Enhancing reflection: An interpersonal exercise in ethics education

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Enhancing Reflection

An Interpersonal Exercise in Ethics Education

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There are no moral cookbooks—no algorithms for whipping up moral confections to suit every occasion. But more modest and flexible tools might still be useful for practical ethics. One team describes how professionals can be taught to use a framework for understanding moral problems.

If there ever was a Golden Age in which the kindly village doctor knew best and his grateful patients unquestioningly accepted his decisions, it may safely be said that we are no longer in it. Today's health care professionals provide care in highly organized and complex surroundings, where they encounter not only patients, but other professionals whose values do not necessarily accord with their own. These changes in the way the health care system functions have consequences for those who are working in it. To adapt to the new environment, a good professional must not only exhibit the technical proficiency that allows her to do things right—she must also do the right thing. She needs to be aware of her own professional norms and values; to be able to express them to her colleagues, her patients, and their families; and to work together with these other actors to provide ethically responsible care. In short, if professionals are to do the right thing, they must develop a refined capacity for moral reflection.

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We have developed a tool for practical ethics instruction aimed at helping professionals to do just that. The tool has been designed to be flexible enough to be used not only in medicine, but also in a number of other venues, including business, architecture, journalism, and the like. While resources featuring the idea of reflection have proved popular in professional ethics education,[1] ours differs from them in that it is based on an expressive and collaborative conception of morality in which responsibilities are negotiated through narrative.

The most popular philosophical picture of morality is the one that is associated with utilitarianism, deontological (especially Kantian) ethics, or social contract theory. As the philosopher Margaret Urban Walker has usefully pointed out, it is a picture of a compact, impersonally action-guiding code, within or for an agent. According to this picture, morality is knowledge, the core of which is essentially theoretical, explicitly stateable, highly general, and systematically unified. Its essential function is to tell the agent what to do. The role of the philosopher, as this picture portrays it, is that of constructing, testing, and refining code-like theories that exhibit the core of moral knowledge.[2]

The notion of morality as codifiable knowledge has increasingly come under fire from contemporary moral philosophers.[3] We join them in rejecting it. Instead, we endorse the view that morality is something we do together. It is "a socially embodied medium of understanding and adjustment in which people account to each other for the identities, the relationships, and the values that define their responsibilities."[4] It is a way of expressing who we are, of understanding others, and holding others and ourselves to moral account.

Walker describes morality as fundamentally interpersonal. As she puts it, "It arises out of and is reproduced or modified in what goes on between or among people. In this way, morality is collaborative; we construct and sustain it together."[5] On Walker's view of morality, moral life requires participation in and collaboration with a system of accountability and responsibility that is negotiated (sometimes contested) and whose outcome is meant to be a life that is decently habitable for all. But because many of our responsibilities are socially assigned, it is important to be able to assess these assignments and change them at need. Doing this, Walker argues, requires us to make use of narrative constructions that represent ourselves, our relationships, and our values.[6] Because narratives of identity, relationships, and value play such a central role in our moral lives together, *moral* competence crucially depends on *narrative* competence. Narratives are not only a factual account of reality, but are also an interpretation of reality as well. Awareness of these narrative resources gives us insight into the way we structure the social reality in which we take part.

Using this social and collaborative view of morality, we contend that moral competence is a matter of developing a set of skills, namely, seeing what is morally relevant in a given situation; knowing the particular point of view from which one sees it; understanding that others who are involved may see it somewhat differently; and, with those others, responding well to what one sees.

