

Editorial: A Dedication to Lisa Gebo

by Steve Marson, Ph.D.

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In the early 1990s, I met Lisa within her role of senior editor for Brooks/Cole publishers when I laid out a proposal for a textbook addressing the evaluation of generalist practice. Within our discussions, we became sidetracked into the



technological aspect of practice evaluation. Two sidetracks are particularly note-worthy.

First, using her technological resources at

Brooks/Cole, Lisa participated in at least six national conference presentations with the Association of Baccalaureate Social Work Program Directors (BPD) Technology Committee between the years 1996 and 2006. Faculty members learned what technological advances the commercial world had available, and Lisa learned what the professors liked--but more importantly, she learned what they needed.

Second, during this same timeframe, a subcommittee was discussing the development of an online journal for values and ethics. Lisa was part of these early discussions and wanted Brooks/Cole to be the publisher. During one of these early meetings, I mentioned that I was

envisioning a green tree to be the logo for the journal.

A tree would be a great symbol for an online journal, because we would



be saving paper! Within the following week, I received an e-mail from Lisa. The logo we currently use was attached. In the end, Brooks/Cole's lawyers vetoed the concept, but Lisa insisted that we retain the logo. She was relieved when she learned that White Hat Communications had accepted the *Journal of Social Work Values and Ethics*.

At the BPD conference of 2006, Lisa announced to me that she had been diagnosed with Stage IV breast cancer. She then started to ask me about some personal problems I was having. My problems were trivial compared to what she relayed to me, and *I was in a state of shock*. Since then, we communicated many times via e-mail -- mostly through <http://www.caringbridge.org>. She wanted to autograph my copy of the Shameless Blues Band's CD. I still have it.

Lisa passed away peacefully at home at 9:54 a.m. on Monday, June 14, 2010, with her loved ones close at hand. Her charisma is dearly missed by those of us who had the pleasure of working with her. Following are memorial statements made by her friends and colleagues:

Being part of Lisa's journey was, and is, a rich blessing and honor that is beyond words. She touched my professional life as

Affective learning: A taxonomy for teaching social work values

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Abstract

Teaching in the affective domain is required to facilitate development in the values, ethics, aesthetics, and feelings of social work students. It is arguably the most complicated type of teaching as it integrates cognition, behavior, and feelings. This paper presents an overview of affective learning as well as a pedagogical taxonomy for use in designing and delivering instruction in the affective domain. A sample lesson plan used to teach social justice and strategies for evaluating affective learning are also reviewed.

Social work educators have long recognized the responsibility to teach students in all three domains of learning: cognitive, behavioral and affective. The cognitive domain refers to learning and recalling information and is often guided by Bloom's taxonomy of cognitive learning (1956, 1964). The behavioral or psychomotor domain describes actual behaviors and skills that are first practiced and then mastered by the student (Simpson, 1972). The affective

domain, arguably the most complex, is rooted in the emotional life of the student and reflects the students' beliefs, attitudes, impressions, desires, feelings, values, preferences, and interests (Friedman, 2008; Friedman & Neuman, 2001; Picard, et. al., 2004).

Although social work education and practice often stress critical components of the affective domain, including values, attitudes, ethics, and self-awareness, teaching typically relies on cognitive learning strategies (Bisman, 2004). This is due in part because the affective domain is poorly conceptualized, highly individualized, and difficult to directly assess. In addition, the emphasis on standardized testing, mastery learning, limited research, the lack of a consistent vocabulary and available instrumentation to study affective learning has further contributed to its neglect (Kaplan, 1986). Further, affective learning cuts across all learning domains, incorporating cognitive and behavioral learning in addition to exploring values and feelings (Kraiger, Ford & Salas, 1993; Meyer & Rose, 2000; Picard, et. al., 2004; Shephard & Fasko, 1999; Yorks & Kasl, 2002).

A value is a concept or an ideal that we feel strongly about, so much so that it influences the way in which we understand other ideas and interpret events. Values are preferences, and when the word is used as a verb, it means to prize or hold in high esteem (Rokeach, 1973). Many, if not most, social work educators incorporate content on professional values in their courses, but an overarching pedagogical framework is missing (Friedman, 2008; Tyler, 2002). Understanding affective learning processes and the taxonomy of affective learning can provide a useful framework for professional values education. This paper will provide an overview of affective learning, taxonomy of learning in the affective domain, a sample lesson in teaching about social justice and strategies for evaluating affective learning.

1. Overview of Affective Learning

Affective learning involves changes in feelings, attitudes, and values that shape thinking and behavior. Turk (2002) includes personal and aesthetic development, as well as meta-learning in the affective domain, as these relate to creating a desire for lifelong learning and an appreciation for truth, beauty, and knowledge. In discussing the professional socialization of pharmaceutical students, Brown, Ferrill, Hinton and Shek (2001) explain that, “affective characteristics such as motivation, initiative, compassion, service, accountability, empathy, honesty, advocacy, commitment, optimism, respect and self-confidence lead to behaviors that typically produce professional excellence” (p.241). The *Code of Ethics* of the National Association of Social Workers (1996, 1999) is founded on a preamble outlining social work values. For social work students, internalization of professional values including service, social justice, the dignity and worth of the person, the importance of human relationships, integrity,

and competence is an integral part of the professional socialization process.

There are two aspects of affective learning. The first involves the learner’s attitude, motivation, and feelings about the learning environment, the material, and the instructor, or conditions external to the learner. Much of the research on affective learning has concerned itself with providing strategies to enhance external conditions that promote motivation, attention, and retention (Ainley, 2006; Bye, Pushkar, & Conway, 2007; Flowerday & Schraw, 2003; Keogh, 1998; Miller, 2005; Stone & Glascott, 1997). This is in part what the Council on Social Work Education intends in its discussion of the implicit curriculum that facilitates student engagement by creating a supportive learning environment (Council on Social Work Education, 2008).

However, this does not describe actual learning; rather it describes a student’s motivation and attitude about a particular learning experience. Actual affective learning relates to feelings, attitudes, and values that are identified, explored, and modified in some way because of the learning experience. It is important to distinguish between attitudes about a learning experience and actual learning, although in much of the literature on affective learning these are poorly differentiated. For any type of learning to take place (cognitive, behavioral, or affective), the student must be attentive, engaged, and receptive. For social work education, we assume that students are motivated in their course of study and explore the affective domain to develop ways of designing instruction that develops feeling and values congruent to the profession.

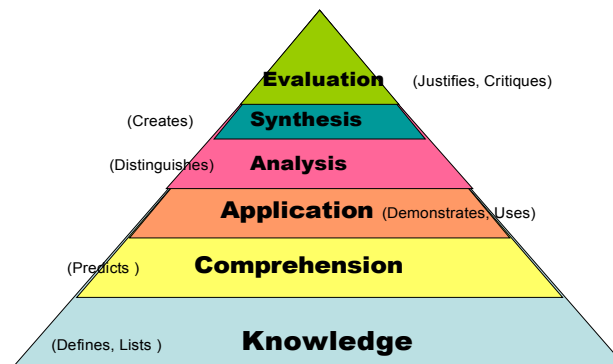
2. Taxonomies of Learning

The tripartite conceptualization of learning as cognitive, affective, and behavioral is particularly useful in social work education

as we strive to teach students the knowledge, skills, and values of the profession (Ediger, 2007; Menix, 1996; Yorks & Kasl, 2002; Zimmerman & Phillips, 2000). While focusing on affective learning, for a comprehensive discussion, we review existing taxonomies of learning in all three learning domains. These taxonomies are also hierarchical, as each successive level of learning builds upon and expands the previous level. We then compare and contrast the traditional taxonomy of affective learning developed by Krathwohl (1964) with a revised taxonomy.

Many educators are familiar with Benjamin Bloom's taxonomy of educational objectives (1956, 1964) in which a hierarchy of learning outcomes is portrayed for the cognitive domain. Using the taxonomy, students are guided through successive stages of learning through simple recall, comprehension, application of the material, synthesis with other ideas, and critical thinking and evaluation. Although later models inverted the fifth and sixth levels (Anderson & Krathwohl, 2001), we present Bloom's original hierarchy of learning in Figure 1.

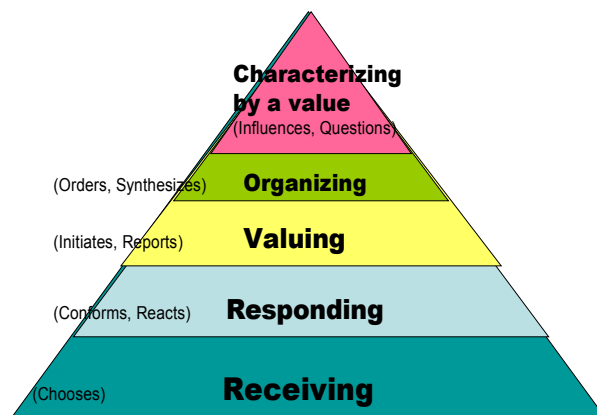
Figure 1. Bloom's Hierarchy of Learning



Bloom's seminal work also included a hierarchy of affective learning (Bloom, 1956; Bloom, 1964; Krathwohl, Bloom, & Masia, 1964). David Krathwohl is credited with the model that includes five levels: receiving,

responding, valuing, organizing, and characterization. Figure 2 presents the taxonomy of affective learning.

Figure 2. Krathwohl's Taxonomy of Affective Learning



The first two levels confuse the learner's attitude, responsiveness, and attentiveness to the learning material with actual learning or changes in the student that are the result of instruction (learning). It is not until the third level, valuing, that students actually begin the process of learning as they compare and contrast new material with their existing ideas, beliefs, and attitudes. Students at this level can articulate a value, defend it, and describe its origin and rationale. They can also make judgments on the basis of this orientation. The fourth level that Krathwohl identified, organization, describes the learner's process of conceptualizing and organizing their value systems in light of the affective learning that has taken place. A suitable metaphor might be to consider the way in which a constellation is reconfigured when a new star is discovered. The fifth and final level of the taxonomy, characterization, refers to the way in which an individual is now characterized by a generalized, comprehensive set of values and a philosophy of life and learning. This is what Turk (2002) was, in part, alluding to when he referenced meta-learning and personal and aesthetic development.

At this level, the individual's world view, the way in which he or she explores,

learns, and builds understandings, has been changed rather than just isolated attitudes and beliefs. We think of it as the character of the individual is now different. Individuals who are characterized by an integrated, tested, and justified system of attitudes and beliefs seek out evidence before reaching a conclusion, follow a systematic process of inquiry, value lifelong learning, put effort into enriching their understandings, and are often leaders because they value contributing to others.

Bloom and his colleagues were not originally concerned with behavioral or psychomotor domain believing that as college educators they had little experience in teaching manual skills. However, evaluating any learning requires observing behavioral changes in the student and most learning objectives are behaviorally based. Simpson's (1972) taxonomy of psychomotor learning describe behavioral changes from 1) perception and observation; 2) readiness and preparation to respond; 3) guided response through practice and demonstration while supervised; 3) mechanistic or automatic responses; 4) complex organization in which behaviors are linked together into more intricate responses; and finally, 5) adaption in which the learner is able to appropriately modify what has been learned for use in novel situations.

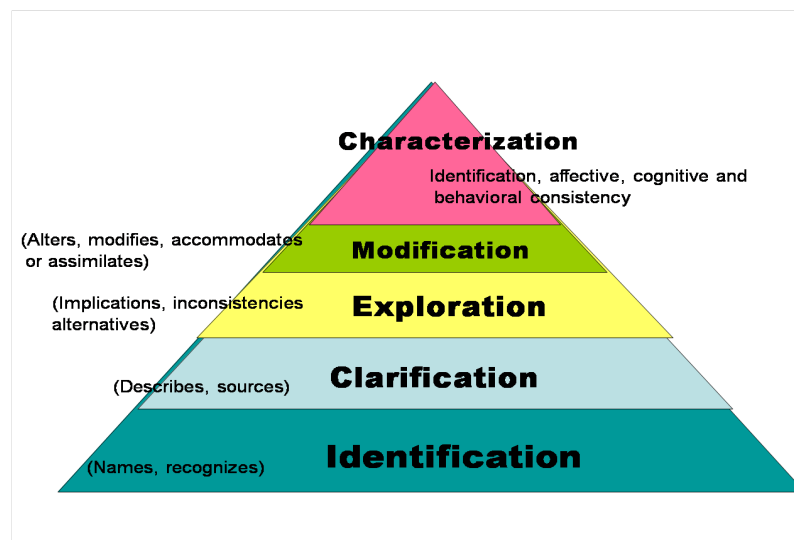
3. An Alternative Affective Learning Hierarchy

There is much here for educators in Krathwohl's model. However, to our way of thinking there are limitations in its usefulness for designing instruction largely due in part, to a failure to distinguish between the learner's attitudes about the learning experience and actual affective learning. Further, the model does not directly suggest teaching strategies to facilitate movement through the sequence.

Therefore, we propose an alternative taxonomy developed by Neuman (Neuman &

Friedman, 2008). This model, presented below, assumes that the issue of gaining attention and assuring receptivity and motivation is a separate teaching concern that occurs in any and all learning situations. Whether teaching for cognitive, behavioral, or affective change, the teacher must employ strategies to get and maintain the students' motivation and attention. We have removed this from the taxonomy of affective learning altogether and present it in Figure 3. In our experience, this model more easily lends itself to designing instruction that moves through successively more complex levels of affective learning.

Figure 3. Neuman's Taxonomy of Affective Learning



The first level, identification, requires students to begin to identify and articulate their own beliefs, values, and attitudes. According to Haynes (1999), the development of values starts when students begin to critically examine their personal assumptions. Therefore, it is necessary to teach students to distinguish between ideas, cognitions, proofs, and feelings and to recognize the uniqueness of their perspective as contrasted with others. At the second level, students clarify their feelings and values and consider their sources and implications. At these first two stages of

affective learning, it is appropriate to reexamine earlier work in values clarification at this stage, which were prominent in the 1970s and 80s.

Values clarification is a process originally described by Simon, Howe, and Kirschenbaum (1972, 1973). According to the authors, to have fully expressed and internalized a value an individual must: choose it freely from alternatives, prize and affirm the choice, act upon the choice, and behave consistently with the choice repeatedly over time. Krathwohl's hierarchy does not

specifically address the identification and clarification of values, implying that this process is implicit in the learning process, perhaps occurring at the higher levels of valuing, organization and characterization. However, if we consider identification and clarification as discrete steps in the process, teaching strategies are easily suggested.

In the third level, students explore the implications and limitations of their viewpoints and compare and contrast them with others. For example, if a student acknowledges that they might have difficulty working with an individual who behaves in a certain way, we explore the sources and implications of this position. How does this fit within the profession's value of respecting the dignity and worth of the person? Will the student be able to treat this individual in a "caring and respect fashion mindful of individual differences and cultural and ethnic diversity" while working to "promote socially responsible self-determination in the client"?

In the fourth level, modification occurs. Either the student alters in some way their beliefs, values, or attitudes or they modify the alternative position in such a way as to be acceptable to them. Piaget (1952) described these two processes as assimilation and accommodation. In assimilation, new or external information generated in the environment is modified to fit an existing internal, cognitive structure of the learner. In accommodation, the internal structure itself is modified to accept the incoming information.

Working with the example above, if the student is to assimilate the profession's values regarding the value of the inherent dignity and worth of each individual, s/he must interpret this new material so that it is consistent with ideas already held. S/he may interpret the Code of Ethics to suggest that as long as the client is treated with respect and dignity, s/he may continue to work with the client in making more socially responsible choices. If the student accommodates, s/he

modifies their original attitudes and beliefs about this type of client and the behavior so that the student feels more positively toward the client and is more able to treat them with respect and dignity. Which is preferable – accommodation or assimilation? Although some interpretation and personalization occurs in professional education, the standardization, consensus and regulation that defines a profession set real limits to the extent to which an individual may assimilate and modify defining principles of the discipline.

The final level, characterization, is similar to the last two levels in Krathwohl's model. The student has developed an understanding of their attitudes, values, beliefs, and feelings, and has organized them into a coherent structure that now characterizes the learner. The extent to which behavioral consistency is demonstrated is a reflection of the extent of internalization as well as maturity.

5. Teaching in the Affective Domain

The revised taxonomy easily lends itself to guiding instruction to create learning experiences. We used the revised taxonomy for affective learning to create a learning experience around social justice. In the second session of a social welfare policy class, junior students were asked to define what social justice means to them. This is the first step of the taxonomy – identification. They were asked to explore where they learned this notion, the sources of this orientation, how they came to believe it, and how strongly they feel about it. This is the second level of the taxonomy – clarification, which often includes "sourcing" where and how beliefs and values developed. Students were then given articles on the topic, providing formal conceptualizations of social justice such as distributive and restorative justice. The instructor facilitated a discussion to identify, clarify and explore key concepts. They then

wrote a new definition. This is the fourth level – modification. The students then worked in groups to compare and contrast the various definitions (Level 3 – Exploration). They concluded the exercise by discussing their beliefs and values about social justice and how these beliefs and values are important to social work and influence practice (Level V- Characterization). To highlight this exercise we present two definitions from two students.

Student A: Definition One

“Social justice, overall to me would mean that people have the ability to be free to say and feel anything they want about society but if they took action towards someone or something then having laws about actions or word would be nice because people need boundaries so people can’t go too far with something.”

Student A: Definition Two

“Social justice is advocating for equal rights and opportunities for all people, no matter what race, ethnicity or gender. It is connected to social work because social workers fight injustice, not because they expect to eliminate it but simply because it is wrong and should not be tolerated.”

Student B: Definition One

“Social justice means (to me) correcting and eliminating all

forms of oppression for persons who face hardships.”

Student B: Definition Two

“Social justice is advocating for and obtaining for disadvantaged groups and persons equal access to resource, both monetary and otherwise by challenging, working with and working to change the power structures and institutions that through their very existence create and perpetuate various forms of injustice and inequality. As a social worker, it is my desire to nullify these forces.”

These examples provide tentative definitions of social justice. One set of definitions describe characterizations of social justice, one can see that affective learning is still being measured through cognitive means. The problem with affective learning is that it is difficult or nearly impossible to outright measure it without using either cognitive or psychomotor means.

6. Evaluation of Affective Learning

We recognize that it is easier to evaluate cognitive and psychomotor learning domains than it is to evaluate the affective domain. Affective learning cannot occur absent ideas of cognition and cannot be known except by observing behavior. We also believe it is the most complex and deepest kind of learning. Like cognitive learning, the most effective way to evaluate affective learning is through assessing objective, observed behaviors and expressions of the learner. However, the difference is that one

evaluates within the context of a particular values orientation (in the case, that of social work) rather than just looking at performance of a specific skill.

Educational assessment typically begins with the articulation of learning objectives or outcomes (Anderson & Krathwohl, 2001; Bloom, 1956; 1964; Greenland, 1991). Behaviorally-based objectives for affective learning can be written. Possible verbs to use when writing affective learning objectives include: defends, justifies, advocates, argues, accepts, challenges, promotes, rejects, shares, subscribes, verifies, and disputes. For example, "Upon completion of the course, students will dispute the claim that poverty is always the result of character flaws or moral failings." Another example is, "Upon completion of the course, students will advocate policy changes that assure a mechanism for financing affordable health care for all individuals."

Anderson and Krathwohl (2001) identified four components necessary to evaluate learning in the affective domain. The first component is the emotional quality observed in the student. For example, does the student's tone of voice convey compassion? When advocating, is the student forceful? Does the emotional quality of the student's verbal expressions convey dismay when confronted with an injustice?

