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## Editorial: Is the Master's Thesis an Ethical Issue?

DOI: [10.55521/10-019-301](https://doi.org/10.55521/10-019-301)

Stephen M. Marson, Ph.D., Editor and Kay Hoffman, Ph.D., Editorial Board

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The day one graduates with an MSW is accompanied by an overwhelming experience of self-actualization, a pinnacle of the graduate's life. However, within the timeframe of that degree, no greater experience can compare to completion of an oral exam and oral defense of one's MSW thesis. When an academic program fails to offer a thesis option, that program strips the individual of the opportunity to experience the unique triumph associated with the successful completion of the MSW thesis. The self-actualizing experience that is associated with the completion of the MSW degree is lacking because there is no joy and pride a student will experience after an oral thesis exam. Walking out of an oral thesis exam is a highly personal experience that cannot be compared to walking across a stage and shaking the hand of a university administrator that one had never met.

In this editorial we address the topic of the MSW thesis from three directions which include history of the MSW thesis, the ethics of failing to offer a thesis option, and the structural racism/sexism brought out by this issue.

## History of the MSW Thesis

At this juncture, it is incumbent upon us to assess the historical features that eventually led to the “no thesis option.” Following is a review of literature from decades ago that formally addresses the early evolution of the thesis concept housed within the MSW degree.

The concept of social work research and its importance to social welfare grew out of the work of Todd (1920), who promoted the scientific method in social work training in the 1920's. Lindsey and Kirk (1992) provide a list of familiar names found in social work history, who followed Todd's example in stressing the use of the scientific method in practice evaluation and social work research. Tragically, although Lindsey and Kirk (1992) articulate a crisis in social work research education and make recommendations on how to avoid future problems but, the social work education establishment pursued the exact opposite pathway from their recommendations. Lindsey and Kirk's nightmare became a reality, and despite their warning, social workers may be more likely than in 1992 to be scientifically illiterate.

In earlier days of analyzing social work education, Corcoran (1984, 30-31) noted that the “master's thesis has always been an integral component of social work education. With the 1968 Educational Curriculum Policy Statement, however, the thesis was eliminated as a distinct requirement.” Immediately 57% of all MSW programs dropped the thesis requirement. How had established MSW practitioners envisioned the place of the thesis within their past curricula? Many years prior to Corcoran's (1984) study, Kirk, Osmalow and Fischer (1976) demonstrated that the overwhelming majority of MSWs, with a median of seven years of practice experience, were never involved in direct research, but nevertheless envisioned that research was a critical component for the profession. Although this is a finding from decades ago, we doubt that replication would find much difference by contemporary MSW practitioners.

In their extensive analysis of the pursuit of excellence in social work education, the Task Force on Quality in Graduate Social Work Education (1986) wrote

*Development.* The profession can achieve excellence only to the extent that its knowledge base is constantly tested, extended, and refined. This process supports excellence in education for practice and for knowledge application. Excellence in knowledge development through systematic inquiry and practice experimentation requires that a school have the capacity and resources to make major new contributions to social work's body of knowledge (p. 77).

The concept of contributing to the knowledge base emerges from research built on past research. The policy of eliminating the MSW thesis contributes to a paralysis of growth and development of our knowledge base. A good example of paralysis of growth is outlined in the research of Wodarski, Feit, and Green (1995) where they demonstrate that social work research is commonly flawed, and replication is absent. Contrary to the NASW Code of Ethics, there is a profound absence of successful contributions to the knowledge base.

Zimbalist and Rubin (1981) address the extreme variations of the role of social work research within MSW programs. In the 1980s, some graduate programs had a strong research content while others did not. They recommended four decades ago that a "floor" for research competence be established to "protect and strengthen the scientific basis of graduate education" (p. 61). Instead of establishing a floor for research competence, the social work education establishment has instead pursued a deplorable path away from social work research.

## Ethical Issues

The ethics of failing to support a thesis option need to be considered. The ethical argument for the mandating a thesis option lies within a standard of the NASW Code of Ethics:

5. Social Workers' Ethical Responsibilities to the Social Work Profession
  - (d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the

profession's literature and to share their knowledge at professional meetings and conferences.

Here, social workers are obligated to develop and maintain pathways to make contributions to our knowledge base. This pathway creates an embedded requirement and satisfies one of major criteria that define a profession (Flexner, 1915). How do we understand the need “contribute to the knowledge base” other than with original and fresh research? We know that good research does not emerge from the thin air. It emerges from persistent and sustained practice. The master’s thesis is just one of those steps that leads the young emerging professional to offer a contribution to the knowledge base. Yet, we deny MSW students this opportunity. Such a denial is contrary to the NASW Code of ethics and other social work codes of ethics found internationally.

For broader social and cultural context, we completed an international analysis of social work codes of ethics. In our table, social work codes are divided into two categories: those countries that articulate that the profession is ethically obligated to contributed to the knowledge base, and those for which a standard cannot be detected.

Has Ethic Standard for Contributing to Knowledge Base	No Standard Detected
Armenia	Belgium
Burundi	Denmark
Congo	Finland
Croatia	Ghana
England	Paraguay
France	
Germany	
Ireland	
Israel	
Italy	
Japan	

Luxembourg	
Norway	
Portugal	
Puerto Rico	
Russia	
Singapore	
Slovak Republic	
South Korea	
Spain	
Suriname	
Sweden	
Turkey	
Uganda	
USA	

**Table 1:** Countries with and without Ethic Standard for Contributing to Knowledge Base

For those countries where the standard is not detected, we do not mean that the standard doesn't exist. It simply means that the standard could not be uncovered using Google Translator.<sup>1</sup>

Thus, virtually all codes articulate that social workers have an ethical obligation to contribute to the knowledge base.

### Structural Components including Sexism and Racism

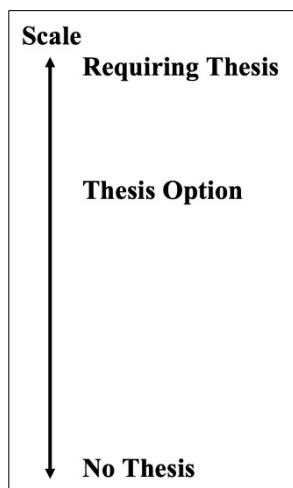
The thesis policy among MSW academic programs can be easily envisioned as an ordinal scale as seen by the graphic. There is a notable difference

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<sup>1</sup> Special thanks must be given to Teresa Francesca Bertotti, Ph.D. from the University of Trento for helping to translate the Italian Social Work Code of Ethics; Stefan Borrmann, Ph.D. from University of Applied Sciences Landshut for helping to translate the German Social Work Code of Ethics and Céline Lemberth (Social Service Assistant - ANAS Administrator) for help to translate the French Social Work Code of Ethics.



between requiring a thesis for all students, and establishing the no thesis option, or prohibiting an MSW thesis from all students. There is also notable difference between having a thesis option and no thesis. Our reasonable vision sees the ordinal distance between “requiring thesis” and having a “thesis option” is considerably less than the ordinal distance between “thesis option” and “no thesis.” To be abundantly clear, establishing a policy of no thesis requirement is nothing more than a diplomatic strategy of stating, “No, you may not do independent research that can be used as a pathway to advance the profession.”



**Figure 1:** Thesis policy scale

In at least one respect the process of becoming a competent clinical social worker parallels the process of becoming a competent social work researcher. An MSW candidate can pursue a specialty in clinical social work, but all agree that competence is not achieved by the mere completion of a degree. Practice, practice, practice under the supervision of an experience clinician is necessary. We doubt there is a single licensed clinical social worker who would disagree. Competence for a social work researcher operates in the identical manner. Completing a master's thesis is the entry level

to becoming a competent researcher. Just as clinical social work requires experience for expertise, it takes decades of research practice to become a proficient social work researcher.

A more scholarly understanding of the profession requires us to acknowledge that in their establishment of a policy that MSW programs have no obligation to offer a thesis opportunity, CSWE is essentially excluding the systematic addition to and development of the knowledge base from being a critical component of MSW education. For every MSW program that denies a thesis option, students who have a proclivity toward research are denied a critical educational opportunity. Simply stated, denying the thesis option for the students who would likely benefit from the experience is contrary to basic social work values.

There are two important sociological components to understanding the thesis option. Both are macro structural issues.

Faculty resources: The fact is, it would not be surprising to find MSW programs that lack faculty who are competent in guiding students through the puzzle of completing a thesis. Continuing this line of reasoning, if a university cannot hire competent faculty to advise in the thesis process, that graduate program likely should not exist. Denying the thesis option hides both incompetent or undertrained graduate faculty and/or faculty who are not committed to providing for the educational needs of individual graduate students.

Institutional racism and sexism: Arguably the worst form of racism and sexism is creating a lower standard for minorities and women.

*Women:* I have taught statistics for 28 years and I can say with great confidence that the greatest problem in teaching women statistics is convincing them that they have the intellectual ability to do it. Once they get over that hurdle, they excel. Strangely, I found that female students do better when there are no males in the classroom. I have no evidence to support this. In the same vein, denying the opportunity to write a thesis is a product of institutional sexism. We don't want women students to face the harsh realities of failure, so we institutionalize a system by which they are denied an opportunity to stretch their intellectual muscles.

*Racial Minorities:* The unvarnished fact is writing a thesis is more intellectually challenging than any other alternative. More bluntly, writing a thesis is more difficult than any alternative.<sup>2</sup> MSW programs often attract individuals who were socialized in oppressive environments. These students are being denied an educational opportunity. This type of denial is absolutely the worst form of racism. One arena in which the civil rights movement emerged is the denial of educational opportunities to Black students. The “no thesis option” denies minorities an educational opportunity and it parallels the experience of the “Little Rock Nine.” It is institutional racism in social work education.

## A Recapitulation

Should CSWE mandate a thesis **requirement** within all accredited MSW programs? The answer to this question is a resounding NO! The mandate requiring a thesis from all MSW students is equally detrimental to the educational process as prohibiting a thesis by instituting the “no thesis” option. We often wonder why it is common among formal institutions to envision a social reality as being black or white. The reality lies somewhere in the middle and not within the extremes. The institutional path we should be following is *maximizing choice*. Clearly, a thesis mandate and the denial to students who want to complete a thesis are equally absurd. The profession must avoid such a polarized reality. Failure to offer the options to write a thesis denies a student of a profoundly edifying educational and professional experience. A thesis option, *not a thesis requirement*, should be formally instituted in all MSW programs.

Violations to the Code of Ethics, regardless of country, fall into two categories: commission and omission. That is, we can act in an unethical manner (commission), or we can fail to act (omission) in an ethical manner.

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<sup>2</sup> To acknowledge that the thesis option is a more difficult path, we review the statistics. In graduate programs that afford the thesis option, those students who elect *not* to follow the thesis path always outnumber the students who elect to write a thesis.

Which is worse? That question is absurd. We can say that in the U.S., by prohibiting a thesis option, the social work education establishment commits an act of omission. Failure to mandate the thesis *option* (not a requirement) within MSW programs is a *de facto* policy of prohibition of the MSW thesis.

Lastly, the “no thesis” option is product of institutional racism. When we prohibit minority students from writing a thesis, the social work establishment is systematically denying educational opportunities. Simply stated, denying the thesis option for any students who would likely benefit from the experience is contrary to basic social work values.

If you would like to comment on this editorial, email [smarson@nc.rr.com](mailto:smarson@nc.rr.com) and your commentary will be published.

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# Social Work Ethics in Action: Ukraine

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Rory Truell, IFSW Secretary-General

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As this issue goes to print, I can report on the social work's role in co-building dignified options with Ukrainian refugees and the latest developments of our profession's work within Ukraine's war-torn borders. It is an incredible story. A story of people under war conditions co-constructing a social economy and leaderful communities. It is a story of social workers applying learnt wisdoms from other war and crisis zones that will potentially change the world's understanding of social development.

Let's first set the scene by describing what life is like for social workers in Ukraine...

Darya, a social worker in Kam'yanets'-Podil's'kyi, just turned up to work. As she entered the office, her colleagues hugged her because they knew where her husband is fighting. Nearly all social workers have a son, husband, brother, father at the frontline. Darya had received a phone call from her husband early that morning. During their brief call, he explained that his platoon had been completely surrounded by the Russian army. There was no escape, they would hang on as long as they could, until being captured or killed. Darya didn't tell us if it was a farewell call, sending his last message of love to her and their children, or if he conveyed his own terror of what lay ahead. She just turned up to work.

Social workers in Ukraine have a great sense of duty and commitment, largely informed by their own experience of war. Scratch the surface by asking the social workers a question like, 'do you have someone at the battlefield?' and everything changes. Tired faces turn white, tears roll down cheeks, to be pushed away by a tensely closed fist. They then return to their professional composure, not only because of the work they need to complete, but also because of the unbearable pain and a sense of collective trauma, experienced by all members of their community.

As the Social Work Community Centre in Kam'yanets'-Podil's'kyi launches the Social Investment Partnership, the air raid sirens keep going on and off. The next town is under drone attack, but this is normal, everyone is on hyperalert. Yulia, another social worker, told me she wakes several times each night, "Was that someone at the door or was I just dreaming". She explained that when the sirens go off at night the people living in the flats above hers knock on the doors as they race down to the basement. One of the men volunteering at the Centre, Pavlo, told me his great fear is the size of the Russian army, "They don't have good weapons", he explained, "but there is so many of them, they just keep coming and coming". How do you defeat an army with an endless supply of conscripted soldiers, he asked me while wiping away an unwanted tear. He has two sons fighting.

Despite the enormous landscape of trauma, Darya, Yulia, Pavlo, along with their colleagues in IFSW, are advancing new approaches built on learnings from other war zones; approaches that have the potential to change the global ideas of social development in crises situations.

Like much of social work, this is a 'cross the river by feeling the stones experience'. It is an approach based on ethical principles, shaped by experiential knowledge and guided by a commitment to a world that is safer and more just. Social workers in Ukraine, with the support of IFSW develop new approaches based on key principles such as 'self-determination', which we call self-led development, 'the recognition of strengths', which we call resourceful and leaderful communities and 'solidarity'. These principles, tested in other war and crises zones have assisted us in applying a multi-faceted and dynamic approach:

## First-Stage: Working with refugees at Ukraine border and in the asylum countries

### *Meeting the immediate needs of communities seeking refuge.*

The first phase of this social work approach began with IFSW Europe members rallying to the borders during the first days of the invasion. Our colleagues assembled at the geographical region where Ukraine “touches” Romania, Poland, Hungary and Moldova. They knew what to do, and what not to do, as the profession had learnt a lot from the 2015 Syrian refugee crisis and the complexities of supporting communities fleeing war and the impact on established communities of new arrivals. In this instance, the social workers were determined to change the culture of top-down tools applied by the international community and, instead, co-build dignified options for refugees and the communities receiving them.

Typically, as refugees passed through the check points, they were greeted by a plethora of government services, NGOs as well as organised criminal activity in the guise of a helping hand. Most of the refugees at that time had no concrete plans. Until that moment their full concentration involved the painful reality of having to leave by foot or car to seek safety. Many, already traumatised, had to say goodbye to loved ones that were drafted into the army. They had to make a gut-wrenching choice between staying - and thus putting their children at risk- or leaving the country to seek refuge elsewhere. Some had no choice because their homes, town and cities were destroyed. At the border, it was mostly mothers, juggling a baby in one arm, holding the hand of a small child and plastic bags with nappies, passports and few clothes strung from the shoulders.

A number of NGOs operating at the border offered water, tea, biscuits, bibles and the opportunity to find their god. Other NGOs as well as international aid agencies presented their big glossy signs in front of a tent stand where refugees could have tea, water, biscuits and the opportunity to have



their photo taken for the organisation's magazine. There are good NGOs of course but how does a refugee know.

There were also traps; the possibility of escaping war and terror only to stumble into a web of nightmares. Organised crime is clever. A tent with a "refugees welcome" sign offered free goods and a place for children to play, eventually turned out to be an entrance into the underworld of sex slavery and abuse. Men, many good, some not, waited in cars at the border to offer the confused women a ride to free accommodation.

But this chaos was at several borders stopped by social workers. Through working with government services, social workers at Ukraine/Romanian border, for example, were able to recognise, report and thus "confront" criminal activities. Most importantly, social workers were able to nurture relationships of trust with the disoriented and traumatised refugees. It was through these relationships of trust that the communities of displaced people felt supported and safe. At the Romanian border, social workers were successful in having all people and groups moved well back from the border crossing, so that the first information point could officially provide safe and meaningful information. These centres provided essential information on the different options that were available for refugees. Which transport systems were free, what countries were welcoming refugees, where they could stay one or two nights while they worked out what to do next, and how to obtain, clothes, food, hygiene products, medications and when necessary specialised services.

At the information centre, social workers also encouraged the hundreds of thousands of refugee mothers to make contact with the other refugees that they met of their journey and swap their What's App numbers. The mothers were told that almost everyone they meet will genuinely welcome them, but it was also important to keep in contact with their group. If someone offered one of them a ride in a car, first take a photo of the registration plate and driver for circulation in the What's App group before getting in the car. If the driver didn't agree, then naturally the women should not go with them.

I visited some refugees and social workers 200 kilometres from the border in Bucharest. The social workers had worked with the city council to gain access to a building that had been unused since the pandemic. At the time of my visit in May, the refugees were painting and decorating a central city building to create longer term accommodation. They had created a communal kitchen and as they showed me around, they told me with a pinch of pride of the wonderful Ukrainian meals they were preparing. They had also constructed a play space for their children with colourful walls and tables laden with games and puzzles.

Paid work was also on the refugee's agenda. Consequently, with the help of the social workers they had established 'contracting services'. Their assets included trades, childcare, teaching, gardening and so on. Social workers arranged for a local supermarket chain to employ the refugees. Other sources of employment were hotels and other industries that were left with staff shortages after the pandemic. Schools were visited to make way for Ukrainian children to attend classes and teachers amongst the refugees volunteered to continue their standard educational process. In these early weeks of the crisis, the key point for social work was to support refugees to form their own resourceful communities - for them to have a role making their own futures.

For those of us in the profession who have worked in war zones or places of natural disaster, we know that when affected people have a role and are recognised as being the main key actors in the solutions, that their trauma symptoms are significantly reduced. Like, people who have been supported by similar social work approaches in other crisis, the Ukrainian refugees reported they preferred to be active than waiting for aid.

IFSW Europe chose not to focus on building tent cities, as often takes place in similar crises. Refugees can easily get stuck in such 'cities' for months, often years, and sometimes even for decades and report that they experience these make-shift environments as dehumanizing and causing much frustrating and sometimes fear. Alternatively, IFSW Europe focused on refugees being provided with essential information and for them to make their own decisions on where they wanted to stay. Social workers also

worked with local communities in the asylum countries to provide welcome messaging, housing, schooling for children and jobs.

### Getting essential items to refugees.

During this phase, IFSW collected donations and organised for the refugees and vulnerable local populations to get access to essential food, clothing, sim cards and medicines. These were and are distributed at the border points, hot points on the asylum routes, and within Ukraine. So far more than 500 tons of products have been distributed. But while this phase still continues, aid is something that social workers treat with extreme caution. As global experience has repeatedly shown, aid when not linked with self-led development, can inadvertently have significant negative psychological effects and cause damage to local economies, disrupting development.

This concern was a major focus when IFSW went on to form a partnership with a province within Ukraine in June. The situation here didn't involve people on the move, rather it concerned a mix of local people and tens of thousands of internally displaced people (IDPs) who remained in Ukraine. People that wanted not only short-term assistance, but longer term sustainable strategies.

## Second Stage: The Work of the Kam'yanets'-Podil's'kyi / IFSW Partnership

### Building a pilot programme.

Based IFSW Europe's effective strategies at the borders the District Mayor of a Ukraine province, Kam'yanets'-Podil's'kyi, invited the Federation to partner with the council and its communities to address the social challenges they were experiencing. From this partnership a high-level, visible pilot has been established that can be seen and examined by local and national leaders to potentially be expanded across the country.

From the outset partnerships have developed to apply social work principles of recognising the strengths of all people, including the 30'000 IDPs in the region, and their potential to work together to meet the significant economic, social and psychological challenges they are experiencing under war conditions.

As food supply and food security are at the top of the agenda, support was immediately given to women in the community who volunteered to provide a Community Kitchen. On one of my visits to this kitchen, Elina an internally displaced person, showed me how they seal the plastic bags containing food. Just before placing the open ends in the heat machine, she placed a small piece of paper, about three-by-three centimetres with writing in the blue and yellow of the Ukraine flag inside the bag. Not being able to read her language, I asked her what it says. "The Ukraine people are strong" she translates. As the machine presses down to seal the bag, Elina explains that the contents of mixed grains and herbs is hydrated Barley Soup. 300 grams of the dried substance makes 5 litres of thick nutritious food. The next bag has a more reddish substance and I ask if it is Borshch, "You know Borshch" she says with some surprise and pleasure that an outsider knew something of Ukraine culture. One of the children assisting, places a handmade sticker on the bag of an angle and then it is placed in a box with hundreds of other filled bags to be distributed.

The dehydrated packets are easily distributed to displaced people, those at the front line and anyone who has lost their normal food supply as a consequence of the war. Everything in the package has been shrunk through hydration and all the necessary herbs and spices added. All that is required is for clean water to be added and brought to the boil for about 40 minutes. The women in this Community Kitchen produce about 1200 meals a day making a significant contribution to food security in their distribution network. It is one of many projects that brings the community together, recognizing their strengths, creating opportunities for mutual support and ensuring people have an active role in their own futures.

Another example of a community project is the making of bed frames and furniture. As more people seeking safety arrive in the district with nothing but the clothes on their backs the challenge for finding beds, cupboards and wardrobes has become urgent with the coming harsh months of winter and dampness. Under such pressing conditions finding the material and machinery to manufacture mattresses has not possible, so thanks to organization of the Romanian Social Work Association, these are being donated and bought in by truck from across the border. The frames and side cupboards, however, will be produced locally in an initiative supported by the Kam'yanets'-Podil's'kyi / IFSW partnership.

With each of these examples, the approach is to support the local communities to, where possible develop their own enterprises as the economy has ground to a halt. This comes at a time when people have not been paid since the start of the invasion and industry crashed the day that men were drafted into the army. It is an approach that prioritizes local led development over relief-aid and transforms the concept of aid into support for self-sustaining social and economic development.

The partnership between the Kam'yanets'-Podil's'kyi district and IFSW has worked carefully to consider the dynamics of aid and the alternative of supporting / restarting the local economy. For example, the partnership has decided to focus on facilitating community enterprises that enhance the local economic and social economies, and to use aid in their development. In support of the Community Kitchen initiative, IFSW supplied the dehydration machines in the Community Kitchen and more recently an industrial dough machine whereas the community run the business which creates belonging and solidarity as well as contributing the both the social and economic economies. Through the partnership, IFSW also funded the installation air conditioners to make the working conditions more palatable as well as supplying the much-needed mattresses. Each of these contributions was attached to local self-led development that produced many additional benefits.

Another volunteer in the Community Kitchen, Tatyana, told me, “This work is so important to me. It takes my mind off the worry that my husband is every day in battle and all the things I have lost. I feel like I am now a part of the solution and I have the support of others”. The Community Kitchen also runs informational education for children. One of the other volunteers is a math’s teacher and at the end of the kitchen the children are solving math’s challenges while their mothers are talking, supporting one another, and making a significant contribution to food security.

But these examples represent only the beginning of the partnership’s social work aims. Further down in this article we can explore other examples. Before that, however, it may be important for some readers to hear more about why the traditional aid model is not the preferred option.

### The challenges of the traditional aid approaches

Globally, social workers have witnessed the unintended long-term consequences and prolonged devastation brought about through the aid model. International aid in many situations of war and extreme crisis is often blind and deaf to local strengths and does not have the necessary principles and processes to form partnerships with local communities.

Consequently, when food or clothing is provided free as aid, any chance of the local people maintaining or adapting their local economy is immediately broken. No one can cost-effectively produce products when the same products are being distributed by aid agencies for free. Therefore, manufacturing machinery lies dormant, workers are displaced without incomes, and an environment of dependency emerges. We know from situations of crisis that when people are dormant, waiting for their water, their meals, or their small cash payments, they often report feeling powerless, worthless, and frustrated. Such situations often prolong or exacerbate their emotional and psychological challenges such as war or disaster related trauma. Yet when people are active in their own recovery or a part of the rebuilding of their community’s future, their trauma symptoms are significantly reduced.

“At the Community Social Work Centre”, a hub created by the partnership, Yana Melnychuk the Centre’s coordinator explains, “We use the social work model. We have many resources and ideas here in Kam’yanets'-Podil's'kyi district. Yes, we are under attack and war. Yes, many of our loved ones are at the battlefields and we are so scared for them every moment. But we are still a strong people. We know what to do, we know our community and how everyone must be supported and involved for our survival now, and for our future. We welcome every donation, and we will make sure that each cent goes to supporting our sustainable survival via our interdependency, and not by the dependency aid model. By working together, we will not just survive, we will thrive”, she said.