Here we can speak of the *moral shape* of a situation and the responsibilities that are attached to it. The moral shape can be thought of as the overall configuration of the ethically relevant particulars of the situation. This configuration involves looking at, for example, the moral meaning of a particular patient's refusal to eat in the context of her fears about her prognosis; her daughter's continued attempts at spoon feeding; the inoperable nature of her cancer; her husband's emotional distance; the nurse's horror at the thought of letting the patient starve to death; the oncologist's reluctance to override the patient's wishes; and the family practitioner's impossibly busy schedule. Seen as a whole, these factors constitute a reason for responding in *this* way rather than *that* one. The description of the situation is best understood as a narrative whose accuracy rests on its following the shape that the situation has. Like other stories, this one can be told badly: the husband's emotional distance, perhaps, might be assigned too much importance in the story, while other significant details, without which the story makes no sense, might be misplaced, distorted, or omitted altogether. Told well, however, the story models the contours of the moral situation, and it is the persuasiveness of the story that justifies the caregivers' response.[7]

The professional needs to develop the skills to see a moral shape, to understand the difference between her own perspective and that of others, and to respond well to what is there to be seen, if she is to become professionally competent. Professional competence requires more than meeting the needs of clients with technical proficiency; it also involves professional integrity, which we understand as reliable accountability: establishing or maintaining one's reliability in matters involving one's professional commitments and services.[8] Our aim is to foster professional competence by enhancing the ability of professionals to engage in moral reflection on their practice.

Professional practices, of course, endure over time, which means that their practitioners may be guided by the thought that "this is the way we always do it." These ways of doing embody implicit norms and values that guide professionals' actions just as much as more explicitly formulated norms and values do. And because these practices are socially shared, those who engage in them must learn to be reliably accountable to others for their own sense of what is right and good as they respond to the client's needs. Accountability is a crucial part of the outcome of moral reflection on the practice. Enhanced moral competence, then, improves one's ability to practice one's profession with integrity.

We have developed a tool for enhancing the ability of people to engage in moral reflection of their respective professions. Unlike tools that can be (and too often are) applied in a rote and unimaginative way to moral problems that have already been identified as in need of repair, this one is not so much intended to fix anything as to offer practitioners a framework for understanding. We proceed by means of a three-step process. The first step helps professionals attain a heightened moral sensitivity to the vulnerabilities, values, and responsibilities they encounter in their work—a sensitivity acquired by identifying and developing a point of view that can be used as a touchstone for decisions about the best way of proceeding. The second step helps them to understand that they are a part of a practice that involves multiple perspectives and positions. This means that their beliefs need not be the only source of moral reasoning: others may have different ideas with merit of their own. Finally, the third step helps them appreciate that they are participants in a socially shared practice that is partly constituted and re-created by their own collective actions.

The Reflection Enhancement Tool

The three steps of the instructional tool—*initial reflection, guided reflection,* and *mapping responsibilities*—follow each other in sequence. Initial reflection consists of a reaction to a case presentation; guided reflection involves a critical examination of the morally salient particulars of the case; and mapping responsibilities is a matter of reordering one's own (professional) position in the practice of daily work.

The aim of the tool is not to give a protocol that reliably produces a moral solution to a case, but to enhance awareness of the many moral aspects of the daily practice in which professionals operate. Although we think that one instructional session will give the students some idea of how to proceed, we recommend multiple sessions.[9] The particular advantage of the tool is that it is flexible enough to be of genuine use to people at different levels of ethical sophistication, and it is delicate enough to capture the nuances of complex situations.

Initial Reflection

The instructor presents a case—for example, heart-valve replacement surgery for a noncooperative heroin addict in the care of several professionals with different opinions about how to proceed—that circles around a puzzling moral situation. The case need not be a moral dilemma, where "dilemma" is defined as a conflict between contradictory moral considerations. In a dilemma, the contradictory considerations are often plainly visible, but there are other moral situations in which things are not so clear. It may be difficult to see what is morally at issue, and this uncertainty can result in bad feelings or friction among team members. To help professionals understand that morality is not confined merely to ethical dilemmas—that indeed, their routine daily practice is shot through with norms, values, and responsibilities, not all of which are easy to see—the group might be encouraged to present a case or a memorable situation out of their own professional experience.

