

Ethics Education from a Social Constructionist View

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Abstract

This article describes ethical distinctions in clinical social work that became apparent to the author after training in narrative therapy for a number of years. Social constructionism and narrative therapy are briefly described. The author presents a three-hour ethics class that he developed to advance these perspectives and to move ethics education beyond rules, into a more collaborative conversation.

Key words: social constructionism, narrative therapy, Code of Ethics, authorship, values.

1. Introduction

In my former role as a state ethics committee chairman, I spent many hours in consultation with social work peers. These conversations often amounted to risk assessments in which social workers wanted to discuss the boundaries of professional practice. The focus was often on the avoidance of *unethical* practice rather than promoting a more ethical practice (Geraghty, 2005). The situation reminded me of growing up in a culture that offered a lot of knowledge about sin and very little about holiness.

Many of these consultations ended with a decision to talk to a lawyer, which, of course, has limited connection to ethical inquiry. Indeed, it can be alarming to consider how the concepts of

ethical practice and legality are so often confused. These experiences led to my interest in providing an ethics education opportunity based more on professional and personal values than on legalistic considerations.

In recent years, I have come to practice clinical social work from a social constructionist perspective (Gergen, 1985 Chambon, 1999 White & Epston, 1990, Freedman & Combs, 1966). I have studied and developed skills in narrative and collaborative therapy that have invited me to think in different ways about ethical practice in the mental health arena. The structural view that I had used for more than twenty years had me imagining a basic, fundamental, pure human nature that is transhistorical and transcultural. This “essentialism” had me seeing people complete with internal personality structures and drives that were best understood by professional experts of the mental health community.

In my experience, this expert role often seemed like a strained match with core social work values that refer to respect, collaboration, and social justice. Moreover, I worked in hospitals and clinics where these values were out-weighted by the empiricism of medicine and psychology. Learning a social constructionist point of view provided me some room outside the constraints of traditional professional discourse. I found a place to stand

in questioning my previously taken for granted ways of working with people. I found both philosophical and anthropological support:

... the vast majority of psychotherapy theories do not take into consideration the sociohistorical conditions that shaped the illnesses they are responsible for healing. Theorists often hold ideas aloof from any social context, claiming a privileged epistemological position uncontaminated by the rough and tumble of the local values and politics of their respective eras (Cushman, 1995).

In this study of social constructivism, I began thinking that something akin to identity or self is constantly being created in a fluid and inter-subjective way (Lock and Strong, 2010). I no longer imagine a preexisting self or some essential core inside of people. My comments and questions neither “get in” nor “bounce off the defenses” of the other person. When done well, they simply open conversational space for that other person to come forward in seemingly new ways (White & Epston, 1990).

Narrative therapy has encouraged me to consider the idea that every life has multiple stories that offer multiple meanings. Some of these potential stories and meanings offer new ways for clients to think about their lives, but can go untold and unrealized in a more traditional therapy session. The work of narrative therapy is concerned with telling and retelling those stories that best advance a client’s preferred sense of self. It promotes two notions; a person is always bigger than the problems that afflict his/her life, and that persons and problems should not be confused with each other. To that end, narrative approaches often use externalizing language to make out this distinction, e.g., “What does depression have planned for the rest of your day? How does that compare with your own wishes and plans?”

Although I was never content in knowing only a “chart self,” which can too easily take the

place of a complex human being, I did not have many good ways to acknowledge that complexity in my old ways of working. Daily experiences suggested that a chart self had a clear advantage in commanding my attention.

I recognize that common professional discourses, especially medical models, require a lot of attention for problems, including a professional set of categories for those problems, and a professional language to use in discussing them. While these factors serve the delivery of services and make possible systems of reimbursement, they can also promote knowledge of a static chart self over a more fluid and complex person.

After I recognized this choice about how I “see” people, and then recognized the effects of that choice, I saw an ethical decision point. During the course of a one-hour therapy session, *some* story will be made more clear, more real, and more influential. Whether it is the well-established story of a self that is dominated by some problem and documented in a chart, the less known story that highlights the limits of that problem, or a refusal by the person to be fully dominated; stories will be told, meanings and identities will be constructed. As the person holding the power advantage in the conversation, it is my responsibility to consider the role I play in determining which stories and meanings are made more real and more clear and more influential. This is not a kindness to clients; this is a professional responsibility consistent with NASW ethical principles. “Social workers respect the inherent dignity and worth of the person (NASW, 2006).” “Social workers recognize the *central importance* [emphasis added] of human relationships (NASW, 2006).” This central importance takes on even more potency for those who practice from a social constructionist perspective and see the self as a *product* of conversation and relationship.