### Developing community led services – beyond humanitarian aid

The Kam’yanets'-Podil's'kyi / IFSW partnership has listened to social workers and people who have successfully co-developed sustainable responses to social challenge in other parts of the world, and are consequently using an ‘inside out’ model of development. The decisions are made on the inside, by the people in the struggle, but are informed by experiences in other places.

Social work in Yemen, for example, produced excellent examples of co-building community social systems when hospitals, education, roads and other infrastructure have been destroyed by war. Social work in war-torn El Salvador, Northern Ireland and Cyprus have shown the wisdom to think long-term, to support local visions that set a new courses of life, beyond the war, for a life even better than before the crisis. Working towards such visions in times of war has provided people with hope but it has also been a critical aspect of many social transformations as countries and communities work rebuilding new post war societies.

Other global influences include social work from India, that infuses Gandhian philosophy of ‘village economies’, and Ubuntu informed practice from the continent of Africa where every citizen has a role and contribution to make, but each person is also provided social protection. These

approaches resonate highly with the social work ethics of co-production and recognizing people's strengths. The Kam'yanets'-Podil's'kyi / IFSW partnership, therefore, undertakes an ongoing social assessment and skills audit of the resources in the communities. Teachers, manufacturers, trades people, community organizers, carers and scientists, gardeners, along with other knowledge groups, are being identified and supported to apply their skills in restarting or creating new enterprises for everyone's benefit.

Through recognising the skills and knowledge of members of the community, the partnership has within 3 months transformed previously unused floors of a building to create a busy Community Social Work Centre. It provides a drop-in service where everyone is greeted and given an opportunity to sit, talk and participate. Programmes are offered including child-care and schooling for children to enable parents to enter the workforce or join community projects. Respite care programmes have also been developed giving overburdened parents time-out when needed. Support groups have been created so no one feels isolated, and displaced people who are newcomers to the district are welcomed. To assist with the challenges of traumatized soldiers coming home and trauma across the whole community, the Centre provides social education courses so that everyone can understand the symptoms of war related trauma and can act upon them and build community health and well-being.

Building on these community activities a community social supermarket (The Social Investment Partnership) has been created. This involves the Community Social Work Centre issuing vouchers to community members who volunteer their time in the Community Kitchen, in making clothes for others, repairing community use buildings, caring for elderly people in the area and on. With these vouchers, the community can purchase products in the social supermarket.

"Shopping in this supermarket is totally different to receiving the food bags" Maria, a community member commented as she selected the products to make a pasta and vegetable sauce. "In the bags (aid distributed through international NGOS) we have to wait in line and get given a bag. Once I got 3 cans of mushrooms and 1 can of peas". Afterwards a local social



worker who observed this conversation said to me, “I am so happy that this supermarket can restore people’s dignity”

At the opening of the social supermarket, District Mayor, Mr Mykhailo Simashkevych said, “This is a wonderful and powerful system that is building our social economy. The people have roles and are fully active in supporting each other. It brings a force of positivity to people who are under immense pressure”.

Conversations are already taking place in the community on the need for a permanent food and accommodation social security strategy ready for the refugees return after the war ends. ‘What will happen when the bus loads of institutionalized children return after the invasion ends’, one person asks. This question refers to the pre-war social service systems that were based on former Soviet systems. Under such systems many children with disabilities are placed in large institutions away from their families and communities. ‘We will need to rebuild our communities to include them’, came a reply.

These conversations bounce through the Community Social Work Centre, across the tables and cups of coffee, the stacked boxes of winter jackets waiting to be distributed, the emergency food kits, the teaching whiteboards and the children’s toys. Conversations focused on making food today or thinking ahead to after the war, they each speak of hope, mutual support and the recognition of each person’s role in fulfilling that vision.

## Supporting the development of the pilot programme and co-production approach

### Establishing a Professional Association of Social Workers.

With the support of IFSW, a National Association of Social Workers (NASWU) has been established and registered by the government. The Association will be able to play a key role in supporting the social work workforce and advancing the profession’s co-building approach across Ukraine.

NASWU has already commenced partnerships with others in social service sector along with university social work departments.

At the launch of the Association last month, Olga Lugach from the office of the Prime Minister commended social work and the launch of the association. The Prime Minister, she reported, has been examining different models of social support and after learning of the outcomes from the Kam'yanets'-Podil's'kyi district he wants to see this approach grow across the country.

As this article goes to print, the NASWU has had its application for full IFSW membership sent out for the other members to vote on. Each of these developments speak to a system of strengthening the role of social work in Ukraine. They speak to the commitment of supporting and working with people under war conditions for social resilience and transformation. They further speak to global shared learning as the models advanced here have been adapted from social work experience in other parts of the world and in turn will contribute to enhancing the profession's role in other places.

## A Learning Experience

All of the work described above is based on social work ethics in action, a belief in people co-building, unlocking potential and leaderful societies working towards their shared futures. Locally led development, with the support of key professional expertise, has been essential in this process. The partnership has combined local strengths with international solidarity and learnt professional wisdom from across the social work world. This approach is, unfortunately, not the common way of supporting people in war and disaster situations. Nearly all international NGOs and country aid organizations work within a culture of 'rescue', where aid is the dominant objective and little or no attention is given to local strengths and locally led sustainable development. The danger of this is that aid can therefore unintentionally undermine the organic community practices and people's role in co-leading solutions and replaces them with cultures of dependency on charity.

IFSW has therefore invited international funding agencies and all policy makers concerned with the journey from crisis to confidence and sustainability, to come, observe and participate in this transformational approach to international development.

Across the world we have seen waves of refugee migration initially responded to with rescuing people from terror, turn into political rhetoric for right wing political parties. Their voices in the media highlighted messages such as 'Refugees are taking all our resources and jobs. Vote for us and we will kick them out. Vote for us and we will make sure our country stays pure'.

To defuse the growth of the reactionary political environment of division, social workers invited the local vulnerable populations to receive and access the same benefits as refugees. For example, local people could, and can, make use of the same aid supplies that had been generated for the refugee. Local vulnerable people can also offer their services in the entrepreneurial services that were established. Co-building dignified and respectful diversity for all. Consequently, the right-wing political parties were not successful in creating false hysteria and 'refugee blame', as they did in 2015 during the Syrian refugee crisis, to advance their own political advantage.

### Expanding the learning

The social work co-production approach advanced here represents new ways and models for the international aid organisations to consider. This example is possibly the most visible and largest model in the political West for them to observe. The challenge for international aid organisation is recognising that sustainable development has its roots in local leaderful communities. This requires a paradigm shift moving from the rescue model with its principles centred in economic growth and the concentration on GDP, to politics and economics that support wellbeing, peace, respect for diversity and equity.

IFSW has therefore invited international funding agencies and all policy makers concerned with the journey from crisis to confidence and

sustainability, to come, witness and participate in this transformational approach to international development.

I asked Elinor in the Community Kitchen if she would mind officials coming to see what they are achieving in the Kam'yanets'-Podil's'kyi district. She said to me,

“This work, this place, these people, give me hope, I want everyone to have hope. I want them to come from every country to learn how to make this food, to see how we do it. I want them to learn that their people are strong, like ours are. When we respect each other at home and in other countries, maybe then we will stop having wars”.

Note: This report was written on the move and in a hurry. It has drawn on the short reports and statements made on the IFSW and Ukraine Social Workers media sites, as well as some of my own discussions with the people involved. It, I hope, will contribute to a more full and robust documentation on the incredible work of refugees, Ukrainian communities and the social workers working alongside them.

# Letters to the Editor

DOI: [10.55521/10-019-303](https://doi.org/10.55521/10-019-303)

Stephen M. Marson & Donna DeAngelis, Editors

Marson, S. & DeAngelis, D. (2022). Letters to the Editor. *International Journal of Social Work Values and Ethics*, 19(3), 29-34. <https://doi.org/10.55521/10-019-303>

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## Replies to: [White Privilege Editorial](#)

This letter is from Dr. Laura Kaplan who is not related to George Kaplan.

From: Laura Kaplan <[drlekaplan@gmail.com](mailto:drlekaplan@gmail.com)>

Date: Friday, March 18, 2022, at 8:48 PM

To: Stephen Marson <[smarson@nc.rr.com](mailto:smarson@nc.rr.com)>

Subject: Re: ["BPD-L"] LGBTQ anti-discrimination resources

Hi Steve,

Yes, I re-read it when I received your note. I think it's a start in consideration of one's personal experience of privilege. I have to say I did cringe a bit that your friends were glad you brought order to the fast-food line. Yes, it was a great moment for the "aha" moment and I'm glad you had this. I noted in the story that not only was it a privilege that you felt you could go up and say something, but you also assumed people would listen. The fact that they did listen and follow instructions shows the privilege, and the fact that your friends praised you and were pleased you did rather than take the chance to do the same shows how we fall into the norm of that privilege. True, commonly if a woman, person of color, Black, indigenous, disabled (etc. etc.)

person attempted to round the crowd up people might not have listened. This still happens after all these years in meetings, with students, in other groups. My thought was I'd leave and go someplace else but of course, in an airport who knows how far it would be.

It reminded me how much we need to be willing to take risks and have these conversations and have people around us who will help us see/hear what we do not in ourselves. We need to be able to have these conversations in the classroom as well. Unfortunately, I think many teachers are not willing to take on this vulnerability, to have students be willing to note when our privileges are showing. I think this is a combination of fear about evaluations by students and administrators and fear and discomfort about vulnerability. The belief that we should be all powerful in a classroom seems to still exist. This is why I think developing and assuring a safe space in classrooms is good for us and for students, and willingness to be "called out" by students is a great and risky way to teach (and for us to learn) about that cultural humility stuff, vulnerability in communication, and being present.

Lastly, I am aware of how CRT emerged from understanding that our laws are intrinsically connected to privilege and all the isms. I am not comfortable with the suggestion that white supremacy is a psychiatric condition. If this is meant as a serious concept, it's troubling to me because it removes the responsibility from the individual. An illness is not brought on willingly by a person whereas a belief in white supremacy, like other beliefs and values is a choice. It is for this reason I do not like when I hear of professionals (or anyone) refer to racism (or any ism) as an illness or disease that has spread. Beliefs involve choices, values, words, thoughts that people have as they go through life. No medication, psychiatric or medical treatment is designed to "alleviate" symptoms or repair/fix some internal biological cause. Additionally, we already have quite enough stigma about mental health disorders and the people who live with them, why put white supremacists in this category when we already are trying to teach people that mental health disorders are not choices people make.

I appreciate your thinking about these issues. I also believe it is very much about those "aha"s that we get about our own place in the systems of

privilege. And, btw, that story about applications to grad school denied because the school was only accepting Latina/Latino students? Students have consistently complained in my classes about the old "that guy got the job only because he's Black", or "I couldn't get financial aid because it all goes to the Black students". In a univ that was 96% white I even pulled out the stats on who was getting aid and, of course, it was mostly white students. And many of us have run into conversations among employment personnel and committees saying, "we have to hire a Black person" "we must hire a woman, etc.". This leads people to assume that race or sex was the only reason a person was hired or was accepted to a program. This is unfair to that candidate. I teach that this is the institutional system being racist. If hiring were fair all along then Affirmative Action wouldn't be necessary. The racism is in how the institution employers use words as if it has nothing to do with skill, that it's only about race. Even though there is a whole list of skills and experience they are requiring, the only words used are about race. Maybe we need to consider how not only do we support privilege by our lack of insights, words, and actions, that we also encourage white supremacy to continue. When people hear that "we must hire a Black person" the anger easily turns to claims of reverse racism and is fodder for supremacists to step in.

Thanks for responding to my post, this is quite long, and I do still believe that social work needs to consider how supporting the systems and policies of privilege and supremacy such as the Title IX exemptions is not getting us towards anti-racist social work. Anti-racist, to me, leads to anti-discrimination and anti-oppression of many social identities. We get rid of one, others will topple, but we still pick and choose don't we.

Take care,  
Laura

2

From: Anthony Bibus <bibus@augsborg.edu>

Date: Wednesday, March 9, 2022 at 11:46 AM

To: Stephen Marson <smarson@nc.rr.com>

Subject: Re: <https://jswve.org/about/board-of-copy-editors/>

Here you go, Steve — feel free to include this as a “Letter to the Editor”: Among the highlights for me from Stephen Marson’s and Paul Dovyak’s editorial “Exposing White Privilege by Two White Guys” was the opening quotation from Bob Dylan’s song “Only a Pawn in Their Game.” Artists and poets often express the essence of our lives in ways that are meaningful and memorable. The quotation dramatically portrays the set-up in white supremacy that encourages all who identify as white to appreciate how the structure of society favors them, even if they remain poor. At least they are members of a privileged group. For more analysis of this dynamic, see Isabel Wilderson’s *Caste: The Origins of Our Discontents* (2020: Random House).

To undo this systemic racism, those of us who have the wind in our sails because we are white, and male can use the privileges inherent in those identities to work to dismantle white supremacy and to cultivate social justice instead.

Tony

3

From: Freddie Avant <favant@sfasu.edu>

Date: Tuesday, March 8, 2022 at 9:47 AM

To: Stephen Marson <smarson@nc.rr.com>

Subject: RE: White privilege - teaching resources and ethics

Stephen,

Thanks for sharing!!!! Hope you are doing well.



Freddie L. Avant, Ph.D., LMSW-AP, ACSW, SSWS  
Interim Dean, Office of Research and Graduates Studies &  
Associate Dean and Director School of Social Work  
Stephen F. Austin State University

4

From: "M. Nicole Belfiore" <belfiore@umbc.edu>  
Date: Tuesday, March 8, 2022 at 8:54 AM  
To: Stephen Marson <smarson@nc.rr.com>  
Subject: Re: ["BPD-L"] White privilege - teaching resources and ethics

Thank you for sharing this resource.  
Nicki

5

### **Replies to the editorial on the MSW thesis**

From: "Mathew, Ray" <mathew.167@buckeyemail.osu.edu>  
Date: Tuesday, February 22, 2022 at 7:41 PM  
To: Stephen Marson <smarson@nc.rr.com>  
Subject: Re: editorial

Steve,

This is an excellent assertion! Even from my perspective as a student completing an undergraduate thesis, I see this opportunity as vital in the formation of any social worker regardless of their desire to pursue research as a career. Through the process of writing a thesis students gain an appreciation for social work's growing knowledge base and the development of theory; without this opportunity, students are at risk of bringing stagnancy to their respective agencies or clinics in the future. I am deeply grateful to have

so many options at OSU and feel pride in being a part of an institution that enables students to explore the myriad of career opportunities social work offers. In a profession that places high value on the self-actualization of its clients, we must extend the same priority to social workers plagued by burn-out as well. I really appreciated the line, "The institutional path we should be following is maximizing choice," as this aligns with our professional ethics and goals. As a female student, I don't see a lot of disbelief that women can excel in research, but this may be underlying in the technical aspects of research rather than the foundational components I am currently engaged with. I also was raised by a female researcher so the idea of excluding women from research seems unfathomable. However, I felt that your observations regarding minority students were spot on and also show complete alignment with our ethical standards of lifting up historically disadvantaged populations and providing them the most opportunities to advance their human capital.

Best,  
Ray

## Changes at IJSWVE and Thank You

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Stephen M. Marson, Editor, and Laura Gibson, Book Review Editor

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*The International Journal of Social Work Values and Ethics* is always seeking specialists in areas for which we receive manuscripts. In addition, we recruit scholars who are bilingual. In our recruitment efforts, we found Claudio Barbero, BSW of the Ministry of Education of the Government Córdoba, Argentina. We are fortunate to have him join our Manuscript Editorial Board. Martha Avery Cook, MSW, LCSW was also recruited for her special knowledge. She is employed in the USA with the Counseling and Psychological Services at the University of North Carolina at Chapel Hill. The most difficult aspect of recruiting is locating competent copy editors. We found Alina McKay, Ph.D. who has an academic background in macro analysis and is a professor with the University of British Columbia.

A great deal of work goes into each issue of the *International Journal of Social Work Values and Ethics*. All work on our journal is completed by volunteers and *no one* — including our publisher IFSW — makes a financial profit from the publication. In addition, we have unsung heroes on our editorial board who contribute to the existence of our journal. Because we have a rule that requires our manuscripts to be assessed anonymously, I cannot offer public recognition of their names. I thank them! However, I can publicly announce the names of our hard- working copy editors. Their work is not confidential. For their major contributions to this issue, I must publicly thank:

- Ann Callahan
- Roger Ladd
- Eric Levine
- Bob McKinney
- Jane Summerson
- Jennifer Wood

The editorial entitled “[Exposing White Privilege by Two White Guys](#)” was complex to write. We deeply thank:

- Veronica Hardy
- Georgianna Brown Mack
- Jacquelyn Mitchell

## "In someone else's shoes:" Utilizing reflection to challenge poverty attitudes and develop critical consciousness

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### Abstract

The development of a critical consciousness around issues of poverty is an essential goal of social work educators. Teaching students about poverty requires that they evaluate their preexisting attitudes to assess compatibility with professional social work ethics and values. Recognizing the meaning that students give to their prior attitudes, course experiences, and personal reflections can help social work educators better understand how shifts in poverty attitudes may occur. In this paper, the authors discuss the use of student journaling immediately following experiential learning activities as a useful process for developing empathetic understanding of issues of poverty.

Keywords: Poverty, pedagogy, journaling, critical consciousness, experiential learning

Critical theorists suggest that the perpetuation of cultural values and ideas socializes individuals in how to think about issues or problems (Ritzer, 2009). Modern technologies, coupled with social media, provide an infrastructure for the dissemination of mass culture. For example, cultural stereotypes about the poor as lazy, criminal, and uneducated are embedded in popular movies and contending narratives. If such attitudes are left unchecked, individuals risk the cooptation of their own agency to the stereotypes most readily accessible within mass culture. Our students are susceptible to these same influences.

Pejorative attitudes about the poor are not new. In the United States, a long-standing history of negative poverty narratives has influenced both culture and relief efforts (Trattner, 1999). The social work profession has the responsibility of combating these attitudes and preparing social work students with "poverty awareness" (Davis & Wainwright, 2005, p. 229) and empathy (Frank & Rice, 2017; Frank et al., 2019).

Teaching students about poverty requires that they evaluate their preexisting attitudes to assess compatibility with professional social work ethics and values. For example, Delavega and Reyes Cordero (2019) note that social work has an "ethical responsibility to assess and intervene in the larger economic contexts" (p. 81) and they recommend the development of an ethical financial framework for teaching social workers how to assess, engage in, and advocate for an economic system that is inclusive of all people, especially the vulnerable and marginalized. However, Castaneda and Salame, as cited in Delavega and Reyes-Cordero (2019) noted that current social work competencies are inadequate learning goals as regards our current political economy. The development of a critical consciousness in social work learners around issues of poverty must be an essential goal of social work educators and should be included in the updated 2022 Education Policies and Standards for the development of the social work competencies.

In order to address oppression, in the spirit of Freire (1971), we must acknowledge that the oppression of one implicates all. This paper describes the use of journaling and individual reflection in response to experiential learning activities inside and outside of the classroom as a means to help

students develop and to help teachers evaluate critical consciousness. A symbolic interactionist framework is useful for helping us to recognize the meaning students give to their prior attitudes, course experiences, and personal reflections, which can help us to better understand how shifts in attitudes about poverty may occur.

## Literature Review

### Perceptions of Poverty

Poverty remains pervasive in the United States (Iceland, 2013). In this context, poverty in the United States is defined in absolute terms by household income compared to a formal standard (U.S. Department of Health and Human Services, 2020). In 1990, the poverty rate was 13.5%, while in 2018 it was 11.8% (Duffin, 2020). The highest rates of poverty were 15.1% in 1993 and 15.5% in 2010 (after economic recessions, with the latter often referred to as the Great Recession). The lowest poverty rate was 11.3% in 2000. Despite the 30-year time span from 1990 until now, the poverty rate has remained intractable. Perhaps this is so because poverty remains poorly understood. It is not uncommon in American society for poverty to be ascribed to individual failings, often referred to as the Culture of Poverty (Lewis, 1966). Often overlooked are structural causes such as low wages or limited availability of jobs. Similarly, many Americans believe that poverty is a static, chronic condition, despite data that suggests its fluidity across the lifespan (Karger & Stoesz, 2018; Rank, 2005).

Because poverty underscores social work practice at the micro, mezzo, and macro levels, it is essential that social workers inform their work using a comprehensive, proactive, poverty-informed framework. Shaia's (2019) development of the SHARP framework, suggests that social workers engaging in frontline practice attend to the following five components in order to properly attend to poverty:

- Structural oppression
- Historical context

- Analysis of role
- Reciprocity and mutuality
- Power

Facilitating such a practice approach begins in the classroom where students' understanding of poverty may be attributable to preexisting attitudes, which may or may not reflect social work values and ethics. Phan and Collins (2018), in their review of the literature, identified social norms and personal ideologies that may impact support for redistributive policies. Phan and Collins (2018) also surveyed undergraduate students in introductory economics classes to test those students' willingness to redistribute a hypothetical \$1,000 based on various poverty information. They found that priming the students with knowledge about poverty had limited influence on students' plans. Like Hoffman (2015) and Parker and Troila (2015), they posit that new information might not have much influence on well-established ideologies and values. Granruth, et. al (2018) found support in the literature suggesting that young adults tend to follow parental cues in developing their political attitudes. However, exposure to new information as college students could provide opportunities for actively questioning prior opinions (Hoffman, 2015; Parker & Troila, 2015).

Postsecondary education should encourage students to think critically regarding poverty and its causes and responses. However, social work research on students' attitudes about poverty is lacking (Delavega et al., 2017). Nursing and business appear to be more engaged in such research (Northrup et al., 2020; Patterson & Hulton, 2011). In particular, business programs are increasingly educating their students about poverty, both domestic poverty and global poverty (e.g., Lybert & Wydick, 2018; Neal, 2017; Paton et al., 2012; Phan & Collins, 2018).

Paton et al., (2012) used three approaches – experiential learning, whole person learning, and service learning – to transform business students from those of providers of goods and services to those of problem solvers who create markets that are based upon an understanding of the causes and consequences of poverty. Importantly, these scholars aimed to



teach their students that responding to poverty is a legitimate business opportunity and not just the responsibility of governments and nonprofit organizations.

In their study of white men from lower socioeconomic backgrounds who were asked questions about the causes of poverty, Hershberg and Johnson (2019) found that answers could be characterized as *individual* (e.g., people were responsible for their own poverty), *fatalistic* (e.g., poverty due to chance, bad luck), or *structural* (e.g., society's infrastructures are to blame). Their hypothesis was that, in spite of intersectionality, some experience of living in poverty might lend itself to what Freire (1971) called critical reflection, or a better awareness of systemic inequality; however, the researchers found that life experiences of poverty were not necessarily correlated with higher levels of critical reflection. Rather, the most influential experiences were those in-person connections with people in poverty (Hershberg & Johnson, 2019). This study suggests that, with appropriate time for personal reflection, human interaction might lend itself somewhat to the development of critical reflection. More research is warranted to understand the best way to challenge long-held erroneous beliefs. The values and ethics of the profession, as well as those of individual social workers, are paramount in regard to poverty practice.

## Values and Ethics

In social work, the NASW Code of Ethics provides a framework for decision-making that is in accordance with our professional values and principles. The principle of social justice requires social workers to attend to the needs of "vulnerable and oppressed individuals and groups of people," which include those experiencing economic vulnerability (NASW, 2015, p. 1). Social work scholars have written for decades about the need for social workers to understand and engage in ethical decision making in practice (e.g., Barsky, 2019; Josephs, 1985; Reamer, 2018). Prescott (2019) shared challenges in teaching social work graduate students how to critically assess ethical risks and argued that social work education programs must do more than recite

values and ethics in our calls for social justice. Prescott offered education and training in "being forensic" (p.41) as one pedagogical method. "Being forensic" includes the collection of data, analysis, and clinical observations in ethical decision making.

### Developing Empathy

In a previous article, the current authors reviewed the history of experiential learning and its application in social work education (Frank et al., 2019). Experiential learning is an active learning process that has been demonstrated to promote personal growth and greater self-awareness, both of which are likely to help students develop empathy. This study found that a lived experience through a shared dinner and discussion was transformational for students and might have led to increased empathy. Although it is evident that experiential learning can be an effective tool for developing empathy, it may be that a tangible shift in attitudes occurs for students within their personal reflection upon it.

