

THE MAKING OF ETHICAL DECISIONS IN THE PSYCHOLOGICAL PRACTICE

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Abstract

Given the situation in Romania, where the field of the moral expertise and of the application of the ethical decision methods in psychology is hardly at the beginning, in the conditions where the practice imposes the use of moral deliberation tools, we chose to present in this text only those methods (the casuistic method, the principlism method) which are placed at a certain distance from the philosophical controversies related to the application of the theories; these methods should be successfully applied by the psychology practitioners – who do not have an expertise in the ethical theories, but which allows them to successfully solve the complicated situations and the ethical dilemmas in the developed actions.

Keywords: ethical decision-making, casuistry, principlism

Introduction

Like most of the concepts in the social – human sciences, the *decision* is not easy to define. In a reference work for the organizational psychology M. Zlate (2007) shows the most relevant attempts for defining the decision. By synthesising them, the Romanian author concludes that characteristic for decision is to choose an alternative from many others which can be possible, *to decide is to opt, to choose an alternative from various possible for translating it into fact* (Zlate, 2007, p. 259). The need for taking decisions in the areas of psychological practice, unimportant the domain in which it is manifested, derives from the nature of the interactions between individuals (regardless of the role played), groups and their needs. From the psychological point of view the decision implies several mechanisms out of which must be remembered:

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- the finality of the actions or the establishing of the tasks or goals/objectives (for this purpose it is imposed the establishment of priorities; allocating the time, resources or the effort to achieve them, abandoning some tasks which were not well defined);
- the selection of the necessary resources for achieving the tasks (the decomposition of the objectives or tasks into smaller objectives or smaller tasks, the arranging of actions according to priorities or constraints);
- the dynamics between the valences of the result and the probability of achieving the result (it refers to the trust which the subject has concerning the result);
- the reactivity of the motivational plan (regards the importance of task in terms of motivation and the hope of the success);
- the appearance of intent for achieving the established objectives;
- the persistence of intention focused throughout the fulfilment of the task and the inhibition of competing intention;
- temporal regulation of intentions (Richard, 1997, p. 191).

The ethical decision refers to the choice of optimal alternatives in terms of the system of values assumed by an organization. The decision taking process is a complex one because in the interactions supposed by the psychological practice the obligations and the professional debts of the psychologists and the patients' rights are intersecting; often the patients have a special status because of the age, the delicate situations in which they are or because of their disabilities. Over these are superposed the psycho-individual factors over which W. James has drawn the attention since 1890. Thus starting from the conflictual situations in which we are, the American psychologist delineated several types of decisions: *rational decisions*, in which the arguments for and against a sense of action are gradually clarified by activating logical-argumentative functions; *random decisions*, determined by factors which are external to the decider; *impulsive decisions*, determined by internal factors, spontaneous downloads of energy, instability or by the oscillatory nature of decider character; decisions determined by the change of the scale of values; decisions determined by will (James, 1983).

But, regardless of the mechanisms involved and the factors by which they are influenced, the role of ethical decisions in psychology is to reveal the tangled circumstances that current professional practice may lead to. Like any profession, that of psychologist consists in a contractual relationship between

the professional and the client. Psychologists have the obligation to provide the service for which they are paid, so to do their duty (Miroiu & Blebea, 2001, p. 55). However, in this relationship there may appear contradictory failures. The psychologist may claim that his performance is appropriate and according to the contract, while customers could expect to benefit of super erogatory services, such as the psychologist could be solicited outside the agreed time for counselling. A possible conflict may arise in terms of altruistic expectations which the customers may assume that professionals own them.

Why is it necessary to take ethical decisions?

In order to clarify the aspects and the problems of moral nature of a professional organization, the elaboration of an ethical code is not enough. The enforcement of the code and the transformation of the organization into one which records ethical performance assumes going through several stages: *the stage of immorality* (could equally well be called of *amorality* because the institutions are refusing to preoccupy about any form of ethical issues, the perpetuation of this situation could seriously undermine the viability or even the company image); *the reactivity stage* (requires minimal preoccupations and rather formal about the implementation of some measures to prevent or sanction the unethical behaviours; there is a lack of the enforcement mechanisms and instruments, the commissions, the boards, or the ethical committees which have rather a decorative role, the administrative structures being those which are resolving further the conflictual situations in which are also involved the unethical conducts – in this situation seem to be the most part of the Romanian organizations including the *College of Psychologists from Romania*); *the stage of ethical compliance* implies instead a sincere commitment of the organization officials for the monitoring and improving the efficiency of ethics management; there are noted consistent concerns for penalizing and preventing the inappropriate behaviour, in fact a commitment mainly assumed by the leadership through the ethics management and somehow imposed from outside to the organization's members, who are not involved in writing the ethical codes or in the constitution of implementing their procedures; *the stage of integrity* adds an internalized assumption to some principles and values by the whole organizational community, the main role belonging still to the organization leaders, but the staff is attracted and involved in setting up the set of values chosen by the organization to define itself,