After I let go of the idea that reality is “out there” waiting to be objectively described in language and began to view it

as being constructed by the *use* of language, another responsibility came into view. It seemed apparent to me that language choices define the possibilities of our work (Anderson & Goolishian, 1988). Depending on the words in use, some options become more available, and others less available. For instance, a client who feels some competency and a sense of urgency in coping with “the blues” may feel much less of that after the situation has been redefined by psycho education on the neurology of clinical depression. One of the traditionally defining features of social work practice is the profession’s earnest attempt to address problems in a social context (Reamer, 1999). Therefore, we ask, “What defines and constructs a social context more than the language choices?”

Professional language was a well-established habit, but to hear my clients and to know their realities, I had to listen to their language and use it the way they used it. This puts the client more in charge of their story and allows me a closer connection to their social context. After all, it is their context in their own words, not a translated version. If our sense of reality is constructed in language, a translation is the creation of another reality that is preferred by the social worker, at the expense of the one known to the client. Marginalized people are allowed a voice only when they are allowed their own vocabulary as well. This perspective has me asking other questions about ethical practice. Does respect for the client *require* me to know something about the aspects of their life that are not so dominated by problems? If so, is this knowledge an afterthought, or a primary concern? Following Madsen, to what degree does our approach require “a *foundation* [emphasis added] of client competence, connection and hope to be built as a support structure for the consideration of problems?” (Madsen, 2007). Does the client’s speech from a position of competence, connection and hope make a difference in how the problem and the person are known to us? Does it influence how the client sees him/herself? Does this difference have real effects in the client’s life?

From *Narrative Therapy* (Freedman and Combs, 1996) we are offered these (slightly revised) questions, reportedly listed by Michael White and David Epston as guides to ethical practice:

- What sort of “selves” and relationships does your work bring forth?
- How does your approach invite you to conduct yourself with the people who consult you?
- How does it invite them to conduct themselves with you?
- How does it have them see themselves?
- How are people redefined or redescribed in your approach?
- To what degree does your approach invite people to see therapists or to see themselves as experts about themselves?
- To what degree does it divide and isolate people, or give them a sense of community?
- To what degree do questions lead in generative, or in normative directions? Do they propose tailor-made projects, or one-size fits-all ways?
- To what degree does your approach require the client to enter the therapist’s expert knowledge, as opposed to the therapist entering the client’s knowledge?
- To what degree does your approach include the solicitation of feedback about the clients’ preferences for the direction of therapy, and the effects of your actions on them?

These questions suggest much about the world view that they come from (White, 2004). However, I have found them to be useful questions for professionals who have other world views as well. They promote the idea that ethics can be more than a top-down list of rules. They focus on the *effects* of our practices, “so that we evaluate ourselves not on how well we follow rules, but what effects we have in peoples’ lives (Freedman and Combs, 1996).” They have us consider more closely the responsibilities that come with having influence, power and privilege. They invite us to more closely examine the effects of race, gender and economics on the services we provide.

I don't want to imply that social workers who practice from other perspectives are any less concerned with ethics. I was certainly no less concerned when I practiced from a more traditional perspective. I simply want to say that my current clinical practice has ethical dimensions that I could not see very well from my previous world view.

I learned to apply these perspectives to my work over the past five years. My friends and colleagues learned to tolerate a lot of attention to language choices and the questioning of many taken-for-granted practices. During this period of development, I had opportunities to consult with work teams and participate in culture development in the health system where I work (Geraghty, 2010). When I had a request to provide some ethics training to a small group of professionals, it was a chance to talk about values and ethics in a more substantive way, rather than a reading of rules by an expert.

2. A Different Look at Professional Relationship Ethics, A three-part class

The class was provided in three one-hour sessions. We did not allow anyone new to join after the first meeting. The following description covers much of what we did and talked about. Some of the steps shown below were thought of later, and included here as improvements.

2.1 Session one

2.1.1. Introduction of myself and the world view that I favor.

This step allows participants a chance to look ahead regarding the way ethics will be viewed, and to decide if my biases are acceptable. It includes a very brief personal story about how I have developed my world view.

2.1.2. Agreement of confidentiality among the participants.

2.1.3. Values that support professional social work.

This short review covers the six values stated

in the NASW Code of Ethics (NASW, 2006) and then allows participants a chance to claim some of the personally-named values that inform their own versions of professional practice. This third step involves a dyad exercise. In pairs, participants interview each other with the following set of questions and instructions as a guide:

- Please describe a recent time when you were pretty tired and frustrated or discouraged about your work and still put forth the energy to get something of high quality accomplished.
- How did you arrive at this place of frustration and discouragement?
- Why do you think that you made the effort that you did, when you could have gotten by with less?
- What do you think made this effort possible?
- What does this story tell us about you and the values that you want to uphold?
- Was this brand new for you, or do you have a history with these values?
- If it was new, what might have prepared or motivated you?
- If you have a history with this kind of action, will you tell me more about that?