The second component is the student's willingness to attend or sensitivity and awareness to the concept. For example, does the student consistently and quickly recognize empathy or insensitivity? The third component involves the increasing automaticity of responses. Students at this stage have incorporated the concept and skills into their schema of practice and are beginning to internalize the concept. For Krathwohl, the fourth and most essential dimension for evaluation of affective learning is internalization. He defines internalization as

"the consistency with which one's behavior matches an internal code of conduct or schema."

This is a critical notion for social work. When considering the extent to which a novice is socialized to the profession, we are, in essence, evaluating the consistency in which their behavior matches an established code of conduct (Bisman, 2004; Haynes, 1999).

Kaplan (1986) elaborated on Krathwohl, combining with Bloom's cognitive and psychomotor domains to develop the Taxonomy of Affective Behavior or TAB. He modified the levels of affective learning slightly and created a complex set of worksheets in which to evaluate the extent to which students were demonstrating affective changes. For each of Krathwohl's levels, behaviors indicative of affective learning are identified and checked off when demonstrated. For Kaplan, affective changes involved cognitive and behavior components and also the frequency and intensity in which students demonstrated the desired behavior. Boyd, Dooley and Felton (2005) modified this approach by doing a content analysis based on Krathwohl's levels to evaluate students' reflective writings after participating in an online simulation about global poverty.

Although Krathwohl and Kaplan were primarily developing their models of affective learning for use in teacher education, their approaches have considerable applicability for social work and we pull from both models to create our own system for assessment. Given the complexity of affective learning, assessment must involve evaluating cognitive, emotional and behavioral demonstrations or expressions on the part of the student. Because this is a professional degree program, we can look at the degree to which the student comprehends key concepts of a professional value, the way in which they feel about it (Krathwohl's compassion and sensitivity) and the recognition that professional behavior is

determined in specific ways by this understanding.

Returning to the example provided above on the student’s conceptualizations and feelings about social justice, we can create a general rubric that can be used for assessment. If we compare the first and second definitions (particularly those of Student A), we can see that the second definitions more fully reflect an understanding of advocating for equal opportunities and resources for populations at risk – key concepts in social work’s approach to social justice. This is the cognitive component. Both of the students' second definitions incorporate an affective or, in this case, moral component. Student A talks about “fighting injustice because it is wrong,” while Student B strives to “nullify” the forces of injustice. Both definitions connect social justice to the profession and indicate that advocacy behavior is expected on the part of the social worker. Whereas we might not be able to objectively “score” such an exercise, we could generally assess it by looking at the extent to which the student correctly identified key concepts and principles (cognition),

demonstrates compassion, sensitivity and/or other appropriate expressions of affect, and identifies professional behaviors that are consequently expected.

Buchard (1991) used a Likert scale to assess nursing students’ attitudes before and after instruction as measured by performance on affective learning objectives specified for the course. Because we think affective learning includes cognitive and behavioral elements in addition to affect, we are experimenting with a simple rubric for assessment. The student is assessed on the quality of the cognitive content of their writings and comments, the extent to which a course of action or behaviors are suggested or demonstrated, as well as the identification of feelings, values, ethics and moral obligations. Students are assessed as being weak, fair, or strong along all three dimensions. Like Bucher, we recognize the real limitations of this kind of scale but are finding it helpful in encouraging students toward a more integrated and comprehensive understanding of the material. We are currently piloting the use of the following grading rubric.

Table 1. Affective Learning Assignment Grading Rubric

Domain	Minimally meets expectations	Meets expectations	Exceeds expectations
Quality of cognitive component			
Course of action, behaviors identified			
Articulation of feelings, values, ethics and/or moral obligations			
Congruency with professional ethics and values.			

Another example in social work that involves the affective domain is the teaching of empathy listening skills, which also includes cognitive and behavioral dimensions. When we teach empathy, we explain the concept, as well as the research and theory

behind it. We explain the importance of being supportive and accepting of our clients, while working to promote positive changes. We review research studies evaluating the results of empathetically-based interventions and expect students to be able to list and define the

key characteristics of empathy. This is teaching in the cognitive domain. We explore the affective component of empathy. We can begin by asking students to reflect on times when people were empathetic and not empathetic or supportive to them. What did it feel like? What behaviors made them feel this way? How did they know the person was or was not being empathetic? How do they show empathy in their lives? What does it feel like when they are being empathetic? We ask students to reflect upon and describe their feelings about the client and expect them to identify areas where they have difficulties. Finally, we teach a set of behaviorally-based skills that include the use of open ended questions, verbal prompts, and nonverbal behaviors that help students demonstrate their ability to listen empathetically to their clients. Thus, the application of learning taxonomies can guide instruction and facilitate the assessment of learning outcomes, particularly when teaching complex material such as values, ethics, and aesthetics.

7. Conclusions

To help with socializing students to the profession, it is important to address a comprehensive approach to education. To accomplish this, the educator cannot solely focus on cognitive knowledge, but needs to incorporate all the learning domains into learning. Affective learning is consistent with social work principles of conscience use of self, recognition of the art and science of social work practice, the importance of therapeutic relationships, and the integration of values in the profession. More fully appreciating affective learning helps to understand problem students who may understand cognitively social work principles and may be able to demonstrate some of the skills, but fall short when demonstrating full affective learning. Optimum social work education necessitates achieving competence

in all three domains: cognitive, behavioral, and affective.

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The NASW Code of Ethics under Attack: A Manifestation of the Culture War Within the Profession of Social Work

Sarah Buila
Southern Illinois University

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Abstract

A review of a sample (n = 55) of professional Codes of Ethics reveals that the profession of social work is unique in taking the stance that social and political action are in the realm of professional responsibility. Recent criticism of the National Association of Social Workers' *Code of Ethics* is framed as part of the culture war going on in society and this paper raises questions about the profession's role in perpetuating or perhaps ending the battle.

Key words: Culture war, code of ethics, social work, discrimination

1. Introduction

The National Association of Social Workers' (NASW) *Code of Ethics* has recently come under fire as the means for "partisan declarations" within debates about policy (National Association of Scholars [NAS], n.d.) and as the articulation of the NASW's "surreptitious

political agenda" (Will, 2007). The critique is that the NASW Code of Ethics is "ideologically loaded and mandating political advocacy and action" (NAS, n.d.). Hunter's (1991) distinction between two worldviews at war, the culture war, is used to examine the attacks on the NASW Code of Ethics as part of what is going on in our broader society. This distinction is also used to clarify the profession of social work's position amongst the cultural battlefields and what the profession's next move should be.

Hunter (1991) describes two polarizing "impulses" or worldviews, orthodoxy and progressivism. Each has different visions of what is moral, good, right, and true. The orthodox worldview ascribes to a "transcendent moral authority," which defines an "unchangeable measure of value" (Hunter, 1991, p. 44). Hunter (1991) points out that even the voices of different faiths resonate in a commonality of the belief that the moral authority comes from above and for all time. The progressive worldview ascribes to the "spirit of the modern age, rationalism, and

subjectivism” (Hunter, 1991, p.44). The truth is viewed as a process and reality, ever unfolding (Hunter, 1991). Regarding moral or social issues, those who embrace the orthodox worldview tend toward political conservatism and those who embrace the progressive worldview lean toward the liberal agenda (Hunter, 1991).

2. Individual and Collective Worldviews of Social Workers

According to one study, social workers affirm a progressive worldview (Hodge, 2003). Further supporting this contention, another study found that although political diversity is welcomed, the more liberal a social worker’s ideology, the more they feel a part of the profession (Rosenwald, 2006). This study also found that the more conservative political ideologies were associated with a weaker belief in the NASW Code of Ethics. Collectively the profession is viewed as always having had a clear progressive orientation (Hunter, 1991; Hodge, 2003). Individually, social workers, as with the general public, hold views that fall on the continuum of beliefs or worldviews and may be more or less liberal than the collective of social workers represented by the NASW (Hodge, 2003; Rosenwald, 2006).

3. The NASW Code of Ethics and a Profession on the Progressive Side of the Culture War

Critics of the NASW Code of Ethics highlight the profession's commitment to social justice, expectations that social workers take social and political action and that action is based upon a single partisan view (NAS, n.d.; Will, 2007). The NASW

Code of Ethics articulates ethical principles based on social work’s core values. So does the NASW Code of Ethics align the profession to be exclusively on the progressive side? First, consider how diversity is defined by the identification of individuals or groups of individuals that are oppressed or vulnerable to discrimination. At present, the NASW Code of Ethics identifies twelve characteristics or attributes that have been and have the potential to be the basis of discrimination. These are race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability (NASW, 1999). Second, under the section titled Social And Political Action, Section 6.04c, “Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability (NASW, 1999). Third, under the same section, “Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities. Social workers should be aware of the impact of the political arena on practice and advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice” (NASW, 1999, section 604). The very inclusion of this section projects the viewpoint that the world needs changing and that even in the United States, there remain people and groups that are “oppressed, dominated, or exploited.” Furthermore, targeting policy and legislation for change is used to argue the

view that these are in fact mechanisms for oppression and discrimination (Will, 2007). An example of the progressive worldview of the social work profession as articulated by the NASW Code of Ethics can be provided by looking to the code for guidance to address a battle currently being fought in the United States. Consider the debate over legislation that grants rights to domestic partnerships. According to the NASW Code of Ethics, social workers should take political action to change policy to not discriminate or oppress individuals based upon their sexual orientation. Would any other profession take on such a bold position?

4. Method

This study sought to answer the question: *Is the profession of social work unique in its definition of diversity or recommendations for political and social activism as articulated in the NASW Code of Ethics?*

4.1 Sample

With the assistance of The Center for the Study of Ethics in the Professions (CSEP, n.d.), Index of Codes, the author conducted an online review of approximately 700 professional Codes of Ethics. Of these, 55 were selected for more in-depth review. The sample selection was based upon the profession's status as having direct contact in a helping or instructional capacity with diverse and potentially vulnerable populations. Additional professional codes were found conducting searches of this data base using the key terms, social justice, diversity, and discrimination. These included professions in health,

dental, and mental health care fields and professions in the field of education.

4.2 Data Collection

The following questions were used for the in-depth review:

- 1) Does the professional code make a statement of non-discrimination?
 - a) If yes, which specific forms of diversity that should be the basis of non-discrimination are identified?
- 2) Does the professional code make a statement regarding the profession's commitment to social justice?
- 3) Does the professional code make a statement regarding the profession's obligation to social or political activism?
 - a) If yes, what type of activism on behalf of whom?

5. Results

Of the 55 codes of ethics, 16 used the words non-discrimination or discriminate. A total of 43 (78%) made statements to the effect that care should not be refused based on certain attributes or statements calling for sensitivity or respect for diverse service recipients. Of these, 27 (49%) specify the basis of non-discrimination. There were three that stated that discrimination for any reason is unethical. The codes vary with respect to what they specify, however, race was specified for every code. Sex or gender was specified for most (24, 44%) and religion, spiritual beliefs or preference was specified for 22. Sexual orientation was specified on 19 (35%). Age was specified on 18 (33%). Disability was specified on 16 (29%), but only the NASW

and the Canadian Nurses Association specify both mental and physical disability (NASW, 1999; CSEP, n.d.). There were 12 (22%) that list socioeconomic status, 11 (20%) who listed culture, 10 (18%) listed national origin, 10 (18%) listed color, 9 (16%) listed marital status, 8 (15%) listed creed, 6 (11%) listed language, and 4 (7%) listed gender identity or expression. There were only 4 (7%), like the NASW Code of Ethics, that listed political beliefs or affiliation. Numerous characteristics were listed once or twice. These include: immigrant status, special needs, health status, life style, ability to pay, nature of health problems, status or behavior of parents, contribution to society, appearance, moral, social and religious standards, status, reproduction status, inclination, circumstance, and feelings. Four listed other legal, unjustifiable, or irrelevant reason.

According to this review, four other professions make mention of obligations toward social justice. The Academy for Certification of Vision Rehabilitation and Education Professionals' Vision Rehabilitation Therapy Code of Ethics states vision rehabilitation therapists "advocate for policies and legislation that promote access, inclusion, social justice, equal opportunity and informed choice for people with visual impairments" (CSEP, n.d.). The American Society of Addiction Medicine, the American Psychoanalytic Association, and the American Psychiatric Association make statements in reference to civil disobedience in protest against social injustices and that said actions might not necessarily constitute unethical behavior (CSEP). The American Society of Addiction Medicine acknowledges society's response to alcoholism and other drug dependencies as reflecting a history

of prejudice and stigma, and how that affects treatment of addiction. With this acknowledgement comes the charge of the addictionist to advocate for changes in policy to improve treatment and protect the rights of patients and families. The Canadian Nurses Association states that nurses are obliged to uphold equity and fairness... in promoting social justice (CSEP, n.d.).

Of the 21 professional codes that make a statement about the profession's obligation towards social or political activism, 10 (48%) are in reference to patient or client access to the type of services offered by the profession, 4 (19%) make general statements about improving the community, and 8 (24%) make general statements about promoting the best interest, growth or development of the client, consumer, or patient. The National Society of Genetic Counselors "promote policies that aim to prevent discrimination" and take part in "activities to bring socially responsible change" (CSEP, n.d.). The Canadian Nurses Association states that nurses should "intervene if others fail to respect the dignity of persons in care" (CSEP, n.d.). The International Council of Nurses (CSEP, n.d.), suggests, "Nurses can work individually as citizens or collectively through political action to bring about social change" regarding health related socio-cultural issues such as human rights.

6. Discussion

The NASW Code of Ethics is unique in the articulation of ethical responsibilities in regard to social justice and social activism. Based on this review, social work has the only code of ethics that explicitly states

that the professional “should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice” (NASW, 1999).

Furthermore, social work is the only profession that articulates within a code of ethics a commitment to challenging discrimination with a list of specific vulnerable and oppressed persons or groups and carries this responsibility beyond the realm of professional practice to the realm of society. The ethical standard, Social, and Political Action (NASW, 1999, 6.04d) states, “Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political beliefs, religion, or mental or physical disability.” In comparison to other professions, for social workers it is not simply a matter of ensuring access to social work services or for ensuring culturally competent practice; it is about changing the context in which services and practice occur.

6.1 How the Culture War Hurts

The culture war hurts when the rights of one group of people are seen as a violation or attack on another group of persons.

Take, for example, the debate of domestic partner legislation. This legislation is viewed under the orthodox worldview as an effort to redefine the family and is therefore seen as an attack on Christianity, because it diverts from the “traditional, biblical family and marriage ideal” (Hunter, 1991, p.4). Whereas a gay couple may have no intention of infringing or changing anything about a Christian family’s lifestyle, by virtue of their differences, they are placed in the position of adversary. Having been discriminated against and oppressed, the person who is gay may take offense against those who would block legislation to grant them partnerships. A bitter seemingly irresolvable debate ensues, and when it comes down to it, the social work profession is juxtaposed to advocate for both sides (NASW, 1999). Considering the Christian’s view as Hunter (1991) explains it, the social worker should not oppress or discriminate based on religious beliefs. To put forward this legislation asks some Christians or persons of the Orthodox camp to change their definition of what is moral and what is good, their world view. It asks them to accept a different definition of what is right and true.

Would most social workers side with gay couples who would benefit from such legislation? If we make the argument that blocking domestic partnerships is a form of discrimination based upon sexual orientation, then the Code of Ethics informs us that we should act to prevent this discrimination. Can the argument be made that this legislation is a form of discrimination against Christians based upon religious beliefs? Does asking a person of faith to accept a different worldview in order to support policy and legislation exploit, dominate, oppress, or

discriminate against them? Some would argue it does set the stage for oppression and domination of people of faith (NAS, n. d.).

The culture war hurts when conflicts in worldviews combined with a power differential lead to discrimination. The theory is that conflicting worldviews in tandem with unequal power relations foster discrimination especially if the differences are unacknowledged (Hodge, 2003; Wambach & Van Soest, 1997). Bias is something that is embedded in a person's worldview and it precludes discrimination. Given the power differential, which is present between a social worker and client, bias must be managed in the context of the helping relationship so as to not lead to discrimination (Zastrow & Kirst-Ashman, 2007). One might argue that a person who is racist, ageist, heterosexist, or sexist, for example, would not make a good social worker. When it comes to the potential harm or discrimination of our clients or for mistreatment of colleagues, this is a possibility. Bias and prejudice occur on a continuum, and we all have them to some degree. There is the social worker who holds strong prejudices and the social worker who, through naiveté or ignorance, does not realize where he or she is on that continuum of prejudice. Either can do harm. The first step toward doing no harm is awareness of personal prejudice or bias and awareness of how that prejudice or bias has the potential to harm the very persons we aim to help (Zastrow & Kirst-Ashman, 2007).

The culture war hurts when a profession such as social work is associated with one side, and the worldview association is conceptualized as an absolute. Persons with a progressive worldview may feel a

better fit with the profession of social work despite the acceptance of political (Rosenwald, 2006) and religious diversity (NASW, 1999). Our values and principles are not meant to be used to exclude persons of the orthodox or conservative camp from entering the profession. It has been argued that religious discrimination exists within the social work education system (Hodge, 2006). It was accusations of religious discrimination in social work education that added fuel to the fire of the National Association of Scholars' report, "The Scandal of Social Work Education" (n. d.). Perhaps anecdotal and not at all representative to the population of social work educators, the case histories, none the less, consist of students who refused to participate in social and political activism concerning "homosexual foster homes and adoption," "abortion," and "homosexual marriage" (NAS, n. d.). The grounds for refusal in all cases were the conflict such actions would present with the students' religious beliefs and is therefore discriminatory.

7. Implications

As social workers, we strive for social justice, and this means accepting those to the profession who may not have a liberal perspective or a progressive worldview. There are probably some bad or ineffective social workers out there, and whether or not they choose to take political action on behalf of every one of the 12 different sources of diversity identified in the NASW *Code of Ethics* does not necessarily have anything to do with it. It is conceivable that a social worker could have an entire career practicing social work, adhering to the standards of non-discrimination, and yet never take a

political action beyond voting. They may be very effective and help many people. If a social worker is in the position to advocate for a client who is oppressed, regardless of their differences, the social worker may or may not be able to do this. If a social worker's worldview differs from that presented in our professional code, perhaps it is not too much to ask that the social worker take steps to avoid the act of discrimination. Just as a social worker might recognize an inability to help a certain client and refer that client to someone else, they may do so in this circumstance.

Furthermore, it may not be realistic to expect every social worker to be working as an activist for all individuals or groups at once. It might make sense to expect social workers to pick and choose their causes or battles. This is not to suggest any oppressed individual or group is more or less worthy or that a social worker could avoid taking social action altogether. Nor does it mean that social workers should neglect circumstances of discrimination when they become aware of them. The profession as a collective whole can take care and advocate for all individuals regardless of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability. If social workers find their beliefs in conflict with the political agenda of the NASW, then they still have choices. They can choose to not be a member or to speak out and enter a dialogue with the membership.

The profession as a collective of social workers has articulated its position within the *NASW Code of Ethics*, and whereas most may agree with this position (Hodge, 2003; Rosenwald, 2006), there is and

should be a wide variation of individual positions. Our diversity makes us better and stronger. The worldview of one social worker might make him or her better suited to work with and to advocate for certain clients. Individual social workers can find their ideal niche within the profession. If we did not have conflicting views from time to time, we might just take our position for granted and allow it to go untested. Having differences within the profession prompts us to continuously review and to reflect so as to reaffirm or revise our position as need be. As Graff (1992) put it, we can turn our "conflicts into community." He was speaking of university communities but this notion can be expanded to the notion of a community of social workers. By listening to differing viewpoints we learn from each other and we enrich our practice, our own viewpoints and our lives. A perfect way to become attuned to our own biases is to have dialogues with persons who have differing viewpoints (Bender & Leone, 1999).