After presenting the case, the instructor asks the professionals, "What do you think, and why?" The professionals are asked to write down their individual reactions. The reason for this step is that people's initial response to a case—whether to solve it, offer an initial intuition about it, or wonder why it has been presented—gives the instructor an impression of how they think and at the same time forces the professionals to examine the situation critically. Writing down the initial response shields the participants from the temptation to hide behind the opinion of others. We do not recommend, however, that professionals write at great length. A short description of their opinion of the case or of the moral difficulties they discern is enough. In this stage of the process, group interaction is not yet desired, as the focus is on helping the professional to take responsibility for his or her own moral point of view.

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Guided Reflection

In the second phase of the exercise, a discussion is initiated. The professionals are asked to engage in a conversation in which they respond to the case, using their written notes. To facilitate and structure this conversation, a heuristic that we have dubbed "The Reflection Square"[10] is introduced, but it is only one of three essential items in the phase of guided reflection. The interaction between the members of the group and the role of the instructor is equally important. The instructor begins by discussing the four dimensions of professionalism as represented by the quadrants of the Reflection Square.

Social norms are socially prevalent normative and cultural understandings—professional codes, laws, moral beliefs that are held in common, social background. (The instructor may have to teach the professionals what the relevant laws are, or point out prevalent understandings.)

Consequences are the effect of social structures and practices on people's lives—the consequences for people in general or for specific people in specific social situations. Consequences are closely related to power relations (think of the consequences for racial minorities of living in a racist culture, or for women of living in societies that systemically privilege the interests of men) and hence with social norms. (The instructor may have to point out the various ways in which consequences are relevant to moral reflection about a specific case.)

The instructor begins by asking one of the professionals to report her response to the opening case—in our example, the case of the uncooperative heroin addict. The instructor writes this response in the appropriate quadrant and then asks the professional how that response coheres with the considerations to be examined in the other three quadrants. So, for example, if the initial response is, "I would give her the surgery even though I know she's not going to take care of herself," the instructor records that response in the "actions" quadrant. The instructor might then move to the "core values and beliefs" quad-

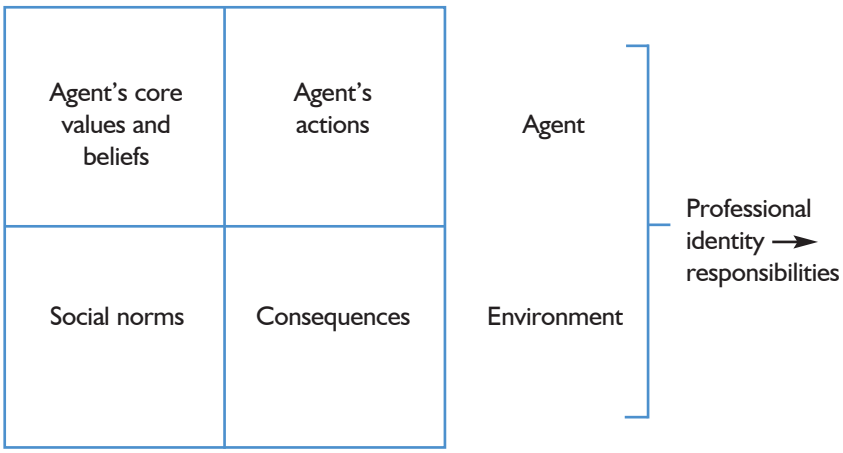

FIGURE 1. THE REFLECTION SQUARE

The moral agent in this schema might be a person, a group with a professional identity, or a corporation. For simplicity's sake we model this agent as a person with a professional identity.

rant and ask the professional, "Is that because you're committed to the value of respect for patient autonomy?" As the professional reflects on this question, she perhaps concludes that it isn't so much patient autonomy that moved her to respond as she did, but commitment to the patient's well-being. That in turn allows the instructor to invite the professional to reflect on her other moral values and how they might shape her thinking about her patients.