resulting the formation of the organization's integrity; *the total alignment* is the last stage of moral conduct of an organization; it is reached only when its mission, its purpose and particular goals are considered integral part of it. Hardly now, the strategic importance spoken about in the applied studies of ethics for decades had been attributed to ethical behaviour.

This comparison model can be used by the members of an organization to the awareness of the place where they are on the way to an organization in which is practiced and adequate ethical management, but this is only the starting point (Rossouw & van Vuuren, 2003).

But whatever the results of this self-assessment are, between the steps passed on the way of acquisition of ethical performance, an important place is occupied by the asset and by the application of some methods of ethical decision based on a solid professionalism. These methods have to be elaborated by specialists who must know not only the ethics domain but also the psychology one. It is necessary that they appeal to theoretical resources and to profound methodological justifications, and if it is possible these methods should have already passed the test of some severe critiques, to which they have successfully responded.

The issue of professionalization it is not taken into account yet for the people able to manage moral problems arising in professional activities, and the importance of this aspect has not yet been recognized. The websites of psychologists' organizations from Romania still lack the references to the work of ethics committees or information to prove the concerns for development of the moral dimension of the organizations.

Few has so far been written about the need for professionalism and the controversies related to the usefulness of the ethical expertise in professional activities, and the question of who are the most suitable persons to take decisions in this field - practitioners of the profession or experts in ethics - it is still open (Mureşan, 2009, p. 149).

It is still not clear whether professionals should be trained to acquire an ethical expertise too, or ethicists should deepen professional fields, to the same level of acquiring the skills required for practicing the profession in connection to which they are called to pronounce themselves.

The Romanian author quoted above considers that the most appropriate way to follow to a moral organization is practicing the training concerning the

taking of ethical decisions. He proposes such a transforming plan of an organization into an integral one which involves four steps:

- the creation of an ethical code self-assumed by the participation of the entire personnel to its conception;
- its constant application by mechanisms of keeping involved the personnel under the moral aspect (the organization of trainings, ethical audit, online self-training, internal films about moral/immoral behaviours, games, dedicated phone line etc.);
- the process of *keeping involved* also has as an effect the gradual formation of an institutionalized culture favourable to the moral values, the main role in this process being assumed by the responsible people for the ethic management;
- the initiation of some ethical thinking training programs in order to form some ethical decisions skills and to solve new issues – especially for the managers in order to prepare the moment when they will be confident and know how to incorporate criteria and moral restrictions in the strategic plan of the organization, in all its departments and activities (Muresan, 2009, pp. 152-153).

It can be noted from the statements made so far that the key mechanism in the formation of an ethical compliance of an organization is represented by the ethical decision methods. Although numerous and heterogeneous, their acquiring is the only way of training in the practice of the responsables for the ethics management, for some constant skills, assessment and judging abilities, moral autonomous and non-arbitrary.

The ethical codes are intended to specify the rules, deontological norms by the organization will transpose into the conduct of its members the values to which it aspires. These ensure for the client the protection framework of his interests and the right to a fair treatment from the psychologist. The psychologist dispose instead of a behaviour guide which draws moral reference points between he can act. The complexity of the situations which may arise from the client-professional interaction predispose to the emergence of some difficulties, entangled situations or ethical dilemmas. The occurrence possibility of such cases makes the construction and the use of ethical decision methods necessary and compulsory. These can be accessed either by the leaders of organizations, by the members of the managerial structures designated with the establishment and management of an ethical climate or the practicing

psychologists faced with situations that seem hopeless. Confusing situations or ethical dilemmas arise when the psychologists have to make a decision between several present alternatives in the conditions under which the amounts involved in the case are in conflict with certain individual interests, the possible alternatives also seem justified and there are consequences for their *stakeholders* (Popescu & Sulea, 2007, p. 348).