8. Conclusion

Social work is the only profession that articulates within a code of ethics a commitment to challenging discrimination with a list of specific vulnerable and oppressed persons or groups and that carries this responsibility beyond the realm of professional practice to the realm of society. This is a profession to set examples for other professions with a code of ethics that reflects values that can work toward putting an end to this culture war. Do we have room within the profession for both sides of the culture war? Absolutely. We need individuals from diverse backgrounds and worldviews to work to prevent and eliminate social injustices.

Isn't that what we have been saying all along?

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This book is an excellent resource for anyone with questions about accessing health care. The work is comprehensive and yet not overly technical. The editor includes chapters with numerous suggestions to prepare a health care consumer to address common health care issues. The central theme is for consumers to be informed so they can be more active in the treatment process as well as advocate for quality care.

Specific topics include selecting a doctor, understanding common treatment issues, engaging in the treatment process, and preparing for the end of life. The text also focuses on navigating the medical system during treatment for medical emergencies, transplantation, psychiatric illness, Alzheimer's disease, terminal illness, and natural/human disasters. Finally, medical issues specific to children and elders are addressed with ethical issues that can arise during the provision of medical care addressed throughout the book.

The ethical issues addressed are too numerous and complex to review. However, ethical issues related to end-of-life care are discussed in several chapters of the text. The issue of end-of-life care becomes particularly salient when a patient is unable to consent to treatment. This can make the treatment process more difficult for loved ones, particularly when a patient's wishes have not been discussed or documented beforehand.

Hence, advanced planning is reviewed at length to show how individuals might clarify what medical procedures are acceptable to prolong life and what defines an acceptable quality of life that would justify the continuation of care. There are templates for paperwork that may be useful for the reader to document health information, checklists that summarize additional considerations, and recommended steps to prepare for an emergency.

This book is most useful as a topical reference. As a whole, I believe the text would benefit from a re-ordering of contents, perhaps, along the continuum of care. There could be the addition of chapters to address common medical events such as pregnancy, cancer, and stroke. It would also be helpful to include more discussion about health conditions, access to healthcare, and healthcare processes that may vary relative to patient gender, race, or religion.

In summary, this book is an excellent resource for social work students, practitioners, and educators interested in medical social work. The material included in this book provides a comprehensive, but quick,

reference on health care issues that can be used over and over again. This book also presents ethical issues that are central to the delivery of health care, which, given their complexity, can be used to stimulate further discussion.

Conflict Between Professional Ethics and Practice Demands: Social Workers' Perceptions

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Abstract

This study examined the degree to which social workers perceived experiencing ethical conflicts in the contexts of their practice environments. A sample of 376 NASW members filled out questionnaires to report on a Likert scale the degree to which eight vignettes describing practice situations presented a value conflict, were frequent, and were inevitable. Findings indicated that respondents tended to view most situations as creating an ethical conflict and infrequent. Financially-related situations were seen as inevitable more often than others. Findings are discussed and implications for the profession are offered.

Keywords: Ethical Dilemmas, Values, Mission, Market

1. Introduction

In making professional decisions, social workers are currently caught between two conflicting sets of demands, one informed by the mission of the profession and the other by market forces. The professional commitment is guided by the NASW 1996 Code of Ethics, which describes social work's mission as meeting

client needs and attending to environmental forces that create and contribute to their problems, and, requires that social workers place service to others above self-interest, provide access to services for all who need it, and challenge social injustice (preamble). The market forces, which have become apparent since the 1990s, include reduced funding for human services, the decrease in federal welfare provisions, delegation of service delivery to states and cities, and, tighter eligibility requirements for services (Brill, 2001).

As funding became scarce because of conservative tax policies and human services dwindled in tandem with tighter eligibility requirements, the government began to privatize its services in an effort to become more fiscally prudent (Beresford, 2005; Munger, 2006; Zullo, 2006) and practice started to be driven by funding sources such as managed care (Alegria, et al., 2001). For example, employment and foster care services, once offered by the Department of Social Services, are now being provided through individual agencies in the nonprofit sector (Zullo, 2006). The move to outsourcing of service delivery to the private sector using federal and state grants and contracts led to

government's increased vigilance over funding and the demand for accountability and evidence-based practice. The push for fiscal solvency among the nonprofits has grown and requirements have become more rigid with demand for demonstrated outcomes, to the degree that some grants delay the release of funding until outcome targets have been met (Abramovitz, 2005).

The aforementioned changes in the practice environments require social work settings to augment their performance (Schneider, Hyer, & Luptak, 2000), as well as provide a growing amount of documentation relative to utilization rates, client outcomes, and capitation, while struggling to perform in the context of decreasing funding. In an effort to address these growing pressures, secure funding, satisfy performance and outcome requirements, as well as improve the appearance of service utilization, human services have developed strategies such as misreporting, inflating statistics, prolonging treatment of clients, multiple counting and double booking of clients, selecting clients based on ability to pay and potential for success, as well as terminating clients who are unable to meet fees (Abramovitz, 2005; Arches 1991; Gallina, 2007; Kane, Hamlin, & Hawkins, 2003).

Because of the increasing rigidity of eligibility criteria, decreasing resources dictated by market "philosophy" embraced by the organizations that restrict service delivery, and growing demands for spending time and energy on producing written reports, social workers' professional obligations became hard to achieve, and their ability to provide satisfactory direct service to all who need them has shrunk (Abramovitz, 2005; Brill, 2001; Carpenter & Platt, 1997; Franklin, 2001; Galambos, 1999; Gibelman & Whiting, 1999; Mirabella & Wish, 2000;

Reisch & Lowe, 2000). Consequently, social workers have been positioned in a situation of "dual citizenship" with conflicting demands resulting from their professional and organizational affiliations. As members of the professional community, they are obliged to follow NASW Code of Ethics, whereas administratively, they need to follow the guidelines of managed care companies or their government and nonprofit agency employers.

This position increasingly creates for social workers a role conflict, i.e., a situation in which societal standards, norms and expected behaviors connected to one position disagree with those ascribed by another position held by the same individual (Biddle & Thomas, 1979; Broderick, 1998; Turner, 1996). When charged by the profession to deliver services to those in need (i.e., expectations derived from the professional role) and faced with organizational policies that restrict service delivery (i.e. expectations related to employment affiliation), the potential for conflict is high. The conflict may be exacerbated by the large and growing number of untreated populations, such as the chronically mentally ill, uninsured, underinsured, and those struggling with substance-related issues (Amaro, 1999; Gibeaut, 2000; Meinert, Pardeck, & Kreuger, 2000). Furthermore, the aforementioned strategies used by agencies to alleviate the pressures may in themselves conflict with the professional ethics, further intensifying workers' role conflict.

The resulting role conflict may lead to workers' mounting stress and frustration (Abramovitz, 2005, Collings & Murray, 1996). The stressful nature of social work in general has been well documented (Acker, 1999; Collings & Murray, 1996; Gilbar, 1998; Himle, Jayaratne, &

Thyness, 1993; Jayaratne & Chess, 1986; Lloyd, King, & Chenoweth, 2002; Tidd & Friedman, 2002; Um & Harrison, 1998). Specifically, sources of stress in the current practice environment have been identified as administrative requirements, planning and meeting performance targets, challenges in resource allocation, lack of autonomy, high turnover rates, the bureaucratic nature of the environment, and, the amount of work, all of which may influence negatively on social workers' ability to deliver quality services to clients (Abramovitz, 2005; Acker, 1999; Collings & Murray, 1996; Furman & Langer, 2006; Gummer, 1996; Himle, Jayaratne, & Thyness, 1993; Jayaratne & Chess, 1986; Lloyd, King, & Chenoweth, 2002; Um & Harrison, 1998). While role conflict and role stress in social workers have been well documented separately, their relationships with being "trapped" has not been studied empirically; i.e., whether role conflict and its subsequent stress are related to the disparity between the two sets of demands that workers encounter due to their professional commitment on one hand and the organizational and administrative nature of the setting in which they practice on the other hand remained to be examined. This question is the focus of the current study. Specifically, it explored three questions relative to workers' perception of practice situations that reflect typical issues of incompatibility between professional ethical principles and administrative expectations regarding decisions about clients. First, are the situations viewed as causing an ethical conflict; second, are they perceived as frequent; and finally, are they assessed as inevitable in today's professional landscape. In addition, this study sought to examine associations among these three perceptions. By exploring these questions, a better understanding of the challenges

facing social workers can emerge to inform strategies for resolving or ameliorating the conflict and thus enhancing workers' performance.

2. Method

2.1 Sample

The sample was comprised of 376 NASW members residing in a demographically diverse suburban area in the Northeast, who responded to a mailed survey (response rate was 17%). Respondents were mostly white, middle age, MSW level, experienced females who reported familiarity with the NASW Code of Ethics. About half were involved exclusively in direct client services, a third combined client services and administrative roles, and 13% were administrators. Seventy nine percent of the participants identified their employment settings, which included mental health clinics (19.2%), medical settings (17.3%), schools (7.4%), residential care (3.5%), academia (2.1%), and the legal system (1.3%). Twenty-seven percent were self employed. Most practitioners worked in either the nonprofit (41.5%) or for-profit (38.6%) private sector and 18.4% worked in the public sector. One and a half percent (1.5%) did not respond to this question.

2.2 Procedure

Research packets were mailed to potential respondents. The packet included a letter of introduction, a description of the study, a demographic questionnaire, and the instrument Perceptions of Conflict in Contemporary Practice Settings, as well as a postage paid return envelope. The letter of introduction and description of the study emphasized the voluntary nature of the study, identified inclusion criteria and

measures taken to protect participants' anonymity, specified the commitment asked of participants, and described potential benefits of the study. Returning of the survey indicated proxy for consent.

2.3 Measures

Eight vignettes describing practice situations that reflect the potential ethical issues identified above were developed on the basis of the literature and personal practice experience (Abramovitz, 2005; Arches, 1991; Gallina, 2007; Kane, Hamlin, & Hawkins 2003). Participants were asked to rate on a 6-point Likert scale (ranging from 0 for strongly agree to 5 for strongly disagree) the frequency in which each of the eight situations occurs in their practice, the degree to which they view each practice situation as presenting a value conflict, and, the extent to which they find each practice situation to be inevitable in social work practice. For example, a sample item read: *Please read carefully the following vignette describing a practice situation and address the questions following it. Terminating clients based on their inability to pay. Examples: Termination of a client because insurance benefits are running out or because client can no longer meet established fee. Please indicate 1) the frequency within your practice setting that social workers are faced with the above situation; 2) to what extent you find the above situation to be a value conflict; 3) to what extent you find the above situation a necessary part of contemporary practice.*

3. Results

The findings indicated that with the exception of selecting clients based on their ability to pay (reported by 44.6% of

respondents, n= 166), fewer than a quarter of the participants reported occurrence of the situations described in the vignettes. The descending order of occurrence was: terminating clients based on inability to pay, misrepresenting information to meet performance/outcome requirements, selecting clients based on potential for success, inflating statistical data to satisfy reporting requirements, prolonging treatment to satisfy utilization rates or performance targets, misrepresenting information on grants proposals, and double booking clients to maintain fiscal viability (23.6%, 17.2%, 14.6%, 13.2%, 13.2%, 11.2%, 9.0% respectively).

Although the situations described in the vignettes were reported to occur with limited frequency, respondents viewed encountering all of them as creating an ethical conflict for practitioners. Viewed as causing such a conflict by the largest number of participants were situations that required them to provide false information relative to performance and outcomes or information on grants to obtain funding, along with inflated statistics to satisfy reporting requirements (79.3%, n=264; 78.8%, n=252; 78.4%, n=247, respectively). About three quarters of the participants viewed as causing an ethical conflict situations that involved direct impact on clients such as prolonging treatment to satisfy utilization rates or performance targets and terminating clients based on inability to pay (76.1%, n=268; 75.7%, n=274 respectively). Selecting clients with greatest potential for success was viewed as causing an ethical conflict by 73.1% (n=245), double booking by 71.7% (n=246) and selecting clients based on ability to pay by 67.7% (n=245).

Participants' view of the situations described in the vignettes as inevitable varied. Financially-related situations, such

as selecting clients based on their ability to pay and terminating those who could not pay, were seen as inevitable by the largest number of respondents (67.7% n=245 and 61.5% n=255 respectively), followed by misrepresenting reporting information to meet performance or outcome requirements, selecting clients based on their potential for success, inflating statistical data to satisfy reporting requirements, prolonging treatment to satisfy utilization rates or performance targets, misinformation on grant documents, and double booking (32.9%, n=109; 30.7%, n=103; 28.4%, n= 90; 25.4%, n=89; 29.2, n=94; 24.3%, n=84 respectively).

A correlation analysis indicated a significant positive association between participants' report about the frequency of all eight practice situations and the degree to which they viewed such occurrence as inevitable in contemporary social work practice; that is, those who reported common occurrence of a practice situation also viewed it as inevitable. This correlation was highest for misrepresenting performance or outcome information, followed by selecting clients based on success prospects, misrepresenting grant information, selecting clients based on ability to pay, inflating statistical data, double booking, prolonging treatment, and terminating clients based on inability to pay (.624, n=330; .492 n=334; .49, n=321; .470, n=362; .433, n=314; .420, n=344; .403, n=350; .20, n=365 respectively; $p \leq .01$).

However, the view of a situation as causing an ethical conflict was significantly correlated with its perceived inevitability only relative to terminating clients based on inability to pay ($r = -.150$, $p < .001$, n=360; r is negative because of scoring direction) and with its reported frequency only relative to selecting clients

based on ability to pay as being frequent did not judge it to be a conflict (.103 $p < .005$, n=362). Thus, respondents who saw terminating clients based on inability to pay as causing a conflict also saw it as inevitable, and those who perceived selecting clients based on ability to pay as being frequent did not judge it to be a conflict.

4. Discussion

Because the sample in this study was self selected, the generalizability of the results is limited. Furthermore, data was collected by means of a self administered questionnaire, and respondents did not have an opportunity to ask questions for clarification. Therefore, responses depend on their interpretation of the practice situations. Also, this instrument has been newly devised and was first used in the described study; thus, its psychometric characteristics have been established only to a limited degree.

In spite of these limitations, the study can offer some insight into ethical issues that social workers may face and their potential implications for practice and future research. The combination of high rates of reported inevitability and perceived value conflict confirms that social workers indeed experience being caught between their professional commitment and the market forces that guide their practice environment. Nowhere was being caught between a rock and a hard place more evident than in the finding that inevitability of terminating clients based on inability to pay and perceived value conflict were significantly negatively correlated, reflecting respondents' belief that this practice, as well as other fiscally driven practices, breaches the mission of the profession and their feeling forced to follow it.

That participants reported most of the situations, which they saw as both causing ethical conflict and inevitable at least to some degree, as occurring infrequently may raise the possibility of under-reporting to avoid a cognitive dissonance, i.e., the discomfort experienced as a result of having conflicting attitudes, beliefs, or behaviors simultaneously (Festinger, 1957). Because people strive to maintain harmony among their attitudes, beliefs, and behaviors, when inconsistency (i.e., dissonance) occurs, an effort to change one of them is made. Being forced to act against their own beliefs may create such a dissonance (Festinger & Carlsmith, 1959). To address the discomfort brought on by dissonance, three strategies may be used: the behavior may be changed, the perception of the importance of the cognition re-evaluated and altered, or a new cognition may be added (Bacharach, Bamberger, & Sonnenstuhl, 1996, Greenwald et al., 2002, Greenwald, McGhee & Schwartz, 1998, Watson & Winkelman, 2005).

It is conceivable that practitioners who experience a conflict between professional values and job tasks and feel forced to practice in a way that is not consistent with their ethical values and professional identity experience a dissonance (Taylor, 2007) and struggle to reduce the resulting discomfort. Because respondents perceive situations of the type described in the vignettes as causing ethical conflict, if they saw these situations as frequent, they would have to face a reality of practicing in an unethical professional environment, thus causing dissonance. At the same time, because they view the situations as inevitable, i.e. they feel pressured to act as the practice situations suggest, admitting their frequency would force respondents to face their own powerlessness to change the

environment in which they practice and their inability to escape compromising their ethical values.

To avoid such a painful acknowledgement, participants need to reconcile their perceptions of the realities of the professional environment with their views of themselves as ethical. To achieve this goal, they could either change their evaluation of the situations or minimize the occurrence of the situations. The former route would expose them to the danger of providing socially undesirable responses. Because the situations clearly violate ethical values, participants will have to admit that they compromise these values and thus the integrity of their professional identity as practitioners in a value-based profession may be threatened. However, if they minimize the occurrence of the situations, the discrepancy between their perception of themselves as professionals and of their practice reality is decreased, protecting them from conflict and guilt.

The findings of this study agree with Abramovitz' (2005) findings relative to the negative effects on workers of a practice environment that is perceived as unethical, such as the restrictive eligibility criteria and access to welfare, as well as high demands for outcomes and performance assessment. Abramovitz documented reports by practitioners of deliberate misreporting, as well as concealing client information from funding sources in an effort to preserve services to clients. At this juncture, the literature portrays individual workers grappling alone and making decisions unilaterally (Abramovitz, 2005). However, in the field, human service agencies have begun collaborating in the difficult task of lobbying for change, because advocating for change sometimes may become "biting the hand that feeds you." However, as the experience of other helping professions

such as nursing suggest, a promising route to resolving professional dissonance is raising awareness, creating coalitions, and advocacy for the client and the profession. Such efforts should be augmented by research relative to fiscal and market pressures and their manifestation in practice to equip the profession with better understanding of the processes as well as guidelines for developing strategies to effectively address them. The combination between organization of the professional community and developing more knowledge has the potential of developing an environment that allows professionals to perform ethically while considering relevant market forces.

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Social Work, Morally Relevant Properties, and Paternalism: Why Social Workers Need to Know Moral Theory

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Abstract

This paper speaks to the complexity of the social work practice environment that requires social workers to know moral theory. The authors present a rationale for social workers using moral theory and demonstrate how this can inform ethical reasoning in the context of case decision-making.

Key Words: Social Work Code, Ethics, Moral Theory, Paternalism

1. Introduction

Although social work has a Code of Ethics (NASW, 2006) and each state has codes based on the national code, it remains a question as to how codes of ethics can lead to ethical reasoning among social workers in practice settings. It would appear that ethical codes can constrain unethical actions, but they cannot

promote ethical reasoning due to their inherent structure as basically non-malignancy statements prohibiting certain actions. However, the complexity of the practice environment inevitably means that codes alone cannot guide all or even most of daily social worker actions with their clients. In addition, the code does not establish a hierarchy of ethical principles leaving the practitioner with unanswered questions such as how one solves a problem when principles collide. For example, the principles of promoting a client's well-being and promoting a client's autonomy often come into conflict. What is needed is a template for ethical reasoning that, while being perhaps reconcilable to formal and deontological codes, arms social workers to deal with the infinite variation in case scenarios and challenges and that provides a way to navigate between key ethical principles in

specific case instances. This paper will present a rationale for social workers using moral theory and will also demonstrate how this can inform ethical reasoning in the context of case decision-making.