Next, the instructor might turn to the "social norms" quadrant, asking, "Okay, but you aren't the only player here. What about the law (or the professional code, or the hospital's policies)?" If the professional answers, "My hospital has very strict rules about wasting resources," the instructor might reply, "How does that work in terms of the case?" or "What does that mean here?" This draws the professional's attention to the "consequences" quadrant. After thinking it over, the professional might say, "I've noticed that they're much more concerned about wasting resources when the patient is poor, black, and a drug addict," and she might offer an anecdote to give the others a fuller sense of what she means. It is important during the discussion in this phase of the exercise that the professional be guided to reflect on all four quadrants.

The aim of this phase is for the professional to learn to think about her professional identity in terms of the Reflection Square. Here we are interested in the professional's critical examination of her own views as they are embodied in her core beliefs and expressed by how she has acted in the past. But because she is always defined in relation to others, she cannot know herself fully without weighing her views and actions against the moral and social understandings that guide the actions of others in her community and the consequences of these understandings for those with whom she interacts. So the professional is asked to assess each consideration in light of the other three. Having arrived at coherence among her beliefs about all four types of considerations, the professional has a reflective sense of her own identity, both morally and professionally. The group's role in this phase of the exercise is Socratic: group members pose questions to the professional that clarify her thinking. This also implies a second role for the group: listening carefully to what the professional says.

In the light of her new-found knowledge about herself, the professional is now asked to weave the elements of the situation involving the heroin addict and the heart valve surgery into her own retelling of the case—a retelling that may present morally significant details that the initial case presentation did not include, remove elements of the story that are misleading or irrelevant, or assign certain particulars of the case a greater or lesser importance than they had in the original presentation. Her narrative captures the situation's moral shape as she sees it, and the model of the shape shows her how she should respond. Since the story is *her* story of the noncompliant patient, told from *her* point of view, it represents not only how she understands the situation, but also who she understands herself to be. These understandings are the crucial first step, because responsibilities are often attached to identities—especially, perhaps, to professional identities. Put another way, knowing who you are can usually tell you something about what you must, may, or may not do, for the norms that inhere in your identity both guide your actions and let others know what they may legitimately expect from you.

Depending on the interaction within the group and the richness of the conversation, the instructor might now turn to another professional and take him all around the Reflection Square, using the same sort of question-and-answer technique, encouraging group discussion, and then asking him to retell the story of the case. The instructor repeats this exercise until she is satisfied that the case has been discussed thoroughly before moving on to the next phase of the instruction.

Professionals who engage in the guided reflection phase will, we think, become aware of the values and beliefs that are part of their professional identity. At the same time, they will begin to perceive the differences between their own responses and the responses of their fellow pro-

fessionals—differences that arise from, for example, people's different experiences, the importance they attribute to different values, and the different viewpoints that arise from different social positions. Proficiency with the Reflection Square enables the professionals to understand that they are a part of a practice that involves multiple perspectives and positions, and to attain a heightened moral sensitivity to the vulnerabilities, values, and responsibilities they encounter in their work.

Mapping Responsibilities

Once professionals are made aware of their own beliefs and how these can differ from the beliefs of others, they are ready to reflect on their position within the broader moral picture. The point of this phase is to teach professionals how to establish, re-establish, or maintain their professional integrity as they respond to the client's needs. To do this, they need to become aware of their place in relation to others, get an overall understanding of the moral landscape of a given professional interaction, and learn how to negotiate responsibilities with others. Some of these responsibilities will be very clear and have been codified or written down in black-letter law. Others are tied to the identity of the professional and the power that is attached to this identity. Yet another source of responsibilities may be the significance that a professional gives to his or her position, or that others attribute to this position.

To become aware of the way responsibilities are negotiated and the way beliefs and values play a part in this process, the professionals are once more guided through the Reflection Square. The instructor could begin this phase of the exercise in one of two ways, depending on the composition of the group.