### Reflection and Journaling

Purposeful reflection upon experiences could serve as a vehicle for changing our interpretation and understanding of those experiences. If reflection is the process of delineating and examining our interpretation of certain experiences, formally doing so may provide the opportunity to replace prior assumptions with new insights. Using Freire's (1971) construction of critical consciousness allows us to envision this process as one with the power to create a shared understanding, critical of the status quo, reconstructed with a lens of empathy.

Reflective journaling has been used in Social Work education for decades. Journaling has also been used in nursing programs to help students to connect their thoughts and feelings with their observations of poverty. One study examined nursing students' perceptions of poverty while visiting an impoverished developing country by analyzing their use of reflective journaling (Taliaferro & Diesel, 2016). The researchers found that reflective

journaling was positively associated with increased insight and deeper meaning around the experiences and situations they had observed. Another study of nursing students echoed such effectiveness, noting that journaling can give form to thoughts and ideas (Schuessler et al., 2012). Nursing students were required to keep reflective journals which, through analysis, demonstrated ways that cultural humility developed for students as they reflected on their experiences (Schuessler et al., 2012).

## Methods

### The Course and Reflection Exercises

*Perspectives on Poverty in America* is an introductory first-year seminar for social work majors in their first semester of a Council on Social Work Education (CSWE) accredited baccalaureate program. The focus of the course is to survey a variety of perspectives on poverty by examining media, movies, social welfare agencies, and the lived experiences of people in poverty. The textbook for the course focuses on the narratives of lived experiences, which the students then compare to these first-hand stories. Students participate in a variety of experiential learning activities in the course, including a class trip to a social service agency. On a weekly basis, students examine narratives from the text, social media interpretations of poverty, historical and current information about poverty, and hear from local social service agencies about their approaches to work with people in poverty. During the course, students also work in groups to research a subpopulation of interest and do several interactive and reflective activities that are briefly discussed below.

The premise of the course is that experiential learning, coupled with targeted individual and group reflection, will help students develop perspectives on poverty that are congruent with social work ethics and values, including empathy and seeing the clients as the experts. Because these exercises require students to feel some of the stresses that may be associated with making decisions, instigating relationships, finding resources, or

challenging assumptions, it is necessary that students take time to reflect upon their initial assumptions and how their experiences in the activities might have challenged them. Reflective journaling provides students with an opportunity to write their thoughts and ideas down as a way of articulating them and processing what meaning they might find in them. Individual written reflections and large group discussion reflections provide an atmosphere conducive to challenging ideas and creating a critical consciousness (Freire, 1971).

- **Economic Vulnerability Project (EVP).** In this exercise, students work in small groups to create a life plan for a family of four. They must locate employment, childcare, transportation, and housing using only local resources and in real time. Students use Craigslist, newspaper ads, and other local resources to put together a monthly budget and plan for their family. After completing the exercise, which almost always ends up in an unbalanced budget with significant needs not met, students complete an individual reflection sheet to document their feelings and analysis of this experience.
- **The Food Stamp Challenge (FSC).** Students work in groups to create a specific and ideal food plan for one week for a family of four. Weekly meal plans must include all of the breakfasts, lunches, dinners, and snacks that the family will need. From this meal plan, students create a grocery list of foods in the appropriate quantities. Students are encouraged to create a healthy menu and to be creative by using Pinterest or other websites to obtain meal ideas. On foot or using public transportation only, student groups must visit (as a group) the grocery store of their choice and shop for the items on their list, keeping a running tab of all their expenses. During this visit, they are informed that their actual budget will be based upon the maximum allotment of food stamps (SNAP) available, which is roughly \$4/per person/per day, or \$112 total for a family of four for one week. Students cannot exceed this amount. Additionally, students are not permitted to purchase any items that are not covered

by SNAP benefits (e.g., non-food items, prepared foods, etc.). If the total amount would exceed \$112, students must change their items and menu accordingly. After the completion of this assignment, students complete an individual reflection of the experience. Group discussion and large group reflection also occur as we review the various meal plans and experiences of the groups in class.

- **Course Reflection Journal (CRJ).** Throughout the semester, students are required to keep an informal journal, making notes of insights inside and outside of class that occur to them about topics related to poverty. Specifically, students are asked to articulate their own personal assumptions about poverty and to critically analyze various influencing parts of their life that have informed these messages (e.g., their family, the news, popular movies, social media). At the end of the course, students are required to synthesize the contents of their journal using targeted prompts around their assumptions, scenarios that have challenged their assumptions, and the messages that they have internalized from various circles of influence.

### Study Design and Participants

The design for this study was a secondary data analysis of assignment and course reflections from two cohorts of students who had previously completed the course *Perspectives on Poverty in America*. Over a period of two years, 2018 and 2019, students' reflections on experiential learning activities were collected from the course. In accordance with the university's IRB, approval was granted to conduct a secondary data analysis of these reflections and journaling activities. This approach is in line with research ethics utilized in ethnographic studies and participant observation. Further, this approach allowed us to control for bias and threats to the internal validity of the study (e.g. participant reactivity, Hawthorne effect, social desirability bias).

During the course, students' reflections on two assignments (Economic Vulnerability Project and the Food Stamp Challenge) were collected along with their Reflection Journal at the close of the course. The research was conducted after the course was over and had no bearing on students' participation in the course or grade for the course. While the study design was a secondary data analysis of student reflections, and as such the students were not directly research participants, a breakdown of the total students and general demographic information might be helpful. Generally, the course was populated by predominantly Caucasian female students. Specifically, in 2018, there were 25 students enrolled in the course which included two male students and four students of color. In 2019, there were 26 students enrolled in the course which included four male students and six students of color.

### Data Collection

Twenty student reflections were collected in 2018 for the Economic Vulnerability Project. Eighteen student reflections were collected for the Food Stamp Challenge. In 2019, nineteen student reflections were collected for the Economic Vulnerability Project and 16 reflections on the Food Stamp Challenge. Twenty-three students' Course Reflection Journals were collected for analysis in 2018 and 21 Course Reflection Journals were collected in 2019. Only a single assignment reflection for each exercise and a single reflection journal were collected from each individual student.

### Data Analysis

All identifying information was replaced by an alphanumeric code and the data were compiled, organized, and analyzed in bulk. Data were organized using NVivo 12 Plus (2018) into folders by year and by assignment. A chart of

respondents was created to document the source of any quotes that were used.<sup>3</sup>

Multiple researchers (3) participated in the data analysis, only one of whom was the course instructor. The research team used an inductive approach to pattern and thematic analyses (Denzin & Lincoln, 2018). Data analysis began with open coding for each of the assignments to generate the initial codes, or Nodes, as indicated by NVivo 12 Plus (2018). These nodes were then collapsed into overarching themes. Associated nodes were tucked back underneath these overarching themes to craft an exploratory framework that addressed the way the course structure guided students through new reflective learning. Researchers then analyzed the overarching themes by assignment and created a third level of codes that were associated with overall findings for the reflections of the class in general. No major differences were noted across the yearly cohorts. To guard against bias, the three researchers independently analyzed the data. Any discrepancies in codes or analysis, which were rare, were discussed between researchers.

### Limitations

This study was affected by the types of limitations inherent in qualitative research, such as the limits to external generalizability and challenges in demonstrating rigor. The volume of data provided a challenge as well; however, Nvivo 12 was helpful in mitigating this. Because the instructor of the course was a researcher on this project, it was necessary to attend to potential bias, which was accomplished using triangulation between the other researchers, which enhanced the trustworthiness of the findings.

The use of secondary data represented a convenience sample of students, which also provided an additional limitation. Because the students were all social work majors, they might have already had a particular orientation toward values conducive to social work; however, because they were

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<sup>3</sup> Alphanumeric markers, unique to each individual student, are provided below with in-text quotations.

first-semester students, they had not had any formal social work education prior to their participation in this course. Therefore, it is difficult to assess that change over time had occurred in the absence of students making that observation of themselves through their own reflections.

Although the assignments upon which the students reflected were intended to expose the harsh realities associated with the complex decision-making processes that economically challenged families face, one cannot assume that all of our students lacked personal first-hand experience. To the contrary, some students expressed the realization of how hard it probably was for their own parents/caregivers while they (the students) were growing up, suggesting that even students with their own lived experiences could gain insight through the course activities. The qualitative methodology, combined with the small sample, could only offer an exploration into these themes. In order to craft a more explanatory framework, additional research with different methods would be warranted.

## Findings/Results

Students noted that their experiences within the course provided new ways for them to learn the material, through experiential activities that required them to solve problems, by meeting new people, and by trying new things outside of the classroom. In the context of their reflections, students shared emotionally-oriented responses as a result of these experiences. For both the Economic Vulnerability Project (EVP) and the Food Stamp Challenge (FSC), the thematic analysis revealed that the emotional responses experienced by students included: frustration, stress, mental fatigue, and anger.

### Emotional Responses

**Frustration.** In regard to the EVP, one student noted that "this exercise was very challenging and frustrating. Our group had a hard time getting everything together. It is impossible to live off the amount of money that we made without government or local assistance. The whole exercise was difficult" (5B). Another noted that while it "was frustrating to figure out, it also opens my eyes to how hard it must be for people in situations like these that



don't receive no aid or help at all" (6B). With the FSC, the responses were quite similar. One student noted that "I know for me personally I couldn't imagine choosing between food and housing but for some people that is a constant struggle" (18B). Frustration also resulted when students were faced with information that challenged what they previously assumed to be true. "It was frustrating because I thought SNAP recipients received much more assistance when they actually do not and options are very limited" (1A). It appears that an emotional response was the precursor to the student then translating that experience into empathy. Additionally, it was evident that the act of making difficult choices within the assignment pushed the student into an area of reflection where they could consider what this scenario might be like for an individual experiencing it in their life.

**Stress.** Sometimes students called the emotions that they were feeling "stress." Regarding the EVP, one student noted that "[t]his was very stressful and definitely showed me how hard it is to live on minimum wage" (1B). Another student explained that "I was very stressed about this project. The most stressful part was figuring out how to pay for everything that we needed, and that we were not allowed to use an assistance program" (19B). The same held true for the FSC. One student said, "This exercise was stressful. It took trial and error to create our list of purchases. It really showed how challenging it can be for a family to live off of food stamps" (3A). Another said, "It was very stressful, we had to keep making adjustments to fit our budget and we found that extremely difficult to do. I now have a better understanding of how difficult this must be to do for someone living on food stamps, especially with children to provide for" (8A). For some students, this stress took them by surprise. "It was a lot more stressful than I thought it would be. Having to search an entire store to look for deals. I can't imagine how much that stress would multiply with children along for the ride" (12B). They then related that to an empathic response toward someone having these types of struggles in their real lives.

**Mental Fatigue.** Students experienced mental fatigue from these exercises. One student stated that "[t]he exercise was way more difficult than I expected. I never thought that it would be so hard to actually find

everything with next to no money. It greatly expanded my understanding and the struggle that impoverished people go through" (3B).

Another student shared that:

"This exercise was very difficult. It felt like every time we figured one thing out, another problem came from that. We learned that childcare is very expensive and that it is impossible to live off two minimum wage workers without assistance of any kind. We were in debt by almost \$1,000 a month. It made me very frustrated and made me question a lot. I don't understand how someone thinks a family can live off one minimum wage worker. It was hard to do this exercise and we felt like just giving up and not trying to get out of debt because it felt impossible" (4B).

The sense that they had "tried everything" seemed to inform these emotions. After pushing forward through a decision-making process, students appear to arrive at the realization that there were issues (e.g., structures in society) that they could not overcome even after individual and group contemplation.

"Another thing that shocked me was how expensive childcare is. That took up almost half of our budget. However, this was a necessity because we needed someone to look after the one child. In conclusion, this exercise changed my outlook on prices, how hard life can be just getting by, and how much people must pay to try and live a life outside of poverty. Also, it made me realize even more how hard it is to not go into debt from working a minimum wage job" (13B).

**Anger.** Students became upset as a result of their frustration, stress, and mental fatigue. One student clearly identified this cumulative feeling as "anger."

"It made me very upset because how can the government or any one for that matter expect anyone to make a living while getting paid minimum wage. It just is not right. I felt myself getting angry while doing this" (11B).

While it is difficult to know why students were angry, one hypothesis might be that students experienced emotional responses as a result of dissonance

between any preexisting poverty assumptions and the structural realities with which they were faced.

### Putting Self in Someone Else's Shoes

Analysis suggested that, via their own reflections, students took their emotions and translated them into empathy. This meant that students seemed to drive their frustration, stress, mental fatigue, and anger into the energies required to put themselves figuratively into the struggles that they would imagine individuals in poverty likely faced. One student explained that:

"To be completely honest, this was one of the most stressful assignments I've had in a while, just because of the fact I told my brain that this could be me, this happens every day to different people in poverty in different ways and I couldn't even put a penny into an absolute emergency savings. It really puts you in the shoes of your created family and gets you involved in the survival and wellbeing of an innocent family of four and it was quite stressful" (16A).

One student noted that the FSC "put the situation of poverty into perspective because it was stressful to walk there (to the store) and figure out what we were able to get with our funds when normally we can just drive to the store and get what we want. I couldn't imagine managing children while doing this" (22A). Another student added that "I know for me personally I couldn't imagine choosing between food and housing but for some people that is a constant struggle" (18B).

### Seeing Their Own Families' Struggle Anew

While one student noted that they "really like activities like this where we get to put ourselves in someone else's shoes. It is very creative and certainly helped us see from a new perspective" (16A)' for others, that perspective hit much closer to home. Many students shared how they saw themselves, their parents, or their families in a new way because of their experiences during the assignment.

"This exercise was honestly super stressful. I do not feel like this is acceptable and nobody should have to live in these conditions. I can

understand how somebody like this may feel though, I feel like this is how a lot of my family lives" (12A).

"This exercise really opened my mind up to how difficult it must have been for my mom to do this on her own with 2 children" (14B).

"This was the most stressful project I ever worked on. It felt like I was wearing the shoes of the family that we were describing. It felt like my group was the family going through it and we were trying to figure out how to survive. Two questions that came up a lot in the group was whether shelter or food was more important and how in the world were we going to feed our children" (9B).

"I now understand a lot more and why my mom used to say you can't get that at the store. I thought she just didn't want me to get it but now I know like SHE COULDN'T AFFORD IT. I have so much respect for what my mother went through and did for her children" (14B).

### Changing Perspectives

In their reflections, students noted that their experiences during the assignments, and sometimes the course in general, forced them to challenge perspectives that they held (either knowingly or unknowingly) prior to the course or the assignment. They tended to call this process out as being "eye opening." Students noted that the EVP:

"...was a real eye opener for me personally" (18B)

"...open [ed] my eyes to how hard it must be for people in situations like these that don't receive [any] aid or help at all" (6B)

"...I think this exercise was super helpful for the class especially, because it probably opened up a lot of people's eyes like it did to mine" (3B)

Overall, many students shared these sentiments in their reflections as to how the exercises and course served to challenge and change long-held perspectives:

"Through this class though, many of my assumptions were challenged and my way of thinking has changed. Prior to the start of class, I had thought that most welfare recipients were lazy people who didn't want to work. I also would get angry when I would be in line at Walmart and

saw someone using food stamps to purchase food that is of a better quality than what I could actually afford. A frequent question that came to mind in these times was 'Why is my hard-earned money that I worked for being given to these people for free? They aren't the only ones struggling.' This view was based primarily on the fact that I was uneducated; however, it wasn't the only reason. Growing up my family struggled a lot due to the fact that my dad lost his well-paying job when he got sick. As I sit here and reflect, I realize that the prior assumptions that I just listed above are false. Through this class I realized that people on welfare work hard and aren't lazy. Don't get me wrong, there are some people who are lazy and on welfare but that doesn't accurately represent the majority of welfare recipients" (11A).

One student noted that "In the end, I have a completely different outlook for those in poverty and understand more why people are in that place" (13B).

Reflections appeared to have provided students with the opportunity to experience these assignments and offered them the opportunity to articulate the changes in their attitudes and how such changes came about. As evidenced by their responses, students seemed to come to the collective realizations that poverty is a multi-faceted experience, that poverty could happen to anyone, and that the structures in society had a lot more to do with instances of poverty and general misfortune than they had previously thought. This collective consciousness was marked by a change toward viewing the structures in society as having a greater influence on poverty than individual failures. Excerpts from students' Course Reflection Journals (CRJ) reinforced these themes:

"The things that I have learned that have challenged my prior assumptions are that being in poverty does not mean you are lazy, or abuse alcohol and drugs. Poverty is not a simple thing and it is not easy to get out of" (4B).

"The content discussed in this class gave me a different understanding of what poverty is really like. When people think of poverty some of the first things that pop into their heads are negative. For example, many judge others in harsh ways when they see them using food stamps, or

they think they aren't doing anything to help themselves when in reality, maybe they can't get a job because of a medical issue. The group projects like the food stamp challenge and the economic vulnerability project was a good experience to have. This class served as an eye opener and gave a deeper understanding of what the word poverty really means" (21A).

"It [poverty] is not always a cause of wrongdoing in a person's life. It can often be due to circumstance and 'luck of the draw' for some. Prior to taking this course, I assumed that if you were in poverty, it had to mean that you have chosen a path in life that was the cause of your life going down this particular direction. I never would have imagined that it could be due to factors such as lack of adequate paying jobs, not being able to afford transportation or not even being able to access the sources needed in order to get a job" (8A).

"I always assumed that poverty was people being lazy, not wanting to work, or caring about themselves when that is not the case. This class did change my perspective on poverty and challenged me to see it differently" (7A).

## Discussion

The intentional examination of large issues, in this case poverty and the lived experiences of those in it, may actually leave individuals more uneasy than if they chose to leave their bias unexamined (Ritzer, 2009). For that reason, it is essential for educators to provide opportunities for this type of exploration in an experiential and relatively "safe" environment. Given the proper context, the reexamination of bias can be reflected upon instead of leaving mass culture to determine. Symbolic interactionists may offer some insight into the dynamic nature of the reflection process. Because individuals are not simply participants to be acted upon by mass culture, but instead are dynamic beings who have the ability to reflect upon and change culture, these reflections themselves may offer insight into how attitudes and perceptions are not only formed but augmented. The consciousness of human beings provides them with the ability to shape interactions and ideas (Ritzer, 2009). In this case, the utilization of experiential learning activities

and the active reflection that occurred afterward, provided an opportunity to work out their emotional responses into the adoption of new ideas and the construction of personal empathy. Reflection provided the framework for shaping and sculpting ideas.

Critical consciousness develops in response to experiences (Roy et al., 2019), but perhaps it is more specifically shaped by the internalized meanings that individuals attribute to objects and experiences. Through this meaning-making process, it is possible that prior biases are questioned and replaced with new understandings about social phenomena. In effect, crafting experiences that create cognitive dissonance between pejorative assumptions and actual lived experiences encourage the actor to challenge prior knowledge and replace it with more empathic understanding. Journaling and reflection provide a formal opportunity for this meaning-changing process.

Freire's (1971) construct of "critical consciousness" can be used to describe the ways in which individuals reconstruct their own personal realities in communion with others. The development of a deeper collective understanding may result from the active reconstruction of ideas after shared experiences. Hershberg and Johnson (2019) describe the complexities of such a process and how the intersectionalities of one's identity might complicate the process through multifaceted group membership in both oppressed and privileged groups. In this study, the researchers found that students were able to participate in this process through reflection and journaling on the activities that they participated in together. In many cases, these shared experiences and decision-making processes caused them to have emotional responses that needed to be worked out and processed. Thus, students reflected upon themselves and their own lived-experiences as requisite building blocks of building a "critical consciousness."

Students in this course seemed to realize, in the context of their journal and reflection, that a challenge to pre-existing assumptions was warranted and perhaps overdue. They realized, especially when looking for local housing for the Economic Vulnerability Project or food in the grocery store for the Food Stamp Challenge, that necessities are very expensive. They noted

that a lack of resources overall would make a challenge in one area expand to other areas of one's life. This seemed to help students develop a form of a collective consciousness around the general notion that poverty could happen to anyone, that it was more of a transitory experience and less a type of person. And that given the reality of societal structures, which included the costs of housing and the inability of the minimum wage to make ends meet, the limits and challenges with the social safety net, that individuals were likely not taking advantage of government programs and that such programs likely did not do enough to help those in need.

Many aspects of the learning experience provide barriers or opportunities to develop awareness, new understanding, and critical consciousness. Taylor (2019) suggests that aspects of the interpersonal relationships between students may assist in learning such as the development of dialogue and helping peers see a broader concept. In some ways learning as a cohort and among other learners can facilitate this process of developing critical consciousness. But attitude shifts at the individual level may require individual level personal reflection, consideration of new evidence, and a decision-making process to select a new perspective as a result of these shared experiences.

As social work instructors, it is our responsibility to intervene here. We must create exercises both inside and outside of the classroom that challenge students' prior assumptions and provide them with the opportunity and framework to reflect upon these experiences. It is in the active individual and collective reflection upon our experience and attitudinal changes may occur. Further, as these experiences occur in tandem with other parallel learning, students are able to develop a critical consciousness around social justices alongside their peers. Pedagogical interventions that intend to challenge pre-existing assumptions about any social issue should therefore work to embed appropriate reflection opportunities for students to work out their ideas in a reflexive way. In doing such, the potential for new learning to occur may increase and the development of critical consciousness might become a true possibility for students as part of their learning process.



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# Attitudes of Social Workers about Rational Suicide

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## Abstract

Suicide is a major public health concern. It is the tenth leading cause of death in the United States. Social workers serve as the largest group of mental health care providers, and commonly intervene with suicidal clients. Despite the high rate of suicide and social workers interface with client suicidality, there is no research on the attitudes of social workers toward rational suicide. The notion of rational suicide challenges traditional views on suicide intervention and has complex ethical implications for the social work profession. Social workers adhere to the ethical standards set forth by the NASW and rational suicide involves two of those ethical standards, client self-determination and commitment to clients. This quantitative research study examined the attitudes of 2,157 licensed clinical social workers toward rational suicide. Findings revealed that social workers broadly agree (67.1%) that individuals can make a rational decision to die by suicide. Social workers' personal characteristics (gender, age, race/ethnicity, state residency, religious affiliation and having personal thoughts of suicide) were found to predict their attitudes about rational suicide. The findings suggest that social workers' attitudes about rational suicide are related to their personal

characteristics. These findings have ethical considerations for the social work profession when intervening with suicidal persons with physical and psychological pain as well as value neutral practice.

Keywords: Rational suicide, ethics, clinical social work, physical, psychological pain

## Introduction

Rational suicide involves the decision to take one's own life based upon logical decision making and personal autonomy (Werth & Holdwick, 2000, p. 513). The notion of rational suicide challenges traditional views on suicide intervention with complex ethical and ideological implications for the social work profession, one of the core values of which is to uphold the dignity and worth of each person (National Association of Social Workers [NASW], 2017). The NASW calls upon social workers to “promote clients' socially responsible self-determination” (NASW, 2017, p. 5). Consequently, social workers must respect each client's personal autonomy and right to make their own decisions. However, self-determination is limited when the client poses an imminent risk to themselves or others (NASW, 2017, pg. 7).

The historical and current aim of suicide prevention efforts are to discourage and intervene with suicidal clients (Werth, 1995). The NASW developed and maintains a code of ethics for the social work profession which stipulates practice interventions, specifically, how to intervene with suicidal clients. However, there are potentially conflicting ethical standards that can make the decision to intervene with suicidal persons a difficult undertaking. Suicide concerns social workers' views on their profession's ethical standards, client self-determination, and their commitment to client well-being. Although there is emerging research on rational suicide, at present, there is no research that has examined social workers' attitudes about rational suicide. Thus, it is important for social workers to understand rational suicide and its implications on practicing within the ethical framework established by the NASW. The purpose of this study is to examine social workers' attitudes toward rational suicide and discover their personal and professional experiences associated with their attitudes toward rational suicide.

## Literature Review

### Rational Suicide

Rational suicide presents a paradigm shift in the way society thinks about suicide. The notion that a person can make a personal, autonomous, and rational choice to die by suicide has significant implications for suicide prevention and intervention efforts, which traditionally aim to decrease and eliminate suicide. Understanding rational suicide requires understanding suicide prevalence and suicide prevention programs and policies in the United States.

### Suicide Prevalence

Crosby et al. (2011) defines suicide as “death caused by self-directed injurious behavior with any intent to die as a result of the behavior” (p. 23) and a suicide attempt as “a non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior” (p. 21). Suicide was the tenth leading cause of death for all ages and the second leading cause of death for those ages 10 to 24 (Hedegaard et al., 2018). The impact of suicide extends beyond completed suicides; for every completed suicide, there are 25 attempts (Drapeau & McIntosh, 2020). Hedegaard et al. (2018) reported that from 1999 through 2017, the age-adjusted suicide rate increased 33%, from 10.5 to 14.0 per 100,000 persons. Specifically, from 1999 to 2014, the suicide rate for middle-aged women, ages 45 to 64, increased by 63%, while the rate for men in the same age range rose by 43%, representing the sharpest increase for males of any age group (Hedegaard et al., 2018). Despite prevention programs and policies that have focused on decreasing and eliminating suicide, the annual suicide rate has steadily increased in the United States to 13 per 100,000 people, the highest since 1986 (Hedegaard et al., 2018).