Gert, Culver, and Clouser (2006) believe that in professions, codes of ethics serve as a collective recognition by members of a profession's responsibilities; it can help create an environment in which ethical behavior is the norm; it can serve as a guide or reminder in specific situations; can serve as an educational tool, providing a focal point for discussion in classes and professional meetings; and finally, a code can indicate to others that the profession is seriously concerned with responsible, professional conduct. Gert, Culver, and Clouser (2006) maintain that the primary purpose(s) of a professional code of ethics is to help educate and socialize new members into the profession, as well as current members of the profession. It should be of practical use. A Code of Ethics should tell individuals how they ought to act. A Code of Ethics should rest on a public moral system that includes rules and ideals.

Social work's Code of Ethics, although informed by contemporary principlism, is based upon the professional purpose and mission of social work, and as social work's focus and emphases have changed over time, so has the Code. The current Code of Ethics (2006) indicates that the social work profession is "rooted in a set of core values--service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence" (p. 1). Because social work is a moral activity requiring social workers to make and implement difficult decisions about human situations that involve the potential for harm and good, social workers should have a solid

knowledge base and theory upon which they can make decisions, especially ethical decisions.

The current NASW Code of Ethics (2006) is built on principlism. The most widely accepted formulation of principlism, put forth by Beauchamp and Childress (2001), includes the following: respect for autonomy (respect for people's values and decisions); beneficence (helping others); nonmaleficence (not harming others); and justice (treating all cases alike; distributing benefits and harms fairly). The four principles are considered role-specific duties and are prima facie (duties considered always to be in effect). The NASW Code of Ethics acknowledges that it does not "specify which values, principles, and standards are most important and ought to outweigh others in instances when they are in conflict" (p. 3) but at the same time it indicates that one of its purposes is to "help social workers identify relevant considerations when professional obligations conflict..." (p. 2). The Code indicates that values and standards should be rank ordered when conflicts arise, but does not specify how to rank order.

2. A Brief History of Social Work Ethics

Literature identifying and specifying the relationship between social work's core ethical values and practice has existed almost as long as the profession itself, although its focus has noticeably shifted over time. At the midpoint of the last century, keen interest in what social work's guiding values should be began to emerge. The first major work pertaining to social work ethics published in 1959, *The Teaching of Social Work Values and Ethics* by Muriel Pumphrey, identified

professional, societal, and cultural values as the desired focal point of ethics education (Reamer, 1998, as cited in Bryan, 2006). This era is often identified as the origin of serious scholarly interest in social work's ethical foundation (Reamer, 1994, 1998; Haynes, 1999). When the political upheaval of the 1960s shifted national focus to civil rights and social justice issues, the social work ethics literature from this era also reflected this renewed emphasis. In 1960, the National Association of Social Workers (NASW) adopted its first Code of Ethics. Efforts to identify what social work's core values were and to unite the profession around these principles continued on throughout the 1960s and 1970s (Reamer, 1998).

Contemporary Social Work Ethics Literature.

The most recent version of NASW's Code of Ethics (2006) continues to reflect the principlist emphasis contained within earlier versions, with its focus upon the profession's values base. It lists the previously identified six "core values" and states that these provide "the foundation of social work's unique purpose and perspective" (NASW, 2006, p. 1).

Social work ethics literature within recent decades discusses the application of these core values across a wide range of practice domains and topical issues, varying from social workers' personal perspectives on human nature and their resultant effects upon practice (Goldstein, 1989; Reamer, 1983) to the identification of values conflicts as encountered across various client settings (Abramson, 1985; Gray, 1996; Albers & Albert, 1998; Dean & Rhodes, 1998). Social work ethics scholars have tended to emphasize and explore the difficulties in managing conflicts between ethical principles as they

emerge from issues including but not limited to client autonomy and paternalism (Abramson, 1985; Albers & Albert, 1998), duty to protect versus client confidentiality (Dickson, 1998), and informed consent within coercive settings (Regehr & Antle, 1997). In a compilation of historical and empirical social work ethics literature, Reamer (1994) specifies the values conflicts that may emerge from efforts to accommodate social work's core values: personal versus professional values, values and beliefs of the worker related to the nature of clients' problems, and disputes over the relative importance of the profession's values.

The question of how one might address these conflicts of principles has directed the development of decision-making models and social work ethics curricula within recent years (c.f. Congress, 2000; Fleck-Henderson, 1991; Haynes, 1999; Pine, 1987). All share a common strategy of asking a series of questions grounded in an exploration of principles that pertain to moral conflicts and applying these investigative questions to ethical problems. However, no two decision models ask exactly the same questions, whereas all require individual interpretation without any form of public justification, which may lead to inconsistent, capricious decision making (Bryan, 2006). All similarly lack a theoretical foundation.

With the shift in attention from values exploration that emerged in the 1950s to moral conflict resolution and strategies to accomplish this in recent years, it is necessary for social work to more carefully evaluate the process through which ethical conflicts should be resolved. Though inconsistent, decision models do tend to elicit the underlying moral quandary preventing a simple

outcome. However, it must be noted that the capability to identify a conflict in values does not necessarily make resolution of the conflict any easier. No matter how explicit the identification of conflicting values may be, one may be no more prepared to decide what to do than if the conflict had not been clarified in the first place. Something beyond the use of atheoretical decision-making models or “decision trees” is clearly needed.

3. The Need for Moral Theory: The Example of Paternalism

Social workers need to know moral theory in order to make the best ethical decisions with regard to clients. Social workers are at risk for making poor decisions, especially when it comes to behaving paternalistically toward their clients. This paper relies on the work of Gert and Culver (1979), which provides a systematic and useful way to deal with the problem of paternalism in social work. The authors assert that sometimes paternalism can be justified and sometimes it cannot be justified. For acts of paternalism to be justified, the authors assert that there must be a procedure of justification.

Consequentialism, deontology, casuistry, the theory of virtue, situation ethics, and principlism do not aid in helping to distinguish between cases of justified and unjustified paternalism. Using the example of paternalism, this paper will explicate the key concepts of Gert, Clouser, and Culver’s (1997) common morality framework by applying his analytic steps and justification procedure to the case of paternalistic actions.

Given the many people who have written about paternalism, one might wonder why more needs to be said about the topic. The classic work on paternalism

is found in Mill’s *On Liberty* (1978).

Other, more recent classic articles include Dworkin’s (1973) *Paternalism*, Carter’s (1977) *Justifying Paternalism*, and Buchanan’s (1978) *Medical Paternalism*.

These works discuss paternalism in relation to the government and individual liberty or in the medical context, where paternalism is pervasive. Although these are classic works on paternalism, none of them ties paternalism to social work. Reamer (1983) discusses paternalism in the context of social work. In this foundational work, he clearly understands the importance of the topic to social workers and makes some of the same kinds of points that are made in the following paragraphs regarding paternalism and client self-determination. He also offers a brief history of some of the classic works mentioned above. However, Reamer manages to discuss paternalism in social work without ever explicitly mentioning moral theory. This is a gap that the present article bridges. This article ties paternalism to social work and does so in a way that highlights the importance of moral theory for social work practice. It is important to remember that the main point of this article is one about the need for social workers to have an understanding of moral theory. The example of paternalism is intended to facilitate an understanding of this main point, and, given the complexities of social work practice, paternalism is a natural choice.

Consequently, a discussion of the history of paternalism is limited to these remarks.

Paternalism is, in simplistic terms, acting on another’s behalf without his or her explicit consent. A more scholarly definition is given by Abramson (1985): “Paternalism is a form of beneficence in which the helping person’s concepts of benefits and harms differ from those of the

client, and the helper's concepts prevail" (p. 389). It arises out of a wish to help others and can be beneficial to clients in certain cases, particularly when clients have limited decision-making capacity. However, paternalistic actions undermine the value of self-determination and limit autonomy by taking away clients' rights to make their own decisions. Because paternalism limits freedom, this suggests a need for the ability to determine in which cases paternalistic decisions should or should not be made.

Paternalism and Social Work: Clarifying the Problem

Why might one think that social workers are in danger of acting paternalistically in the first place? After all, if social workers rarely act paternalistically, the claim that social workers need to know moral theory to avoid acting paternalistically is not compelling. To assert the claim that social workers are frequently in danger of acting paternalistically, one need only consider the aim of social work and the nature of paternalistic behavior. Since social workers care about helping others, it is important that they not impede their clients in becoming autonomous. To do so would undermine the very value of their efforts. However, it is difficult to discern when the social worker's assistance is helpful and when it serves as an obstacle for client self-determination. This is due to several factors, including the power differential inherent in the social worker/client relationship, the context of the working relationship, namely, the kinds of issues that led to the formation of the relationship, and the vulnerability of the clients. These, of course, are interrelated issues. The social worker is placed in the position of helping a client better her life,

and she must do so without undermining the client's progress toward self-determination. As a result, the social worker is always in danger of making decisions on behalf of the client's well-being. The social worker is in danger of acting paternalistically if she does not make and carry out these decisions with due care.

Paternalism is an inherent component of social work. Social workers' duties to others, including protecting rights, intervening in high risk situations, providing court-mandated services or assistance to involuntary clients, and providing (or not providing) information during the consent process and in other client contacts all involve evaluating decisions about potentially paternalistic acts (Reamer, 1993, as cited in Kaplan & Bryan, 2009). Simultaneously, social workers are mandated to respect individual self-determination and to enhance societal well-being, which may conflict in practice. Albers and Albert (1998) identify the very purpose of social work as embedded within the conflict between the needs of the self and those of society. In many cases, agency policies may indicate that the social worker should act paternalistically, whereas the Code of Ethics would suggest the opposite. Conflicts between social workers and clients commonly occur when they disagree about whether or not workers' paternalistic actions are beneficial to clients from the clients' perspective (Abramson, 1985, as cited in Kaplan & Bryan, 2009). These kinds of decisions call for justification of the professional's actions (Kaplan & Bryan, 2009).

Two distinctions regarding the meaning of paternalism are relevant here. The first distinction is between paternalistic acts and acts that seem

paternalistic but really are not. For example, a mother's actions toward her very young children might count as paternalistic. After all, mothers often act on behalf of their children without their explicit consent. However, to view this as paternalism is clearly absurd. Restricting a two-year old's freedom for the sake of his or her own good is a parental, not paternalistic, action. This is just what parents are supposed to do in order to raise their children. Suggesting that these kinds of parental acts are paternalistic misses the point of what it means to be a parent. The second distinction is between justified acts of paternalism and unjustified acts. A justifiable act of paternalism is one in which an act counts as paternalistic, but it is one most rational persons would excuse. An unjustifiable paternalistic act is one that most rational persons would not excuse, thereby holding the agent as morally culpable for causing a person harm.

If all acts of paternalism are unjustified, then it is likely that social workers commit many acts of unjustified paternalism. This conclusion, if sound, would severely undermine the social utility of the social work profession. It amounts to the claim that the social work profession is based on practices that ultimately perpetuate immorality. The social usefulness of the social work profession is evident in the lives of the many people who have been helped by social workers. Unless social workers want to embrace the idea that acting immorally is a good way to go about helping others, then some acts of paternalism are justified. If social workers cannot properly justify any acts of paternalism, they place their clients in harm's way. The NASW Code of Ethics (2006) speaks to paternalism in Section 1.07b.

We will now turn to Gert, Clouser, and Culver's (1997) concept of the common moral system (also known as common morality) and explore its key features of rules, morally relevant features, rules violations, and justification. It will be shown here that paternalistic acts are like other rules violations in that they require justification to be morally acceptable. In doing so, we will define paternalism in such a way that allows distinguishing between morally prohibited and morally permissible paternalistic acts.

4. Moral Justification, Morally Relevant Features, and Moral Theories

Moral Rules and Rules Violations.

According to Gert, Clouser, & Culver (1997), morality is an informal public system. All informal public systems share two features: (a) all those to whom the system applies understand it, and (b) it is rational to submit oneself to the system. They define rationality in terms of irrationality: "to act irrationally is to act in a way that one knows, or should know, will significantly increase the probability that oneself, or those one cares for, will suffer death, pain disability, loss of freedom or loss of pleasure; and one does not have an adequate reason for so acting" (p. 26). Their system of morality is an explicit formulation of what they take to be implicit in the way most people deal with everyday moral issues. They submit ten moral rules that reflect the emphasis on harm that is evident in their definition of irrationality: do not kill, do not cause pain, do not disable, do not deprive of freedom, do not deprive of pleasure, do not deceive, keep your promise, do not cheat, obey the law, do your duty (Gert, Culver, & Clouser, 2006). According to these

authors' concept of common morality, moral rules are not absolute, but justified violations of those rules must be impartial and must be public (in the sense that all rational persons would allow such violations if they were in a similar situation).

The rules provide the foundation of the common morality framework. Gert, Clouser, and Culver (1997) note that these are general, universal rules that are made specific by context. For example, a specific case of violating "Do not cause pain" may involve spanking a misbehaving child, making cruel comments to a friend, or assisting a patient with physical rehabilitation exercises. He reasons that rational persons agree to abide by the moral rules so that they avoid having these harms committed against them. Although it is asserted that all are equally important, the second five rules tend to increase the likelihood that one of the first five rules will be broken. For instance, deceiving a client (rule 6) by not providing all information about her choices during the informed consent process increases the likelihood that her freedom to make an informed decision will be impaired (rule 4).

Morally Relevant Features

Because the rules are general, they require interpretation to be applicable in particular cases. It is possible for people to disagree about how to correctly apply the rules in particular cases. Consequently, what may at first seem like a gross violation of a moral rule may actually be morally permissible. Because paternalistic acts involve, by definition, the breaking of a moral rule, all acts of paternalism require justification.

Gert, Clouser, & Culver (1997) also make it clear that sometimes there are situations in which there will be disagreement about rules violations, even when the circumstances are the same. In every case of a potential rules violation, the social worker must first determine the morally relevant features and then consider the consequences should everyone know that it is permissible to violate rules under the same circumstances to justify his or her position. Gert (1998) presents a series of questions as a guideline designed to elicit important facts about a moral issue (morally relevant features), which the social worker should ask when considering a violation of a moral rule

1. *What moral rule is being violated?*
2. *What harms are being caused by the violation? What harms are being avoided by violating the rule? What harms are being prevented by the violation?*
3. *What are the relevant desires and beliefs of the person toward whom the rule is being violated?*
4. *Is the relationship between the person violating the rule and the persons toward whom the rule is being violated such that the former has a duty to violate moral rules with regard to the latter independent of their consent?*
5. *What goods are being promoted by the violation?*
6. *Is the rule being violated toward a person in order to prevent her from violating a moral rule when the violation would be unjustified or weakly justified?*
7. *Is the rule being violated toward a person because he has violated a moral rule unjustifiably or with a weak justification?*
8. *Are there any alternative actions or policies that would be preferable?*

9. Is the violation being done intentionally or only knowingly?

10. Is the situation an emergency such that no person is likely to plan to be in that kind of situation?

(Gert, 1999 pp. 17-19).

Not all of the questions apply to every case. Some questions are more important in some contexts than others. There may be, Gert (1998) admits, many morally relevant properties that the questions do not help highlight. It is these kinds of considerations that make the questions “guidelines.” The answers to the questions are the morally relevant properties one should consider in deciding whether a particular act is morally permissible.

Justification of Rules Violations.

The analysis hinges upon an important process of justification, arguably the most useful feature of the common moral system of decision-making. Gert (1999) suggests two questions related to the deontological concept of the categorical imperative in order to evaluate if violating the rules is justified in a case: 1) *Could anyone in these kinds of circumstances violate these rules? and 2) Would it still be allowed if everyone knew that these rules could be violated in these circumstances?* These questions answer whether or not rules violations in particular circumstances are impartially and publicly allowed. This analysis requires the practitioner to consider whether the long-term consequences of violating rules do more harm than not violating rules in particular situations (Bryan, 2006).

Returning to the previous discussion regarding paternalism, it should be clear that paternalistic acts in some cases are justified violations of moral rules, and in others, are unjustified. However, the definition of paternalism must be made explicit to assist the social worker with analysis of the situation. Gert & Culver (1979) define paternalistic behavior in the following way:

A is acting paternalistically toward S if and only if A’s behavior (correctly) indicates that A believes that—

- (1) his action is for S’s good;
- (2) he is qualified to act on S’s behalf;
- (3) his action involves violating a moral rule (or will require him to do so) with regard to S;
- (4) S’s good justifies him in acting on S’s behalf independently of S’s past, present, or immediately forthcoming (free, informed) consent; and
- (5) S believes (perhaps falsely) that he (S) generally knows what is for his own good (p.196).

One’s actions are paternalistic, then, if they are motivated by certain kinds of beliefs. For example, suppose an adult client admits he intends to harm himself physically but has no desire for his social worker’s assistance in helping him work through this issue. The social worker decides that the client should be placed under suicide watch, and the social worker does what is needed to have him hospitalized. (This is a simplified version of a case that Gert, Clouser, & Culver, 1997, formulate.) The social worker’s action is motivated by the following

beliefs: The client is better off alive than he is dead (condition 1); the social worker's training provides them with the necessary skills and knowledge to act on the client's behalf (condition 2); the social worker believes that hospitalizing the client restricts his freedom and/or could cause her some other kind of harm (condition 3); the social worker does not think that she needs the client's permission to have him hospitalized (condition 4); and the social worker believes that, as a rational adult, the client generally knows what is in his best interest (condition 5). Considering all of the beliefs that motivate the social worker's behavior, the social worker's choice to involuntarily hospitalize her client is a paternalistic one, as defined by Gert and Culver. To be sure, the social worker's behavior might be excusable. Whether or not it is excusable is discussed below.

A violation of a moral rule involves, according to Gert, Clouser, and Culver (1997), causing harm such as death, pain, disability, loss of freedom, opportunity, or pleasure. In acting without obtaining the consent of her client, a social worker is violating a moral rule — depriving her client of freedom (Gert & Culver, 1979, p. 51). So, in fulfilling condition 4, one is causing harm, thus fulfilling condition 3.

As stated, some paternalistic acts are justifiable and others are not. What is important to recognize is that all cases of paternalism, by their very nature, violate the moral rules, by depriving clients of their right to freely make their own choices. Often, other rules are also violated. Therefore, all potential acts of paternalism should be analyzed as to their moral permissibility. If social workers wish to avoid committing unjustifiable

paternalistic acts toward their clients, they must know moral theory.

This section explains the difference between justified and unjustified paternalistic acts and demonstrates how social workers can avoid acting in an unjustifiably paternalistic toward their clients. Such avoidance depends on social workers knowing moral theory. First, an explanation of the different kinds of paternalism is in order.

To identify cases of justified paternalism, one must be able to identify which acts are morally permissible. A morally permissible act is one that a person is allowed to do but not required to do, as stated by some moral theory. Contrast a morally permissible act with an act that is either morally required or morally forbidden. A morally required act is an act that one is obligated to do. A morally forbidden act is an act that is always wrong to perform.

Exactly which acts are deemed morally required or forbidden depends on the moral theory under consideration. For example, utilitarians think that the moral value of an act is derived from the act's consequences. Deontologists think that the moral value of an act depends on the intention with which a person performs the act. Given their different assessments of what gives moral value to an act, it is clear that utilitarians and deontologists will differ on their lists of morally required and morally forbidden acts. These are just two examples. Other moral theorists, ones who are not deontologists or utilitarians, would say that moral value is derived ultimately from something other than consequences or intentions.