Monodisciplinary negotiations. Suppose the group consists solely of one kind of professional: they are all doctors, or corporate executives, or lawyers. The instructor asks one of them to present a case that raises questions about her own professional responsibilities—perhaps a case in which an immigration lawyer wonders whether she ought to accede to her client's insistence that she pursue every avenue of appeal. Care should be taken that the presented case is intelligible to all professionals in the group.

Let us imagine that as the lawyer goes through the guided reflection, she comes to see that her unwillingness to pursue every avenue of appeal for every client is based on the value of not giving clients false hope; her professional track record reflects this unwillingness. But she also comes to see that others have reasons for pursuing every possible legal avenue: lawyers in her practice are motivated by financial considerations, and certain activist groups believe that lawyers ought to sustain their clients as long as possible. Moreover, she realizes that she experiences the force of social pressures to be a successful lawyer, to achieve status in the profession, to win, and so on.

Turning once more to the Reflection Square, the instructor now shows the lawyer that other people's identities and wider social forces put pressure on her integrity. The instructor explains that integrity can be thought of as a kind of reliable accountability—an ability to be counted on in the ways that matter morally for how the individual as a professional responds to others. In the preceding phase, the other lawyers, too, will have worked their way around the Reflection Square, and they may have discovered that they all have somewhat different moral identities. The final phase is where responsibilities have to be mapped. Each member of the group must now negotiate with the others to try to come to some kind of understanding about what she is responsible for, and to whom.

The instructor puts the professionals into small groups of no more than six people, telling them that their task is to try to arrive at a group consensus regarding the resolution of the case. One member of the group plays the role of the client, because the client's perspective is just as important as the attorneys' in arriving at a joint sense of what the professionals ought to do. Another acts as a scribe, writing down on a fresh Reflection Square the group's collective understanding of the core values, actions, social norms, and consequences that have a bearing on the case. The instructor's role is to observe, intervening only if she sees the group veer away from its task. As the group works its way around the Reflection Square, an individual may see that his self-perception misses something important about who he is and what he therefore must do: "I don't have a vivid enough sense of how much people need to be able to hope." Others might conclude, in the light of what he reveals about himself, that they need to revise their own self-understandings: "I'm starting to wonder if it's loyalty to my client that makes me push on like this, or if I just hate losing." This is what we mean by negotiation: not bargaining in the hope of achieving some sort of advantage, but a process of becoming intelligible to one another so that all parties can see who is taking responsibility for what, who is deflecting responsibility, who assigns it, who accepts it, and so on.[11] The end result of this mapping is that the professional can reliably account to the others for who he is and what he stands for.

Once responsibilities have been mapped with the help of the Reflection Square, the small group constructs, together, the story of how they ought to respond to the client. This is a forward-looking story of how to achieve an outcome that everyone can endorse, and what that outcome will mean to each of the parties involved. Whereas the story constructed in the guided reflection stage of the exercise was a story about the morally puzzling situation and the individual professional's identity, this story is about the resolution of the situation and the moral identity of the professionals as a group.

Multidisciplinary negotiations. If the professionals are members of a multidisciplinary team—say, a health care team consisting of nurses, physicians, and social workers—the instructor can ask one of them to present a case that involves a number of different professional roles. The case might, for example, concern whether or how to treat a baby with very low birth weight. Again, the instructor puts the professionals into small groups, and again, someone plays the role of the client—in this case, the baby's parent. Again, one member of the group acts as a scribe, writing down on a fresh Reflection Square the group's collective understanding of the values, actions, social norms, and consequences that have a bearing on the case. The role of the instructor is again to observe, intervening only if the group veers off task.

The difference is that in multidisciplinary negotiations, not all the professionals have the same responsibilities. In the course of the discussion, the neonatologist in the group might express his conviction that he must do everything possible to preserve the baby's life. The NICU nurse might be concerned about how well the parents are dealing with the child's hospitalization. The social worker might worry about the burden of care on the family if the child survives to discharge. Since the health care *team* must collaborate in caring for this child, each team member must renegotiate his professional identity in light of who the others are and the values they stand for. Like monodisciplinary negotiations, interdisciplinary negotiations involve a process of becoming intelligible to one another, but here, the roles of doctor, nurse, social worker, and others must be coordinated.