## Suicide Prevention

Over the past two decades, various stakeholders, such as government and state agencies, have attempted to create strategies and policies for suicide prevention (Sheehan, et al., 2015). Despite these efforts, suicide prevention and treatment programs continue to lack social or financial support compared to prevention and treatment efforts for other leading causes of death (Canady, 2015). Strategies and modalities have a mental health treatment-orientation that focuses on identifying risk factors and recognizing warning signs; however, suicide prevention programs within a mental health treatment model do not address the complexity of suicide. According to David-Ferdon et al. (2016), a mental health approach “only reaches small segments of the population who have identified risk factors and who can surmount treatment barriers, such as stigma and limited availability of or access to services” (p. 894). According to David-Ferdon et al. approximately 70% of suicide decedents were not receiving mental health services at the time of their death, and approximately 80% had no known history of previous suicide attempts.

## The Context of Rational Suicide

The idea of rational suicide emerged as a response to the increasing aging population, scientific advances to prolong life, and the right-to-die movement (Siegel, 1986). In addition, changes in the way people die have also lent support for rational suicide. Rogers et al. (2001) suggested the way we die has changed historically, from dying at an early age due to acute causes, to dying from chronic and worsening diseases later in life. Rational suicide can be viewed as an effort to control death in both its process and timing (Rogers et al., 2001). Rational suicide was first introduced to address the right to die by those with a terminal illness but has since expanded to other untreatable conditions, including psychological pain (Siegel, 1986); although rational suicide for both is controversial, the latter holds more stigma and shame (Werth & Holdwick, 2000). For example, making a rational decision to die by suicide when suffering from a terminal illness has

at times been considered both morally and socially acceptable, compared to wanting to die by suicide due to psychological pain (Hewitt, 2013). This fact seems likely due to psychological pain being associated with mental illness and irrationality.

## Theories & Factors

There are several theories and factors that have helped shift societal perspectives on suicide and rationality: technology, the right-to-die perspective, and the legalization of assisted death (Dzeng & Pantilat, 2018). Life-changing technological advances have changed the way we live and die, such as in the case of medical advances. These technological advances have led to increased life expectancy, although longevity may prolong suffering and disease (Lee & Grube, 2017). Dzeng and Pantilat (2018) suggested these technological advances have raised concerns about the aggressive nature of medical care and the enduring suffering it can impose upon patients and their loved ones. Consequently, the assumption that life should be sustained as long as possible has raised considerable questions concerning ethics, individualism, and the dignity of the individual throughout the dying process (Banjar, 2017). These concerns have paved the way for the right-to-die movement, whose mission has been to ensure that persons can die with dignity. This movement has also led to assisted-suicide laws being enacted for terminally ill patients.

Next, the right-to-die movement was pivotal in shaping the views and beliefs associated with terminal illness in the United States (McCormick, 2011). As technology and medical treatments developed, these concerns centered on a person's quality of life versus their end of life (McCormick, 2011). Terminally ill patients' concerns include loss of autonomy and control and the fear of being a burden (Humphry & Clement, 2000); the right-to-die perspective centers on individual choice, personal decision making, and free will. The right-to-die movement has resulted in legislation to allow persons to make health care choices, such as foregoing medical treatment. The central feature of the right-to-die movement is autonomy. In 2006, the Pew



Foundation found that 84% of Americans support right-to-die laws (Pew Research Center, 2006), and in 2015, a Gallup reported that 68% of Americans support the legal right of terminally ill people to die (Gallup, 2015). This perspective underlies the concept of rational suicide. In addition to changing the way suicide is understood, the right-to-die movement also paved the way for assisted suicide laws.

A final factor is the concept of assisted suicide, which is described as - “the act of intentionally killing oneself with assistance from another person, who provides the knowledge, means, or both” (World Health Organization [WHO], 2004, p. 10). Oregon’s 1994 Death by Dignity Act made it the first state to legalize assisted suicide. The law allows terminally ill adults who are likely to die within six months to obtain a prescription for lethal medication from a doctor, although they must first be able to demonstrate that they can make their own decisions (Oregon Death with Dignity Act, 2019). It should be noted that psychological pain is not mentioned in the Death by Dignity Act, and that no states include psychological pain as a condition for assisted suicide in assisted suicide legislation. As of 2020, 8 states and Washington D.C. have legalized assisted suicide for terminally ill patients.

Assisted suicide is associated with rational suicide. Both are philosophically grounded in self-determination and individual autonomy. In the United States, assisted suicide laws, together with the right-to-die movement, reinforce the importance of individual choice, personal decision making, and rationality for those with terminal illness, thereby reducing societal stigma about suicide for those individuals. Rational suicide, then, may be considered more morally and socially acceptable for those who have terminal physical illness than for those suffering from psychological pain. Psychological pain is rooted in the construct of mental illness and is aligned with stigma and labels assigned to those deemed “mentally ill” and thus, ‘unfit’ to choose rational suicide. It follows that suicide for people who experience psychological pain may be viewed differently than suicide for those who are suffering from a terminal physical illness. Consequently, personal autonomy regarding the decision to die by suicide has complex ethical

considerations for social work professionals who may be called upon to intervene with suicidal persons.

### Significance for Social Work

Social workers serve as the largest group of mental health care providers in the United States (NASW, n.d.). Because they play a key role in providing mental health services, it is important for social workers to understand the attitudes they have about rational suicide for persons experiencing pain from terminal illness and psychological conditions. The increase in suicide prevalence is a concern for all mental health professions. Understanding suicide, specifically rational suicide, is important for research, practice, and training in the mental health field broadly and the social work profession in particular.

People who die by suicide often see human service workers within weeks before they die (Jacobson, et al., 2012). Social workers intervene with suicidal patients in various settings and in different roles. Therefore, it is critical that burgeoning social workers are educated and trained in their undergraduate and graduate programs on suicide, risk assessments, and interventions. Education is particularly relevant given that one-third of social workers will experience a client death by suicide over the course of their career (Jacobson et al., 2012). When addressing suicide, education is a key area to inform social work practice.

Rational suicide is also an ethical consideration for the social work profession. In human services professions, the moral, ethical, and legal response to suicide has been prevention (Werth, 1995). Most professional organizations (social workers, counselors, psychologists, physicians, and nurses) have ethical codes detailing standards that govern service delivery. Professional codes stipulate that the proper response to suicidal clients is to try to discourage them from attempting suicide and, if that fails, to intervene (Mayo, 1998). Social workers deal with complex ethical issues and commonly intervene with individuals who are suicidal (Mishna et al., 2002). According to Misha (2002), ethical decision making is based on being able to

discern when an individual can make an informed decision and when they lack this ability. The complexity exists in an individual's right to choose suicide and the social worker's responsibility to prevent it. Self-determination is a value and an ethic within the social work profession; however, social workers also adhere to the value of client commitment and well-being, which underscores safety from harm. In adhering to this value, social workers intervene with suicidal clients and work to prevent and preserve life. The conflict between respecting client self-determination and having a professional commitment to client well-being presents an ethical conundrum for social workers who take into consideration the concept of rational suicide. Thus, this study poses the following research questions: RQ1: What are social workers' attitudes about rational suicide? RQ2: What is the relationship between social workers' professional experiences and their attitudes about rational suicide? RQ3: What is the relationship between social workers' personal characteristics and their attitudes about rational suicide?

## Methodology

### Research Design

This is a quantitative research study that used the Qualtrics online survey platform to collect data. The researcher used a descriptive correlational design to examine the association between social workers' attitudes on rational suicide, and their professional experiences and personal characteristics.

### Sampling

To establish a baseline understanding of social workers' attitudes about rational suicide, the researcher surveyed social workers directly. The list of clinical social workers licensed by state licensing boards in Arkansas, Florida, Nebraska, New York, Oregon, Rhode Island, Utah, Wisconsin, and Wyoming comprised the sampling frame. These nine states were selected

because their licensing boards were able to provide email addresses for clinical social workers. The sampling frame included 56,975 licensed social workers across all nine states. The final convenience sample ( $n = 29,021$ ) included all clinical social workers from each state who met criteria to participate in the study. Each participant had to have a minimum of a master's degree in social work, an active clinical social work license, and valid email address.

## Procedures

This is a quantitative exploratory study that examined social workers' attitudes about rational suicide by using a survey administered to licensed clinical social workers across nine states: Arkansas, Florida, Nebraska, New York, Oregon, Rhode Island, Utah, Wisconsin, and Wyoming. The information from this study provides a baseline understanding of social workers' attitudes toward rational suicide and identifies personal and professional characteristics associated with these attitudes.

Items in this survey focused on social workers' attitudes about rational suicide. The survey also included items related to the social workers' personal characteristics and professional experiences related to suicide. This study received IRB Approval and each participant was presented with an informed consent form prior to answering the first question on the survey. Participants were unable to access the survey without first reviewing the consent form and indicating voluntary consent. Both the recruitment letter and consent form explained the limits of confidentiality and respect for participants' privacy.

## Instrumentation

The survey (Appendix A) consists of three sections: attitudes toward rational suicide, personal characteristics, and professional experiences. The survey included closed-ended Likert-type questions pertaining to demographic and personal data. Demographic and personal characteristics included: state residency, age, gender, years of experience, race and ethnicity,

religious affiliation, and primary practice area. Professional experiences were related to past experiences with clients who attempted or completed suicide, personal thoughts about suicide, and past experiences with family members or friends who thought about or completed suicide with five categorical response choices to assess respondents' views on rational suicide.

## Variables

The variables were conceptualized and operationalized based on the research questions and from information in existing literature on rational suicide. Several research studies have examined health care professionals' attitudes about rational suicide. Researchers have also examined characteristics associated with attitudes about rational suicide, such as gender, race, religious affiliation, occupation, professional setting, and years of experience (Rogers et al., 2001; Werth & Liddle, 1994; Westefeld et al., 2004). For data analysis purposes, all variables were at the nominal level.

## Data Collection & Sample Demographics

Surveys were randomly assigned to participants in each state to ensure that the surveys distributed were proportional to the sample size within and across states. Surveys were distributed in early October of 2018; participants were sent a link to the survey via email. The email included an introductory letter and participants were removed from future emailing if the email address was determined to be incorrect through automatically generated email rejections. The survey instrument was active from October 14, 2018, through December 14, 2018. The final sample consisted of two thousand three hundred fifty-seven participants; of that number, 2,157 were valid responses.

## Results

Data was analyzed through the use of the statistical analytical software SPSS.

## Sample Demographics

The survey included several questions on personal characteristics. Respondents' personal characteristics included information on their state residency, gender, age, years of experience, race and ethnicity, religious affiliation, and practice area. Complete demographic and descriptive data can be found in Table 1.

Characteristics	N	%
<i>State Residency</i>		
Arkansas	617	28.6
Florida	105	4.9
Nebraska	7	0.3
New York	568	26.3
Oregon	119	5.5
Rhode Island	84	3.9
Utah	317	14.7
Wisconsin	110	5.1
Wyoming	72	3.3
Missing	158	7.3
<i>Gender</i>		
Male	449	20.8
Female	1588	73.6
Transgender male	3	0.1
Gender variant	6	0.3
Other	3	0.1
Prefer not to answer	19	0.9
Missing	89	4.1
<i>Age</i>		
18-24 years old	1	< 0.1
25-34 years old	201	9.3
35-44 years old	397	18.4
45-54 years old	439	20.4
55-64 years old	540	25.0
65-74 years old	394	18.3

75 years or older	82	3.8
Prefer not to answer	14	0.6
Missing	89	4.1
<i>Years of Experience</i>		
Less than 1 year	0	< 0.1
1-5 years	126	5.8
6-10 years	295	13.7
11-15 years	280	13
16-20 years	277	12.8
21-25 years	257	11.9
26-30 years	302	14
31-35 years	207	9.6
36-40 years	137	6.4
More than 40 years	183	8.5
Missing	93	4.3
<i>Race and Ethnicity</i>		
Non-Hispanic White or Euro- American	1720	79.7
Black, Afro-Caribbean, or African American	96	4.5
Latino or Hispanic American	98	4.5
East Asian or Asian American	19	0.9
South Asian or Indian American	3	0.1
Middle Eastern or Arab American	9	0.4
Native American or Alaskan Native	30	1.4
Other	38	1.8
Prefer not to answer	55	2.5
Missing	89	4.1
<i>Religious Affiliation</i>		
Buddhist	62	2.9
Catholic	253	11.7
Evangelical	58	2.7
Hindu	4	0.2
Jehovah's Witness	1	< 0.1
Jewish	236	10.9
Mormon	139	6.4
Muslim	1	< 0.1

Orthodox Christian	14	0.6
Unaffiliated	610	28.3
Other	363	16.8
Prefer not to answer	86	4.0
Missing	90	4.2
<i>Practice Area</i>		
Children	66	3.1
Gerontology	25	1.2
Medical	145	6.7
Mental Health	866	40.1
Child Welfare	59	2.7
Aging	127	5.9
Addiction	312	14.5
Intellectual disabilities	108	5.0
Other area not listed	351	16.3
Prefer not to answer	0	< 0.1
Missing	98	4.5

**Table 1:** Participant Demographics (n=2157)

Research questions one investigates social workers’ attitudes about rational suicide. In order to answer this questions, descriptive statistics were used to summarize responses to survey item one to answer this research question. Participants were presented with the statement: “*An individual can make a rational decision to die by suicide.*” Almost half of the respondents agreed (43.2%, n = 932) or strongly agreed (23.9%, n = 515) with this statement. The remaining respondents were split between being undecided (14.1%, n = 305), disagreeing (10.7%, n = 230), or strongly disagreeing (8.1%, n = 175).

Research question two investigates the relationship between social workers’ professional experiences and their attitudes about rational suicide. To answer this research question, a multinomial logistic regression was run to predict social workers’ attitudes about rational suicide based on their professional experiences (*i.e., having a client that attempted suicide; having a client die by suicide; having one’s own thoughts of suicide; having a friend, family member, or loved one attempt suicide; and having a friend, family member, or loved one*



*die by suicide*). Then, separate regressions for each professional experience variables was run.

A recoded variable, which combined three final response choices strongly agree/agree, undecided and strongly disagree/disagree, was entered into the model. There was a statistically significant relationship between attitudes about rational suicide and social workers' personal thoughts of suicide ( $\chi^2(2) = 15.77, p < .01$ ). The McFadden, Cox-Snell, and Nagelkerke pseudo-R<sup>2</sup> values were .005, .008, and .010, respectively. Social workers who reported having had their own thoughts of suicide were 1.5 times as likely as social workers who had not had thoughts of suicide to strongly agree/agree that individuals can make a rational decision to die by suicide than they were to strongly disagree/disagree ( $OR = 1.55, Wald F = 13.36, p < .01$ ). No other statistically significant results were found for the remaining statements.

Research question three investigates the relationship between social workers' personal characteristics and their attitudes about rational suicide. To answer this question, multinomial logistic regression was used to examine social workers' personal characteristics and their attitudes about rational suicide. The independent variables (*state residency, gender, age, years of experience, race and ethnicity, religious affiliation, and practice area*) were entered into separate models. Results for the relationship between each independent variable and the dependent variable are reported below.

### State Residency

Recoded variables for state with the response choices South (included Arkansas and Florida); Midwest (included Nebraska and Wisconsin); Northeast (included New York and Rhode Island); and West (included Oregon, Utah, and Wyoming) were entered into the model. The majority of respondents in each geographic grouping agreed or strongly agreed that individuals could make a rational decision to die by suicide. A statistically significant relationship between social workers' state residency and their attitudes about rational suicide ( $\chi^2(6) = 24.68, p < .01$ ). The McFadden, Cox-Snell and Nagelkerke pseudo-R<sup>2</sup> values were .007, 0.12 and .015, respectively. Social

workers in the Northeast region were 1.8 times as likely ( $OR = 1.87$ , Wald  $F = 15.86$ ,  $p < .01$ ) as social workers in the West region to strongly agree/agree that individuals can make a rational decision to die by suicide than to strongly disagree/disagree. Social workers in the South were 1.4 times as likely ( $OR = 1.44$ , Wald  $F = 6.01$ ,  $p < .01$ ) as social workers in the West region to strongly agree/agree that individuals can make a rational decision to die by suicide than to strongly disagree/disagree.

### Gender

The recoded gender variables with the response choices male, female, other (including transgender female, transgender male, gender variant/non-conforming, and not listed), and prefer not to answer were entered into the model. The majority of respondents in each gender group agreed or strongly agreed that individuals could make a rational decision to die by suicide. A statistically significant relationship between social workers' gender and their attitudes about rational suicide ( $\chi^2(6) = 16.54$ ,  $p = .011$ ). The McFadden, Cox-Snell and Nagelkerke pseudo- $R^2$  values were .005, .008 and .010, respectively. Male social workers were about half as likely as female social workers to be undecided in their response to the statement that individuals can make a rational decision to die by suicide compared to strongly disagreeing/disagreeing ( $OR = 0.48$ , Wald  $F = 13.23$ ,  $p < .01$ ).

### Age

The recoded age variables with response choices young adult (18-44 years of age), middle-age adult (45-64 years of age), and older adult (65 years of age and up), were entered into the model. The majority of respondents in each age group agreed or strongly agreed that individuals could make a rational decision to die by suicide. There was a statistically significant relationship between social workers' age and their attitudes about rational suicide ( $\chi^2(4) = 23.78$ ,  $p < .01$ ). The McFadden, Cox-Snell and Nagelkerke pseudo- $R^2$  values were .007, .012 and .014, respectively. Young adult social workers (18-44 years) were less likely as older adult social workers (65 years and older) to strongly agree/agree that individuals can make a rational decision to die by suicide than strongly disagree/disagree ( $OR = 0.70$ , Wald  $F = 4.50$ ,  $p = .034$ ).

Social workers in the young adult category (18 and 44 years of age) were 1.7 times as likely as older adult social workers (65 years of age and up) to be undecided that individuals can make a rational decision to die by suicide than to strongly disagree/disagree ( $OR = 1.70$ , Wald  $F = 5.09$ ,  $p = .024$ ).

### Years of Experience

The majority of respondents in each experience group agreed or strongly agreed that individuals could make a rational decision to die by suicide. Multinomial logistic regression results indicated that social workers' years of experience did not have a statistically significant relationship to their attitudes about rational suicide.

### Race and Ethnicity

The recoded race/ethnicity variables with response choices White, non-White (*included Black, Afro-Caribbean, or African American, Latino or Hispanic American, East Asian or Asian American, South Asian, or Indian American, Middle Eastern or Arab American, Native American or Alaskan Native, other, and prefer not to answer*) were entered into the model. The majority of respondents in each race/ethnicity group agreed or strongly agreed that individuals could make a rational decision to die by suicide. A statistically significant relationship between social workers' race and ethnicity and their attitudes about rational suicide ( $\chi^2(6) = 24.70$ ,  $p < .01$ ). The McFadden, Cox-Snell and Nagelkerke pseudo- $R^2$  values were .007, .012 and .015, respectively. White social workers were 1.7 times as likely as non-White social workers to strongly agree/agree that individuals can make a rational decision to die by suicide than to strongly disagree/disagree ( $OR = 1.79$ , Wald  $F = 12.46$ ,  $p < .01$ ).

### Religious Affiliation

The recoded religious affiliation variables with response choices unaffiliated, affiliated (*included Buddhist, Catholic, Evangelical, Protestant, Hindu, Jehovah's Witness, Jewish, Mormon, Muslim, Orthodox Christian, other and prefer not to answer*) were entered into the model. Attitudes about rational suicide varied by religious affiliation. The majority of respondents without a religious affiliation or those affiliated with the Buddhist, Protestant, Hindu,

Jehovah Witness, Jewish, and Orthodox Christian religions agreed or strongly agreed that individuals can make a rational choice to die by suicide. Conversely, the majority of respondents who reported being affiliated with the Catholic, Evangelical, or Mormon religions disagreed or strongly disagreed that individuals can make a rational choice to die by suicide. A statistically significant relationship between social workers' religious affiliation and their attitudes about rational suicide ( $X^2(4) = 56.73$ ,  $p < .01$ ). The McFadden, Cox-Snell and Nagelkerke pseudo- $R^2$  values were .016, .027 and .033, respectively. Specifically, social workers who had no religious affiliation were 2.7 times as likely to strongly agree/agree that individuals can make a rational decision to die by suicide than strongly disagree/disagree, compare to social workers who were affiliated ( $OR = 2.76$ ,  $Wald F = 43.25$ ,  $p < .01$ ). Additionally, social workers who had no religious affiliation were twice as likely to be undecided that an individual can make a rational decision to die by suicide than strongly disagree/disagree than social workers who had a religious affiliation ( $OR = 2.04$ ,  $Wald F = 13.16$ ,  $p = .01$ ).

### Practice Area

The recoded practice area variables with response choices *children (including children, child welfare and intellectual disabilities)*, *aging (including gerontology, medical and aging)*, *other (including other and prefer not to answer)*, and *mental health (including mental health and addiction)* were entered into the model. The majority of respondents in each practice area agreed or strongly agreed that individuals could make a rational choice to die by suicide. There was no statistically significant relationship between social workers' practice area and their attitudes about rational suicide.

### Discussion

The findings from this study suggest social workers broadly agree with the notion of rational suicide. Social workers' personal characteristics (gender, age, race/ethnicity, state residency, religious affiliation, and personal thoughts of suicide) were associated with attitudes about rational suicide.

Professional experiences (having had a client attempt suicide or having had a client die by suicide) were not associated with attitudes about rational suicide.

First, the results of the first research question, “*What are social workers’ attitudes about rational suicide*” indicate that over half of the respondents strongly agreed/agreed (67.1%) that individuals can make a rational decision to die by suicide. This finding is similar to other research studies that found mental health practitioners agreed with the notion of rational suicide (Rogers et al., 2001; Werth & Corbia, 1995; Werth & Liddle, 1994; Westefeld et al., 2004). It should be noted that although this finding is similar to previous research studies on attitudes about rational suicide, previous studies examined different populations, used different sampling methods, and employed different statistical analyses than were used in the present study. For example, Rogers et al. (2001) studied counselors and used ANOVAs to examine seven-point ordinal scale responses, while Westefeld et al. (2004) studied psychologists, nurses, and state legislators and used ANOVAs to analyze five-point ordinal scale responses. Werth and Liddle (1994) studied psychotherapists and used ANOVAs to analyze responses to semantic differential scale responses.

This finding also suggests that respondents’ attitudes may parallel society’s views on the right to die. Proponents of the right-to-die movement have advocated for laws to support autonomy in decision making regarding death. The right-to-die movement, along with organizations that support it, maintains that individuals have a right to make decisions about the timing and circumstances of their death (McCormick, 2011). According to McCormick (2011), support for right-to-die laws has grown since the inception of the right-to-die movement in the 1970s, with the majority of Americans supporting an individual’s right to die. For example, in 2006, The Pew Research Center surveyed 1,500 Americans and reported that 84% of Americans supported right to die laws (Pew Research Center, 2006), and in 2015, Gallup reported that 68% of Americans support the legal right of terminally ill people to die (Gallup, 2015). This finding could suggest the influence of the right-to-die movement on respondents’ attitudes. Another possibility is

that respondents were influenced by their code of ethics and adherence to the NASW value of client self-determination. Self-determination refers to the “capacity and right of individuals to affect the course of their lives” (Weick & Pope, 1988, p. 10). This finding suggests that social workers’ adherence to the value of self-determination may be perceived as being consistent with their view that an individual can make a rational decision to die by suicide. Although it is possible that the right-to-die movement may have influenced some respondents, it is possible that it is the NASW Code of Ethics and the value of self-determination that influenced respondents’ views on rational suicide. There is a reciprocal relationship between social workers and the NASW Code of Ethics. Social workers influence the creation of the Code of Ethics as well as adhere and uphold the ethics.

Results of the second research questions, *“What is the relationship between social workers’ professional experiences and their attitudes about rational suicide”* were not statistically significant. Specifically, response choices for having had a client attempt suicide and having had a client die by suicide were not statistically significantly related to respondents’ attitudes about rational suicide. This finding is in keeping with findings from previous research studies, which did not find a relationship between respondents having had a client attempt suicide or having had a client die by suicide (Rogers et al., 2001; Werth & Liddle, 1994).

