1. "No morally preferable alternative actions are available"
2. The infringement must "have a realistic prospect of achievement"

And

3. "All negative effects of the infringement have been minimized"

(Beauchamp and Childress, 2019, p. 23)

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Case One

A 75-year-old patient reports to you he has been involved in yet another fender-bender car accident (the third in the last 6 months).

His wife says that he is getting more forgetful lately…

(modified from Knapp & VandeCreek, 2005)

What should you do?

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Analyzing Case One- Slow Down Your Thinking

- Identify Gather information and then **consider the most salient** overarching ethical principles.
  - Are they nonmaleficence, beneficence, fidelity, respecting patient decision making, fidelity, justice, or public beneficence (public well-being)?
  - As you gather information are you sensitive to noise? Are you sensitive to potential biases on your part? Are you aware of the potential influence of empathy in your decision making?
- Develop alternatives.
  - Is there a way to address the problem without having any of the ethical principles conflict with each other? (e.g., will patient agree to give up driving)

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Identify: Some Useful Information

- PA law requires psychologists to report "impaired drivers," although the standard of when a driver is impaired is open to discussion
- Neurological tests are poor at predicting driving impairment…but driving tests by OTs tend to be good at identifying driving impairment
- Many patients with declining driving skills can drive safely by taking compensatory strategies (e.g., not driving during rush hour, driving only to familiar places, not driving at night or in poor weather)
- Some apparent driving impairments are due to medical problems that are relatively easy to treatment (e.g., medication adjustments)

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Analyzing Case One (continued)

Evaluate the options and identify if overarching ethical principles conflict and, if so, identify one to override the other if

a. It has a likelihood of success
b. Efforts are made to minimize harm to the offended principle

Act

Look Back

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Case One: Option One

- Psychologists will have **respect for patient autonomy** override public beneficence (public well-being), & refrain from reporting patient to DMV
- Harm to the offended moral principle will be minimized by
  - (a) telling the patient to get **driving evaluation**
  - (b) **referring** the patient to physician for possible physical problems (if appropriate)
  - (c) talking to patient about **safer driving options** (only drive where can make right hand turns, only drive in familiar areas, do not drive during rush hour, etc.)

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Case One: Option Two

- **Public beneficence** will override respect for patient autonomy, & a report will be filed with the DMV
- Harm to respect for patient autonomy will be minimized by:
  - **explaining** carefully to patient **why** the action was taken
  - **explaining** to the patient what **steps need** to be taken to get license back
  - discussion with patient **alternative transportation** options to get around

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Case Two: A Prejudiced Patient

- During psychotherapy, your patient made numerous gratuitous & crude racial epithets including crude comments directed toward one of your coworkers
  - The patient was not aware that your spouse is a member of the demographic group targeted by these comments
  - The comments do not appear related to any of the patient's presenting problems

(modified from Mbroh et al., 2019)

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Analyze Case Two- Slow Down Your Thinking

- **Identify** Gather info & then consider the most salient overarching ethical principles
  - beneficence, nomaleficence, respect for patient autonomy, justice, fidelity, public beneficence
- **Develop** Alternatives: Is there a way to discuss this with the patient that does not interrupt treatment (way to act that does not pit overarching ethical principles against each other)?

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Analyze Case Two (continued)

Evaluate & determine if one overarching ethical principle overrides another and, if so:

a. Will the intervention be likely to succeed?
b. Has an effort been made to minimize harm to the offended principle?

Act

Look Back

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Case Three: Difficult Relationship

- A psychologist has been treating one patient for several months (she had an affair & felt depressed after it ended)
  - The psychotherapist is also seeing a married couple
  - After several sessions, the psychologist realizes that the married man in the couple was the man who had the affair with her first patient

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Difficult Case

Sometimes the best solution is the least-worst solution

- **Identify**
- **Develop**
- **Evaluate**
- **Act**
- **Look Back** **(repeat if needed)**

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Case Four: A Suicidal Patient

- A 65-year-old male patient reports having thoughts of suicide & even has a plan
  - He has chronic health problems, says that it is likely that he will die from suicide, feels like he is a burden to others, & has no close friends or relatives
  - He refuses to go to the hospital

(modified from Knapp, 2020)

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Some Useful Information

- In a survey, the most common reason veterans gave for not killing themselves was that **their psychotherapist cared** about them
- **Cognitive-behavior therapy** has been shown very effective in treating suicidal patients (e.g., Bryan & Rudd, 2018)
- **Patient-centered safety plans** have been shown effective in reducing the rates of patient suicide

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Case Five

- A patient who is an older white male strongly identifies with alt-right ideologies & expresses an interest in participating in a demonstration at a government building that is likely to result in violence
  - Although he did not specifically express an intent to harm any individuals ahead of time, he said, "*I will be prepared*"
  - He is divorced, in debt, & was recently laid off

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Some Useful Information

- "Clinically **useful risk factors** making individuals as being on a predictable path toward carrying out an act of IMV [ideologically motivated violence] **do not exist**" (Wynia, Eisenman & Hanfling, 2017, p. 1245)
- Many persons in right-wing extremist groups show normal mental health profiles, but those with **paranoia, anger, and sense of persecution** may be especially attracted to them (Bubloz & Simi, 2019)
  - **Economic loss or perceived loss of social status** may lead some individuals to engage in violent acts (Jasko, LaFree, & Kruglanski, 2016)
- According to the concept of virtuous violence, extremists **justify** violent acts because they believe the **victims are blameworthy** (Slovic et al., 2020)

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