When the responsibilities have been mapped, the small group constructs the forward-looking story of their response to the client and what this will mean for everyone involved. Ideally, the story lays out the actions of each of the different professionals and how they fit together in the overall picture of the encounter among the baby, its family, and the health care team. In this way the team members may come to a shared moral understanding of who can be counted on for what, and how that contributes to the overall resolution of the situation. Perfect harmony of opinion may elude the team. Yet even if disagreement persists, the members of the group may discover that they have come to understand why they disagree.

Theoretical Background

On a social and collaborative view of morality, the assignment, acceptance, appropriation, and deflection of responsibilities make up an interpersonal practice through which we become morally intelligible to one another. Given that responsibilities are defined by who we are, our connections to others, and what we care about, the negotiation of responsibilities involves three kinds of narratives: stories of identity, relationship, and value.

Stories of identity. Personal identities, understood as answers to the question, Who am I? can be thought of as fragments and tissues of stories that cluster around what we take to be our own or others' most important acts, experiences, characteristics, roles, relationships, and commitments. They are narrative understandings formed out of the interaction between one's self-concept and others' sense of who one is.[12] Many of the stories in the narrative tissue that constitutes an identity are first-person stories—those depict "me" from my own point of view. But as none of us has total control over who we are or want to be, a number of the stories in that tissue are third-person stories—those that other people use to make sense of us. And because the thing that personal identities need to make sense of is a life over time, the depiction cannot be thought of as a snapshot that only shows who someone is in a given moment. Instead, an identity consists of stories that weave together one moment with the next moment and the moment after that, capturing the ways we change as well as the ways in which we stay the same.

Personal identities function as counters in our social transactions, in that they convey understandings of what those who bear them are expected to do. Moreover, identities also stand surrogate for how those who bear them may be treated. Personal identities make intelligible to us, then, not only how other people are supposed to act, but how *we* are supposed to act with respect to them. From a first-person perspective, personal identities function in much the same way. I treat myself with contempt or respect depending on who I think I am, and out of that narratively constructed sense of myself I also establish certain expectations for how I ought to behave in the future. But the fit between my identity and my agency goes in both directions: while it is true that I act out of the tissue of stories that constitute my sense of who I am, it is equally true that I express who I am by how I act. In fact, my actions are important criteria for assessing the accuracy of my self-conception.

Let us suppose, for example, that although I am morally committed to empathic listening, when I am with my heroin-addicted patient I do all the talking. There is reason to doubt, in this respect, that the stories I contribute to my professional identity are credible ones. If the other professionals in the group can point out to me that there seems to be a disconnect between the "core beliefs and values" quadrant and the "action" quadrant in my use of the Reflection Square, I may come to see that I do not really understand myself as well as I thought I did. I will then have to uproot some of the stories that constitute my sense of who I am and replace them with other stories that more accurately represent me to myself.

Stories of relationship. Stories of relationship are ethically significant for

many reasons, not least because our relationships to others often dictate what we are responsible for. The fact that you and I have a particular sort of history together might make it reasonable for you to depend on me for something and reasonable for me to believe that you do in fact depend on me for that thing. It is then morally important for me to acknowledge our history, the present state of the relationship, and our possible or probable future together, since the relationship shows me what I owe you, why I owe it, and whether I have any latitude in how or when I discharge my obligation.[13] Sometimes my responsibilities are role-related, and then it is the role that sets up expectations on the part of those with whom I am in relationship. The backward-looking stories of my relationship to you can show me not only what I owe you, but also how we got into this situation where something is owed. Sideways-looking stories can show me who else has responsibilities here, who will be affected by what I do, and the nature of the context in which I do it. And forward-looking stories display the possibilities for how, or perhaps whether, you, I, and the others will go on in the future, and what that going on will mean for all of us.