Whatever the case, given a moral theory, most people would agree on which acts are morally forbidden and morally required, and they would likely agree that

many acts do not fall into either category. Justified acts of paternalism are morally permissible. No acts of paternalism are ever morally required. Claiming that some acts of paternalism are justified means that some acts of paternalism are not morally forbidden. For these acts, compelling reasons are needed to convince others that the acts are morally permissible. Offering reasons in these kinds of cases amounts to giving a justification for the moral permissibility of some acts of paternalism.

What counts as a justification for a paternalistic act? Gert and Culver (1979) claim that any justification of a paternalistic act must have the following necessary features: (1) a description of the benefit that would be gained by the person to whom the paternalistic act is directed and (2) the harms prevented by the paternalistic act need to be “much greater” than the harm of committing the act. For a justification to count as sufficient, it must say how the paternalistic act would be acceptable to all rational persons in similar circumstances. So, a justification of paternalism must show that (1) it would be irrational for the person against whom the act of paternalism is committed not to agree to the act, given the chance and (2) all rational persons would agree that if they were in a similar situation paternalism would be acceptable.

Whether or not an act of paternalism is justified depends on the quality of the justification given for the act. There are different kinds of moral justification (Gert, Clouser, & Culver, 1997). The reasons that one gives for breaking a moral rule could be accepted by almost everyone, or there could be disagreement about whether one should accept the justification. According to Gert and Culver (1979), if the justification is accepted by all rational people, it counts as

a strong justification. Acts of paternalism that are strongly justified would count as morally permissible acts. This amounts to the claim that all people would agree that universally allowing the act of paternalism in certain circumstances would prevent more harm than it would cause. When there is a disagreement about the rational acceptability of the justification, the justification counts as weak. Acts of paternalism that are weakly justified are acts that might be morally permissible, but there may be consequences for doing them. As noted earlier, the justification of a paternalistic act should have two features: (1) it would be irrational for the person against whom the act of paternalism is committed not to agree to the act, given the chance and (2) all rational persons would agree that if they were in a similar situation, paternalism would be acceptable.

Consider the qualifications in turn. If qualification 1 were false, then it would be rational for persons to act in such a way as to “significantly increase the probability that oneself, or those one cares for, will suffer death, pain disability, loss of freedom or loss of pleasure; and one does not have an adequate reason for so acting.” Clearly this defies logic. Consider qualification 2. According to Gert, Clouser, & Culver (1997), specifying the circumstances is a matter of specifying the kinds of paternalistic acts one could publicly advocate. To say that an act is one that could be publicly advocated is to say that it could be explicitly incorporated into the informal, public system of morality without undermining the system. Kant’s example of the person who lies to obtain a loan illustrates Gert and Culver’s point (Gregor, 1996). If one were to publicly advocate the moral permissibility of lying in order to obtain a loan, the informal public practice of lending money

would be undermined. It would be undermined because the lenders would not have the assurance that debtors would pay back the loans. So, they would cease lending money. Publicly advocating the moral permissibility of an act that is inconsistent with the informal public system of morality would weaken the system's social efficacy.

The forgoing remarks might indicate why specifying the circumstances is important, but it says little about how one is supposed to figure out what situations count as similar, as stated in qualification 2. How does one figure out which situations are similar? To figure out the similarities in two different cases, one needs a way to sift through all the features of both cases, picking out and comparing the salient features of each case. Why is such a method needed? The reason is simple. Suppose it is possible to list everything—every action, thought, background information, for example—that constitutes the context of each case. It is reasonable to suppose the lists would be too long to practically compare one with the other. Even if it were not practically impossible, given the complexity of language, there are infinitely many ways to describe each case. Without a method to pick out certain features of each case, there would be no possible way to (1) decide which descriptions should be compared and (2) decide which features of those lists would count as comparable features. Any method that could be used for sifting through the various aspects of a situation and picking out the relevant features of each case would need to give an explanation of (a) why it picks certain features over others, (b) why these features are relevant, and (c) how (a) and (b) relate to paternalism. Otherwise, there would be no way to choose a method. The

philosophical work that these explanations do is just what theories are supposed to do. Theories are just explanations that systematically tie together various phenomena in a certain domain.

Because one needs some sort of method for deciding which features of the situations are similar, the question arises: can one choose a method for deciding on such features that does not presuppose some kind of moral theory? If this is a possibility, then it would count against our main claim that it would be possible to avoid acting in an unjustifiably paternalistic manner without knowing moral theory. Perhaps one might want to advocate using intuitions to figure out the matter. Even granting that this kind of method does not presuppose some kind of moral theory, there are obvious problems with this method. Different people have different intuitions in different cases. So, there would be no way to justify any act of paternalism. Why? Recall that to justify an act of paternalism, reasons must be marshaled that would persuade others. If people do not share the same ethical intuitions, people needing to be convinced will not respond to arguments based upon unshared intuitions. But, there is good reason to think that some acts of paternalism are justified. So, using intuitions to decide the similarity of different cases does not work.

Because the justification of paternalism is a moral matter, the relevant, comparable features of each case are moral properties. Gert (1999) defines the morally relevant properties in the following manner: "A morally relevant feature of a moral rule violation is a feature that if changed could change whether some impartial rational person would publicly allow that violation" (p. 16). If intuitions can't be used, then one must rely on

something else. Whatever method one adopts, it must be conceptually related to the moral properties under consideration. This restriction automatically discounts pure descriptive methods. A pure descriptive method is value free. To use a pure descriptive method to explain which moral properties one should consider salient would be violating the “is/ought” distinction. Many people think that this fallacy is a genuine logical fallacy that should be avoided; deriving an “ought” statement from premises that only contain “is” statements confuses the difference between description and prescription.

But suppose a descriptive method is not completely value free. A descriptive method that is not value free and explains the relevant moral properties is a kind of normative theory. A normative theory is one that explains the action-guiding nature of values. All moral theories are normative ones, but not all normative theories are moral ones. For example, a theory that explains etiquette is a normative theory that is not a moral one, because matters of etiquette are not matters of moral significance. Because paternalism is a moral issue, any normative theory that explains paternalism would have to be a moral theory. So, we have the following results. Either a theory explains what counts as similarities, or intuitions do, and we have established that intuitions cannot. A theory is either purely descriptive or it is normative. A purely descriptive theory cannot do the work. So, a normative theory must do the work. A normative theory that is sufficiently strong to explain paternalism is a moral theory. So, deciding the similarities of different cases means utilizing a moral theory. Of course, one cannot utilize a moral theory if one does not know moral theories.

Whereas knowing at least one moral theory is sufficient for the argument presented above, it is better, at least from a practical standpoint, if social workers know many moral theories. Again, different moral theories accord different moral value to particular acts. It stands to reason that different moral theories also consider as morally relevant different features of similar situations. For example, because utilitarians are ultimately concerned with the consequences of an act, they will place little or no value on the intentions of the person acting, except insofar as those intentions actually bring about certain consequences. Because deontologists ultimately care about a person’s intentions for acting, they will place little importance on the actual consequences of the act. Other moral theorists will determine what counts as morally relevant according to the theories they prefer. So, each kind of moral theorist is ultimately concerned with different aspects of any particular case. Consequently, there is no common ground from which to decide which description of a case is to be utilized. If a social worker, then, wants to justify an act of paternalism, she needs to know enough about moral theories to offer reasons to someone who may adopt a different moral perspective than she has.

To make the application of paternalism, reconsider the case outlined in the first section of this paper. Recall the case: suppose an adult client admits he intends to harm himself physically but has no desire for the social worker’s counsel in helping him/her work through this issue. The social worker decides that the client should be placed under suicide watch, and the social worker does what is needed to have him hospitalized. The social worker’s action is motivated by the

following beliefs: the social worker believes that the client is better off alive than he is dead; the social worker believes that his/her training as a social worker provides him/her with the necessary skills and knowledge to act on the client's behalf; the social worker believes that hospitalizing the client restricts his freedom and/or could cause him some other kind of harm; the social worker does not think that he/she needs the client's permission to have him/her hospitalized; and the social worker believes that, as a rational adult, the client generally knows what is in his/her best interest.

Considering all of the beliefs that motivate the social worker's behavior, the act of having the client hospitalized is a paternalistic one. But, is it an unjustifiably paternalistic act?

Although this paper has only described the case in outline, satisfying Gert and Culver's two conditions for justification is easy to do. Considering the first point, the greatest benefit that the client receives from the act of paternalism is that he is prevented from ending his life or significantly causing damage to it. Living a life, it is assumed, is better than prematurely ending it. Living a life with less significant physical damage is better than living a life with more significant physical damage. One could disagree with the first benefit and still agree with the second. The second benefit is a sufficiently strong benefit that there is no need to list more benefits. Without a reason that would outweigh the benefits gained from not acting paternalistically in this case, the client is acting irrationally.

Regarding the second point, to show that all rational persons would agree that if they were in a similar situation paternalism would be acceptable, amounts to showing what the morally relevant

properties of the case are and determining whether one would publicly allow this kind of violation. As argued, determining the morally relevant properties of a case depend on knowing moral theory. Using the moral theory developed by Gert (1999), one can figure out the morally relevant properties of the case. Again, nothing hinges on this particular moral theory. One could use another moral theory to the same end. However, given the general nature of their method of highlighting morally relevant properties, it is probably the case that their method is consistent with other moral theories.

Obviously, the more information about a case one knows, the easier it will be to answer the questions listed above. The case we are considering lacks much information that one might want. Nevertheless, one can see how the questions help even in cases in which the information is lacking. Consider questions 1, 2, 4, and 5. Acts of paternalism, by definition, involve breaking the moral rule against deceiving others. By acting paternalistically in this case, certain harms are being prevented, such as significant physical damage, possibly leading to death. The relationship between the social worker and the client is such that the social worker has a duty to act in the manner she does. The client will receive certain benefits, as explained above, from her act of paternalism. With more information, it would be possible to answer all ten of the questions. From the answers given so far, there is enough information for deciding whether this kind of act would be publicly advocated, that is, whether it would be morally permissible. If all rational persons would agree that allowing paternalism in this kind of case is justified, then the act is morally permissible. If there is disagreement allowing paternalism in

similar circumstances, the act might be morally permissible. It is plausible, based only on the information given above, that the social worker's act is most likely morally permissible. Even if it is not, the example makes clear how a social worker might go about justifying an act of paternalism based on her knowledge of moral theory.

5. Conclusion

The argument developed so far in this paper may be summarized in the following manner:

- (1) To avoid acting in a paternalistic manner that is problematic in a case, social workers need to justify the acts of paternalism they commit.
- (2) To justify the acts of paternalism they commit, social workers need to know the morally relevant features of the cases of paternalism they commit.
- (3) To know the morally relevant properties of the cases of paternalism social workers commit, they need to know moral theory.
- (4) To avoid unjustified paternalistic actions in a case, social workers need to know moral theory.

If social workers are in danger of frequently committing unjustified paternalistic acts toward their clients and the argument above is sound, the implications for social work education are clear. The most obvious implication is that social work educators need to take seriously their charge to teach social workers moral theory. Currently, most social work programs teach ethical theory through one of two models. The first model is the diffused model. In this model, social work students do not take a course in moral theory. Rather, students

are taught moral theory as a part of every class they take. The second model requires students to take a discrete class on moral theory. There is some evidence that the second model helps social work students develop their moral reasoning skills better than the first model. The research suggests that by making moral theory a part of every class, it is eventually neglected (see Sanders, 2006). Social work educators, then, need to take more seriously the idea that requiring social work students to take a discrete ethics course is more useful for the moral burdens of social work practice than requiring them to learn moral theory through a process of diffusion. Whatever method schools choose to teach moral theory to social work students, they need to take ethical theory more seriously than it appears they do.

Another implication of the argument is that social workers need to hone their moral reasoning skills as professionals. It is not enough to take one ethics course as an undergraduate social work major or as a graduate master's student. Incorporating moral theory into the continuing education programs that professional social workers must complete would not only serve professionals well; more importantly, it could prevent clients from being unnecessarily harmed by their social workers. If social workers are as concerned with the well being of their clients as they claim to be, taking the education of ethics seriously is a moral imperative that social workers cannot afford to neglect.

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Research with Vulnerable Groups: Collaboration as an Ethical Response

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Abstract

This paper explores the journey of a collaborative research project that was guided by the knowledge, skills, and values of social work training. The learning resulting from this multidisciplinary collaboration emphasizes the importance of the core principle of having a client-centered approach to all aspects of the research process. As the purpose of research in the social science fields is to glean knowledge that can be used to build a more evidenced-based practice model, the authors contend that multidisciplinary alliance and the meaningful involvement of clients in the process can greatly inform and assist the practice of the clinicians involved in research.

Key Words: Research, ethics, vulnerable population, late disclosure of pregnancy, social work, collaboration.

“Without adequate training and supervision, the neophyte researcher can unwittingly

become an unguided projectile bringing turbulence to the field, fostering personal traumas (for the researcher and the researched), and even causing damage to the discipline.” Punch (1994, p. 83)

1. Introduction

“Our capacity to do research with an individual is a privilege extended to us by the research subject,” according to Cournoyer & Klein (2000). Research is an activity that, in itself, is fraught with ethical and moral decisions at every stage of the process. The idea of research as a privilege is often lost in the power relations and the practical obligations that characterize much of contemporary research. The search for knowledge has a clear value base in decisions taken over which questions need to be answered and the desire to prove and disprove hypotheses. In social work and psychology, the need to understand the complexities of day-to-day life and human coping is a key part of any interaction and intervention. Indeed,

the very purpose of research in the social services field is to provide evidence that can be used to inform policy and practice and enhance the well being of vulnerable groups (Munroe, Holmes, & Ward, 2005, p. 1024). Striving toward evidence-based practice is a contemporary development and one that has engendered much debate (Smith, 2004).

This paper evolved from a collaborative research project that considered the phenomenon of late disclosure of pregnancy. Prior research had focused on the negative medical outcomes for both mother and child following this phenomenon, and a dearth of research exists in this area. Furthermore, no research had explored the meaning of late disclosure of pregnancy from the “insider” perspective—namely that of the women who experience it. This paper outlines how principles of good practice informed the research team, with the end result being a piece of research that was accomplished ethically and sensitively.

In addition, the journey of the research team is outlined, and the ethical considerations that needed to be teased through before the various steps of the research could proceed are explored. The research team included two medical social workers and a third medical social worker in clinical psychology training. The genuine desire to explore this phenomenon “from the inside” and to honor the women’s experience played a central role in molding how this study was designed and completed. A brief exploration of the nature of research ethics within the health and social services fields is presented, and an introduction to the development of the ethical basis to the qualitative research methodology is provided. There follows a discussion of the nature of researcher/practitioner co-operation in a multidisciplinary context. As different

professions have varying perspectives, the possibility to create a synergy that provides for mutual understanding is described. A detailed discussion of the aspects of the challenges involved in research with vulnerable groups is provided with a discussion of the research project in question outlined as an illustrative example. The main ethical issues involved throughout the process of this project are highlighted to provide a sense of the significance of ethical consciousness at all stages of the research process. The paper concludes providing a reflective analysis of the project and suggests some key issues for consideration in the practice of research with vulnerable groups based on the experiences, challenges, and outcomes of this piece of work.

2. Ethics and Research

“Ethics concerns the morality of human conduct. In relation to social research, it refers to moral deliberation, choice and accountability on the part of researcher throughout the research process” according to Edwards & Mauthner (2002, p. 14). The origins of the concern about ethics in research lie within the medical sciences when the abuses in research in Nazi Germany were highlighted in the Nuremberg Trials. This led to the beginning of governance at an international level of the ethical conduct in research with people with the development in 1946 of the Nuremberg Code. This code highlighted a number of key steps to be undertaken in the research processes including: informed voluntary consent, unnecessary suffering to be avoided, steps to be taken to protect participants from harm, and that suitably qualified people would conduct the research (Meltzoff, 2005). The Helsinki Protocols (1964) drew out these steps further

and introduced the idea of research proposals to go before ethics committees to ensure greater accountability and shared responsibility.

These protocols, revised in 2000, have provided clear frameworks for research in biomedicine and in the social sciences. The World Health Organization and UNESCO, who provided the frameworks for ethical research, defined participation in research as obtaining informed consent and respecting the right to withdraw from the research at any time. There was little room for the interpretations of “participation” to mean participant involvement in research design, implementation, analysis, and dissemination (Domenelli & Holloway, 2008). Domenelli and Holloway identify the more contemporary challenges that face researchers today—issues of power, control of research processes, and what counts as research. With the huge sums of money involved in research, along with the growing role of commercial interests, the drive to reconsider ethics and research governance has become a key issue at government level (p. 4).

Shaw (2003) identifies the central questions facing contemporary social work research as social work research methodology, social work’s governance and research ethics, building research capacity, and establishing research quality. In a discussion on governance and ethics, he notes that the term governance has a somber tone and “helpfully emphasizes the need to take issues of standards and ethics seriously...” (p. 112). However, he goes on to consider the related risks that go with the preoccupation with governance and frameworks; in the dangers of over regulation and therefore less sensitivity to the particular ethical challenges of social care research, and in the confining of ethical

decisions to the areas of access, design and management. Thus one could reflect that research, which can incorporate enough flexibility in devising structures and protocols to allow for the diversity and complexity of human life, is indeed a balancing act.

Munro, Holmes, & Ward (2005) state, “Although researchers, policy makers and local authorities may all work to enhance the well-being of vulnerable groups, they may well have different perspectives which frequently affect and occasionally undermine the research process” (p. 1025). This is an important issue particularly in relation to the issue of gate keeping information related to the identification of research participants and the level of participation, which the agency or the professional deems to be adequate. Interpretations of the boundaries of confidentiality and indeed the willingness of agencies and the professionals within agencies to get involved in research and support the research process is also a key part of this potential for different perspectives to undermine research undertaken (Munro, Holmes, & Ward, 2005).

3. Researcher / Practitioner Co-operation: Collaboration

The desire and impetus to examine the area of late disclosure of pregnancy emerged from a learning need identified by two medical social work practitioners working in the maternity department of a general hospital. They wanted to know more about the phenomenon of late disclosure of pregnancy in which women experiencing a non-marital pregnancy present late for antenatal care. Many of the women are often undecided about whether they will parent their child post delivery. The practitioners wished to examine

their practice with this specific population. The researcher had previously worked with the practitioners, and thus, they had a trust in the researchers' ability to work in a respectful and sensitive manner. Therefore, the clinician's mistrust of researcher's motives noted by others (Sutton, Erlen, Glad, & Siminoff, 2003) was not an issue in this instance. This prior professional relationship was a linchpin in bringing this research to fruition. Ongoing collaboration was an essential part of the design and implementation of this research, and it took place throughout every aspect of the research process.

4. Researching Vulnerable Groups: Selection of Participants

Past research with vulnerable populations highlights that many of the participants considered participation in research as a positive experience and linked this with being able to tell their story (Richards & Schwartz, 2002; Sutton, Erlen, Glad, & Siminoff, 2003). Research has also highlighted that participants feel that by agreeing to take part in the research, their story may be of benefit to others. Many other vulnerable participants, however, experience distress when talking about their past painful experience (Cooper, 1999).