The decision methods are very heterogeneous, from the very elaborated one, as is for example the bi-level utilitarian method, amply presented by the most knowledgeable author in organizational ethics management (Muresan, 2009), to those which by the desire of being more accessible are trivializing too much the problematic of decision and they end by eluding it. Thus for example, the application of the well known *golden rule*, according to which we are asked to behave to the others as we would like them to behave to us is not at all enough for solving complex problems arising in the current professional practices. Neither the precepts of the Christian ethics or Kant's categorical imperative theory – behave yourself so as to see the others as purposes and never just as means for achieving your personal goals, also remain too formal versus stringency and the severity of situations they should solve. In this article we will deal with the presentation of those methods we consider are most suitable for general areas of psychological practice: casuistry, the utilitarian method.

The Casuistry

A relevant definition of casuistry can be found in the Oxford English Dictionary: “Casuistry is that part of ethics which resolves cases of conscience, applying the general rules of religion and morality to particular instances in which circumstances alter cases or in which there appears to be a conflict of duties”. Another good attempt to defined the same term belongs to Ciulla (1994): ... the art of reasoning from cases. The Latin word “casus” means the falling away of declension of a noun. By analogy, the term *casuistry* implies a kind of deflection or falling away from a law or principle. Casuistry serves the dual purpose of applying principles to cases to help as understand and sometimes alter principles...” (Ciulla, 1994, p. 172).

Keenan (1998) considers modern casuistry as *a moral taxonomy for distinguishing acceptable from unacceptable ways of involving humans as subjects in medical or behavioral research. On the other hand “casuistry is a*

formal conveyor a translucent mediator bringing belief more directly into the concrete world...” *Casuistry is free of such ideological biases ... because it is pre-theoretical.* The one bias of casuistry is its suspiciousness towards ideology and generalities. Therefore casuistry represents and expresses the belief that form as the practitioners way of thinking, their presuppositions and presumptions. Furthermore, casuistry is *unintelligible as an activity separated from its communal context...* (apud Brinkmann & Ims, 2004, pp. 130-131).

Casuistry is probably the oldest way of approaching the ethical nature issues, based on the accentuation of the contextual character of the cases, these putting in balance the application of general rules. On the background of the concerns for the special circumstances of an object of the moral verdict a psychologist can distinguish and can use the relevance of different cases and specific rules.

With a history extended during the Middle Ages, casuistry is released again in the context of appearance of situational ethics (conception according to an ethical judgement is applied to situations as a whole; what is relevant and decisive for a situation might be totally irrelevant to other despite the similarity between them). For the modern released version of the casuistry it seems to me like appropriate the definition given by Jonsen and Toulmin: “the analysis of the moral issues using procedures of reasoning based on paradigms and analogies, procedures which lead to the formulation of some opinions well substantiated (expert) about the existence and stringency of some particular moral obligations, procedures that are formulated in terms of rules or general sayings but not universal or invariable, because they have certain validity only in particular conditions in which is the agent and in particular circumstances of the action” (Jonsen & Toulmin, 1988, p. 257). Since the term is sometimes used in a derogatory way some authors still question whether the term is a negative or neutral one, although they will continue to promote a positive understanding of the concept (Brinkmann & Ims, 2004, p. 129). The rules of the modern casuistic method, redesigned by the two cited authors, are well synthesized by V. Muresan (2009, pp. 194-199). He realises a very relevant interpretation of these rules, certain aspects seem to me compatible and applicable to the field of psychology practice.

In this type of argumentation, *the ultimate reference frames are “paradigmatic” cases* which provide initial presumptive moral assessments having a major conclusive force with the condition that the exceptional

circumstances which could alter the assessment to miss. The psychological domain in the Romanian space is one in which is missing a tradition of casuistic analysis which could be documented from handbooks or other sources. The only accessible resources are the *Deontological code of the psychologist profession with the right for free practice*, *The code of disciplinary procedure*, the *Law no. 213/2004 regarding the practice of psychologist profession with the right of free practice* and *Its implementing rules*.

Being an area where there are no precedents of casuistic analysis, there should be created some exemplary departure points, starting from the professional consensus around the focal moral values chosen by assuming the Deontological Code. But just like in the majority of other local professional fields, it should be started the organization of ethical trainings. In these there should be discussed various paradigmatic cases related for example to privacy violation or to the discrimination based on ethnicity or race.