After both partners are interviewed, we invite comments about the process. We are sure to acknowledge frustration and discouragement as powerful problems, separate from the people who experienced them. When thus acknowledged, we create even greater contrast and context for the responses that tell us about the people.

We discuss the differences between pursuing the story of making extra effort vs. pursuing the story of frustration or discouragement. We ask, "Which story invited the interviewer to believe that they might already 'know' something about the other person that had not been stated, and based on that, had something helpful to offer?" This tends to highlight how well-practiced we are in "reading" a person, which can also be seen as "writing" a person.

In contrast, "Which story created curiosity in the interviewer and allowed for authorship and agency to remain with the person who owned the

story?” Here we notice that we tend to be more curious and out of the way, when we focus on how people find the skills and abilities to *respond* to problems.

It often seems that professional helpers enjoy “knowing” and having helpful ideas for clients. While this is not surprising, we are able to have some lively discussions about the relative merits of knowing and offering ideas vs. “not knowing” and staying curious (Anderson & Goolishian, 1988, 1990, 1992).

We can ask about the ethical implications of knowing vs. not knowing about clients and their lives. Does knowing, or having expert knowledge about another person’s life, limit what is possible for that person and their therapist? If so, where do we stand regarding this kind of limitation? What ethical concerns arise in this?

2.1.4. The role of the expert vs. the decentered position.

This step involves a brief overview of Michael White’s concept of a decentered therapist (White, 2002). His position would have us thinking within the narrative metaphor again, noticing how the client’s authorship of life stories can easily be lost to a therapist who assumes the expert position of knowing “what’s really going on.” The decentered position, in contrast, would have us as experts on questions that open space for people outside the shadow of a problem: “What do you think your action against addiction says about you? What made it possible? What sort of future does it point toward?”

We discuss how well trained we are at having professional understandings that put us at the center (author) of other people’s stories, and how little encouragement we have in remaining curious.

We notice, again, that questions about people’s abilities and values are more likely to keep us curious, while questions about problems invite us back into being the expert or the author of someone else’s story. We consider some of the institutional requirements and professional

discourses that seem to hold us in this predicament (Madsen, 2007).

2.2 Session two

We begin the second session with “An Experiential Exercise to Demonstrate Social Construction” (Taos Institute, 2004). This exercise separates participants into four sub-groups titled fire inspectors, painters, interior decorators, and burglars. Each sub-group then meets for a few minutes to come up with a description of our meeting room. A spokesperson for each sub-group presents their description to the others. Each sub-group will have different ideas about “what is there,” with their view telling us more about the observer and their filters than the room itself.

Discussion:

- Does any view ever see the whole of a person or a life?
- What kinds of filters come with different theories of professional helping?
- How do we position ourselves, or constitute ourselves to create the most helpful therapeutic relationship?
- What role does a client have in helping us see beyond certain filters? How is their help engaged?
- What ethical principals or core values are honored when we ask these questions?
- Do you appreciate being linked with these values or not? What difference, if any, does it make to link your work to these values and principals?

2.3 Session three

2.3.1. In this first step we review the ethical proposals to date.

- We respect the inherent dignity and worth of individuals (NASW, 2006) when we see people as bigger than the problem stories of their lives, and make sure to learn about those aspects of life that tell other stories that occur outside of, or in spite of the influence of the problem.
- We recognize the central importance of human relationships (NASW, 2006) when we stay away from authoring the lives of clients and

maintain a respectful curiosity about the words and descriptions that they use in talking to us.

- We demonstrate respect and we engage people in the helping process (NASW, 2006) when we make room for their expertise and competence through questions that bring these into the conversation.

2.3.2 We begin this step with a question, which could also be sent to participants a couple days in advance, “We would like to know if you have experienced anything interesting in your work since we last met that relates to these ideas or came out of our discussions.”

A volunteer is chosen and the rest of the participants are provided with pen and paper and the following instructions:

Please jot down any specific words or phrases that catch your attention or stand out as meaningful to you. After this interview, you will be invited to comment in a very specific way. This is an adaptation of an Outsider Witness exercise, as developed by Michael White and other narrative-style therapists (White, 2005, 2007). We will not be interested in an *evaluation* of what has been said. No critique or admiration is invited, as this would put your interpretations ahead of the authorship of the person who owns the story. We will also avoid advice or teaching that you might be tempted to offer. I will be asking questions later about the words that resonated with you and the effects that they had on you.

2.3.3. The interview of the volunteer proceeds, with a conversation about the interesting event, why the person valued it, what difference it made at the time, what it might suggest about the persons’ value base and their intentions, how it fits their preferred ways of working, how it might influence them in days to come, and what they

might value about that future.