One of the key issues in planning this study was the balancing of the risk of participation with the potential benefits of the study both to society and the study participants. Reference was made to the Belmont Report (NCPHS, 1979). One of the basic human rights outlined in the Belmont Report is the right of participants to decide whether to participate in a study or not. However, this rule may be ethically difficult to apply to certain clinical populations. Thus, the

practitioners and the researcher carefully considered the likely benefits and risk to each potential participant. The practitioners involved were effectively gatekeepers to potential research participants (Sutton, Erlen, Glad, & Siminoff, 2003). This gate-keeping involved balancing the need to protect vulnerable clients with the client's right to choose to participate, thus running the risk of limiting access to potential research volunteers because of well-meaning protection (Beauchamp & Childress, 2001; Emanuel, Wendler, & Grady, 2000).

The research participants were drawn from the caseloads of social work practitioners who had several years' professional experience of working with women who have delayed the disclosure of a pregnancy. Following careful discussion, it was deemed inappropriate and/or unethical to contact potential participants who had experienced any of the following: a miscarriage, a stillbirth, a termination, a recent bereavement, a diagnosed chronic mental health difficulty, or ongoing intervention from community social work services. Furthermore, some potential participants were not approached in cases in which they were going through an adoption process, as it was felt that the research might potentially jeopardize this process.

A clinical decision was reached that it would be insensitive to contact women who had presented in the previous 12-month period, as the experience was considered to be too raw and thus potentially more distressing to talk about (Dyregrov, 2004). Although these women had a right to participate in this study, this right was at times forfeited in what practitioners considered to be the best interests of the client. The social workers' professional judgment was respected and accepted as valid and informed. The caveat that the welfare of

individuals is greater than any research question was the yardstick by which the sampling process proceeded. Consequently, the sample was not intended to be representative of the total population of women who present late in pregnancy, but provided an in-depth understanding of a number of people's individual experiences.

5. Ethical Issues in the Research Project

5.1. Pre-planning phase: Terminology

A lack of clarity exists in the literature regarding the terms "denied" and "concealed" pregnancy. Consequently, at the outset of this exploratory research process it was unclear which term would best describe a pregnancy that is disclosed late. Furthermore, it was unclear what terminology women who experience this phenomenon would find acceptable, i.e., a concealed pregnancy, a denied pregnancy, or something else entirely. The term "late disclosure of pregnancy" was preferred by the researcher as a more inclusive term that encapsulates the existing concepts of denial and concealment but with less pejorative connotations in describing both concepts. Furthermore, the term "late disclosure of pregnancy" does not assume knowledge of the processes involved in this experience. This phrase was used in communication with the participants in the consent form. The term was also used when interviewing women who had experienced this phenomenon, as it was seen as a more neutral means of exploring how they related their experience to terms used in the literature, such as "denial" and "concealment."

5.2. The need to research this subject area sensitively

"A considerable degree of stigma still adheres to non-marital pregnancy in Ireland" (Loughran & Richardson, 2005, p. 112), and a late disclosure of pregnancy is perceived in the literature to be a highly sensitive and private experience that a small number of women encounter (Maldonado-Duran, Lartigue, & Feintuch, 2000). The choices these women have regarding the resolution of the pregnancy, i.e., termination, adoption, or parenting also have a varying degree of stigma attached to them (Mahon, Conlon, & Dillon, 1998). Therefore, given the documented level of stigma attached to the area of non-marital pregnancies, a methodology was required that was flexible and not predetermined in advance.

Feminist models of qualitative research proposed by sociologists such as Olesen (1993) and Reinharz (1992) influenced how the researcher reviewed the psychological literature in this area. It was found that the voices of women who have experienced this phenomenon had not yet been heard. A major aim of this study was to give a voice to this group of women and respect the participants' involvement during the process.

Qualitative methods do not make claims about trends or distributions; rather, they aim to give a description or explanation of an event or experience. This was the main objective of the study. Willig (2001) describes qualitative methods of data collection and analysis as "ways of listening" (p. 150). Furthermore, qualitative research methodology had not been used to date to investigate this area. Therefore, by using a qualitative method, the researcher could allow the women involved to "lead" the research process and tell their own stories.

Thus, to facilitate the generation of novel insights and new understandings regarding delayed disclosure of pregnancy, a qualitative methodology was employed.

Mahon, Conlon, & Dillon (1998) have described survey questionnaires as being impersonal, lacking in sensitivity, and lacking flexibility, and hence, they were deemed inappropriate for the present study. An open interview was felt to be a more suitable approach. McCracken (1988) referred to the long interview as “one of the most powerful methods in the qualitative armory” (p. 9). He proposes that, “the long interview gives one the opportunity to step into the mind of another person, to see and experience the world as they do themselves” (p. 9). Thus, the researcher endeavored to explore this sensitive area by having the participants tell their own stories in their own words, and a semi-structured open-ended interview was employed with women who had delayed the disclosure of a pregnancy.

Interpretative Phenomenological Analysis (IPA) was the method used to analyze the data. IPA is a method stemming from phenomenology (Willig, 2001), and phenomenology is a philosophical approach focusing on the world as it is subjectively experienced by individuals, within their particular social, cultural, and historical context (Giorgi, 1994). IPA lends itself well to the notion of exploring an experience such as a delayed disclosure of pregnancy, which is complicated, complex, and diverse. Furthermore, IPA has been utilized by other researchers to explore sensitive and personal experiences, such as sexual identity, termination, and sexual practices (Walker, 2001; Robson, 2002; Flower, Hart, & Marriot, 1999).

5.3. Beginning phase: Establishing a working definition

One of the most important initial steps in designing this study was creating a workable definition of delayed disclosure of pregnancy. Given the complexity of the phenomenon, working definitions were difficult to create and only emerged after considerable discussion and constructive debate. Fox’s (2004) definition of concealed pregnancy was regarded as a useful starting point. Fox defined a concealed pregnancy as a situation in which (1) a woman presents for antenatal care past 20 weeks gestation (2) she has not availed of antenatal care elsewhere and (3) she has not disclosed the pregnancy to her social network. However, discussions with the social work practitioners indicated that not all relevant cases would be encompassed by this definition. The social work practitioners pointed out three cases where women had presented to the social work service prior to 20 weeks but had continued throughout their pregnancies to hide their pregnancies and who disclosed the pregnancy in a limited fashion only. By drawing strongly on the work of other researchers in this area (Fox, 2004; Wessel, Endrikat, & Buscher, 2003), and in consultation with the social work practitioners, a working definition was developed. Thus, the working definition of delayed disclosure used in this study was informed by both the existing definitions in the literature and clinical experience.

5.4. Intermediate Phase: Contacting participants

In the interest of confidentiality, it was decided that the social work practitioners would make initial contact with potential participants. For the researcher to “cold-call” a potential participant would breach

confidentiality from the onset. It was decided that it would be unethical to conduct home visits as a means of making initial contact with potential participants, as clients may feel unable to refuse the practitioners' face-to-face request (Cooper, 1999). By compromising potential participants in this way, some of the principles of informed consent would have been violated. Therefore, a telephone call from the practitioner to the former client was deemed the most appropriate way to initiate contact. A telephone protocol was developed by the researcher for the social work practitioners to use as a guide when outlining the research project to their former clients. If the participant verbally agreed to take part in the study, her name, telephone number, and contact details were given to the researcher.

5.5. Anonymity, respect, and confidentiality

Based on the work of other researchers who have worked with vulnerable populations, (Kvale, 1996; Regan-Kubinski & Sharts-Hopko, 1997) and general clinical practice principles, factors that were considered included: (1) meaningful informed consent, (2) providing anonymity, and (3) confidentiality. Consequently, the process by which the interview tapes would be stored, and transcripts anonymised, was outlined in both the consent form and on the day of the interview. A coding system was also devised to anonymise the demographic questionnaire. Access to safe storage space within the social work department was also negotiated and arranged prior to the commencing of the research. Furthermore, the procedure to be used in the study was outlined to and approved by the ethics committee in the hospital.

5.4. Completion Phase: Attempts to counterbalance the power differential

A component of centralizing participants in the research was related to the collaborative validation process. To enhance the validity of the findings, the women received a summary of the researcher's interpretation of the thematic findings, which had emerged from the interviews. It was hoped that by being asked for their comments and feedback, they would feel they had some influence over the research. It was felt that this process not only enhanced the validity and credibility of the findings, but it also made the research process more democratic (Smith, 1996). Again, due to the private nature of the final report, the participants' contact addresses were re-checked before the reports were posted.

5.6. Followup support

The topic of delayed disclosure of pregnancy is highly sensitive. The researcher was aware that the research interviews could potentially cause distress to the participants, prior to, during or after the process. Participants were assured that withdrawal from the study at any stage was an option open to them and that turning off the tape recorder during the interview was also an option. As an extra measure to manage potential distress of the participants, all were informed of the availability of the medical social worker to support them, if they so desired. Followup support for vulnerable participants has been suggested by other researchers (Dyregrov, 2004; Sutton, Erlen, Glad, & Siminoff, 2003). A follow-up phone call was made one week after the interview had taken place to check on the participant's experience of the interview. The medical social worker took responsibility for this task.

Participants' right to receive information about the findings and analysis of the research was also deemed to be important

not only as a means of validating the findings, but as a mark of respect for the participant's time and involvement (Richards & Schwartz, 2002). Participant feedback on the findings of the research was very powerful. The feedback from participants reaffirmed the belief in the value of carefully listening to the voices of this hidden population. It was encouraging that the women felt that the research had represented their experience accurately. One woman highlighted that by taking part in this research, she experienced some type of validation and comfort knowing that others have experienced a late disclosure of pregnancy. She wrote:

It helped to see it written down on paper, that other women have gone through the same thing. Before this report, I thought no one else went through it. It helps to know that I'm not the only person who felt these things when I was pregnant and they went through the same thing with family and their partners.

6. Key Lessons from the project

The researcher's clinical training and social work background was an important factor in securing the commencement and completion of this piece of research. As a mental health practitioner, the researcher was able to conduct the interviews in a sensitive and respectful way by assuring responsive empathic listening and by engagement with the participants (Dyregrov, 2004). The researcher's clinical experience facilitated an appropriate response to distressed reactions, if they arose.

Logistical issues experienced by the researcher worthy of comment here included, first, that the population of interest seemed to be a more mobile population, and concerns

were raised about the need to re-check contact details and ensure that their involvement in the study was kept confidential in that no messages could be left anywhere for participants. Difficulties experienced by the social workers in trying to contact participants in the identified sample were compounded if a life situation had deteriorated for someone, and the decision not to include them in the research was generally discussed by the research team, which ultimately reduced the sample size.

The researchers were also concerned about the personal cost of bringing attention to an area that is so hidden for people. The cost to the participants of being reminded of a hugely difficult time in their lives. Thus, the ethical dilemmas of carrying out the research were always a part of the design and implementation of the research. In fact, many participants spoke afterwards about the therapeutic element involved in being a participant in the research, the opportunity to revisit the situation some time later, and that this was in fact helpful for them.

Through discussion and debate, the need for adequate time to be given to all stages of the research process was deemed to be paramount. First, extra time to "tune in" to participants' concerns and "where they are at" within their own personal circumstances was a key consideration. Second, extra time to check back with participants, following the collection of data, to ensure that this data was valid and representative of their experience, was essential. This attempt to make the validation process democratic can be construed as not an add-on; it is instrumental in the entire process if there is to be any sense of collaboration with participants in the validation of data. In research, this is an area in which the significance of time being made

available can be underestimated in both the planning stages and in the philosophical essence that guides decision-making. This issue also extends to the time taken for dissemination of the research in that the participants shared their own motivation for taking part in the research. Participants felt that it may provide information to help others in similar situations in the future. To this end the need to disseminate the research findings to all staff in the maternity unit once completed was a further link to honor the participants' motivation and the underlying value base of this collaborative project.

In the collaborative work undertaken between the researcher and the social work practitioners, there was a need for trust and good clear communication. For example, in developing inclusion criteria, many debates arose regarding the manner in which a balance could be achieved between the integrity of the research and the overall welfare of the participants. Through clear communication and time for discussion, professional responsibility wasn't compromised, and through a shared understanding of the principles of good practice, the research was non-tokenistic. Healthy tension between the roles of researcher and practitioner was evident, but through the establishment of mutual aims of the research from the outset, and a shared understanding of the importance of respect of varying disciplines, the differences in the roles became a constructive aspect of the process. The backing of management in the maternity unit to free up time for the practitioners to engage in the research as well as offer follow-up support to participants where the original work was completed was also crucial to the process.

7. Conclusion

The experience of carrying out this piece of research is evidence that it is possible to design and implement a piece of research that is scientific but genuinely sensitive to the area under exploration. The concerns of vulnerable groups need to be investigated as a means of informing practice and research. The balancing of ethical concerns with the needs of a valid and reliable piece of research is demanding but possible. The key to sensitive research is being led by the principles of best practice. Such principles include a client-centered approach that involves the clients being truly involved in each step of the project design. Principles that value anonymity, respect, and meaningful participation by the participants with confidentiality guaranteed and practiced throughout in conjunction with a collaborative approach are essential. The value of the clinical skills of tuning in, empathic listening, and providing supportive follow-up were also highlighted by our experience with this vulnerable group. Whereas collaboration is time consuming and demands clear communication and respect for divergent standpoints, ultimately, with collaboration, a richer, more sensitive, and considered piece of research can be achieved.

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Coping With Minority Status: Responses to Exclusion and Inclusion, Fabrizio Butera and John M. Levine, Editors, Cambridge University Press, 2009.

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http://www.amazon.com/Coping-Minority-Status-Responses-Exclusion/dp/0521854997/ref=sr_1_1?ie=UTF8&s=books&qid=1282418309&sr=8-1

This edited book by Fabrizio Butera and John M. Levine invites readers to contemplate the paradoxes and complexities of coping with minority status. As someone whose academic focus is in critical-historical perspectives on dominant-minority group relations, I was pleasantly surprised by the empirical insights and findings found in the text.

Providing an array of social-psychological approaches, both theoretical and methodological, to the study of coping with minority status, Fabrizio and Levine give us a wealth of nuanced findings which provide a fresh departure, and help to correct, the oft-times abstract and homogeneous conceptualizations and narratives of dominant-minority relations. The book is divided into three parts: 1) Coping with Exclusion: Being Excluded for who you are; 2) Coping with Exclusion for what you think and do; and 3) Coping with Inclusion. I found the last part to be very informative of how minority group members cope once successful with becoming included in the dominant group. Little research has been conducted in this area of inquiry.

This last aspect is what I find to be most appealing about the book. Until recently, there has been so little research in the area that this groundbreaking work speaks volumes about the need for further investigation. The reader will learn some surprising and important information about minority coping strategies in various everyday situations. In the end, the articles here remind us of how much we take for granted about the complexities of minority group coping strategies at the level of everyday interactions with members of the dominant group.

There are a couple of shortcomings with the text. First, it would have been useful to articulate the policy implications of some of the findings. Second, a section devoted to further research would have been very helpful for researchers interested in conducting future research on the topic. The findings in the text leave so much fertile ground for further work and it detracts from the overall appeal of the text as “ground-breaking” to not, at least, provide some road maps to the future.

However, these are small criticisms in light of the contribution that Butera and Levine have given us in this collection of fine research articles. It should take its place as a go-to source on the subject, both in its findings and as a bibliographical reference. I recommend the book for courses in Social Psychology which examine

dominant–minority group dynamics, various courses in sociology and social work focusing on minority groups and social inequalities, as well as education and business courses that deal with interpersonal relations between dominant and minority groups in educational and business settings.

Lieberman, A. (2010). Women in Social Work Who Have Changed the World. Chicago: Lyceum Books, Inc.

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Dr. Lieberman is a Chancellor's Club Teaching Professor of Social Welfare at the University of Kansas. She has published multiple books focusing mainly on effective social work practices. Her work emphasizes understanding diversity and building upon women's strengths. Dr. Lieberman has also collaborated on several federally funded family and children projects.

This book profiles 15 women social workers who have succeeded in contributing to profound changes in their communities and countries around the world. Although the author does not specify a particular audience, I believe this book is as suitable for a general audience as it is for an academic audience. Whether a person is simply interested in social justice or is trying to learn what practices are successful in diverse environments, this book is a good choice.

The book is organized into three parts. The first part focuses on five social workers who have gained positions that enabled them to create and change national and local policies. The second part features women who have created social change from the bottom up through community organizing. Part III presents the biographies of three women who have used their social work knowledge to bring great change to repressive and developing countries.

Although these women's social class, religious, and cultural backgrounds are diverse, their desire for social justice and the core values learned in their social work education connect them. All of the women claim that their social work educations provided them with the knowledge of structure and application that prepared them to accomplish their goals. Each of the featured women overcame structural or personal obstacles to achieve their accomplishments. Some came from impoverished backgrounds; others worked in countries where women have few rights. All of them give credit for their stamina and courage to mentors. Many cite their mothers as mentors. Additionally, many credit inspiring teachers.

This book has multiple strengths. The writing style is clear, concise, and accessible to the general reader as well as the social work scholar. Although the biographies are short, they provide poignant and detailed accounts of various obstacles faced and successes earned by each woman. This allows readers to see "social work in action." In addition, the biographies clearly show that the women did not have a set "plan of action" for their work but remained open and flexible so they could afford themselves of opportunities. The results of their willingness to change courses when needed can inspire all of us who seek to improve our communities. Whereas I really enjoyed this book, I believe it would have been improved by the addition of a

final chapter to tie the book together. As it is, the book just stops with the last biography. It would help students and general readers, alike, to summarize how what they have learned could benefit them in their own lives or careers.

Overall, I would recommend this book and believe it can serve multiple

purposes. I believe it would be a good addition to any social work practice course. In addition, this book would make an inspiring addition to gender studies courses. Finally, I believe that this book could be used successfully in political science courses to illustrate how the core values of social work can help craft good social policy.

Seccombe, K. (2011). *So You Think I Drive a Cadillac? Welfare Recipients' Perspectives on the System and its Reform*, 3rd Edition. Boston: Pearson/Allyn & Bacon.

Reviewed by Peter A. Kindle, Ph.D, CPA, LMSW
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How is it that I could earn an MSW and a Ph.D in social work without being required to read this book? Karen Seccombe, Professor of Community Health at Portland State University, provides an invaluable resource by providing a platform for the voices of women who have been on welfare to speak. Based on her interviews with 47 AFDC leavers in Florida in 1995 and her longitudinal study with 552 TANF leavers in Oregon in 2002-2003, this study may well be without peer in its ability to challenge white, middle class values related to work, welfare, and poverty.

The first chapter introduces the reader to the author's perspective, which is both critical in that it assumes that power relationships favor the dominant (i.e., male) group and feminist in that it assumes that women's experiences are devalued and neglected. The voices of these welfare leavers blend to form an uncomfortable chorus that insists that the plight of women on welfare cannot be easily distinguished from the common plight of all women, that the presumptions of welfare reform are false, that the real problem is low wages (not welfare), and that these voices must be heeded if social solutions to poverty are to be found.

Chapter two provides a brief history of welfare and a sketch of the explanations for poverty along a dimension running from Individualism to Social Structuralism. This historical and theoretical framework is then

challenged by the voices of the welfare leavers in chapters three through six. In chapter three, their voices echo middle class biases against welfare; in chapter four, seven "exceptional circumstances" are explored to explain why these women were on welfare; in chapter five, the financial "monotony of poverty" is explored; and in chapter six, they describe the formal and informal systems they used to survive on welfare. Each chapter confronts common middle class assumptions. Welfare mothers do not approve of welfare. None of the "exceptional circumstances" differ from the same financial and familial pressures exerted on every woman in America. From budgeting to the coping mechanisms used to bypass welfare restrictions, these women show time and again that they are doing what everyone does – the best that they can in difficult situations. Only a modicum of imagination is required to see oneself emulating their actions and decisions.