Respondents having had their own thoughts about suicide did have a statistically significant relationship to their attitudes about rational suicide. Almost half (47%) of respondents who participated in the present study reported having had thoughts of suicide, and respondents who had thoughts of suicide were 1.5 times more likely to strongly agree/agree that individuals can make a rational decision to die by suicide than strongly disagree/disagree. This finding indicates that personally experiencing suicidal thoughts may influence a respondent’s view on rational suicide. Notably, this finding contradicts previous research that did not find a statistically significant relationship between personal thoughts of suicide and attitude toward rational suicide (Rogers et al., 2001; Werth & Liddle, 1994). There is no clear explanation for this difference, but it may be that the different findings are

due to the different populations under investigation. Also, as already noted, the previous studies used different response scales and statistical analyses. This discrepancy suggests the need for further research to examine how personal experiences affect attitudes about rational suicide in a larger sample of social workers, as well as studies that compare social workers' attitudes with those held by other helping professionals (i.e., counselors, psychotherapists, physicians, nurses, etc.).

Finally, results of research question three, *“What is the relationship between social workers' personal characteristics and their attitudes about rational suicide”* yielded several statistically significant relationships. Specifically, results posit statistically significant relationships between respondents' state residency, gender, age, race and ethnicity, and religious affiliation and their attitudes about rational suicide; the effect size for each of the variables (state residency, gender, age, race, and ethnicity) was small, but large for religious affiliation.

### State Residency

Respondents in the Northeast region (New York and Rhode Island) and South region (Arkansas and Florida) were more likely than respondents in the West region (Oregon, Utah, and Wyoming) to strongly agree/agree that individuals can make a rational decision to die by suicide than to strongly disagree/disagree. This finding may be explained by the fact that the West region, specifically the Mountain West region, has the highest suicide rates for men and women, across all racial groups, and ages, compared to other regions (Pepper, 2017). The high rates of suicide in the West region may have influenced respondents to be less likely to agree that individuals can make a rational decision to die by suicide.

### Gender

In contrast with other research studies that did not find a relationship between gender and attitude toward rational suicide (Rogers et al., 2001; Werth & Liddle, 1994; Westefeld et al., 2004) this research study found females were more likely than males to be undecided whether individuals can

make a rational choice to die by suicide. Again, inconsistency with previous research may be due to methodological differences. This research finding suggests a need to further examine the relationship between gender and attitudes about rational suicide in a larger sample of social workers, as well as the relationship between the type of profession and attitudes about rational suicide.

### Age

Young adult social workers (18-44 years) were less likely than older adult social workers (65 years and older) to agree that individuals can make a rational decision to die by suicide. This finding suggests that a respondent's age may influence their acceptance of a client's right to autonomy in relation to suicide. It was interesting that age had a statistically significant relationship to attitudes about rational suicide, while years of practice experience, which is discussed later, did not. It was presumed that age and years of experience would be comparable; yet, age does not necessarily equate to more years of experience, as social workers can enter the field at any age. Because there has been no other research that has examined the relationship between age and attitudes about rational suicide, this finding indicates there is a need to further examine the influence of age on attitudes about rational suicide.

### Race and Ethnicity

Race and ethnicity were statistically significantly related to respondents' attitudes about rational suicide, with White respondents more likely than non-White respondents to agree that individuals can make a rational choice to die by suicide. This finding contradicts Rogers et al.'s (2001) findings that counselor race was not related to attitudes about rational suicide. Rogers et al.'s (2001) study, although with a smaller sample, had a majority of White respondents, similar to this research study. Again, methodological differences between studies may account for this divergence. This finding suggests a need to examine further the relationship between race and ethnicity



and attitudes about rational suicide in a more representative sample of social workers than was used in this study.

### Religious Affiliation

This research study found a statistically significant relationship between religious affiliation and attitudes about rational suicide, where non-affiliated respondents were more likely to agree that an individual can make a rational choice to die by suicide, compared to respondents with a religious affiliation. This finding is consistent with other studies that found religious affiliation to be associated with attitudes toward rational suicide (Rogers et al., 2001; Werth & Liddle, 1994; Westefeld et al., 2004). Religious doctrines traditionally preach against suicide (Hsieh, 2017), which may explain why unaffiliated respondents were more likely to agree that individuals can make a rational decision to die by suicide than were affiliated social workers.

### Years of Experience and Practice Area

The number of years of experience as a social worker and the type of practice area did not have statistically significant relationships with respondents' attitudes about rational suicide. This result is in keeping with previous research that did not find an association between attitudes about rational suicide and practice area (Rogers et al., 2001; Werth and Liddle, 1994) or years of experience (Rogers et al., 2001; Westefeld et al., 2004). Overall, this finding suggests that personal characteristics influence attitudes about rational suicide; attitudes are complex and are shaped by a variety of factors (Moyle et al., 2010).

### Limitations

There were several limitations to this research study that may have influenced the findings. First, there is limited research on attitudes toward rational suicide, and there has been no research that has examined the

attitudes of social workers toward rational suicide. Another limitation is self-selection bias given this was an online survey which runs the risk of using samples that are overrepresented or underrepresented, which may bias the findings (Bhole & Hanna, 2017). In addition, there is always the chance of social desirability and the drawbacks of the use of a convenience sample. Finally, it should be noted that although the overall size of the total sample was large, the response rate was rather low. The response rate ( $n = 2,157$ ) was 7.43%.

## Implications for the Social Work Profession

The findings of this study have several implications for social work practice, policy, research, and education.

### Implications for Social Work Practice

Because there is some evidence that personal characteristics can predict social workers' attitudes about rational suicide, this study has implications for social work practice. There is a need for social workers to examine their attitudes about rational suicide and the congruence between their attitudes and the NASW Code of Ethics. Social workers develop a professional identity in a process called professional socialization (Valutis & Rubin, 2016). This process occurs when social workers incorporate the values and ethics of the social work profession in their practice. CSWE reinforces this development in social work education by stating "social workers recognize personal values and the distinction between personal values and professional values" (CSWE, 2015, p. 7). The findings suggest that social workers' values and attitudes must be examined to determine their acceptability in social work practice. The social work profession allows for diverse beliefs, but personal values cannot comprise the NASW's core ideology (Osteen, 2011). Personal values toward rational suicide or physical and psychological pain should not interfere with the mission and intent of the NASW values and ethics.

## Implications for Social Work Education

The findings from this research study suggest several things for social work education. First, there is a need for suicide training in social work education. The percentage of social workers in this research study who responded they either had a client attempt suicide (75%), or a client die by suicide (38.5%) suggest a need to train social workers on suicide. Suicide education is minimal in social work programs (Almeida, et al., 2017; Ruth et al., 2012), and no study has examined rational suicide education in social work programs. This lack of formalized training may contribute to student social workers having anxiety about working with suicidal clients (Ruth et al., 2012). The findings from this research suggest there is a continued need to examine and advocate for suicide education in social work undergraduate and graduate programs.

Lastly, the findings suggest there is a continued need for clinical social workers to engage in on-going training and education on suicide and ethical decision-making. All 50 states require continuing education for social work licensure, but they differ in what constitutes required content area (Kurzman, 2016). Therefore, not all states require suicide education training or ethics as a requirement for social work licensure. The findings from this study suggest a uniform approach to continuing education for social work licensure to include suicide education, rational suicide, and ethics training.

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## Appendix A: Survey Instrument

### Section I: Attitude toward rational suicide.

*Rational suicide is defined as the taking of one's own life based upon logical decision making and personal autonomy (Werth & Holdwick, 2000, p. 513).*

1) An individual can make a rational decision to die by suicide.

- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree

### Section II: Personal characteristics.

1) What state do you live?

- Arkansas
- Florida
- Nebraska
- New York
- Oregon
- Rhode Island
- Utah
- Wisconsin
- Wyoming
- Prefer not to answer

2) Gender

- Female
- Male
- Transgender female
- Transgender male
- Gender variant/non-conforming
- Not listed \_\_\_\_\_
- Prefer not to answer



3) Age

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75 years or older
- Prefer not to answer

4) Years of Experience

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-25 years
- 26-30 years
- 31-35 years
- 36-40 years
- More than 40 years
- Prefer not to answer

5) Race and Ethnicity (select all that above)

- Non-Hispanic White or Euro-American
- Black, Afro-Caribbean, or African American
- Latino or Hispanic American
- East Asian or Asian American
- South Asian or Indian American
- Middle Eastern or Arab American
- Native American or Alaskan Native
- Other \_\_\_\_\_
- Prefer not to answer

6) Religious affiliation

- Buddhist
- Catholic
- Evangelical
- Protestant
- Hindu
- Jehovah's Witness
- Jewish
- Mormon
- Muslim
- Orthodox Christian
- Unaffiliated
- Other \_\_\_\_\_
- Prefer not to answer

7) Current Practice Area (select all that apply)

- Children
- Gerontology
- Medical
- Mental health
- Child welfare
- Aging
- Addiction
- Intellectual disabilities
- Other \_\_\_\_\_
- Prefer not to answer

Section III: Professional experiences.

1) Have you ever had a client attempt suicide?

- Yes
- No
- Prefer not to answer

2) Have you ever had a client die by suicide?

- Yes
- No
- Prefer not to answer

3) Have you ever had thoughts of suicide?

- Yes
- No
- Prefer not to answer

4) Have you ever had a friend, family member or loved one attempt suicide?

- Yes
- No
- Prefer not to answer

5) Have you ever had a friend, family member or loved one die by suicide?

- Yes
- No
- Prefer not to answer

# How Has the Code of Ethics Weathered COVID-19?

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## Abstract

Countries, communities, institutions, families, and individuals all live by a code of ethical standards. Social work takes pride in conducting itself according to a set of written ethical principles and standards that are derived from the core values of the profession. Depending on the state, the Code of Ethics, or parts thereof, may have the force of law. To ensure that the *Code* remains relevant it must have an inherent character that is neither too rigid nor too flexible, and it must be interpreted in such a way as to reflect the constantly changing dynamics and pressures of the social work profession and society. The COVID-19 pandemic has surely tested the mettle of the *Code*, as practitioners began to provide telehealth services, with or without weighing important practice provisions, core values, ethical principles and standards, and critical areas of knowledge. The article seeks to examine existing interpretations of the *Code* and the influence they have on social work practice during the pandemic. Most importantly, the article aims to broaden practitioners' awareness and judgement regarding ethical and legal duties in social work practice.

Keywords: Code of Ethics, COVID-19, social work practice, ethical decision-making processes

## Introduction

Countries, communities, institutions, families, and individuals all live by a code of ethical standards. That code may be established formally or informally. It may be legal or merely traditional. Social work takes pride in conducting itself according to a set of written ethical principles and standards that are derived from the core values of the profession. Depending on the state, the Code of Ethics, or parts thereof, may have the force of law. To ensure that the *Code* remains relevant it must have an inherent character that is neither too rigid nor too flexible, and it must be interpreted in such a way as to reflect the constantly changing dynamics and pressures of the social work profession and society. COVID-19 has surely tested the mettle of the *Code*.

As the social work profession continues to evolve, professionals have turned their attention to research and the creation of knowledge to further inform their social work mission (Reamer, 1993). The development of knowledge, along with the values of the *Code*, serves as a guide for professionals as they engage in practice and attempt to resolve ethical dilemmas. Gordon (1965) speaks of the importance of carefully assessing case implications in order to properly apply the use of values and/or knowledge when resolving ethical dilemmas. He further asserts that, "If a value is used as a guide in professional action when knowledge is called for, the resulting action is apt to be ineffective," and therefore professionals need to carefully consider the "exceptions to existing generalizations" (p. 32). Yet, during these months of the pandemic, practitioners struggle to balance and appropriately apply the use of knowledge and values. The uncertainty of the times and the magnitude of the losses amplify the underlying tensions between personal and professional values, ethics, and standards, as well as existing conflicts between clinicians and mental health agencies. This is mostly seen in the sudden elasticity of the *Code* and the fluidity in the interpretations of its principles.

In due course, these ethical violations are the basis for legal malpractice. Consequently, this article examines areas of the *Code* and explains how

clinicians may have misinterpreted the principles and/or resolved ethical conflicts during the pandemic with extreme flexibility. This will provide social workers with the space to engage in self-reflection and critical thinking, to explore the influence of personal biases and values, and to seek the guidance and support needed to uphold the professional standards of social work practice. The article is not addressing the work of the National Association of Social Work (NASW) Delegate Assembly, but rather social workers who utilize the Code of Ethics as a framework for practice.

Among others, these particular parts of the *Code* seem to be impacted: Competence (1.04), Privacy and Confidentiality (1.07), Access to Records (1.08), Payment for Services (1.13), Clients Who Lack Decision-Making Capacity (1.14), Interruption of Services (1.15), Termination of Services (1.17), Impairment of Colleagues (2.08), Unethical Conduct of Colleagues (2.10), Client Records (3.04), Billing (3.05), Discrimination (4.02), Dishonesty, Fraud, and Deception (4.04), Impairment (4.05), and Integrity of the Profession (5.01) (NASW, 2021).

### Competence 1.04

The national emergency shutdown limited social workers' ability to properly prepare for the change in provision of services. Nonetheless, in commitment to their clients, agencies and private practitioners immediately set forth to provide care remotely. While this is in alignment with the core value of service, it seems that professionals may have inadvertently overlooked the importance of broadening their scope of knowledge in regard to telehealth services. This misuse of values for knowledge speaks to Gordon's concerns (1965). While these social workers prioritize the continuity of care, they simultaneously undermine the importance of human behavior and the stages of development. In consideration of this knowledge, it seems that children, elders, and those belonging to high-risk populations, would struggle to adjust to telehealth. As a child psychotherapist explains, "There are certain games we could play over Zoom, but it's limited, and this is going on for so many months, so at a certain point, we kind of run out of

things to play.” (Shklarski et al., 2021 p. 59). In a similar vein, Banks et al. (2020) exclaim, “How do we decide whether it is more caring and responsible to visit an isolated older person, or to stay away?” (p. 570).

This also raises a concern about the importance of social workers practicing in the scope of their education and training. Many practitioners lack competent training to provide care via telehealth, and even more so, technology is novel for many professionals. It is complex, nuanced, and demands an enhanced level of skill. Despite this awareness, a recent study shows that only 18.5% of participants actively engaged in trainings to learn the therapeutic skills needed for telehealth services. The study further indicates that 74.9% reported feeling a heightened level of fatigue and 47.8% report that they struggle to connect with their clients through the screen (Shklarski et al., 2021 p. 59). While awareness is an essential tool in providing competent care, it is imperative that social workers address their limitations.

### Privacy and Confidentiality 1.07

Without much notice, social workers were forced to create temporary spaces to connect with clients. These makeshift offices, often within private residences, make it exceedingly difficult to maintain client privacy and confidentiality. Many report that telehealth compromises client privacy “due to the presence of social workers’ and/or service users’ family members...” (Banks et al., 2020, p. 572). Sessions are being conducted, documentation is being recorded, and private calls are being taken in shared spaces. This presents a barrier for many social workers as environmental stimuli distracts them from their work. As a social worker reports,

My husband mixed up my schedule and showed up in the room during a session; I had to shoo him away without the client knowing. (Shklarski et al., 202, p. 61).

The lack of privacy also inhibits clients from sharing delicate, private matters (Shklarski et al., 2021). Privacy and confidentiality serve as protective measures for disclosures such as domestic violence, child maltreatment,

and abuse. Without these elements of safety, clients are more likely to avoid disclosing and addressing critical issues. As Shklarski and her colleagues (2021) state, “For clients living in small, crowded spaces without access to headphones, and for children with intrusive parents, disclosure became more difficult.” (p. 60). Subsequently, recent studies show that child maltreatment rates are steadily increasing throughout the pandemic. In the *Journal of Child Abuse and Neglect*, a recent publication highlights that “child protection is [and will be] deeply impacted by the COVID-19 pandemic” (Katz et al., 2020, p. 1). Minors and other vulnerable populations are being denied opportunities for relief. Even though the threats of the pandemic persist, social workers need to remain resolute in maintaining their professional responsibilities to safeguard the well-being of the people.

### Access to Records 1.08

Telehealth has become progressively more common because of the pandemic. Social workers are maximizing their use of technology to engage in treatment planning, consultations, assessments, psychotherapy, resourcing, advocacy, and other client needs. While this change of service is highly adaptive, social workers cannot disregard the inherent dangers of online communication. Client requests for records and releases can now only be provided verbally or electronically. Social workers can also only send the records via email, mail, or through other social media platforms. This use of technology, including the internet, email, SMS, Zoom, FaceTime, and other social media networking platforms, creates several professional and ethical concerns. As Reamer (2017) explains, social workers need to consider the risk of electronic identity theft, clients’ access to the internet, and their limited knowledge and fluency with technology. There is also concern for cyberattacks, viruses, and other potential problems. Moreover, researchers note that practitioners need to be cognizant of state and national boundaries as “the transmission of client data across these boundaries poses legal, ethical, and financial issues that directly affect social workers involved in telehealth” (McCarty et al., 2002, p. 157). In fact, there is a strong likelihood



that many of these matters may snowball into legal issues. Although these adaptations were intended to meet the clients' needs in uncertain times, this mode of service needs to be used in alignment with the core values of the profession.

### Payment for Services 1.13

This standard emphasizes that the fee for service should match the value of care provided to clients. Value of service may be contingent on experience, skill, level of education, specialty, and/or location. With telehealth potentially impeding on the quality of care, social workers are faced with an ethical dilemma. Once again, they are required to balance their use of knowledge and values (Gordon, 1965). Simply stated, if social workers are aware that the nature of telehealth impacts the value of care, should their fee for service decrease proportionally? As noted above, the *Code* clearly states that fees should be fair and reasonable (NASW, 2021). Demanding equivalent pay when the quality of service is diminished seems to contravene a basic ethical principle.

### Clients Who Lack Decision-Making Capacity 1.14

Oftentimes, clients lack the intellectual or mental capacity to make informed decisions regarding significant life choices and treatment planning. Under such circumstances, the *Code* mandates that social workers act on their behalf to protect the clients' basic human rights and needs. The recent changes in social work services, particularly the decision to operate via telehealth, requires social workers to help their clients make informed decisions. Most specifically, many social workers presume that it would be in the best interest of their clients to continue services via telehealth, irrelevant of client circumstances and individualized needs. The basis of this challenge lies in the varied ideological perspectives regarding the quality of telehealth services, the dangers of COVID-19, and in making the determination that in-person treatment is not an implicit right for clients. As a social worker from the Netherlands exclaims, "To what extent am I allowed to trust my

common sense and professional senses and not follow these guidelines?” (Banks et al., 2020, p. 573). Clients’ needs vary and conducting in-person services may constitute what the *Code* implies by “taking reasonable steps to safeguard the interests and rights of the clients” (NASW, 2021).

### Interruption of Services 1.15

Despite the global pandemic, social workers are expected to continue to provide services to their clients. Indeed, social workers are considered ‘essential’ employees in various states nationwide. On March 7, 2020, then New York Governor Mario Cuomo executed Executive Order 202.18 (Office of the Professions, 2020). In doing so, private practices and social work agencies were granted legal authorization to remain open throughout the pandemic to ensure the continuity of competent care. Nonetheless, many providers continue to remain closed. This is despite the adverse effects that telehealth has on the therapeutic experience, the inevitable disruptions of remote sessions, and the patients’ lack of access to technological devices. While many professionals argue that the continuity of services via telehealth is one way of protecting the *Code’s* standard of interruption of services, it seems to indirectly impose on clients’ rights of value of service. The New York Office of Mental Health legally permits agencies to operate remotely: “OMH is allowing the use of telehealth and telephonic intervention across much of the provider system to allow maximum flexibility in service delivery” (Office of Mental Health, 2020, p. 1). Yet, OMH also asserts that “Agencies providing services to individuals with mental illness and operated, licensed, designated, funded, or authorized by the Office of Mental Health, qualify as an essential business, and should remain in operation to the extent necessary to provide those services.” (Office of Mental Health, 2020, p. 1). These statements seem to imply that while telehealth is permitted to create a more flexible structure, mental health agencies can resume normal functioning so they can adequately service the needs of their clients. The conflicting guidelines seem to allude to the ethical and legal struggles that contemporary social workers face regularly.

### Termination of Services 1.17

While it is often clear when clients are ready for termination, the current circumstances likely complicate this process. That is, many clients may choose to terminate care because of their difficulties with engaging in telehealth, irrespective of their needs. Others may be forced to terminate due to an inability to access resources such as technological devices, internet service, or a private location. Consequently, a social worker from the United States reports that she is continuing to welcome clients into her office because their mental health struggles are hindering their capacity to adapt to telehealth and engage in further treatment (Gewirtz, 2020). To avoid premature termination, and to abide by other values of the *Code*, she is making this independent choice. The change in services most certainly creates an ethical challenge as social workers attempt to ensure the continuity of care.

### Impairment of Colleagues 2.08

The social work profession is recognized for having high burnout rates (Peinado et al., 2020). Witnessing widespread incidents of abuse, trauma, social injustice, inequalities, and other social problems has a strong impact on their emotional well-being. At times, social workers' personal, mental, physical, and relational struggles also limit their capacity to effectively support others. Consequently, many professionals engage in ongoing psychotherapy, supervision, and self-care regimens to avoid burnout and work impairment. Yet, the overwhelming needs of the population during the pandemic, compounded by the increase of compassion fatigue, vicarious trauma, and loss of social support, has likely interrupted their self-care rituals and quality of work (Peinado et al., 2020). While social workers are ethically mandated to assist struggling colleagues, this obligation is further complicated by the diminished face to face contact. Telehealth reduces peer interactions thereby decreasing the likelihood of identifying psychological distress and impaired work quality among colleagues. It also limits the opportunities for colleagues to exchange a kind remark, a pat on the back, a smile, or a word of encouragement. These seemingly insignificant gestures

provide social workers with the grit to continue their challenging work. In the absence of these interactions, vulnerable populations are more susceptible to harm. The paradox is that it will be caused by those who are expected to protect.

### Unethical Conduct of Colleagues 2.10

The COVID-19 pandemic has separated family, friends, and coworkers. While the media discusses the losses of being isolated from others, few sources address the ethical dangers of being separated from fellow professionals. The nature of social work practice makes it difficult to identify unethical conduct of colleagues. Working in-person allows for some of their behaviors to be observable by colleagues. On the other hand, telehealth dramatically decreases the quantity and quality of these interactions. Recent policy revisions also blur the boundaries of ethical and legal standards. These changes complicate matters, making it harder for social workers to detect unethical and illegal behaviors among their colleagues.

### Client Records 3.04

The obligation to maintain clients' records remains in effect despite the universal shift to remote care. While technology seems to support this need, it also creates ethical and legal concerns. Recording documentation on technological devices can limit clients' right to privacy as there are numerous risks with securing data on the internet. A study that explores cybersecurity measures throughout the pandemic explains that society is simultaneously facing a "cybersecurity pandemic" (Ramadan et al., 2021, p. 3) That is, the risk for identity theft and cyberattacks are surging as more people use the internet for personal and professional purposes.

This increases the concern about professionals' capacity to protect client records while working remotely. Many of these records are being secured on personal devices that are accessible to others. It is important that social workers educate themselves on the inherent risks of technology, seek the necessary guidance, and implement safety precautions. Moreover, it is

imperative that clients are aware of these changes to protect their rights of self-determination and confidentiality.

### Billing 3.05

The inherent challenges in providing telehealth led the New York Office of Mental Health to devise an updated guideline for temporary minimum billing requirements (Office of Mental Health, 2020). The goal is to allow for the intensity and frequency of previous services in clinics to remain constant as well as to support agencies in maintaining staffing levels. For example, psychotherapy sessions that are normally thirty minutes can now be conducted in a minimum of sixteen minutes (Office of Mental Health, 2020). Initial assessment and treatment planning services have no minimum requirement. While these updated guidelines are intended to ensure the continuity of care, they seem to defy the *Code's* standard of billing. It seems highly unlikely that even a seasoned professional can adequately assess a client's need areas and goals, or provide competent care, in such a short time span. Normally, clients need a few minutes to acclimate to the therapy setting, twenty-thirty minutes to engage in the work, and additional time to ground themselves after being in an emotionally heightened state (Gans, 2016). The research further emphasizes that the phases of a therapy session seem unremarkable to an observer; however, the components of the session are relationally complex, and sixteen minutes is not nearly enough time to properly attend to all of them. Aside from being unable to engage in deep work, it also makes it increasingly difficult to prioritize the client's need for empathy, validation, and support (Gans, 2016). Formulating a treatment plan, conducting a session, or an assessment in a mere few minutes also seems to challenge the ethical standards of competence and payment for services. These billing changes attempt to maintain the quantity of services but seem to simultaneously overlook the quality of care.