Another rule analyzed relates to the purpose of method which resides in the assessment of new cases by analogy with paradigmatic examples. In this method ethical evaluation is based on reasoning by analogy, on his turn influenced by probability, persuasive techniques or by practical wisdom. The basic idea of the method is not the acceptance of some universal sentences and their application by deduction to particular cases, but the formation of an affective sensitivity on the basis of which to understand the factors and the new emerging circumstances.

I shall not insist on other aspects because the relatively reduced history during the time of moral practice from professional community of Romanian psychologists follows only, as far as this method will be accessed by the ethical managers, has not yet led to the establishment of paradigmatic cases, or to clarifying the allowed exceptions, so that a continuation of the discussion in this direction would be premature. What would be however of interest for the future decision maker practitioners of psychology would be the grid proposed by V. Muresan for the application of casuistic method.

- 1) Identify exactly the new case you want to morally evaluate: the description of the case, the facts, the auxiliary circumstances, the eventual moral principles contained or linked to the case etc.
- 2) Frame the case. Search in the ethics literature, in the deontological codes, in the case studies handbooks, in practice for those paradigmatic cases that would be the closest to the new case.

- 3) Solve the case if it is simple. See which are the similarities between the new case and the paradigmatic cases - using definitions, underlying principles, precedents, moral sayings widely accepted, what others said about this type of case etc.
- 4) Debate the moral dilemmas. In cases of ambiguity or conflict of paradigms weight the options according to your flair, to your moral discernment, eventually by using some supporting ethical principles (e.g. utilitarian).
- 5) Elaborate the decision by consensus. The conclusion must be taken with caution and revised whenever it is necessary; we will extract, eventually, the new moral rule tacitly contained in the new case.

When there are no precedents to which we may report to, we will be constraint to invent one or more paradigmatic examples, starting from previous experience, the existing definitions, from the existing legal principles etc. These cases must be clear, unambiguous, widely accepted. In rigour, we must invent a taxonomy of cases of that type. Otherwise, the process develops as above (Muresan, 2009, p. 201).

Although in some areas of applied ethics it is spoken about the *revival of casuistry* (Vieth, 1999) the limits of applying this method (mainly it is reproached that since it is based on social consensus, when it is extremely difficult to be obtained, the casuistry can slip and be lost very easily on the slope of relativism) are restraining much its area of applicability.

The Principlism

One from even more convenient alternatives for psychologists who want a solid foundation, when they are confronted with moral conflicts (conflicts of interest arising from the roles or relationships with patients, conflicts between professional duties and the values promoted by the organization etc.) there is another method of decision: the principlism method. This is because the psychological deontology is based, as we shall see, on the majority of values, tools and resources implied by this approach. This method appeared in the context of development of the applied ethics, in particular of its branch, the bioethics, starting with the 70's and it is very popular not only among bioethicists but also among deontological practitioners of psychology. The procedure became notorious in 1979 at the same time with the appearance of T. Beauchamp and J. Childress' work *The Principles of Biomedical Ethics*.

The adherents of this *moral evaluation framework*, so called by the followers for not being considered a moral theory, consider that the principles

are the core of moral life, in the process of decision-making being obliged to take them into account. Beauchamp and Childress propose a direction in order to elude the big traditional ethical theories, providing a list of criteria on which conflictual situations can be judged. The method of identifying and solving moral problems is composed of principles, rules derived from them, regulations, the rights of those involved and also virtues. At the core of the proposed method there are four principles which will act as the basis of evaluation:

- *the principle of respect for autonomy*: anyone should be recognized and appreciated the freedom to do his own choices and to develop his own opinions and plans for life (without others control and consciously), even when others consider them wrong. The only restriction of the principle of autonomy is the obligation that the respect of own autonomy should not affect the respect of others` autonomy;

- *the principle of charity (beneficence)*: the persons have the obligation to help their peers to promote those interests that are important and legitimate for them, but by weighing the benefits, prejudices and risks to obtain the greatest net benefit for all those affected, impartially;

- *the principle of non-maleficance (non-maleficence)*: people must restrain from intending or from doing acts likely to cause prejudices, unless there are sufficient basis for doing so. The term "prejudice" is ambiguous; however, we can agree that it refers to physical harm (e.g. pain, agony, physical disabilities, death), to mental prejudices and other types of prejudices;

- *the principle of justice*: it is a group of rules for impartial distributing of the benefits, risks and health care services (Beauchamp & Childress, 1983).