Chapters seven through nine turn in the direction of solving the problems these women face. Their perspective on the strengths and weaknesses of the current welfare system undergird the author's conclusion that the problem is the instability of low wage work without secure benefits (chapter seven). The risk associated with moving off of welfare is highlighted in chapter eight, and the reader is confronted again with the harsh truth that the security welfare supports represent may make the risk of leaving welfare untenable. The concluding chapter argues for more resources

to be devoted to the safety net and compares the inadequacies of the safety net in the United States to other countries.

In many respects, this book is without flaws. The central purpose, to help us hear the voices of women who have been on welfare, is a *fait accompli*. The author's ear has been so well-tuned to their voices that she does not always seem to appreciate how these voices might resonate in the ear of the readers. This is a book I would like every social work student to read and discuss, but it is also a book that I would like to hide from my more conservative friends.

In order to broaden her reading audience, I believe the author needs to address three things that are not adequately covered in this book. First, I suggest that she include an analysis of the impact the Earned Income Tax Credit (EITC) may have on the transition from welfare-to-work. Even a modestly aware critic of the welfare safety net realizes that it is a hodgepodge of programs. Why not simply include a table describing the financial impact TANF, food stamps, low wage work, Section 8 housing, transportation vouchers, child care support, Medicaid, and EITC might have on a typical family? Without explicitly informing the reader in this manner, the author allows the reader to invoke the iceberg principle – that she is hiding something that is larger and more important than what she is telling us.

Secondly, I suggest that the author more clearly distinguish between welfare (a product of dependency) and poverty (a product of scarce resources). One may escape dependency without escaping poverty, but the

author continues throughout this text to conflate the two. In fact, she fails to acknowledge that there may be a qualitative improvement in a family's life when employment replaces welfare, no matter how poorly the work pays.

Thirdly, I suggest that the author more critically evaluate her solutions in chapter eight. This reviewer is unconvinced that the history of job training programs, for example, warrants endorsement, or that court imputation of child support on unemployed or incarcerated fathers has proven an effective solution to the absent father problem. "The simple truth is that not all adults are psychologically, intellectually, and physically capable of financially supporting themselves and their families" (p. 165) seems to indicate that social investments in human capital will never solve the problem of dependency. Accordingly, while this reviewer endorses the criticisms of the low wage employment sector recorded here, he is not convinced that the "problem with welfare is the structure of low-tier work" (p. ix). This is part of the problem. The other part is that our society has failed to face the realities of dependency.

I loved reading this book and recommend it highly to all social work instructors and students. I will definitely be using it in my classes. Practitioners need to hear these voices and reflect on their meaning. Those who do so will be enriched by the experience.

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Book review of International Social Work Professional Action in an Interdependent World 2nd ed., by Lynne Healy

<http://www.us.oup.com/us/catalog/general/subject/SocialWork/?view=usa&ci=9780195301670>

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Background

The first edition of this book was published in 2001. The second edition has been revised remarkably; it responds to events and developments that occurred in the period between 2000 and 2007 such as the terrorist attacks on New York and Washington, D.C., in September 2001, and natural disasters such as the Tsunami, and also the increasing concern of schools of social work about international contents and global standards for education and training. The primary market of this book is North America, but Healy has enhanced the global relevance of the text, since demand from other parts of the world has been considerable. The volume is impressive and provides content that covers almost all facets of international social work such as the history of the profession in an international perspective, its collaboration with international organizations such as the UN, the functioning of international organizations, theories and concepts underpinning international social work, international relief and development practice, the international/domestic practice interface, mechanisms of and experiences with international exchange – and more. The 371 pages are supplemented by five appendixes and a glossary of terms and abbreviations.

“Comprehensiveness, of course, is impossible, especially when tackling such a vast topic area, and therefore comprehensiveness is a strength and a weakness of the book. There are many omissions and other areas that deserve much more depth” (xv) – apologizes the author in the preface to the second edition. To review

such a book is a challenge, to read the review ditto, all the more if the reviewer adds amendments as I do. I apologize to the reader, but first of all to Lynne Healy for doing so. And I hope my amending will be understood as deemed. I want to add a little more knowledge to this rich volume in order to increase the extensive knowledge about international social work that Lynne Healy has already provided.

My amendments refer mostly to UN issues. As Katherine Kendall, undoubtedly one of the international pioneers, notes in her foreword to this second edition, “neglect of international content in the social work curriculum is perhaps due not so much to lack of interest on the part of faculty members, but rather to lack of knowledge, particularly knowledge drawn from first hand experience in other lands” (ix). I have such firsthand experience from working in other lands and from working with the UN in the 90s and the early Millenium and think it might be useful to add some information. Healy relies for her reporting about UN bodies, activities, and mechanisms mostly on elder secondary literature, sometimes on unclear sources and often on personal communications, dating from the 80s and earlier. The UN, as the whole world, had to face changes and challenges in the last 20 years, which had been unpredictable, and this dramatically impacted not only policies, power distribution, and concrete activities, but also the human resources policies and needs of international organizations like the UN.

The book

Throughout the book, which consists of four main parts and fourteen chapters, the author gives empirical examples, mostly in boxes in the text, referring to sources such as “personal communication” or “case adapted from ...” or own narratives on IASSW events she had participated in. A chapter on “International Relief and Development Practice (p. 260-286) that provides a deeper insight to field practice is written by Lara Herscovitch, Education Specialist of Save the Children, with the author.

In an introduction chapter, Healy points out why international social work is important (“globalization”) and what it is. The profession has not yet agreed about a common definition. Many include a social worker working or collecting data in another country, as well as social workers from different countries coming together and discussing practices or cases in their home countries. More appropriate, in the opinion of the reviewer (and presumably also in the opinion of the author) is a definition from 1957 by the U.S. Council on Social Work Education:

“ ... that the term ‘international social work’ should properly be confined to programs of social work of international scope, such as those carried on by intergovernmental agencies, chiefly those of the U.N.; governmental; or non-governmental agencies with international program” (Stein, 1957, p.3 – Healy, p. 8).

Healy extends this definition, however: “... *international social work* is defined as international professional action and the capacity for international action by the social work profession and its members” (10). “International action” is vague. Thus, a German social worker who finds a job in Austria, not with the UN in Vienna, but in a kindergarten in Innsbruck, could claim to be an international social worker? Not really.

Healy explains “international action” further as having four dimensions: “internationally related domestic practice and advocacy, professional exchange, international practice, and international policy development and advocacy” (10). Expecting that the four main parts of the book refer to these dimensions, i.e., that each part is concerned with one of them, the reader remains, however, disappointed: The topic area is simply too vast.

Part I: The Context of International Social Work: Concepts, Issues, and Organizations (25-132)

Part I consists of four chapters. The first focuses on the main concepts and theories underpinning international social work:

“Globalization” is a critical term for social work, which has paid considerable attention to the negative impacts of globalization and has difficulties to develop “a shared awareness of the world as a single place” (26, Healy quoting Midgley, 1997). The impact of global interdependence has been well understood in economic and environmental matters, but less well in social work. This gap in comprehension is “particularly acute in Western nations” (28). Social workers in poorer countries have been living with the impact of global interdependence for many years. Healy points that out and gives examples, but chooses two examples that are easily understood in social work practice in industrialized countries: Migration as the most dramatic social indicator of globalization (with many more migrants in poor countries than in the rich “fortresses,” as she notes) and the rapid spread of HIV/AIDS.

“Development” is, to Healy, “still not a widely understood concept among Western (or Northern) social workers” (52). She references definitions and theories, and focuses on “social development,” a development concept “particularly important

to social work” (56), and tries to link up social work definitions to UN definitions or concepts.

The references to UN sources are critical throughout the book.

In this chapter, Healy quotes “Food and Agriculture Organization, International Fund for Agricultural Development, UN Centre for Human Settlements, World Food Programme, 2006” as authors of a quotation on the degradation of ecosystem services. The reviewer, knowing FAO, IFAD, both of them specialized agencies, and WFP, subsidiary organ of the General Assembly, all with their headquarters in Rome, quite well and UNHABITAT, the UN Human Settlement Program (UN Centre for Human Settlements is the former name) a bit, was astonished: What will these organizations, different in history, mandate, funding, and other, have written together? Healy refers to a paper presented in a session of the International Forum on the Eradication and Poverty that took place in New York in November 2006. The session was, indeed, organized by the ‘authors’, but the whole Forum was an interagency initiative with about 15 UN agencies participating. The moderator of the session was from FAO; among the panelists were representatives of NGOs as Bread for the World. (see http://www.un.org/esa/socdev/poverty/PovertyForum/Documents/bg_1.html, retrieved 14/11/2009).

More information about UNDP (United Nations Development Program) that draws on the expertise of developing country nationals and NGOs, would have been helpful. Healy criticizes, instead, the Human Development Index (HDI) developed by two economists from Pakistan and India respectively and included in UNDP’s Human Development Report(s). The HDI with its three main indicators for development is criticized by many, first of all India, ranking low in the index (134 out of 180 in 2009).

But Healy’s opinion that a “much more comprehensive measure was developed by social work scholar Richard Estes” (61) does not really challenge the HDI: Estes’ Index of Social Progress (ISP) comprises 45 indicators, among them “political chaos,” “cultural diversity,” data and amount of data that are difficult to collect – at least in poor countries.

“Human rights” are “also increasingly at the core of international social work” (63). The author gives an overview, explains what treaties and conventions are. And she points out which conventions are important for social work. A core subject in the discussion on human rights inside the international community is the universalism vs. relativism debate, i.e., the plea that is raised by representatives of poorer countries for recognizing the Western bias in the Rights. Healy, who has looked further into this subject, dedicates her own chapter to it in part III of the book. In this section, she refers UN failures as the non- or too-late reaction in cases of genocide, explains the principle of state sovereignty – and comes up with introducing the non-governmental international actors, i.e., the NGOs.

Another chapter in Part I deals with global social issues that are relevant to social work: Poverty, no longer contained within national boundaries; The status of women with related subjects such as gender violence and the question of traditional practices, i.e., FGM; problems of children in difficult circumstances, i.e., child labor, street children, child soldiers, etc.; aging, a problem of the industrialized nations, and natural and man-made disasters.

The final chapter is on “International Social Welfare Organizations and Their Functions.” It is ambitious to call UN agencies ‘social welfare organizations’ and not correct in the opinion of the reviewer. The UN is an intergovernmental international organization. The UN system is undoubtedly a unique

system of universal competencies; but it is complex, not primarily interested in “social welfare” and not even democratic. Healy describes under “Current UN Structures and

Agencies” (108) the ECOSOC (the Economic and Social Council) and “major UN agencies related to social welfare.” a description the reviewer would like to revise:

	Healy (108ff)	Groterath
ECOSOC Economic and Social Council	<p>“reports to the General Assembly”</p> <p>“operates through four standing committees” and has “coordinating functions”</p> <p>one of the committees is the committee “Non-Governmental Organizations”</p>	<p>is as the General Assembly (GA) one of the 6 (5 – the Trusteeship Council suspended operations in ’94) main organs of the UN – assists the GA – 54 member States are elected by the GA on the basis of geographical representation.</p> <p>“operates” less then it did before, since subsidiary organs mainly of the GA have taken over parts of the operation and coordination. ECOSOC serves as a central forum, assists in organizing international conferences and has an own subsidiary machinery including commissions, standing committees, expert bodies, etc. Its relationships to other agencies and bodies are non-subsidiary; i.e., they are not direct reporting relationships. ECOSOC has lost much of its concrete power, but remains - in the eyes of the author (reviewer) – “the grey eminence” for economic and social matters in the UN.</p> <p>This (standing) committee is of outstanding importance for other international actors, i.e., the NGOs, which can apply for Consultative Status with ECOSOC. Healy explains, what such status is, in Part II of her book.</p>
UNICEF United Nations Children’s Fund	<p>“is an important agency of the UN”</p> <p>“it became a permanent agency ...”</p>	<p>UNICEF was and is a subsidiary organ of the GA, belonging to the group ‘Programs and Funds’. It might resemble the ‘specialized agencies’, which are permanent (but not called “permanent agencies”), such as WHO and FAO; but it is not a specialized agency. It has evolved from an emergency fund to a development agency.</p>

	<p>“with a focus on development”</p>	<p>not more or less “development” than other UN agencies; UNICEF’s focus is on children; the shift was from emergency to development.</p>
<p>UNDP United Nations Development Program</p>	<p>“UNDP is the largest operational development agency in the UN system”</p> <p>“UNDP ... plays a coordinating role among all the UN entities involved in development”</p> <p>”It administers the UN Development Fund for Women (UNIFEM).”</p>	<p>Is the UN’s global development network, a subsidiary organ of the GA, group “programs and funds.”</p> <p>All UN entities involved in development can hardly be coordinated by one agency: UN agencies are not necessarily “friendly” with each other, but compete; and they differ in status in the UN system in funding, power and some other things. What UNDP has set up in developing countries is the United Nations Development Assistance Framework (UNDAF), composed of UN teams present in the country, under the leadership of the local UN Resident Coordinator (RC) who is in most cases the UNDP resident representative. The frameworks coordinate their responses to the development needs in the country; the RC, who is also the representative of the Secretary General in the country, coordinates humanitarian assistance in cases of emergencies as natural or man-made disasters.</p> <p>That is true, but it is worthwhile to mention that UNDP also administers the United Nations Volunteer Organization (UNV) which is interesting for social workers.</p>
<p>WHO World Health Organization</p>	<p>“WHO is another specialized agency of the UN.”</p> <p>“international health issues” – “international health standards” – primary health care” – “Malaria”</p>	<p>None of those mentioned above is a “specialized agency.”</p> <p>All true, but WHO has two directorates, which are of interest for social workers: Non-communicable Diseases and Mental Health with a department of Mental Health and Substance Abuse; and Family and Community Health with ‘Ageing and Life Course’, ‘Gender, Women and Health’ – and some activities more.</p>

 a quotation on AIDS education, prevention etc. ... by “(Joint UN Programme on HIV/AIDS, 2006)”	The joint program is UNAIDS, a highly interesting program for social workers that could have been listed here – instead of FAO, for instance.
UNFPA United Nations Population Fund	<p>“UNFPA is the largest source of funds for family-planning-related programs in developing countries.”</p> <p>“Funding support from the United States was greatly curtailed beginning in 1984 when the United States government cut off all funds for organizations that supported or permitted abortion services. This ban was reversed in 1993 and reinstated by President George W. Bush at the beginning of his term.”</p>	<p>UNFPA is a subsidiary organ of the GA and entirely funded by donations. The biggest donor was for a long time the USA.</p> <p>... and Obama announced that funding would be restored.</p>
UNHCR United Nations High Commissioner for Refugees	“Originally created as a temporary agency”	<p>Subsidiary body of and created by the General Assembly in 1950 with the mandate of “international protection.”</p> <p>“We need lots of social workers!” – Personal communication by a UNHCR senior staff counselor, July 2009.</p>
FAO Food and Agriculture Organization	“The first of the UN specialized agencies created, the FAO’s goal is to work toward global food security.”	That is true, or better: it is one of the specialized agencies, the “first” in the listing by alphabet. These are autonomous organizations working with the UN and with each other through coordinating at intergovernmental and inter-secretariat level. But what has FAO, the lead agency for agriculture, forestry, fisheries and rural development, to do with social welfare, i.e., why should the FAO be one of the “UN agencies related to social welfare” (see above), or be of interest to social workers?
WFP World Food Programme	“With the UN, the FAO sponsors the World Food Program, ...	The World Food Program is the world’s largest humanitarian organization. It is a subsidiary organ of the GA, funded entirely by voluntary contributions (a ‘donation agency’); and it is independent from the FAO. The biggest donor is the USA.

	<p>which supplies 25% of the world's food aid."</p>	<p>This might be true, but is regrettable: the WFP is a humanitarian, not a development agency, the biggest one; and food is supplied by WFP in emergencies and after emergencies to help communities to rebuild their lives. What has this to do with social welfare? The WFP has no particular need for employing social workers, with one exception: Staff of humanitarian agencies as the WFP, also in charge of logistics and communication in emergency operations, is highly at risk, physically and mentally. A counselor team in HQ and in the field supports the staff on mission and after return; and social workers belong to that team.</p>
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References: Groterath: firsthand experience and "The United Nations Today,, United Nations Department of Public Information, New York, 2008.

Further to the UN agencies, governmental agencies are listed under "International Social Welfare Organizations," but it is made clear that these are only in parts concerned about social welfare. "It is important for social workers to understand that international assistance serves many purposes for the donor nations and that humanitarianism is often not the major consideration" (117). Healy relates comprehensively about bi-lateral aid by USAID, the US Peace Corps inclusive, and by Japan and the Nordic Countries (commonly the most altruistic and progressive) and mentions then as the last category of "International Social Welfare Organizations" the nongovernmental organizations. The overview given in this part I is comprehensive, if not short – one example with Save the Children, short notes on the difference between relief and development and some ideas about areas of action – but Healy comes back to the NGOs and particularly to Save the Children in other parts of the book.

Part II: The Profession Internationally (133-235)

"The History of the Development of Social Work" (135-163) relates to the origins of social work in industrialized countries, which had to meet the "by-products of the industrial revolution" (136), the spread beyond North America and Europe in a second phase and then on World War II and the Nazi Period. That brought out "the worst in the profession of social work" (145), particularly in Germany. The examples from post-war Europe, particularly the Eastern countries, with some exceptions, aren't encouraging either. From an American point of view, however, "the restoration period following World War II can be described as a rich cornucopia filled with international programs, projects and opportunities" (152, quoting Kendall). These were opportunities mainly for American and British social workers, as the reviewer would like to note: These got involved in the UNRRA program.

UNRRA was the United Nations Relief and Rehabilitation Administration, founded during World War II by the USA, UK, the

Soviet Union, China, and about 40 other nations under the guidance of U.S. President Roosevelt, to provide relief to countries and peoples that were liberated from the enemy, i.e., the Axis powers. President Roosevelt has, indeed, coined the name “United Nations.” But these UNRRA “United Nations” were not what we know today as United Nations. Unfortunately, Healy does not explain that. Sentences like “Building on the UNRRA programs . . . , the UN soon became the largest contributor to the spread of social work in a number of developing countries” (152) mislead the reader, may they in parts be true (the UN used, of course, the relief and rehabilitation experience of UNRRA and some of the UNRRA staff got employed by the UN) and may they be said by the author herself or by Younghusband, to whom she refers. Other developments in the “career” of social work with the United Nations (those of today) reported, cannot be verified. Healy quotes Garigue, who has made a contribution to the Ninth Annual Program Meeting of the U.S. Council on Social Work Education in New York in 1961 and who said that in 1959, the ECOSOC had asked the UN Secretary General to do “everything possible to obtain the participation of social workers in the preparation and application of programs for underdeveloped countries” (153, quoting Garigue). True or not: Many countries received assistance in the period of independence movements / decolonization, and most probably also by social workers from Western nations, whether these were acting on behalf of the UN, bilateral aid programs or the Peace Corps. And the “Era of indigenization: The 1970s” (153ff) that followed was characterized not only in social work matters by “strong anti-American feelings developed along with a rejection of the process of borrowing and using models from the industrialized countries” (156). Another “model-colonization” then took place after the fall of the Eastern bloc, when “a flood of consultants” (157) arrived in Eastern Europe. Healy: “It is likely that

another era of indigenization will emerge for the countries of the East” (157).