The immigration lawyer of our earlier example will see no disconnect between how she has filled in the first two quadrants of the Reflection Square: her actions reflect her values regarding the wrongness of giving her clients false hope. But when she moves to the other two quadrants, she may find that a relationship with a particular client gives her reasons to pursue his case aggressively. The "social norms" quadrant, for example, might show her that her history with this client, a gay man, has been strained by her unthinking acceptance of the prejudice that homosexuality is a sin. And the "consequences" quadrant might reveal that the client has been the target of hate-crimes in his country of origin, which is governed by fundamentalist Muslims. Taken together, the reasons that lie in these two quadrants might outweigh those provided by the lawyer's core values and past actions, prompting her to describe the moral shape of the situation in terms of a story that justifies, in this instance, exhausting every avenue of appeal.

Stories of value. If we are to be morally intelligible to one another, we must sustain or renew our understanding of moral terms—of what it means to speak of respect, client well-being, fidelity, or obligation. Often we renew our understanding by means of stories. When, for example, an intern asks a resident why she stopped her from discussing a patient's case in the hospital corridor, the resident is likely to reply, "Once when I was on a surgical rotation, I . . ."

Throughout our lives we are confronted by the problem of correctly applying to new cases the values we endorse and understand, or trying to determine exactly what those values really mean. "Learning to refrain from dominating a child, condescending to a student, or depending too much on a partner," Walker observes, "may involve a new or extended understanding of what respect or self-respect can be. Terminating a lengthy friendship may involve insight into what friendship now means, or what loyalty does not."[14] Many moral concepts have a familiar set of applications that reflects the history of the choices made under them. Other concepts gradually lose their moral force. The word *bastard*, for example, as applied to a child born of unmarried parents, has largely lost its connotations of shame and worthlessness, retaining them only in certain isolated and highly conservative communities. The history of this shift in moral meaning is precisely a story—a story of value.

The nurse in our earliest example, who believes that countenancing her patient's refusal to eat is the moral equivalent of letting her starve to death, may well find that her core beliefs and values accord with her actions. But like our immigration attorney, when she moves to the "social norms" quadrant, she might begin to realize that how she applies the concept "letting starve" is at odds with social shifts in the moral understandings that surround the care of the dying. There, in the course of a guided reflection, she might come to see that the only real alternative to letting her patient starve is to supply nutrition and hydration by inserting a nasogastric tube over her patient's objections, and that this can be configured as forcing unwanted medical treatment on the patient. But forcing unwanted treatment violates the socially shared principle of respect for patients' autonomy. By the same token, when she directs her attention to the "consequences" quadrant, she may see that keeping the NG tube in place involves restraining the patient, so that immobility is added to the burden of prolonged dying. Here again the reasons in the lower two quadrants of the Reflection Square could outweigh those provided by the professional's core values and previous ac-

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tions, and the contours of the situation may be modeled by a narrative that justifies withholding nutrition and hydration.

Stories of identity, relationship, and value are essential for keeping our moral lives intelligible, both to ourselves and among us. Each kind of story is threaded through the others, and they all wind in and out of the narrative description of the morally puzzling case. It is the coherence of these narratives, and the connections among them, that allows a group of people to negotiate their professional responsibilities.

An Ethics of Daily Practice

This article began with a description of moral competence as the ability to see what is morally relevant in a given situation, knowing the particular point of view from which one sees it, understanding that others who are involved may see it somewhat differently, and then, with those others, responding well to what one sees. Our tool for ethics education emphasizes these skills for a number of reasons.