## Discrimination 4.02

Notwithstanding the probability that most social workers are compassionate and accepting towards others, tolerance and justice are ethical mandates. Undoubtedly, the Coronavirus pandemic has tested this standard of the *Code*. The overuse of telehealth seems to discriminate against those who cannot adapt to these services based on cultural, religious, financial, physical and/or mental health limitations. As Madigan et al. (2020) state, “although telemental health can reduce some systemic barriers, it also has the potential to exacerbate others, particularly social inequalities” (pp. 6-7). The elderly, poor, physically disabled, and those cognitively and mentally impaired may lack the necessary resources to engage in remote services. Clients with mental impairments, such as psychotic, neurocognitive, and/or personality disorders, may be unable to engage in telehealth. Vision and hearing impairments may also present as barriers to treatment. Failing to consider those most vulnerable is not only discriminatory behavior, but also defies the basic social work values of service, social justice, and dignity and worth of the person.

## Dishonesty, Fraud, and Deception 4.04

As society struggles to navigate these unprecedented challenges, social workers attempt to maintain social order. With much grit and dedication, they continue to use their expertise to service the nation. Many private practitioners and agency directors have adjusted policy protocols to meet the revised OMH regulations and program needs. While many of these changes are aligned with ethical and legal mandates, the tumultuous conditions in which they are enacted seem to threaten its validity. It seems that the abrupt change to telehealth has caused many professionals to misguidedly overlook the chances of insurance fallacies, misinterpretation of policy revisions, and fraudulent behaviors amongst social workers. Regardless of the intent, social workers may be billing inaccurately, disregarding legal directives and prohibitions, and/or covertly violating the rights of clients and staff members. As noted in an article written by social workers in the United

Kingdom, “Times of crisis can bring the best in people but can also lead some of us to make decisions we wouldn’t usually make. It is important we get the right balance... to protect those of us that need it most.” (Turner et al., 2020, p. 2). Whether in times of chaos or tranquility, professionals need to be aware of ethical and legal mandates.

### Impairment 4.05

Social workers are not immune to the struggles of humanity; nor are they exempt from the emotional, physical, and financial stressors that have been imposed on society by the pandemic. While many may have taken a sabbatical, retired, or decreased their caseload, others were cajoled or directed to maintain or increase their workload to meet the needs of their agencies and communities. Leaders of the profession made public statements emphasizing the importance of the continuity of social work services during this national emergency. While this need is of paramount importance, it is also concerning. The capacity of social workers is limited by the effects of the pandemic, hindering their ability to provide proficient care. In fact, a recent mixed-method study conducted during the pandemic shows that 60.8% of their participants struggled to support their clients in processing traumatic material because of their personal experiences (Shklarski, 2021, p. 58). Social workers’ judgments may be tainted as they attempt to resolve their moral and ethical obligations while also balancing the demands of clients, community representatives, and legal authorities. As a social worker participating in the study of Banks et al. (2020) exclaims, “Social workers are broken down.” (p. 573). Regardless of societal pressures to perform, many social workers are struggling with some level of impairment (Banks et al., 2020). For some it may even go beyond conscious awareness.

### Integrity of the Profession 5.01

In accordance with the social work standards, “Social workers should act to prevent the unauthorized and unqualified practice of social work.” (NASW, 2021, p. 1). This ethical principle is based on the social work core value of

*integrity* which highlights the imperativeness of acting in a trustworthy manner. The *Code* emphasizes the importance of social workers caring for their personal needs, while also ensuring that their acts are in alignment with professional values, principles, and ethical standards. It further explains that social workers need to abide by the ethical standards proposed by their agencies, which complicates the process of resolving ethical dilemmas for many clinicians during the pandemic. In fact, a study conducted in Israel explores this phenomenon, explaining that social workers struggle to balance personal, professional, and organizational pressures that continue to emerge during these challenging times (Itzhaki-Braun, 2021).

## Conclusion

The Code of Ethics provides a framework for social work practice, and in response to its complexity, offers ways to address the influx of ethical dilemmas within the profession. NASW publishes educational articles, provides an ethics hotline, and the opportunity for professionals to join an ethics shared interest group. NASW has also compiled a list of thought-provoking questions for social workers to consider when navigating an ethical dilemma. Additionally, in 2021, the NASW Delegates Assembly added a statement to the purpose section of the *Code*:

“Professional self-care is paramount for competent and ethical social work practice. Professional demands, challenging workplace climates, and exposure to trauma warrant that social workers maintain personal and professional health, safety, and integrity. Social work organizations, agencies, and educational institutions are encouraged to promote organizational policies, practices, and materials to support social workers’ self-care” (NASW, 2021, p. 1).

The well-being of social workers is always important, but it is critical in times of crisis, when they are coping with the stress of a global pandemic alongside their clients.

The greater capacity social workers have to uphold their professional and personal well-being, the better equipped they will be to resolve ethical



dilemmas. Since ethical dilemmas are a definitive component of social work practice, it is imperative for professionals to learn how to balance the application of knowledge and values while refining the skills of ethical analysis. It is the professional's responsibility to monitor their practices, engage in ongoing self-assessments, exercise critical thinking, analyze societal influences, and examine personal biases. These practices, along with supervision and collegial support, will most likely improve their inclination to abide by professional obligations and legal mandates at all times.

As stated, individuals, groups, and professions have a set of ethical rules which they aspire to follow. Like it or not, enforcement of these ethical rules has become a joint enterprise between private institutions and the formal justice system. The better job of self-policing the social worker profession does, the less involved will be the public court system.

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# A Cross-Sectional Study of the Relationship between Self-Worth and Self-Determination: Implications for Social Work Ethics

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## Abstract

Racism, discrimination, despotism, and genocide are forms of human rights abuses occurring in various times and places and implying a lack of regard for human dignity. The profession of social work's *dignity and worth of the person* core value is consistent with (a) phenomenological theories of self-concept, (b) the Constitution of the United States, and (c) international humanitarian and human rights laws such as the 1949 Geneva Convention and the 1948 Universal Declaration of Human Rights. Previous social work contributions on dignity and worth of clients have not been empirical in nature. In general, ethics and values are not about empiricism, but agreed upon standards of behavior for the greater good. However, scientific support could arguably make a value more appealing, especially in politically fragile times. This study contributes to the literature by determining whether there

is a scientific basis for the above-mentioned core value beyond the purview of ethics, theories, and law. Using Well-Being and Basic Needs Survey data, this study compared self-determination outcomes among 7,033 participants based on their perception on their own worth (self-worth). Multivariate regression analyses revealed a strong, positive correlation between self-worth and self-determination. These results are significant for humanistic theories, social work ethics, social work practice and research, as well as human rights.

Keywords: Self-worth, self-determination, social work ethics, humanistic theories, human rights

## Background and Purpose

The 2017 Code of Ethics of the National Association of Social Workers (NASW) identified *dignity and worth of the person* as one of the six core values of the social work profession (NASW, 2017). First introduced in the 1996 code, this value—alongside service, social justice, human relationship, integrity, and competence—has taken the social work discipline to new ethical heights. Reamer (1998) argued that, at the time of its publication, the 1996 code of ethics was the most significant document in both scope and breadth. Its eclectic nature, drawn primarily from 155 ethical standards and six core values, superseded that of the three previous versions published in 1960, 1967, and 1979 (Reamer, 1998). Subsequent revisions implemented in 2008 and 2017 left the core values in the 1996 code unscathed. The 2017 NASW Code of Ethics expressed the human dignity and worth core value as follows:

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs... (pp. 5, 6)

On what basis have social workers been compelled to respect the dignity and the worth of their clients? Why is the dignity and self-worth of a client important? Is there a scientific basis for the dignity and worth of people in social work? Those are fundamental questions not often raised in the literature on social work values and ethics. Based on the aforementioned statement from the code of ethics, there seems to be an implied connection between human dignity/self-worth and self-determination. The purpose of this study is to determine whether there is a scientific connection between these two concepts.

## Literature Review

After social justice, human dignity and worth is perhaps the most cherished core value in social work. Bisman (2004) argued that social work should take pride in promoting its values to overcome 21st century challenges. Internationally, there has been a recent surge in published materials on the aforementioned core value (Anastasov & Kochoska, 2020; Bisman, 2004; Bittencourt & Amaro, 2019; Borowski, 2007; Healy, 2008; Henrickson, 2018; Ioakimidis & Dominelli, 2016; Kamiński, 2008; Szot & Kalinowski, 2019; Wessels, 2017). Yet, questions remain in regard to the importance of this core value in social work. There could be possible face value, legal, theoretical, and empirical explanations for the adoption of this value by the social work profession.

## Face Value Explanations

At face value, dignity and worth of all people has merit. This core value represents a balm for many souls ravaged by racism, discrimination, despotism, genocide, and other forms of human rights abuses in various times and places across the world. In the west, for example, the United States (U.S.) is still a country with rampant systemic racism. One direct evidence of systemic racism in the U.S. is the fact that this country has known just one non-White president (Barrack Obama) out of 46. This fact implies that the

system is tilted in favor of the white racial group and against racial minorities. Another issue that has become the face of systemic racism in the country is police brutality against African Americans. Not only is the number of African Americans killed or beaten by police relatively overwhelming, but usually the manner in which the killing or beating takes place is repulsive and racially radioactive (e.g., the killing of George Floyd and the beating of Rodney King).

Meanwhile, in the eastern part of the globe, multiple news outlets have accused the Chinese Communist Party (CCP) of ethnic cleansing against Uyghur Muslims. National Public Radio (NPR) reported that the CCP used genocidal practices on more than 1.5 million Uyghur minorities in the form of “mass sterilization, forced abortions and mandatory birth control” (NPR, 2020, para 1). All of this occurred on top of the 1989 Tiananmen Square massacre and the ongoing infringement upon the rights of citizens in Hong Kong. One could understand why many social work scholars recommend a human rights-based approach micro and macro social work practice across the world (Berthold, 2015; Gatenio Gabel, 2016; Gatenio Gabel & Mapp, 2020; Jansson, 2019; Libal & Harding, 2015; Reisch, 2016; Steen, 2006).

### Legal Explanations

Social work scholars may point to key documents, including the Constitution of the United States and international legislation, to justify the inclusion of the value in the code of ethics. In fact, this value is consistent with both international humanitarian law and international human rights law, as codified in the 1949 Geneva Convention and the 1948 Universal Declaration of Human Rights, respectively (Shultziner & Rabinovici, 2012; Sulmasy, 2007).

## Theoretical Explanations

Ethics experts may argue that the value coincides with theoretical frameworks that emphasize the importance of human agency (theoretical explanation). In particular, phenomenological approaches such as Carl Rogers' (1951) personality theory and George Kelly's (1955) personal construct theory influenced the letter and spirit of the human dignity and worth social work core value. The wording of the above-referenced value dovetails with the key assumptions of Rogers' (1951) and Kelly's (1955) phenomenological theories, especially with regard to self-worth and self-determination.

According to Rogers (1951, 1959), everyone has the natural ability to develop and achieve personal goals. However, the perception one makes of himself or herself is crucial in the goal-reaching process. A positive self-perception is likely to enhance self-determination. The opposite is also true, since a negative perception of self can hinder an individual's progress toward self-actualization. Rogers (1959) also believed that a positive self-perception does not always lead to positive outcomes due to ecological barriers, and that the discrepancy (incongruence) between self-image and life outcomes could be hurtful to individuals in their quest for self-actualization. The recognition of the influence of the environment sets Rogers' approach toward personality apart from Freud's. For his part, Kelly (1955, 1963) explained how humans naturally develop personal constructs based on observations. People, in general, collect different types of information from the surrounding environment, synthesize them, and interpret them according to their own experience. This notion of construct is central to how people perceive themselves (Kelly, 1955, 1963).

Moreover, it bears noting that self-worth and self-confidence are related to Bandura's conceptualization of self-efficacy that suggests considerable overlap in these concepts (Bandura, 1977; 1989). However, the literature contains a kaleidoscopic range of publications that demonstrates—under Bandura's framework—both similarities and differences between self-concept (self-worth/self-esteem) and self-efficacy (self-confidence/self-



determination) (Bandura, 1989; Baumeister & Scher, 1988; Benoit et al., 2018; Bong & Skaalvik, 2003; Bong & Clark, 1999; Byrne, 1996; Chen et al., 2004; Cochrane, 2008; Flynn, & Chow, 2017; Hong et al., 2012; Jansen et al., 2015; Marsh et al., 2019; Pajares, 1996; Swann et al., 2007). In line with the literature, this study considered self-worth and self-confidence two related but distinct concepts.

### Empirical Explanations

Core values are guiding principles that form the bedrock of social work's mission (NASW, 2017, p. 2). Because values constitute an integral part of a profession, scholars have voiced support for their adoption in the field of social work (Bisman, 2004; Levy, 1973; Reamer, 1995, p. 11; Timms, 1983; Vigilante, 1974; Younghusband, 1967). It should be noted that social workers promoted values and ethics even before the NASW adopted its first code of ethics in 1960 (Hall, 1952; Johnson, 1955; Pumphrey, 1959). Values, however, are not always grounded in science. Reamer (1995) wrote that values may emerge from strong beliefs and emotions about things that a group of people hold to be true (p. 11). Hence, values are socially constructed.

Scholars have generally considered social work a science (Anastas, 2014; Brekke, 2012; Brekke, 2014; Brekke & Anastas, 2019; DeCarlo, 2018; Guo, 2015; Reid, 2001; Shaw, 2016; Weick, 1991). In the name of science, this study sought to understand the importance of dignity and self-worth of people important beyond the purview of ethics, law, and theories. While the ethical, legal, and theoretical explanations seem enough to justify the adoption of the core value in question, the scientific pursuit in this study could not possibly hurt the science of social work. Quite the contrary. The findings would advance the standing of a profession deemed a science.

### Study Rationale

The literature does not provide clarity about the relationship between self-efficacy and self-concept (Pajares & Schunk, 2005). Although related, these

two terms are conceptually and empirically different (Gardner & Pierce, 1998; Pajares & Schunk, 2005). Pajares and Schunk (2005) warned that “there is no fixed relationship between one’s beliefs about what one can or cannot do and whether one feels positively or negatively about oneself” (p. 105). However, as previously mentioned, the language used in the ethical code to describe the dignity and worth core value (see block quotes above) contains hints as to why such value is important. There seems to be the unconfirmed hypothesis about a positive relationship between a sense of dignity/worth and a sense of self-efficacy/self-determination.

This hypothesis is consistent with Gardner & Pierce’s (1998) following assumption that individuals who “perceive themselves as highly capable, successful, and worthy with high global self-esteem will generally predict higher probabilities of task success (high self-efficacy) than those who see themselves as less capable, significant, successful, and worthy (low global self-esteem)” (p. 51). This research tested the veracity of this hypothesis. Previous social work contributions on the dignity and worth core value (Anastasov & Kochoska, 2020; Bittencourt & Amaro, 2019; Bisman, 2004; Borowski, 2007; Healy, 2008; Henrickson, 2018; Ioakimidis & Dominelli, 2016; Kamiński, 2008; Szot & Kalinowski, 2019; Wessels, 2017) have not been empirical in nature. Hence, this study extends the literature.

## Methodology

### Design and Data

This study used a cross-sectional design by examining individual and family well-being data collected at one point in time. All data came from the Well-Being and Basic Needs Survey (WBNS) conducted by the Urban Institute in 2017. The WBNS is a publically available dataset with downloadable properties directly from the Inter-university Consortium for Political and Social Research (ICPSR) website. The Urban Institute administered the survey online, targeting nonelderly adults as participants (Zuckerman, 2020).

With more than 200 variables, this nationally representative survey explores a multitude of topics. These include but are not limited to demographics, workforce participation, family income, participation in safety net programs, material hardship, family financial security, family composition, substance use, disability, sense of self, and sense of agency (Zuckerman, 2020). The last two variables make the WBNS a suitable match for this study by reflecting to a certain degree self-worth and self-determination, respectively.

### Sample

The sample consisted of 7,033 working-age adults, those between the age of 18 and 64. Most of the participants were heads of household (75.8%), identified as non-Hispanic Whites (63.2 %), had no children under 18 (61.6%), and lived in metropolitan areas (85.8%). In the same vein, over two-thirds of the sample was made of participants with no college degree. From a gender perspective, a slightly greater number of survey respondents identified as women (56.4%) as opposed to men (43.6%). Regarding sexual orientation, only a minority of respondents (7.8%) reported being from the LGBTQ+ community. Roughly half (50.9%) of the total participants reported a family income above 200% of the federal poverty level (FPL). The remaining half (49.1%) of the sample came from low-income families, those whose annual income falls below 200% of FPL. A similar situation took place for marital status, where half of the respondents (49.1%) were married with the other half (50.9%) not married. Finally, approximately half (47.2%) reported material hardship in the past year.

### Study Variables

There were two dependent variables in this study: (a) ability to control the important things in one's own life, and (b) confidence in one's ability to handle personal problems. These were two categorical variables recoded as 1 = control/confidence, and 0 = no control/no confidence. The independent

variable measured participants' sense of personal worth. This, too, was a categorical variable recoded as 1 for a positive feeling of self-worth and 2 for a negative feeling of self-worth. A positive feeling means that participants never experienced a sense of worthlessness in the past 30 days as opposed to those who did.

It is worth mentioning that, in most instances, scholars and researchers used self-efficacy and self-worth as predictors of positive outcomes and/or moderators or mediators of relationships between variables (Affuso et al., 2017; Cherian & Jacob, 2013; Choi, 2005; de Fátima Goulão, 2014; Hwang et al., 2016; Merolla, 2017; Motlagh et al., 2011; Samavi et al., 2017; Saragih, 2015; Slovynec D'Angelo et al., 2014; Tannady et al., 2019). In some instances, though, these concepts became outcome variables in correlational studies (Alt, 2015; Barbee et al., 2003; Goreczny et al., 2015; Hong et al., 2012; Korkmaz, 2016; Lent et al., 2009; Mullen et al., 2015; Panadero et al., 2017; Rhew et al., 2018; Van Dinther et al., 2011). In keeping with its hypothesis, this study used self-worth as predictor and self-efficacy/self-confidence as outcome.

The study controlled for 10 different sociodemographic variables: age (under 40 vs. 40 and over), gender (male vs. female), race/ethnicity (white vs. non-white) education (college degree vs. no college degree), family income (low-income vs. moderate/higher income), reported material hardship (1 for yes and 2 for no), marital status (married vs. not-married), metropolitan status (metro area vs. non-metro area), family size (one person family vs. multiple person family), and presence of children in the home (1 = yes and 0 = no). All of these variables were categorical as well.

## Data Analysis

The categorical nature of the data required binary logistic regression. The researcher tested the hypothesis that there is a positive relationship between self-worth and (a) participants' ability to control important things in their lives and (b) participants' confidence in their ability to handle personal

problems. The researcher entered the variables in hierarchical order to better assess the impact of the independent variable, while controlling for the 10 aforementioned predictors. The researcher used the weight variable during the analysis to generate more accurate point estimates.

Results

Table 1 displays parameter estimates for participants’ ability to control important things in their lives (self-determination) in regression analysis. These results indicated that, while controlling for all other predictors, the independent variable (self-worth) correlates with the dependent variable (self-determination) to a statistically significant proportion. In fact, participants with a positive view of themselves were almost six times as likely to have the ability to control their own lives, compared to their counterparts with a negative feeling of their worth (OR = 5.65,  $p < .001$ ). Based on odds ratio (OR) interpretation standards (Buchholz et al., 2016; Osteen & Bright, 2010), the magnitude of the correlation was strong. This finding indicates that there is a positive relationship between self-worth and self-determination, thereby supporting the study hypothesis.

Variables	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Age	.062	.059	1.127	1	.288	1.064	.949	1.194
Education	-.040	.062	.409	1	.523	.961	.851	1.086
Race / Ethnicity	.051	.059	.739	1	.390	1.052	.937	1.180
Gender	.172	.055	9.683	1	.002	1.188	1.066	1.324
Metro status	-.045	.084	.281	1	.596	.956	.811	1.128
Marital status	-.101	.081	1.567	1	.211	.903	.771	1.059
Children in household	.055	.064	.751	1	.386	1.057	.933	1.197
Family size	-.297	.090	10.955	1	.001	.743	.624	.886
Material hardship	-.999	.061	272.170	1	.000	.368	.327	.415
Income level	-.023	.067	.113	1	.737	.978	.857	1.116
Self-worth	1.731	.061	810.590	1	.000	<b>5.648</b>	5.013	6.363
Constant	-5.444	.090	3.606	1	.000	.581		

Dependent variable: self-determination during the past 30 days  
Reference category: feeling of self-worth during the past 30 days

Table 1: Logistic Regression Parameter Estimates for Self-Determination

The results in Table 1 also demonstrated statistically significant relationships between control variables and the dependent variable, with a low effect for gender and family size ( $OR = 1.19, p = .002$  and  $OR = .74, p = .001$ , respectively) and moderate effect for material hardship ( $OR = .368, p < .001$ ). There was no connection between the other predictors and the dependent variable. That is, variables such as age, race, metro status, marital status, and income level did not interact with self-determination at the 95 percent confidence level.

In similar fashion, Table 2 exhibits regression estimates for participants' confidence in their own ability to handle personal problems during the past 30 days (confidence about self-determination). As seen in the table, there was a moderate-to-large association between self-worth and confidence about self-determination. Indeed, participants with a positive self-worth were more likely to report confidence in their ability to handle personal problems than were their counterparts with a negative self-worth ( $OR = 3.42, p < .001$ ).

Participants who reported material hardship 80 percent (1/.555) were less likely to express confidence in self-determination than their peers who did not face any sort of material hardship. Meanwhile, individuals who live alone, are low-income, non-white, female, and without a bachelor's degree were less likely to have confidence about self-determination than were their peers who live with other people, have higher income, identify as white and male, and completed a bachelors' degree or higher. However, the strength of the relationship between family size, income status, race, gender, and education was small. A small correlation also existed between age and the dependent variable, as people who are 40 and over registered higher levels of confidence in self-determination than their younger, under 40 counterparts ( $OR = 1.3, p < .001$ ). Metro status, presence of children in the household, and marital status did not relate to the dependent variable with statistical significance.

Variables	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Age	.264	.057	21.844	1	.000	1.302	1.166	1.455
Education	-.405	.061	44.734	1	.000	.667	.592	.751
Race / Ethnicity	-.404	.056	51.458	1	.000	.668	.598	.746
Gender	-.147	.054	7.463	1	.006	.864	.777	.959
Metro status	-.044	.081	.297	1	.586	.957	.816	1.122
Marital status	.079	.079	1.001	1	.317	1.082	.927	1.262
Children in household	.006	.062	.010	1	.920	1.006	.891	1.136
Family size	-.306	.087	12.496	1	.000	.736	.622	.873
Material hardship	-.589	.058	101.483	1	.000	.555	.495	.622
Income level	-.494	.064	60.099	1	.000	.610	.539	.691
Self-worth	1.229	.059	440.449	1	.000	<b>3.418</b>	3.047	3.833
Constant	.237	.087	7.389	1	.007	1.268		

Dependent variable: confidence in self-determination during the past 30 days  
Reference category: feeling of self-worth during the past 30 days

**Table 2:** Binary Logistic Regression Parameter Estimates for Confidence in Self-Determination

Discussion

Most, if not all, publications on the *dignity and worth of the person* core social work value have not involved empirical analysis (Anastasov & Kochoska, 2020; Bittencourt & Amaro, 2019; Bisman, 2004; Borowski, 2007; Healy, 2008; Henrickson, 2018; Ioakimidis & Dominelli, 2016; Kamiński, 2008; Szot & Kalinowski, 2019; Wessels, 2017). Perhaps this reflects the belief that it is normal for a profession to embrace core values that have no basis in science. In other words, in general, ethics and values are not about empiricism, but about agreed upon standards of behavior for the greater good. However, scientific support could arguably make a value more appealing, especially in politically fragile times. Hence the rationale of this study.

This study strengthens the science of social work's position vis-à-vis the adoption of dignity and worth of people as a core value, though indirectly (as variables were about the values held by a sample of the population). Through regression analyses, this study found that negative perception of

self-worth impedes people's ability to control their own lives and develop confidence in their ability to solve personal problems. The variables in this study, self-worth and self-determination, take center stage in social work. Hence, through these aforementioned findings, this study expands knowledge on social work research, in general, and contributes to the literature on social work ethics, in particular.

These findings hold implications for micro social work practice in that practitioners are likely to work with clients who exhibit low self-worth. Their encounters usually take place in clinical settings where social work therapists and clients work on common goals. Such therapeutic partnership is consistent with Carl Rogers' (1951) client-centered approach toward self-actualization. As clients have a natural penchant for self-determination, a client-centered framework would assist them every step of the way. Social work clinicians, therefore, should not lose sight of the detrimental impact poor self-worth can have on self-determination. One way to help during the therapeutic process is to create an environment where clients can develop a positive view of themselves. Another way is the promotion of a human rights-based approach in clinical settings (Berthold, 2015).