The number of principles is not a limited one, for each area must be chosen according to its specificity the appropriate principles. If we analyze the content of *The deontological code of psychologist profession with the right for practice license* we will see which are the best suited principles for applying this framework of moral evaluation in the psychological practice developed in Romania. The basic professional value of the Romanian psychologists is *autonomy*, at least in a declarative way, because the first principle chosen by them is the Kantian principle of *respect for human dignity* and this means recognizing the fundamental right of every person to choose.

The second principle is *social and professional responsibility*. Responsibility, as a duty to others refers to the obligation of preventing if it is

possible and to fix - if it has already occurred - the harm on others, to counter-balance by compensation the harm done to the others. The moral correlate of professional responsibility is for the local psychologists the principle of harm minimization, based on the values of honesty, compassion, understanding, tolerance and respect. *The principle of professional integrity* is the third and final developed in the above-mentioned document. This third principle, another well-known school of philosophical ethics brings its contribution to the regulation of the psychologists professional debt, is about the virtue theory.

So, for the Romanian practice the mentioned principles will be most appropriate to undertake a moral evaluation of principlism inspiration. From these principles result certain objective rules and professional regulations. From the first principle results for example the need of some firm and constant concerns to avoid the behaviours, treatments, remarks or the statements which could bring any kind of prejudices to the individuals involved in the direct professional relationship.

From the second principle results the professional rule which regulates the aspects regarding the legality and requires the psychologists to be concerned with the highest possible level to the well-being of individuals for whom they exercise their professional role and to the family, group or community to which they belong. The third principle refers to the limits of political and administrative intervention in the professional community life; on the other hand the principle requires psychologists to respect and protect the clients' private sphere. Personal integrity requires the duty to respect the right of the individuals to keep personal information secret, to protect their private life. From this principle derive many professional duties of the psychologists: avoiding discrimination, fairness (fair presentation of qualifications and competences), keeping the promises, honouring the contractual obligations, impartiality.

An essential role of the ethical decision methods is the maintenance of an ethical climate in the professional organizations of the psychologists; in this way are determined the politics and the procedures which must permanently be adapted in order to reflect the organizational values. Here it must compulsory be included the solving modality of the ethical dilemmas, the development of a frame for the development of the trainings with ethical objectives but also the modality in which it is recompensed the conformity with the ethical norms. The ethical dilemma represents that situation in which the psychologist must choose

between the present alternatives; he or she is in difficulty because either the duties and the individual values are in conflict with different interests either all the alternatives are equally justified (Bogáthy, 2007, p. 348).

Principlism is supposed to be a method of moral deliberation by which one can defuse a moral dilemma. When facing a moral dilemma, i.e., acknowledging mutually exclusive moral duties in a particular situation, one can refer to one of the four mid-level moral principles of principlism in order to overcome the perplexity caused by the dilemma. In its original formulation, principlism talked about finding a balance between the four central mid-level principles. Specified principlism (or specification, as it is called) developed as an attempt to respond to some of the difficulties with principlism and offer a method that would be more useful for making decisions and choices than appealing to the level of grand-principle. More specifically, it sought to respond to problems relating to conflicts of principles and the application of principles. It has recently been argued that these principles, and particularly their associated notions, such as informed consent, privacy, confidentiality, voluntariness, and self-mastery, can also be useful in the sphere of professional practice (Fisher, 2001, p. 18).

Other ethical decision methods

In order to make easier the decision in the problems of moral decisioning, many instruments were conceived. So, for example we have the method of the 10 steps for taking the ethical decisions, proposed by Wallace and Pekel which offers an evaluation and decision frame by making a grid where there are included the aspects which succeed in defying the situation and the consequences (table 1 and 2).

Table 1. The method of the 10 steps in taking the decisions (*apud* McNamara, 1999)

	Pace	Notes
1	Which are the dates and the facts known in this situation	
2	Who are the main <i>stakeholders</i> , which are their values and results do they want?	
3	Which are the causes that determine the situation?	
4	Rank the ethical principles and values which claim this situation.	