First, in many cases moral problems are not recognized as moral. The different opinions of the neonatologist, the NICU nurse, and the social worker caring for the baby with very low birth weight, for example, may have registered as nothing more than different opinions. The team members could have worked together for years without noticing that these different opinions were grounded in different perceptions of their professional identities. In those years, however, each of the professionals doubtless experienced frequent frustrations, resulting in less competent care for the young patients and their parents. Seeing what is morally relevant thus means that professionals become aware of the many moral dimensions of their work. This awareness results in a heightened sense of how those who engage in professional practice shape and sustain it, as well as values and beliefs that define it.

Second, busy professionals are seldom given the opportunity to reflect on their practice, let alone to understand their own perspective on that practice. As a result, they may be alienated from themselves, not knowing whether they are acting out of a sense of their professional identities or out of hospital or office routine. Yet responsible professional practice demands that one know one's own viewpoint. So we conceive of the reflection enhancement exercise as creating a moral space where professionals find the leisure, the structure, and the responses of trustworthy others that permit them to identify and develop their own point of view.

Third, many people do not fully appreciate the moral importance of knowing the viewpoints of others in addition to their own. Since our exercise affords opportunities for professionals to listen to the stories that the others create as they try to make sense of a situation, to note how these stories can differ from their own, and to construct stories in collaboration with their colleagues, it reinforces the idea that morality is something we do together.

Finally, the skills we emphasize do not require a sophisticated understanding of philosophical moral theories. Instead, they encourage professionals to employ a kind of folk methodology for understanding a moral situation and responding, with the other moral actors who inhabit the situation, to what is there to be seen. The response can be a *concerted* effort, with all of the actors pulling together in tandem to address the client's needs. Or it can be a *coordinated* effort, with each actor doing what his own professional identity demands of him to bring about the desired result. Either way, the response is prompted by the reasons there are for making it; and as the philosopher Jonathan Dancy argues, "To give those reasons is just to lay out how one sees the situation, starting in the right place and going on to display the various salient features in the right way."[15] Seeing, narrating, and responding "in the right way" takes patience and practice. Our hope is that the professionals who hone these skills will find that they have indeed enhanced their professional competence.

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References

1. See, for example, D.A. Schön, *The Reflective Practitioner: How Professionals Think in Action* (New York: Basic Books, 1983).

2. M.U. Walker, *Moral Understandings: A Feminist Study in Ethics* (New York: Routledge, 1998), 53.

3. B. Williams, *Moral Luck* (Cambridge: Cambridge University Press, 1981); J. McDowell, *Mind and World* (Cambridge, Mass.: Harvard University Press, 1994); J. Dancy, *Moral Reasons* (Oxford: Blackwell, 1993); and Michael Stocker, "The Schizophrenia of Modern Ethical Theories," in *The Virtues: Contemporary Essays on Moral Character*, ed. R.B. Kruschwita and R.C. Roberts (Belmont, Cal.: Wadsworth, 1987).

4. Walker, *Moral Understandings*, 61.

5. Ibid, 10.

6. Ibid, 110-13.

7. See Dancy, *Moral Reasons*, 112-13.

8. Walker, *Moral Understandings*, 115-18.

9. D.J. Self, "The Amount of Small-Group Case-Study Discussion Needed to Improve Moral Reasoning Skills of Medical Students," *Academic Medicine* 73, no. 5 (1998): 521-23. Our tool is being used on a regular basis at the Expertisecentrum Ethiek in de Zorg at the University Hospital, Groningen, The Netherlands.

10. The Reflection Square at first sight might look like the CARE approach developed by Gregory W. Schneider and Laura Snell, "C.A.R.E.: An Approach for Teaching Ethics in Medicine," *Social Science and Medicine* 51 (2000): 1563-67; however, our heuristic is grounded in a fundamentally different approach to morality.

11. Walker, *Moral Understandings*, 62.

12. H.L. Nelson, *Damaged Identities, Narrative Repair* (Ithaca, N.Y.: Cornell University Press, 2001), 69-105.

13. Walker, *Moral Understandings*, 111.

14. Ibid, 113.

15. Dancy, *Moral Reasons*, 113.