These findings also have implications for macro social work practice in that social policies may be construed in a way that erodes self-worth among the most marginalized populations. Social workers are called upon to not only meet the pressing needs of their clients but also to fully embrace a human rights-based approach in practice (Gatenio Gabel, 2016; Libal & Harding, 2015). Social workers can do so through (a) promotion of human rights in clinical practice (Berthold, 2015), (b) inclusion of implementation of strengths-based community practices (Libal & Harding, 2015), (c) adoption of empowerment-driven social policies (Gatenio Gabel, 2016), (d) integration of social justice contents in social work curricula (Gatenio Gabel & Mapp, 2020), and (e) involvement in political activism and social advocacy (Jansson, 2019; Reisch, 2016; Steen, 2006).

By extension, these findings also have implications for human rights. By default, racism conveys a lack of dignity and worth toward others.



Despite seeing major increases in minority enrollment, social work is still a white-majority profession. Because white people, in general, do not experience racial prejudice, there is a risk for them to develop a false sense of racial superiority. Hence, white social workers should be careful in how they work with underrepresented populations. Social workers should understand that a sizeable number of their clients comes from minority backgrounds. Some of these clients may experience racial indignities.

Social work has long been a profession that advocates for the rights of marginalized groups. Hence, social workers should refrain from advancing racial stereotypes baked into the fabric of the country. Racial microaggressions can be so subtle that white social workers may not even realize being guilty of them. White people may be subject to racial abuses themselves. Black social workers should be aware of the fact that the political climate can make white clients uncomfortable and resistant to services. Social workers should not internalize ideologies that target specific racial groups in a harmful way. Rather, social workers should become a part of the healing process. Becoming pillars of support for others starts with dignity and respect for others.

## Limitations

This study is limited in three significant ways. First, the variables in the model only explained about one-third of the variance in self-determination. This suggests that there are other predictors of self-determination not accounted for in this study. However, the classification table indicates that the logistic regression model applied in this study correctly predicts 72% of the cases, a 17-point increase from its null hypothesis' 55 % predictive accuracy. In addition, the strong effect size registered for the relationship between the main predictor (self-worth) and the dependent variable (self-determination) shows the model's goodness of fit.

Second, the methodology in this study does not support inferential interpretation of the results. That is, researchers should not interpret or apply

the findings in this study beyond their scope of applicability. Nonetheless, the relatively large sample, the inclusion of control variables in the regression analysis, and the strong effect sizes all point to the significant contribution of this research to the literature. After all, the use of a nationally representative sample to confirm empirically the utility of *dignity and worth of the person* as a social work value is an original effort in the existing literature.

Third, in its current form, the study is more about the values held by a sample of the population than about social work. Nevertheless, the participants in this study represent potential social work clients, as the profession does not exclude people. In fact, although its focus is primarily on marginalized populations, social work does provide services to clients from all backgrounds. Hence, it is probable that many social work clients would provide responses similar to those expressed by the sample of the population in this study.

## Conclusion

This study sought to determine whether there exists a scientific rationale for the inclusion of one core value: dignity and worth of the person. Because social work paints itself as a science, there is a burden to demonstrate that the profession is in keeping with the spirit and letter of science. In fact, critics may question the validity of any major claim or endorsement that falls outside the scientific realm, especially in times of political bickering. A value deeply seated in the NASW Code of Ethics, dignity and worth of the person has not been (or barely been) subjected to scientific scrutiny. This study addresses this gap in the literature by testing the hypothesis that there is a positive correlation between self-worth and self-determination. The findings supported this hypothesis.

The scientific aspect of the findings in this study strengthens the position of the social work profession. As a science, social work can point to the results of this study to promote the dignity and worth of all people, regardless of their backgrounds. Future work should, of course, attempt to address

the limitations raised in this study. In addition, future research should focus on establishing the scientific validity of the other social work core values: service, social justice, importance of human relationships, integrity, and competence.

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# A Policy Analysis of National Occupancy Standards with a Focus on Their Impact on Women Who Have Experienced Gender-Based Violence in British Columbia

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## Abstract

For the past three decades, National Occupancy Standards (NOS) have been the default standard used by government and non-governmental housing organizations in Canada to assess housing suitability. However, there is growing concern that the prescriptive nature of these standards limits access to housing for those most in need, including women+ who have experienced gender-based violence and their families (Knowles et al., 2019). In this paper, we draw on Ginsberg and Miller-Cribbs' (2005) framework for policy analysis that explores the feasibility, efficacy, quality, access, and ethics of NOS. This work also draws on a feminist ethics of care framework (Tronto, 1994) that places human relationships at its centre (Walker, 2007) and critically explores the extent to which government policies effectively

care for its citizens (Sevenhuijsen et al., 2003). Together these frameworks help demonstrate the limitations of NOS, and the role they play as a barrier to housing. This has important implications, especially in light of Canada's National Housing Strategy Act that recognizes the right to adequate housing as a "fundamental human right affirmed by international law" (National Housing Strategy Act, 2019). We conclude by outlining four recommendations for future policy, including the need to recognize NOS as guidelines, create new housing suitability policies that prioritize safety, create housing suitability policies with families, and reduce family poverty. This policy analysis provides an important reminder of the need to critically examine policies that shape social work practices and the colonial and neoliberal values that are often embedded in them.

Keywords: National Occupancy Standards, Gender-Based Violence, Housing Policy, Feminist Ethics of Care, Policy Analysis

## Background

As lockdowns swept across Canada in March of 2020, the UN Special Rapporteur on the right to adequate housing, Leilani Farha, urged states to take action. She noted, "housing has become the frontline defence against the coronavirus. Home has rarely been more of a life-or-death situation" (Farha, 2020). As the pandemic has continued to circle the globe it has become increasingly apparent that precarious housing increases people's vulnerability to COVID-19; yet, the burden of precarious housing is not evenly shared. Feminist scholars have noted that neoliberal and colonial policies have long been the cause of housing precarity that disproportionately impact women<sup>4</sup> and Black, Indigenous and People of Colour (BIPOC) communities

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<sup>4</sup> The term women+ is used in this article to recognize that gender-based violence disproportionately impacts people who self-identify as women as well as the full range of under-represented genders including trans and non-binary people.

(Parker & Levitenreid, 2021). For women+ who have experienced gender-based violence the risk of homelessness and housing precarity is especially high after they leave violence. Without safe and secure housing, they also become more vulnerable to poor health and wellbeing, including COVID-19 infection. One of the barriers to housing for this group is National Occupancy Standards (NOS) (Knowles et al., 2019). NOS provide a striking case in point of a policy that has contributed to housing precarity and disproportionately impacted women+ and their dependents.

This policy analysis draws on Ginsberg and Miller-Cribbs' (2005) framework which calls for exploration in six areas:

1. Problem formation and identification
2. Historical perspectives
3. Assessment of values and ethics
4. Description of various elements
5. Assessment of feasibility and discussion of alternatives
6. Evaluation.

This is paired with a feminist ethics of care lens that focuses on the attentiveness (i.e., recognition of a need), responsibility (i.e., identifying responsibility), competence (i.e., to what extent is the need for care met?) and responsiveness (i.e., of the care-receiver to the care) of NOS (Tronto, 1994). Together these frameworks provide an overview of NOS and highlight the extent to which new policies are needed that better meet the needs of women+ who have experienced gender-based violence and their dependents.

This policy analysis also has important ethical implications for social work practices. In this paper, we work to demonstrate the prescriptive nature of NOS. While there are health and safety concerns associated with residential crowding (Dyck & Patterson, 2017; Goodyear et al., 2012), NOS is also embedded with western values of personal space and privacy that need to be critically examined, especially when these values potentially place families at a greater risk of precarious housing and separation. Social

workers and front-line providers often play an important role in navigating policies, and the consequences are especially high for families involved in the child welfare system (Native Women's Association of Canada, 2021; Tiderington et al., 2021). As they navigate the child welfare system, social work practitioners and front-line workers exercise street-level bureaucratic discretion (Tiderington et al., 2021) where they juggle the mandates of the organization they work within as well as local, provincial, and national mandates. There is a general perception that NOS are mandated when in fact they are guidelines. Within the context of the current housing crisis in British Columbia (BC), Canada, we advocate for the creation of more flexible guidelines that recognize the right to housing of women+ and their dependents and facilitates their safety and stability, while also increasing the supply of housing to meets families' needs.

## Problem Formation and Identification

National Occupancy Standards (NOS) are used by the Canadian Mortgage and Housing Corporation (CMHC) to measure housing suitability (Canada Mortgage and Housing Corporation, 2013), which is ultimately a measure of crowding. NOS stipulates that family size and composition should determine the number of bedrooms required by the household. Housing is deemed suitable if it meets the following requirements (Housing Suitability, 2017):

1. No more than two people share a bedroom
2. Lone parents have a separate bedroom
3. Household members age 18 + have a separate bedroom, except those living as a married or common-law couple
4. Household members under 18 years of age, of the same sex, may share a bedroom
5. Household members under 5 years of age, of different sex, may share a bedroom

The NOS is useful as a measure of suitability that CMHC can draw on to assess whether housing stock meets the needs of Canadian households. However, one of the unintended uses of NOS is that they have been adopted as policy by housing providers, and in many cases are a barrier to housing for those in desperate need of affordable housing options. While this policy analysis focuses on the impacts of NOS in BC, Canada, it should be noted that countries around the world, including New Zealand and Australia, have also adopted NOS (Goodyear et al., 2012). In countries where NOS has been adopted, many of the same issues apply (New Zealand Government, 2018; Pat Dudgeon, Helen Milroy, 2014).

The lack of housing affordability in BC is a crisis. In 2018, 14.6 percent of households in BC experienced core housing needs<sup>5</sup>, which was the highest rate among Canadian provinces (CMHC/SCHL, 2020). When female renters with dependants are considered this number jumps up dramatically; according to census data from 2016, 51.3 percent of lone-parent female-led households that rented experienced core housing needs in BC (CMHC/SCHL, 2020).

Women+ and their children, who are impacted by gender-based violence, are especially at risk of experiencing core housing needs. BC Society of Transition Houses (BCSTH) is a non-profit society that represents organizations in BC working to house women who have experienced gender-based violence. In 2018 BCSTH completed a survey of their members. 52% of BCSTH's 114 members responded to the survey and 87% of respondents

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<sup>5</sup> Core housing needs are defined by the CMHC in relationship to affordability, suitability and adequacy (Canada Mortgage and Housing Corporation, 2013). Housing is deemed affordable when no more than 30% of income goes to housing costs, suitable if it meets NOS, and adequate if it is not in need of any major repairs.



identified NOS as a barrier to housing for the women they worked with (Knowles et al., 2019). Through four focus groups held with BCSTH members, it was clarified that women+ who were fleeing violence found it difficult to find housing that was considered suitable according to NOS. This created a backlog in transition home spaces. It also forced many families to turn to market rental housing where they were precariously housed because of the threat of eviction they faced due to crowding and unaffordability (Knowles et al., 2019). Recent research by the Native Women's Association of Canada (Native Women's Association of Canada, 2021) also highlights the vicious cycle that occupancy standards create. Women may not be able to gain custody of their children until they have suitable housing but are not eligible for larger subsidized housing units until they have custody. Based on these findings and BCSTH's work it is clear that there is an urgent need to assess NOS and its alternatives (Knowles et al., 2019).

## Historical Perspectives

As Elizabeth McCandless (McCandless, 2020) documents, NOS were not used by CMHC until 1991, when they became part of the Census and National Housing Survey data collected to measure core housing needs. NOS arrived after a decade of divestment from subsidized housing by CMHC and concerns that subsidized housing clients were over housed (McCandless, 2020, p. 56). In other words, CMHC was concerned that recipients of subsidized housing were living in units that had more rooms than were needed, given the family size and composition. Yet, over the last three decades, there has been raising alarm over the punitive use of NOS to limit access to housing (Miraftab, 2000).

As a measure of suitability, it is often assumed that occupancy standards are based on the link between overcrowding and poor health. Concerns about overcrowding are important to consider, as overcrowding can play a role in the spread of communicable diseases, and limit the spaces available for children to study and play (Goodyear et al., 2012; Patterson & Dyck,

2015). However, the focus on crowding in racialized communities must also be taken into account, especially when overcrowding is used to create policies that disproportionately impact people living in poverty (Harwood & Myers, 2002). This overlap between poverty and race cannot be ignored, especially because the relationship between crowding and poor health is likely confounded by both of these factors (Gray, 2001). Rather, NOS more accurately reflects societal norms that dictate what a “family” should look like, as well as how they should occupy space (Lauster & Tester, 2010). This is reflected in the research that has consistently demonstrated that NOS disproportionately negatively impacts the housing options available to BIPOC communities (Miraftab, 2000; Sherrell, 2011; Native Women’s Association of Canada, 2021).

The research that has documented Canadian refugee families’ struggles to find adequate housing is a strong reminder of how difficult it is to untangle poverty and race from concerns about overcrowding (Carter et al., 2008; Hiebert et al., 2005; Miraftab, 2000; Sherrell, 2011). This research has demonstrated that refugees often find it difficult to secure suitable housing, due in part to family size and composition. The affordability crisis in BC, paired with a lack of 3 and 4-bedroom units, has contributed to long waitlists for subsidized housing, ironically forcing many families to live in smaller units where they experience overcrowding. Women who have experienced gender-based violence face similar waitlists when looking for suitable housing. BCSTH focus group participants reported that a lack of suitable housing often contributed to women returning to the violent situations they had fled (Knowles et al., 2019).

While there is a lack of research that explores NOS as a barrier to housing for women+ who have experienced gender-based violence, BCSTH’s work with transition houses across the province brought this issue to our attention (Knowles et al., 2019). The research is clear that NOS is a barrier to housing for immigrant and refugee families, many of whom identify as part of BIPOC communities (Hiebert et al., 2005; Miraftab, 2000; Sherrell, 2011). Furthermore, BIPOC families are more likely to experience poverty

(FirstCallBC, 2020), as are lone female-led households (Fox & Moyser, 2018). Race, poverty, and gender-based violence all act as risk factors for homelessness and precarious housing among lone-female led households. This does not mean that all lone-female-led households have experienced gender-based violence, or are racialized, or face poverty, but when these factors intersect it increases the risk that NOS will be experienced as a barrier to safe and secure housing.

## Assessment of Values and Ethics

Policy analysis through the lens of feminist ethics of care seeks to explore the extent to which government policies fulfil their responsibility to care for the welfare of citizens (Sevenhuijsen et al., 2003). Feminist approaches recognize the need to incorporate contextual factors into the analysis of a particular problem. Specifically, feminist approaches recognize that gender, race, sexuality, ability and socioeconomic status, among other things, contribute to different levels of access to power and resources. An ethics of care is further shaped by an understanding of morality that places human relationships and the negotiations between people over responsibility for things in need of care at its center (Walker, 2007). Four elements of an ethic of care are identified by Tronto (1994) and drawn on to assess the values and ethics of NOS: attentiveness, responsibility, competence and responsiveness.

**Attentiveness:** Care requires the recognition of a need. Through BCSTH's work with women who have experienced gender-based violence, and the organizations that serve them (Knowles et al., 2019), and NWAC's work with their members (Native Women's Association of Canada, 2021) attention was brought to the way that NOS was being used to limit women's housing options.

**Responsibility:** To take care of something, requires responsibility. CMHC is responsible for the creation of NOS and use it to measure housing suitability and core housing need. Provincial housing providers, including

BC Housing, have incorporated NOS into their policy framework. While BC Housing promotes flexibility in the use of NOS, the lack of alternative guidelines has left a void in the sector. In most cases, social and community housing providers have followed BC Housing's lead and use NOS as a policy either explicitly or implicitly. While CMHC has always maintained that they are not responsible for enforcing NOS, the lack of an alternative measure of suitability has meant that NOS have become the default policy in cases where there is ambiguity about how to measure housing suitability.

**Competence:** Tronto (1994) writes that "intending to provide care, even accepting responsibility for it, but then failing to provide good care, means that in the end the need for care is not met." Women who have experienced gender-based violence continue to be disproportionately impacted by a lack of affordable housing, compounded by NOS that limit their access to subsidized housing.

**Responsiveness:** BCSTH has documented that there continues to be a lack of responsiveness to the need for suitable housing for women who have experienced gender-based violence. This has resulted in many women and their families remaining 'stuck' in safe homes, transition houses and second-stage housing across the province that are intended for temporary stays.

While attention has been brought to the ways that NOS limit housing options for women who have experienced gender-based violence, there continues to be a lack of responsiveness, especially by housing providers who employ NOS as an operational policy.

While a feminist ethics of care framework helps identify where policy changes can be implemented at the provincial level, there is also a wider national conversation concerning the right to housing that needs to be considered. Canada's National Housing Strategy Act (NHS Act) received Royal Assent on July 21, 2019 (The National Right to Housing Network, 2019). The Act takes a human rights approach to housing and recognizes that "housing is essential to the inherent dignity and well-being of the person" and "access to affordable housing contributes to achieving beneficial social, economic,

health and environmental outcomes” (National Housing Strategy Act, 2019). The NHS Act is also aligned with the International Covenant on Economic, Social and Cultural Rights, to which Canada is party and has International obligations (National Housing Strategy Act, 2019). In June of 2021 the National Housing Council, which has been charged with implementing the National Housing Strategy released their priorities, which include the “progressive realization of the right to adequate housing” (National Housing Council, 2021). Given this progressive policy framework, there is a need to consider the extent to which NOS impedes the right to housing being realized. Operational policies that strictly adhere to the NOS serve to exclude families from housing. It must be made clear that the NOS should not be used as an instrument to deny housing to vulnerable communities and undermine the newly recognized federal right to housing.

The right to housing as outlined in the National Housing Strategy also ties into the Canadian Association of Social Workers (CASW) Code of Ethics (Canadian Association of Social Workers (CASW), 2005). Just as the NHS recognizes the importance of housing to the inherent dignity and well-being of a person, the CASW Code of Ethics' first value is respect for the inherent dignity and worth of persons. This value also calls for social workers to uphold the human rights expressed in the *Canadian Charter of Rights and Freedoms* and the United Nations *Declaration of Human Rights* (Canadian Association of Social Workers (CASW), 2005, p. 4). The second value outlined by CASW is the pursuit of social justice, which states that “social workers uphold the rights of people to have access to resources to meet basic human needs”(Canadian Association of Social Workers (CASW), 2005, p. 5). Again, this directly aligns with the NHS call to action. NOS provide a clear example of a policy that has perpetuated injustice and disproportionately affected the vulnerable and disadvantaged. It is within the CASW Code of Ethics that social workers advocate for equal treatment for the communities they serve and challenge the injustice that is caused by NOS.

## Description of NOS

As has been described in this analysis thus far, NOS was first conceptualized by CMHC to assess the suitability of Canada's housing stock, given the size and composition of Canadian families. What has become clear through the work of BCSTH and other organizations working with marginalized Canadians (Sherrell, 2011a), is that NOS have become a barrier to housing for those most in need of care.

Within a province experiencing a housing affordability crisis, BC Housing is the primary provider of subsidized housing. BC Housing uses NOS to assess the suitability of housing for families on its waitlists ("Subsidized Housing," 2021). BCSTH's partner organizations have also reported that when in doubt landlords and community housing providers often follow BC Housing's lead and defer to NOS, even though occupancy standards are meant as guidelines for housing suitability, not as enforceable policy. This can have tragic consequences for women who have experienced gender-based violence and their families and may result in women returning to the abusive situation they fled (Knowles et al., 2019). For Indigenous families across Canada, it is also part of a system that has disproportionately placed Indigenous children in protective services and prolongs family separation (Native Women's Association of Canada, 2021)

Unfortunately, BC's Residential Tenancy Act does little to protect lone-parent families from discrimination. The BC Human Rights Code recognizes family status and should technically protect families from being discriminated against based on their size and composition (The British Columbia Law Institute, 2012), however, a report that explored discrimination cases associated with family status in BC specifically identified *tenancy discrimination linked to young children* as a key theme in B.C. cases (The British Columbia Law Institute, 2012). While Vancouver bi-laws stipulate the minimum amount of space required per occupant (50 square/feet) (City of Vancouver, 2014), these rules apply primarily to single room accommodations and do little to help families secure suitable housing. The lack of protections

for families, paired with BC's affordability crisis is at the crux of the problem of using NOS to determine housing suitability for women and their children. As McCandless (2020) writes:

"If residential occupancy limits are in place to limit internal density for public health and safety (as in the case of governmental standards) or maintenance costs, wear and tear, etc. (for private housing providers), then only the number of occupants should matter not the composition of the household."

## Assessment of Feasibility and Discussion of Alternatives

When considering the right to housing and its implementation within the National Housing Strategy, it is important to carefully consider what the implications of NOS are to women+ and their children. It is clear that NOS, when used by housing providers to assess suitability, is a barrier to housing for women+ and their families who have experienced gender-based violence. Logically, this should lead to alternative measures of housing suitability. One alternative to NOS that has already been identified is placing limits on the number of occupants per room, rather than focusing on the composition (i.e., age and gender) of occupants. For example, occupancy limits of 2 people/room would allow a female-led lone-parent family with three children to occupy a 2-bedroom unit. This situation is not without precedence. In 2003, the *Ontario Human Rights Tribunal* ruled in favour of a mother of three renting a two-bedroom apartment in the case, *Cunanan v. Boolean Developments* (McCandless, 2020). In the ruling, it was noted that:

"The [Ontario Human Rights Code] does not permit landlords to impose their vision of a "normal" family to deny equal access to accommodations to single parents solely because of their family status." (McCandless, 2020, p. 116)

The two-person per room standard falls within UN recommendations that would classify dwellings with a density of 3 or more persons per room as overcrowded under any circumstances (United Nations, 2008, p. 301).

A second approach that has been taken is to identify the space (e.g., 10 square meters or ~100 square feet) required per person. While there is a patchwork of different by-laws and standards that are used to regulate crowding across the United States, the city of Santa Ana's history with crowding provides an interesting case in point. In 1991 Santa Ana implemented a new ordinance that required 150 square feet of space for the first two people, and 100 square feet of space for each additional person (Harwood & Myers, 2002). This ordinance would effectively limit the occupancy of a 1-bedroom apartment to 5 people. The City of Santa Ana was taken to court by the Briseño family, who would have been evicted under the new policy from their one-bedroom apartment. While the City won their case in the Superior Courts, the California Court of Appeals reversed the judgement stating that the ordinance would "criminalize a level of occupancy density that the state has determined as safe" (Harwood & Myers, 2002).

Both the Santa Ana and Ontario cases are interesting because they provide examples of the disparity between the lived reality of families, and housing suitability standards. Both examples also provide insights into the difficulty in untangling issues around affordability and suitability. In the Ontario case, it is easy to make the logical jump between choosing a 2-bedroom unit as a family of four, over a 3-bedroom unit, because it is more affordable, however, availability likely also plays into these types of decisions. Provincial data from BC consistently shows that there is a limited number of rental units with more than three bedrooms (CMHC-SCHL, 2017). Only 2.6% of private rental apartments in BC had more than 3-bedrooms, according to data from October of 2020 (CMHC-SCHL, 2017). Affordability also likely played a role in the Briseño family's choice to live in a 1-bedroom unit, rather than more "suitable" housing. In proposing that housing suitability standards should be relaxed it must be acknowledged that affordability is often at the root of families choosing the safety and stability of secure housing over concerns about housing suitability.

The link between housing affordability and suitability points to a larger issue at play that cannot be addressed by simply changing policies



around occupancy. Creating more flexible occupancy standards will help open more housing options for women+ who have experienced gender-based violence, however often the underlying issue limiting women's housing options is poverty. According to census data from 2018, 1 out of every 5 children in BC lives in poverty. Poverty is often also a cause of family separation. As Dr. Mary Ellen Trupl-Lafond has testified, "There is nothing that is more significantly associated with the removal of children from their families – than poverty" (FirstCallBC, 2020, p. 5). Furthermore, poverty and family separation disproportionately impacts Indigenous families (Native Women's Association of Canada, 2021).

Thankfully, there are proven solutions to help families living in poverty. The BC Child and Youth Advocacy Coalition, FirstCall, set out twenty-three recommendations in their 2020 *Child Poverty Report Card* (FirstCallBC, 2020). The recommendations include increasing the minimum wage, child tax credits for low and middle-income families, and a significant increase in income and disability assistance (FirstCallBC, 2020). These align with policies implemented in Britain more than a two-decades ago that helped half child poverty rates by 2010 (Waldfoegel, 2010). There is also a need to target policies that enhance BIPOC outcomes. This need is reflected by the much higher child poverty rates found among British Columbian's that are also visible minorities. Drawing on Statistics Canada data from the 2016 census, FirstCall reported that more than half of rural Indigenous children (ages 0-17) are living in poverty (FirstCallBC, 2020). Furthermore, child poverty rates among Arab, Korean and West Asian children are double to triple that of children that are not a visible minority (FirstCallBC, 2020). This again points to the intersection between race and poverty that needs to be taken into account when applying NOS.