Interesting and fascinating is the collection of biographies of the pioneers of social work from Denmark (Manon Luttichau), Germany, then UK and the USA (Alice Salomon), Poland (Irena Sendler), Jamaica (Sybil Francis) and Iran (Sattareh Farman Farmaian) that are presented in boxes in the text throughout this chapter. This collection of biographies continues in the next chapter on “International Professional Action, A Selective History” with portrayals of Eglantyne Jebb, founder of Save the Children; René Sand, a founder of the ICSW and the IASSW; Donald Howard, social worker in UNRRA; and Dame Eileen Younghusband, the author of the 3rd Global Survey of Social Work Training for the UN. In this chapter, Healy describes how social work takes the world stage by collaborating with and founding its own International Organizations. The three major international social work organizations, IASSW, IFSW, and ICSW, developed out of The International Conference of Social Work in 1928 in Paris, are described in detail. IASSW was engaged mainly in promoting and developing education and training internationally, IFSW was promoting the profession and as standing for The International Code of Ethics, and ICSW was the organization that maintained active liaison with the UN on social development matters. On this occasion, Healy explains what a Consultative Status with the UN is: “The system for NGOs to interact with the UN was established in 1946 and remains largely unchanged today. Organizations are permitted to apply for consultative status with the Economic and Social Council (ECOSOC) if they meet several conditions: They must focus on issues related to ECOSOC, have aims consistent with the UN Charter, and broadly represent those in their field (with a preference for worldwide organizations rather than national bodies). NGOs can be accepted into one of three

classifications, with varying privileges. ICSW is a Category I organization, designated as an organization “with a basic interest in most of the activities of the Council” (Willett, 1996, p.32” (183). Healy does not explain this concept further, which is regrettable, since Category II, Special Consultative status, is an interesting category for social work also, ditto, as a “starter,” the Roster Category III.

Further to the International Social Work Organizations — as a fourth major international social work organization— the International Consortium for Social Development is mentioned, but not described in detail. Healy reports about “Direct Work in International Organizations” and gives three examples. There is also a small section on “Inside Influence at the United Nations” where pioneers such as Katherine Kendall are cited, all enthusiastic about working experiences with the young United Nations, and the true United Nations as a referral to the first meeting of the Social Commission of ECOSOC in 1947 (190) lets suppose. The “American-British bias” or predominance, however, is not raised as a topic: “. . . and social welfare officials from developing countries were given UN support to study social work in the United States and Great Britain” (191). Among the reasons for the decline of inside influence of social work (in the UN) that the author suggests is much about emphasis on economic development, increasing bureaucracy, as well as the difficulties of the profession to adapt to challenges and new circumstances and to compete in interdisciplinary environments. But there is nothing about this bias in a new environment of international politics. In the post-war period (and confusion), with decolonization beginning and only 51 UN member states, the USA and UK were, if not the only ones, but the dominant ones to impact international policies. A lot has changed meanwhile, starting from the number of member states that increased to 192. Today, somebody who knows only one

national model and who speaks only English will hardly be able to work with the UN if not for politically motivated reasons. Knowledge of at least two languages, preferably UN languages (Arabic, Chinese, English, French, Spanish, Russian), is a basic requirement for working with the UN.

The chapter on “Social Work Around the World Today” (201-235) gives an interesting insight into social work education and practice in countries such as Denmark, Japan, Armenia, and Ethiopia, among others. It is obvious that the differences are remarkable and interesting, and it is encouraging to find all these country reports in one book. Denmark is the only European country described. The American glance at Europe needs getting used to, but is refreshing: “As have many other European countries, Denmark has joined the Barcelona Convention, which validates educational comparison and allows student mobility. This system is facilitated by a joint European Credit Transfer System (ECTS points)” (204). Barcelona?! She obviously means Bologna, i.e., the Bologna Process. Never mind! If only the system was already facilitated

Part III: International Social Work: Values, Practice, and Policy (239-337)

This is the part of the book where the author brings up the important debate on universalism vs. cultural relativism, a debate truly relevant not only to social work. Concepts like self-determination, independence, non-directivity, confidentiality, i.e., core concepts of social work, seem to be grounded in Western individualistic culture; and they are questioned and challenged by authors, officials, and further representatives mainly from Africa and Asia. The question is described and discussed thoroughly. Without a proper knowledge of the universalism-relativism debate and an appropriate self-

positioning, a social worker can or should, indeed, not act on international stages. Lynne Healy proposes moderately relativist or moderately universalist positions. Donaldson, for instance, proposes a set of core human values to be respected as “an absolute moral threshold” (255, quoting Donaldson) to be mixed with respect for local traditions and the context – a good example for a moderately relativist position in the opinion of the reviewer who recognizes her own position.

The second chapter in this part III is written by Lara Herscovitch, Education Specialist of Save the Children / USA, with the author. This chapter informs thoroughly and in detail on field practice, introduces the relevant glossary and related concepts and mentions a debate, which is important in current international politics and technical cooperation, i.e., the debate on relief and/or vs. development. The modern relief vs. development landscape has, indeed, changed as the authors note (261). “There is an increasing understanding of the issues that connect relief and development work and how one can pave the way to the other. For example, poorly planned agricultural practices – typical development work – can cause soil erosion or deforestation, which can cause severe landslides during a heavy rainy season or hurricane thus leading to the need for relief work” (261). Particularly interesting for the readers of this book, supposedly social workers interested in getting involved in international business, is the section about employment of social workers in internationally active NGOs. There are lots of possibilities, as the authors report, even though many of the vacancies are not vacancies exclusively for social workers. International jobs are definitely more generic than domestic ones. A social worker who reads David Bourns’ report about “A Day in the Life of a Program Manager,” one of the empirical examples in a box in this chapter (270-271), can certainly develop an idea of whether she / he would be

able to take such a job or not. David Bourns works with Save the Children and holds a Master’s in Social Work degree. In the opinion and the experience of the reviewer, the remarks on the unsustainability of a number of classical psychological or therapeutic interventions (274) are important. Trauma counseling should, indeed, be provided, if ever, only under conditions of a guaranteed appropriate and sustained follow-up mechanism – and not in every possible form / method, as could be added. True, interesting, and encouraging for the reader is also what is said about networking possibilities in the field. NGOs are working together with UN agencies and other internationally active bodies. The institutional gap is much smaller in the field than in Headquarters, and meeting and collaboration is easier – and in relief operations often facilitated, as could be added, by OCHA staff. OCHA is the UN Office for the Coordination of Humanitarian Affairs.

In another chapter in part III, Healy discusses the “International / Domestic Practice Interface” (286-316), affirming that “all” social workers “are likely to engage in internationally related social work within their usual jobs” (286) – with migrants, refugees, in international adoption, through interpreters, in inter-country case work, and in border areas. “It is hard to imagine a social work career in the twenty-first century that will not bring the practitioner into periodic contact with situations that require knowledge beyond the borders of one’s own country” (313). True – but she / he has interpreters at hand if needed, represents the power, can insist in being on the right side, acts on behalf of national authorities, etc. And this would require an in-depth discussion.

The last chapter in part III is dedicated to the question of “Understanding and Influencing Global Policy” (317-337), an important question, and an important requirement for

working in the international fields. The author gives useful advice concerning policy making organizations and argues again for a social work involvement in international politics. Indeed, with issues such as poverty, HIV/AIDS, gender, etc. (see above), on the global agenda, an involvement of social workers (or, as the reviewer would propose, “soft skills experts,” and this term includes other professions) makes sense and should meet demand. Particularly the Civil Society, i.e., the NGOs and the NGO Committees at the United Nations, have moved a lot in recent times. They could be an excellent forum for social workers if social workers, as other professionals, were ready to engage in more generic jobs, to leave apart some of their domestic professional convictions and attitudes, and do not try to use these forums as professional vanity fairs. Lynne Healy uses this chapter to integrate some of what has been said and explained before and gives advice on how to use the international machinery to influence international as well as domestic policy. But influencing policy is “a big thing” all the more if it is global policy. Much lobbying is necessary; and lobbying can be done by individuals, but is often more efficient if done by organizations or associations. Not surprisingly, Lynne Healy concludes this chapter with an appeal to the international professional organizations to expand their efforts in policy influencing.

IV Strengthening International Social Work: Strategies and Challenges (341-371)

In the first of these two last chapters in part IV, the author discusses international exchange modalities and questions. Hardly anybody doubts about the usefulness of international exchange – if not social workers?! “Exchange is likely to occur only when each party to the transaction has something of value to transmit to the other” (344). And a hypothesis of an author called

Wagner, who wrote in 1992 about social work education in an integrated Europe and had probably the transfer from Western models and ideas to post-sovietic Eastern Europe in mind, is that “social workers and social work educators probably have more affinity with the concept of unilateral transfer than with the concept of exchange, because it is based on altruism, rather than economic transplantation and self interest (p.126)” (344). If this is true, i.e., if social workers from industrialized countries believe that their own domestic practice is the best and that they could not learn from others – they should stay at home. As Healy notes the increasing global dialogue has diminished western dominance and fractured the predominantly Anglo-Western pedagogical hegemony. Among the examples of exchange practice, the European situation is discussed, i.e., the Erasmus program, an attempt to “promote Europeanization” (350) by the EU. The Erasmus funding has enabled many students to have exchange experiences, but is, from the point of view of Non-Europeans (and probably some Europeans, the reviewer inclusive) “Euro-centric” (351).

A small, however, important section in this chapter on exchange treats the “Paradigm Shift in International Exchange” (352). This shift is from emphasis on experience to emphasis on competence. Healy quotes Albach & Teichler, 2001: “The traditional ideal of a cultural experience has been superseded by the goal of obtaining knowledge useful for the new internationalized professions of the postindustrial era” (352). And this is good and bad news, according to the author – and more good and less bad news, according to the reviewer who considers the cross-cultural experience and its impact on personal growth or transformation not the core, but an added value of exchange.

Healy’s last chapter is called “Social Work as a Force for Humane Global Change and Development” (357-371). She uses the

chapter for summarizing, for a “de-briefing” as would be said in terms of international practice. In the conclusion, she comes back to her definition of International Social Work, a definition, that emphasizes “professional international action in a globalized world” (369), taking position against universalism: “International social work indeed transcends national boundaries and gives social work a global face, but more so in terms of actions and presence on the

international scene than in terms of sameness or universality” (369).

Conclusive statement by the reviewer

I am sure that Lynne Healy could already open up the minds of many students of social work by her commitment, her work, and by this book, and that she will continue to do so. This book merits to be read and to become a basic textbook for students of social work.

Garfinkel, I., Rainwater, L. & Smeeding, T. (2010). *Wealth & welfare states: Is America a laggard or leader?* New York: Oxford University Press. <http://www.oup.com/us/>

Reviewed by Laura Gibson, PhD, MSW, LCSW

Irwin Garfinkel is co-director of the Columbia Population Research Center and the Mitchell L. Ginsberg Professor of Contemporary Urban Problems at Columbia University's School of Social Work. He is the chair of the Social Indicators Survey Center, which conducts research on inequality and survey methodology.

Lee Rainwater is Professor Emeritus of Sociology at Harvard University and a founder and research director emeritus of the Luxembourg Income Study.

Tim Smeeding is the Arts and Sciences Distinguished Professor of Public Affairs and Economics at the University of Wisconsin's La Follette School of Public Affairs and director of the Institute for Research on Poverty. He is also founder and director emeritus of the Luxembourg Income Study.

This book explains why all wealthy nations, including the United States, have large welfare states and how these welfare states in fact *contribute* to the wealth of these nations. With backgrounds in social work, sociology, and economics, these authors write to "the largest possible audience, citizens of all nations," but especially to social scientists. It would likely be appropriate for Masters- or Doctoral-level students. It would also be appropriate for those teaching economic and social sciences courses at all levels.

Although not explicitly about social work values and ethics, this book is very relevant to social work in that it does provide the social and economic underpinning necessary to more fully understand and apply the profession's values. NASW states that the primary mission of the social work profession

is to promote human well-being and to address social conditions in a way that helps society meet the basic human needs of its members. This book makes a significant contribution to that mission.

The authors begin by explaining that all rich nations have large welfare states, and that the socialized portion of welfare states works, along with capitalism, to enrich nations, not strangle them. They discuss the domains of healthcare benefits, pensions, education, cash transfers, and in-kind benefits. Particularly timely is the discussion about whether the U.S. gets its money's worth for healthcare expenditures. The authors go on to discuss how welfare state programs redistribute income across the life cycle and across income classes and the effects this has on inequality, education, and health. The authors assert that historically, America has been a laggard in poor relief, but a leader in providing mass education.

The unique political history of the U.S. is described, as well as the influence of the American Creed on the unity of the American people. The authors state that the U.S. faces three major challenges for the future: making Social Security fiscally sound, achieving universal healthcare while containing costs, and restoring excellence to the educational system.

One of the book's greatest strengths is that it reflects the multiple perspectives of authors from different professional disciplines: social work, sociology, and economics. This provides a broad, thorough discussion of issues that includes both a social and economic context. The authors also do a fine job explaining some very complex ideas, which

are presented in a logical fashion. It appears to be well researched, and economically-related conclusions are based upon facts that are supported by data. Politically-related conclusions are not as strongly supported by objective data.

The authors report measures of education attainment that include (a) the level of education and (b) scores on achievement tests. They state that the U.S. has lost its dramatic lead in terms of college completion, and it is nearly last in terms of average achievement test scores while spending more on education than other rich nations. They link the decline in education to the “political

right’s” failure to expand access to higher education. Using this logic, it is understandable how access may be related to completion rates, but the explanation for low test scores is unclear. I would like to have seen this outcome measure explored further.

I would recommend this book for master’s and doctoral level students and for educators teaching social policy classes. It seems a bit beyond the grasp of undergraduate level students.

Franklin, Samuel S. (2010). *The Psychology of Happiness: A Good Human Life*. Cambridge, NY: Cambridge University Press.
<http://www.cambridge.org/>

Reviewed by John R. Bowman, Ph.D.
University of North Carolina at Pembroke

According to its publisher, this book is the first work to synthesize psychological, philosophical, and physiological research and theory in support of Aristotle's concept of happiness, or *eudaimonia*. The book's author is Professor Emeritus of Psychology at California State University, Fresno, and Professor Franklin's life's work has focused on the psychology of happiness, especially as it relates to the development of virtue and human potential.

The book is divided into seventeen chapters and begins with an examination of "What is happiness?" and some of the alternative meanings of happiness. From Franklin's point of view, happiness is not simply pleasure, nor is it necessarily related to the accumulation of wealth. Rather, happiness according to the author "is a way of living that enables us to fulfill potentials and move toward a good human life" (p. 12).

After reviewing the theories of Maslow, Rogers, and Erickson and their concepts of fulfillment (or self-realization or actualization), Franklin argues that much of humanistic psychology is based on Aristotle's idea of actualization, and that Aristotle was the originator of the notion of happiness as fulfillment. In fact, according to Franklin, his book was actually inspired by Aristotle's *Nicomachean Ethics*. It should be noted that for the Classical Greeks, ethics meant

something very different than it does today. According to Franklin, for the ancient Greeks, ethics was concerned with the problem of how to live a good human life, and far less concerned with rules of conduct that governed social behavior or professions.

The Psychology of Happiness is highly recommended for those readers interested in making connections between Aristotle and the evolution of modern psychological theories, and for those individuals wanting a better understanding of Aristotle's notions of moral virtues essential to happiness. The author clearly has a passion for and a deep understanding of Aristotelian thought and he elaborates the complexities of Aristotle's concepts and ideas in an engaging, logical, and fairly understandable way by using examples from everyday life.

Professionals in the fields of social work and ethics will appreciate the thoroughness to which the relevant philosophic and scientific literature is reviewed. Readers too who are interested in moral philosophy, the history of psychology, and psychological views of virtue development will find this work very useful and fascinating to read.

Despite its title, this book is not intended for the general public who will likely find this volume difficult to read. And for those readers who are looking for

a readily accessible practical guide to happiness, this book may not be for them, either. Having an understanding of Aristotle's notion of moral values, and his premise that virtue is a means of self-fulfillment and a prerequisite for happiness, may or may not contribute to individual happiness if one does not have an understanding and knowledge of concrete practices for creating happiness in one's life. Although Franklin has an excellent grasp of Aristotle and his

philosophy, this book offers little in the way of actual practices and exercises for cultivating happiness in one's personal or professional life.

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my book editor extraordinaire, and became a dear beloved friend. Her outer beauty first took my breath away and then later, the inner beauty astounded me by its sweetness and gentleness. Indeed it still does and really is a model of generosity that I will always hold close. I am so grateful for Lisa's deep love shared as with "shattered alabaster."

Kia J. Bentley, Ph.D., LCSW
Virginia Commonwealth University

Lisa was an incredibly supportive editor and friend who humanized the publishing business. Her kindness and warmth to both of us made working with her a dream. We miss her.

Grafton H. Hull, Jr. & Jannah J. Mather
University of Iowa

Lisa Gebo is credited, along with Marshall Smith and Bob Rivas, with starting a BPD institution and tradition, the Shameless Blues Band. The initial performance of the SBB included Lisa, Marshall, Bob, and Jim Wahlberg in San Diego in 1989. Since then, the band has performed at 39 dances and arts festivals in more than 30 cities, the most recent concert in Destin, FL in 2008. Lisa was a frequent performer with the band and was responsible for securing corporate sponsorship for the band from Cengage publishing (Brooks/Cole).

Marshall L. Smith
Professor Emeritus, Rochester Institute of Technology
Professor (Retired), University of Hawai'i
@ Mānoa

and

Robert Rivas

Professor, Siena College

Lisa was our steadfast support throughout our writing *Social Work and the Web* for Brooks/Cole. She was a wonderful mentor and colleague, always cheerful, insightful, and very connected to the needs of social work. Her generosity, sensitivity, and warmth were so wonderful. We miss her voice, her humor, and her singing!

Darlene Lynch and Bob Vernon, Indiana University School of Social Work

Lisa was an inspiring, generous, and kind person. She was a true colleague and friend, always supportive and interested. I was extremely saddened by her passing. The Summer 2010 issue of *THE NEW SOCIAL WORKER* magazine was dedicated to Lisa, who will be missed by many in the social work community.

Linda May Grobman, ACSW, LSW,
Publisher/Editor, *THE NEW SOCIAL WORKER*, Publisher of the *Journal of Social Work Values and Ethics*

Letter to the Editor

Stephen,

Upon reading *Editorial Comment: Sex, Sex, Sex, that's all you think about!* (Fall 2009, Vol. 6, #3), I wanted to tell you that I have become very concerned that social work educators are NOT teaching students about countertransference. I believe the concept is still so important for ethical practice.

I am worried that the baby has gotten thrown out with the bath water (psychoanalytic theory) and that our profession may be proceeding without benefit of that part of the conceptual foundation.

I am going to try and find this book that you mention.

Thanks for writing this. I am only just now reading it. Have other people responded?

Rana Duncan-Daston

Editor's Response

Rana,

The concept of countertransference seems to be avoided in the academic world of social work. Licensing state boards are utilizing the concept. I still find it in a few textbooks.

If you are still interested in Alter and Evens, I found a copy for sale at http://www.amazon.com/Evaluating-Your-Practice-Assessment-Springer/dp/0826169600/ref=sr_1_1?ie=UTF8&s=books&qid=1282011120&sr=8-1

Steve

Stephen Marson, Ph.D.
Senior Editor