2.3.4. Next, we interview the witnesses about their experiences. The witnesses speak to the interviewer, allowing the person who was interviewed to relax and listen without responding.

- What words or phrases caught your attention, or stood out for you? What do these words or phrases suggest to you about the persons’ values in life? (Again, no evaluation is invited.)
- What images came to your mind as you listened? What do the images suggest about the persons’ intentions, hopes or commitments?
- How do these words and images resonate with your own life? What experiences in your own history lit up and came into memory because of the words and images?
- Where does listening to this take you, in regards to thoughts about your own life or career? What ideas or possibilities are coming to you because you were here, instead of out shopping?

2,3,5. Returning to the person who was interviewed, we ask:

- What do you think about the words and phrases that stood out for the witnesses? What is it like to hear your words repeated and commented on?
- What do you think of the images that the witnesses described?
- Any thoughts about how your words resonated in the lives of other people?
- What do you think about the ways that our conversation moved some people to new thoughts or ideas? Did listening to those new ideas bring any new thoughts to mind for you; thoughts that you would not be having without having been here?

2.3.6. If time allows, the witnesses could have a chance to speak again. “What is it like for you to hear the effects of your comments on the person who was interviewed?”

2.3.7. We wrap-up the training with an opportunity for questions and reflections on the overall experience. We hope that the last exercise modeled a number of key principles, including the social construction of a preferred reality, interviewing from a decentered position, respecting the language choices of others, respecting the authorship position of clients, appreciating the multi-storied possibilities in life, and experiencing the effects of our thoughts and actions in the lives of others.

3. Conclusion

The class that I have described was provided with one month between each session. I anticipated some drop-outs before completing the series but had none. In fact, a number of participants asked if we could pursue our discussions beyond the three sessions. They used similar language to describe their experience of the class: “refreshing,” “a relief,” “thought-provoking,” “uplifting.” This contrasts strongly with my experience in providing more traditional ethics education that reminds and cautions social workers about rules. I have come to believe that both clients and social work peers prefer a collaborative experience in which they are invited to think and talk about the values they stand on in shaping their lives. I would invite social workers to have a rule book handy when they are at the boundaries of professional practice, but to also consider all of the territory at the heart of our work.

References

- Anderson, H., & Goolishian, H. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process, 27*, 371-393.
- Anderson, H. (1990). Then and now: A journey from “knowing” to “not knowing.” *Contemporary Family Therapy, 12*(3), 193-197.
- Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K.J. Gergen (Eds), *Therapy as social construction*. Newbury Park, CA: Sage Publications
- Chambon, A. (1999). Foucault’s approach: Making the familiar visible. In A. Chambon, L. Epstein & A. Irving (Eds.) *Reading Foucault for social work* (pp. 51-81). New York, NY: Columbia University Press
- Cushman, P. (1995). *Constructing the self, constructing America: a cultural history of psychotherapy*. New York, NY: Addison-Wesley.
- Freedman, J., & Combs, G. (1996). *Narrative Therapy: The social construction of preferred realities*. New York, NY: W. W. Norton.
- Geraghty, K. (2005). Rural Practice and dual relationships. *Private Practice Section Connection*, Spring, 2005. NASW publications.
- Geraghty, K. (2010). A different kind of report – Narrative therapy comes to an Employee Assistance Program. *Explorations: An e-journal of narrative practice, 2*, 43-49.
- Gergen, K. (1985). The social constructionist movement in modern psychology. *American Psychologist, 40*, 266-275.
- Lock, A., & Strong, T. (2010). *Social Constructionism: Sources and stirrings in theory and practice*. New York, Cambridge University Press.
- Madsen, W. (2007). *Collaborative therapy with multi-stressed families* (2nd Ed.). New York, NY: Guilford Press.
- Reamer, F. (1999). *Social work values and ethics*. New York, NY: Columbia University Press.
- Taos Institute (2004). *An experiential exercise to demonstrate social construction*. Retrieved from <http://www.taosinstitute.net>.
- The NASW code of ethics* (2006). Washington, DC: NASW Press.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY:

Guildford Press.

White, M. (2002). Workshop notes. Retrieved from <http://www.dulwichcentre.com.au/michael-white-workshop-notes.pdf>.

White, M. (2004) *Narrative Practice and exotic lives: Resurrecting Diversity in Everyday Life*. Adelaide, South Australia: Dulwich Center Publications.

White, M. (2005). *Workshop notes*. Retrieved from <http://www.dulwichcentre.com.au/michael-white-workshop-notes.pdf>

White, M. (2007). *Maps of narrative practice*. New York, NY: W. W. Norton.