Table 1. The method of the 10 steps in taking the decisions (*apud* McNamara, 1999) - *continued*

5	Who should be informed or involved in taking the decision?			
6	Describe an alternative plan which would: a) prevent or minimize the negative effects on others; b) sustain the own values for this situation; c) be a good solution for this situation.	Alternative 1	Alternative 2	Alternative 3
7	Build "the most negative scenario" for the most attractive alternative in order to evaluate the effects on the <i>stakeholders</i> . Revise the alternative if necessary.			
8	Add an ethical component preventive to your action plan, which operates on the causes listed at step 3.			
9	Evaluate your decision and action plan on the basis of the check list above.			
10	Take the decision and build your action plan. Describe how you will implement and monitorize the development of the plan.			

Table 2. An ethical decision-making procedure (*apud* Morrissey & Symons, 2006, p. 120)

Problem identification		
Is this an ethical problem		
What are the relevant facts?	What might not be relevant?	What else do we need to know?
To whom are we obligated?	What sources are available to us?	Consult with peers/supervisor
What ethical principles or standards are involved?		
How might our morals/values be influencing our deliberations?		
Determine ethical trap possibilities		
Frame preliminary response		
Consider consequences if preliminary response is adopted		
Prepare ethical resolution		

Table 2. An ethical decision-making procedure (*apud* Morrissey & Symons, 2006, p. 120) - *continued*

Get feedback from peers or supervisors
Take action and follow up

Conclusions

In actual conditions where the professionalised psychological practice from Romania has a history of only two decades, in front of the strong resistance towards the institutionalisation of the ethics, when the trainings for assimilating the moral decision methods are more connected to the desirable and have nothing to do with reality, we consider that the methods presented can constitute an adequate beginning; they are constituted in necessary and useful tools for the psychologists who deal with tangled situations in their activities, situations which suppose urgent deliberations of moral nature.

References

- Beauchamp, T. L., & Childress J. F. (1983). *Principles of Biomedical Ethics*. Second Edition. Oxford: Oxford University Press.
- Bogháthy, Z. (2007). *Manual of techniques and methods in work and organisational psychology*. Iași, Romania: Polirom.
- Brinkmann, J., & Ims, K. J. (2004). A Conflict Case Approach to Business Ethics. *Journal of Business Ethics*, 53, 123-136.
- Ciulla, J. B. (1994). Casuistry and the Case for Business Ethics, in T. Donaldson and R. E. Freeman (Eds.), *Business as a Humanity*. New York: University Press.
- Fisher, J. (2001). Lessons for Business Ethics from Bioethics. *Journal of Business Ethics*, 34, 15-24.
- James, W. (1983). *The Principles of Psychology*. Cambridge, MA: Harvard University Press.
- Jonsen, A. R., & Toulmin, S. (1988). *The Abuse of Casuistry. A History of Moral Reasoning*. Berkeley: University of California Press.
- Keenan, J. F. (1998). *Making a Case for Casuistry: AIDS and its Ethical Challenges*. Skriftserie for HF's etikkseminar, bind 3, University of Oslo.

- McNamara, C. (1999). *Complete Guide to Ethics Management: An Ethics Toolkit for Managers* <http://www.managementhelp.org/ethics/ethxgde.html>
- Miroiu, M., & Blebea, N. G. (2001). *Introduction in Professional Ethics*. Bucharest, Romania: Trei Publishing House.
- Morrissey, S., & Symons, M. (2006). Teaching Ethics For Professional Psychological Practice. In S. Morrissey, and P. Reddy (Eds.), *Ethics and professional practice for psychologists* (pp. 113-126). South Melbourne: Thomson Learning Australia.
- Mureșan, V. (2009). *The management of ethics in organizations*. Bucharest, Romania: Bucharest University Publishing House.
- Nash, L. (1981). *Ethics Without the Sermon*. Boston: *Harvard Business Review*.
- Popescu, C., & Sulea, C. (2007). The management of ethics in organizations, In Z. Boghály (Ed.), *Manual of techniques and methods in work and organisational psychology*. Iași, Romania: Polirom.
- Richard, J. F. (1997). Décision (Decision), In H. Bloch et. al., *Grande dictionnaire de la psychologie*, (Great Dictionary of Psychology) Paris: Larousse.
- Rossouw, G., & van Vuuren, L. (2003). Modes of Managing Morality: A Descriptive Model of Strategies for Managing Ethics. *Journal of Business Ethics*, 46(4), 389-402.
- Vieth, A. (1999). The revival of casuistry in applied ethics and its problems. *Medicine, Health Care and Philosophy*, 2, 51-53.
- Zlate, M. (2007). *Treaty of organisational and managerial psychology*. Iași, Romania: Polirom.

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