## Evaluation

At the heart of this policy analysis, is the question: what good is gained by the use of NOS? While crowding has often been identified as a public health

and safety concern, there is little evidence to support restrictions to housing based on family composition. Within the context of BC's affordability crisis, women who have experienced gender-based violence are disproportionately negatively impacted by NOS. There is substantive academic and legal evidence that NOS has acted as a barrier to housing. Federal, provincial and municipal governments should limit their use of NOS to measure housing suitability. As such, this policy analysis has identified four overarching recommendations:

1. **Recognize NOS as guidelines:** CMHC needs to clearly state that NOS are guidelines for housing suitability and not legally mandated. There also needs to be stakeholder engagement that helps identify alternatives to NOS. Without an alternative, NOS will continue to be the default policy that housing providers fall back on when measuring suitability. An alternative to NOS needs to be identified that takes into account the diverse experiences of women+ and BIPOC communities. This information needs to be communicated to both governmental and non-governmental housing organizations.
2. **Prioritize Safety:** The safety and security of women who have experienced gender-based violence should be prioritized over family size or composition. Given the affordability crisis and long wait times for larger subsidized housing units, it may be necessary to find short-term solutions that include ensuring that families have secure housing. This also aligns with Canada's National Housing Strategy Act and the right to adequate housing (National Housing Strategy Act, 2019).
3. **Create Housing Policies for Families:** There is a need to create guidelines for suitable housing that recognize the diversity found within Canadian families (Rachelson et al., 2018). Current

guidelines penalize non-nuclear families and are often the grounds for discrimination, rather than acting as protection against it.

4. **Reduce Family Poverty:** The upstream cause of a limited supply of suitable housing is linked to a housing affordability crisis that has contributed to high levels of child poverty. Social assistance rates fall well below the average housing costs in BC. BCSTH has documented that this is a problem across the province, not just in urban centres (Knowles et al., 2019).

Each of these recommendations has on-the-ground implications for social work practitioners. In child protection cases, social workers and front-line providers informed by social work practices play an important role as gatekeepers to subsidized housing. In their role as gatekeepers, they exercise a large amount of discretion when deciding how to implement rules and regulations (Tiderington et al., 2021). Unfortunately, there is evidence that this discretion is not always in the favour of BIPOC communities (Miraftab, 2000; Native Women's Association of Canada, 2021; Sherrell, 2011). This is a clear example of the ways that gender and race intersect and shape policy implementation. Given the current policy environment, the odds are against women who have experienced gender-based violence finding suitable housing, especially if they identify as a BIPOC. Through recognizing the ways that NOS limit women's housing options and working with families to identify their housing priorities there is an opportunity to secure the right to housing for women and children across the province of British Columbia and Canada.

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# Ethical Humility in Social Work

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## Abstract

The concept of humility is now prominent in social work. It is featured especially in discussions of cultural humility in social work practice. A key gap in social work's literature and educational frameworks is the concept of ethical humility, which has been addressed much more ambitiously by a number of allied professions. The concept of *ethical humility*, also known as moral humility, implies a quality where practitioners are less than absolutely certain about their moral instincts and judgments. This article explores the nature of ethical humility and its relevance to social work practice. The author discusses the implications of ethical humility in three contexts: the individual level, the interpersonal level, and the organizational level.

Keywords: Ethical humility, ethics, moral humility, reflective practitioner, values

Especially since the early 1980s, social work students and practitioners have been introduced to a wide range of conceptually rich ethical decision-making protocols. Social workers' increasingly nuanced grasp of ethical issues in the profession reflects the broader expansion of ethics education in the professions generally, including medicine, nursing, psychology, mental health counseling, and marriage and family therapy, among others (Banks, 2012; Barsky, 2019; Martin, Vaught, & Solomon, 2017; Reamer, 2018a).

In the United States, comprehensive ethics education in social work is required by the Council on Social Work Education's *Educational Policy and Accreditation Standards* (2022). According to these standards, social workers must have core competencies that enable them to:

- make ethical decisions by applying the standards of the NASW Code of Ethics, relevant laws and regulations, models for ethical decision-making, ethical conduct of research, and additional codes of ethics as appropriate to context.
- use reflection and self-regulation to manage personal values and maintain professionalism in practice situations.
- demonstrate professional demeanor in behavior; appearance; and oral, written, and electronic communication.
- use technology ethically and appropriately to facilitate practice outcomes; and
- use supervision and consultation to guide professional judgment and behavior (p. 7).

These core competencies focus primarily on social workers' grasp and application of key concepts and decision-making protocols. They also highlight the importance of social workers' "use of self" when managing ethical issues, a longstanding core concept in social work (Dewayne, 2006; Kaushik, 2017). Typical ethics courses and continuing education offerings include content on social work values, common ethical dilemmas in social work, prevailing ethical standards, ethical decision-making frameworks, and strategies to protect clients and prevent ethics-related litigation and

licensing board complaints (Congress, Black, & Strom-Gottfried, 2009; Reamer, 2001). A key gap in social work's ethics literature and educational frameworks concerns the concept of *ethical humility*, which has been addressed much more ambitiously by a number of allied professions. This article explores the nature of ethical humility and its relevance to social work practice, including the implications of ethical humility in three contexts: the individual level, the interpersonal level, and the organizational level.

## The Nature of Ethical Humility

Ethical humility—also known as moral humility—is generally defined as having an awareness of moral fallibility (Gow, 1996; Kupfer, 2003; Mason, 2020). According to Smith and Kouchaki (2018), “Moral humility is a virtue composed of having (a) a recognition of one’s own moral fallibility, (b) an appreciation for the moral strengths and moral views of others, and (c) a moral perspective that transcends the self” (p. 79).

The concept of humility is now prominent in social work in other contexts (Hunter, 2020). It is featured especially in discussions of cultural humility and competence in social work practice (Curry-Stevens, 2010; Danso, 2018; Mosher, et al., 2017). In this regard, over time social workers have embraced the importance of humility in their encounters with culturally diverse clients (Fong, 2004; Lum, 2011). In its *Standards and Indicators for Cultural Competence in Social Work Practice*, the National Association of Social Workers (2015) highlights the importance of social workers’ respectful treatment of culturally diverse clients: “Cultural competence refers to the process by which individuals and systems respond *respectfully* and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, spiritual traditions, immigration status, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each” (p. 13; emphasis added). The concept of “respectful” entails humility in the form of deference, as in deferential treatment of others (Worthington & Allison, 2018).

In some contexts, the concept of humility has negative connotations, including the quality of being meek, deferential, self-deprecating, and overly modest (Bibus & Koh, 2021). In contrast, from a strengths perspective, which is widely embraced by social workers, humility has more positive connotations, including having an honest assessment of one's skills and abilities; a willingness and ability to acknowledge one's mistakes; a genuine openness to new ideas, contradictory information, and advice; being non-defensive; keeping one's self in perspective, with limited self-centeredness; and a keen appreciation of the many ways that people can contribute to the world (Peterson & Seligman, 2004; Tangney, 2002; Watkins, et al., 2018; Worthington, Davis & Hook, 2017).

Regarding social work ethics, the concept of humility implies a quality where practitioners are less than absolutely certain about their moral instincts and judgments. Social workers can learn and apply all manner of ethical decision-making frameworks and concepts such as metaethics, normative ethics, deontology, teleology, act and rule utilitarianism, virtue ethics, the ethics of care, and Confucian ethics, among others, but even highly refined and cultivated intellectual knowledge does not guarantee morally sound or "right" instincts and judgments.

In this respect, social workers who do their best to navigate and manage complex ethics-related circumstances may, like all mortals, labor under what moral philosophers have dubbed *bounded ethicality* (Chugh, Bazerman, & Banaji, 2005), *moral disengagement* (Bandura, 1999, 2016), *ethical fading* (Tenbrunsel & Messick, 2004) and *inattentional blindness* (Chabris & Simons, 2010). These phenomena, when they occur in social work, may warrant ethical humility. Bounded ethicality entails human beings' limited awareness of the moral nature of their actions. The concept is rooted in Simon's (1957) well-known concept of bounded rationality, which refers to people's inherently limited understanding of key variables that are relevant to decisions and limited cognitive capacity. Simon argues that people routinely opt for what he calls "heuristics" to make decisions rather than strict, rigid rules of optimization.

The concepts of bounded rationality, bounded ethicality, and heuristics are clearly relevant when social workers must make complex ethical decisions based on limited information, particularly when providing services during hot crises (Schwab, 2012). According to Kahneman (2003), heuristics are cognitive shortcuts or rules of thumb that simplify decisions under conditions of uncertainty. Use of such heuristics leads to what Simon (1957) refers to as “satisficing,” a term that blends the words satisfy and suffice. Satisficing is a decision-making strategy discussed in economics that aims for a satisfactory or adequate result, rather than the ideal or optimal solution. This is because in some circumstances, aiming for the optimal solution may not be feasible or even possible, especially during the kinds of crises that often arise in social work. Simon argued that rational choice is not always possible and that, at times, “realism” in the form of satisficing is necessary. The fact that social workers sometimes find heuristics and satisficing necessary in the face of complex moral dilemmas should lead to ethical humility.

Moral disengagement occurs when people convince themselves that ethical standards do not apply to them in a given circumstance (Detert, Treviño, & Sweitzer, 2008; Moore, 2015). According to Bandura (1999, 2016), Dahl and Waltzer (2018), and Smith and Kouchaki (2018), people can engage in moral disengagement for various reasons, including blaming the victim (e.g., It’s their own fault; they had it coming to them.), diffusion of responsibility (e.g., Everybody else does it.), displacement of responsibility (e.g., My boss told me to do it.), moral justifications (e.g., It’s for the greater good.), and advantageous comparisons (e.g., It’s not as bad as what others are doing.). For example, social workers might blame the victim (such as victims of interpersonal violence) for their use of substances to numb their pain or engage in what Bandura calls moral justification, where social workers convince themselves that unethical conduct in a given situation is necessary to achieve a greater good (for example, falsifying clients’ service utilization data to ensure that agency funders continue to financially support the agency’s important work). This is similar to a classic form of utilitarian argumentation, where some claim that morally justifiable ends can justify morally questionable means.

Another cause of moral disengagement takes the form of mis-presenting possible injurious consequences. Social workers might minimize, distort, or ignore consequences in a way that minimizes or rationalizes unethical conduct, perhaps for self-serving purposes (Dahl & Waltzer, 2018). For example, a social worker who becomes sexually involved with a client or exchanges flirtatious text messages with a client might justify this behavior by asserting that these activities are boosting a client's self-esteem.

Ethical fading occurs when the ethical dimensions or aspects of a decision disappear from view or retreat into the background (Tenbrunsel & Messick, 2004). This can occur when people focus primarily on some other—nonethical—aspect of a decision and ignore or, in some instances, simply fail to see the moral dimensions of the decision. For example, social work administrators employed by for-profit behavioral health corporations may be so concerned about profit margins that they lose sight of ethical issues pertaining to understaffed agency settings (as a cost-savings measure) and vulnerable clients' lack of access to much-needed services.

What has become known as *inattentional blindness* is well documented, that is, the capacity of people to completely miss what is right in front of their eyes, including ethical issues and dilemmas (Chabris & Simons, 2010). Social workers, like members of every profession, sometimes miss important, morally relevant clues that are right in front of them. This may occur because social workers are preoccupied with other matters, including crises, or, perhaps, do not have strong moral instincts or acumen. One key example is evidence that social workers sometimes do not recognize their involvement in discriminatory agency policies and practices that marginalize vulnerable people (Sloane, et al., 2018).

In fact, there is remarkable empirical evidence that people are quite capable of looking right past what seem like obvious signs and warning signals. Chabris and Simons (2010) have documented this phenomenon in a series of pioneering and creative studies summarized in their book *The Invisible Gorilla*. In the basic experiment, which the authors have replicated many times with impressively similar results, observers are asked to watch a short video in which six people—three in white shirts and three in black

shirts—pass around basketballs. These observers are asked to keep a silent count of the number of passes made by the people in white shirts. At some point, a person in a gorilla costume strolls into the middle of the action, faces the camera, thumps its chest, and then leaves, spending about nine seconds on screen. At the conclusion of the video, observers are asked to report how many times the people in the white shirts passed the basketball, suggesting that the purpose of the study is to assess people's ability to focus on and count a particular activity and compare observers' reports (similar to a test of inter-rater reliability). In fact, the actual point of the study is to assess how many people are so intently focused on the basketball activity (i.e., closely following the instructions) that they completely fail to see the person in the gorilla outfit strolling so visibly into the middle of the action. As Chabris and Simons demonstrate repeatedly, consistently about one-half of those who watch the video and count the passes completely miss the gorilla, as though it were invisible. These replicated results highlight the need for social workers to guard against possible inattentional blindness that can occur when they cross paths with ethical issues and dilemmas.

## Ethical Humility: A Conceptual Framework

Analysis of ethical humility should view the phenomenon through three principal lenses, involving moral humility at the: (1) individual level, (2) interpersonal level, and (3) organizational level (Smith & Kouchaki, 2018). That is, ethical humility can manifest itself in the form of individuals' insight and conduct; individuals' treatment of others; and organizational norms, policies, and protocols. This framework reflects social workers' longstanding understanding of the need to examine human behavior simultaneously in the individual, interpersonal, and organizational contexts (Ashford, LeCroy, & Williams, 2018).

### Ethical Humility at the Individual Level

One of the key challenges for individual social workers is recognizing ethical issues that are embedded in their work. As the “invisible gorilla” research

demonstrates, sometimes people fail to recognize important phenomena that are well within their view. Moore and Gino (2015) argue that some degree of moral humility is warranted because people sometimes are not aware of the ethical implications of circumstances they encounter and decisions they must make. As Smith and Kouchaki (2018) state, “all people are morally fallible to an extent, and that fallibility often starts with the very way a person approaches a morally relevant situation... Having moral awareness, then, is somewhat of a prerequisite for engaging in thoughtful moral decision making—without it, such decisions are often made based on ‘gut feelings’ that may or may not reflect the morally relevant issues at hand” (p. 81).

Failure to recognize morally relevant aspects of social work can lead practitioners to make *amoral* (as opposed to *immoral*) judgments. Thus, a core aim in social work education should be strengthening students’ and practitioners’ ability to recognize ethical issues in the first place, what Reynolds (2008) refers to as “moral attentiveness” and what Bazerman and Tenbrunsel (2011) call avoiding “moral blind spots.” An oft-cited example in the business ethics literature is Ford Motor Company’s failure to recall the defective Pinto automobile after staffers learned that the car could burst into flames if rear-ended. Several people died in fiery crashes that, many claim, would have been prevented if key staffers had acknowledged the ethical nature of the problem and advocated for a recall (Gioia, 1992). Critics argued that the corporation considered only the potential financial costs and benefits of a recall and did not factor in moral considerations. According to Smith and Kouchaki (2018): “We envision a person with greater moral humility to be more morally attentive, because they will likely approach decisions with a greater amount of moral caution, acknowledging their own moral fallibility. Their moral vigilance will increase the scanning of decision environments for morally relevant information” (p. 81).

Research suggests that several factors may decrease moral attentiveness and practitioners’ ability to recognize ethical issues embedded in their work. In addition to insufficient education, Colby and Damon (1992) argue that fear and anxiety about the possible harm to one’s reputation if one fails



to properly manage ethical challenges may be an obstacle. They claim that having a heightened sense of moral humility might help buffer against such anxieties, reducing the psychological barriers people face when thinking about confronting ethics-related challenges.

Further, there is empirical evidence that practitioners sometimes have overweening self-confidence or hubris when they estimate their own ethical instincts in contrast to those of their colleagues. In one prominent study, when researchers asked physicians whether they thought that promotions from pharmaceutical sales representatives unduly influenced the way that other physicians prescribe drugs to patients, 84% responded, “yes.” When those same physicians were asked whether they themselves were influenced, only 39% said, “yes” (Steinman, Shlipak, & McPhee, 2001).

In addition, research suggests that, at times, practitioners may neglect moral aspects of their work for self-serving reasons (Paharia, Vohs, & Deshpande, 2013). That is, if social workers are motivated by profit, for example, they may be disinclined to address instances where their billing practices are fraudulent in some way (for example, exaggerating clients’ clinical diagnoses, or billing for services that practitioners did not provide or that clearly do not fall within government regulatory guidelines). Practitioners may rationalize or attempt to justify their failure to address ethical issues (for example, “Insurance companies reimburse me at an unconscionably low rate, therefore, I am justified in exaggerating clients’ clinical diagnoses to enhance payment so that it reaches a reasonable amount.”).

Recognizing the vital importance of ethical humility in social work, there is some risk in exercising excessive degrees of humility. One danger is that excessive ethical humility, which may be a function of a practitioner’s level of self-esteem or confidence, may lead to moral indecisiveness and ethical apathy or insecurity. This can prevent practitioners from taking a moral position and challenging unethical conduct, which can lead to potentially dangerous forms of moral relativism. Excessive ethical humility can get in the way of the moral courage social workers sometimes need in order to confront unethical conduct or activity (Kidder, 2005; Reamer, 2021; Strom-Gottfried, 2016). As Smith and Kouchaki (2018) astutely note:

Whereas having insufficient moral humility may lead to moral blind spots, as people give too much credence to their own moral views while failing to account for other morally relevant aspects of a situation, having excessive moral humility presents the opposite challenge, as people's own moral values and standards become secondary to situational and contextual factors and the views of others. Having excessive moral humility may thus lead people to be morally permissive, lacking the proverbial backbone required to stand up for their own beliefs and fight for what they think is right—indeed, at the extreme, they may never think that they are right; they may suffer from moral blindness. (p. 82)

In order to be morally attentive and avoid moral blind spots, social workers must have the ability to recognize ethical issues in practice. Practitioners must have the time to reflect on the moral dimensions of their work. Unreasonably large caseloads and overwhelming workplace demands, for example, can limit social workers' ability to identify ethical issues (Shalvi, Eldar, & Bereby-Meyer, 2012).

### Ethical Humility at the Interpersonal Level

Ethical humility also has implications for social workers' relationships with others—especially client and colleagues—in addition to enhancing ethical conduct at the individual, or intrapersonal, level. Social workers who manifest ethical humility may be perceived by clients and colleagues positively due to the absence of moral hubris or arrogance or a “holier than thou” attitude (Epley & Dunning, 2000). Further, social workers who are ethically humble may be more inclined to receive morally relevant feedback from others. And, ethically humble social workers may be more inclined to treat others respectfully and serve as constructive ethics-related role models. Owens, et al. (2019) found that leaders who behave in ways that manifest ethical humility (for example, showing they are open to the ideas of others in solving ethical issues; showing appreciation for the moral strengths of others; admitting when they do not know how to solve a particularly complex ethical issue) help to increase the moral efficacy of people in their sphere of influence (i.e., enhancing individuals' confidence in their ability to

perform in moral situations). They argue that expressions of leader humility model how to approach moral situations with care and deliberation, give colleagues opportunities to practice engaging in morally challenging situations by inviting them into the decision-making process, and validate colleagues' moral strengths and abilities.

Research suggests that humility is regarded as a morally valued trait that can enhance interpersonal relationships (Peterson & Seligman, 2004). More specifically, there is evidence that humility often increases an individual's inclination to be other-directed and to focus on other people's needs, consistent with the moral values of respect, care, empathy, and a commitment to others that are so central to social work (Batson, et al., 2002; Davis, et al., 2011; Peterson & Seligman, 2004; Tangney, 2000, 2002). And, ethical humility—which entails being attentive to the potential negative impact of one's behavior on others—may reduce the likelihood that social workers will engage in morally destructive conduct, for example, engaging in a sexual relationship with a client (Gray, Young, & Waytz, 2012).

Finally, research suggests that people who have insufficient ethical humility and who are morally disengaged are more likely to be unduly influenced by others to engage in unethical conduct (Chancellor & Lyubomirsky, 2013; Tangney, 2000, 2002). For example, a social worker who lacks ethical humility may be more inclined to engage in fraudulent billing if he is surrounded by colleagues who engage in this unethical conduct, a form of morally problematic contagion. According to Smith and Kouchaki (2018),

The lower levels of moral self-efficacy and moral courage associated with having excessive moral humility may present a challenge when facing morally relevant pressure from others. Such pressure might take the form of direct requests to engage in unethical behavior, or perhaps, more innocently, persuasive attempts to convince them to see a situation from a moral viewpoint that is different from their own. In either case, we expect people with too much moral humility to be more likely to comply with an unethical request or cede a moral point. They may be more likely to succumb to peer pressure and violate their own moral values, and they might be more easily convinced that their own moral perspective is incorrect. (p. 87)

## Ethical Humility at the Organizational Level

Social workers typically begin their careers working in human service agencies. Over time, some practitioners develop independent (private) practices, although historically the majority have continued to work in organizational settings (Lord & Iudice, 2012). Ethical humility can enhance social workers' ability to recognize and manage ethical challenges in these organizations, especially given that many practitioners assume supervisory, managerial, and administrative roles.

High levels of ethical humility can increase the likelihood that social workers in leadership positions will foster a moral workplace culture that takes ethics and ethical conduct seriously and values honesty, respect, trustworthiness, integrity, and related virtues (Johnson, 2021). Evidence suggests that morally humble leaders in organizations provide compelling role models to subordinates and this can increase the likelihood of ethical conduct and reduce the incidence of ethical misconduct (Brown, Trevino, & Harrison, 2005; Schwartz, Dunfee, & Kline, 2005). Further, research indicates that ethical humility and associated moral leadership increases the likelihood that employees will experience a sense of psychological safety in the workplace, which, in turn, increases the likelihood that employees will be willing to speak up about any ethics-related or morally troubling issues, challenges, and discomfort (Edmondson & Lei, 2014). Also, ethical humility among organizational leaders may lead to fewer instances of unethical conduct among staffers or what is known as "collective corruption" (Ashforth & Anand, 2003; Brief, Buttram, & Dukerich, 2001; Gino, Ayal, & Ariely, 2009).

Ethically enlightened organizational policies and protocols, especially those designed to address ethical dilemmas that arise, can enhance human service agencies' ethical humility. Comprehensive and nuanced organizational codes of conduct are especially important, especially when they encourage social workers to seek ethics consultation when faced with a challenging ethical issue. In social work settings, agencies' codes of conduct can alert practitioners to the complexities of difficult ethical judgments related to the limits of client confidentiality, conflicts of interest, boundary issues

and dual relationships, allocation of limited agency resources, and management of staffers' impairment and misconduct, among other issues (Reamer, 2018b).

Also, agency-based ethics committees provide opportunities for social work organizations to communicate to staffers that skillful management of ethical dilemmas is a priority at the organizational level and that, consistent with ethical humility, no one administrator is omniscient about how to resolve all complex ethics challenges (Post & Blustein, 2015). Formal ethics committees have been prominent features in many health and human service settings since the 1970s (Hester & Schonfeld, 2012). Typically, ethics committees, which often include representatives from different professions and agency positions, provide agency staffers with case-related consultation services and nonbinding advice, particularly when staff members want assistance thinking through difficult ethical decisions.

Although ethics committees are not always able to provide definitive advice or guidance about complex ethical issues, they can offer social workers a forum for organized, focused, explicit, principled, and humble exploration of ethical dilemmas. This can provide social workers with a greater understanding of the issues and options they face and enhance the quality of their decision making.

## Ethical Humility and the Reflective Practitioner

Ideally, ethical humility in social work increases the likelihood that practitioners will reflect on their moral judgments, and, in the event they err in any significant way, learn from their mistakes. This tendency is consistent with Schon's (1983) compelling discussions of the importance of being a reflective practitioner in his influential and groundbreaking book *The Reflective Practitioner: How Professionals Think in Action*.

Schon's thesis, based on his extensive empirical research, is that the most skilled and effective professionals have an impressive ability to pay critical attention to the way they conduct their work at the very same time that they do their work. Schon coined the terms "knowing-in-action" and

“reflection-in-action,” which suggest that some professionals can take a step back and think hard about what they are doing while they are doing it. These concepts are akin to the widely used social work concept “use of self” and are particularly relevant to social workers’ efforts to achieve ethical humility.

Ordinarily the concepts of knowing-in-action and reflection-in-action are applied to practitioners’ cultivation and use of technical skill, whether in social work, surgery, architecture, town planning, engineering, or dentistry. Social workers would do well to extend the application of these compelling concepts to their identification and management of ethical issues in the profession in an effort to be ethically humble. Ideally, effective practitioners would have the ability to recognize and address ethical issues and challenges as they arise in the immediate context of their work, not later when a colleague points them out or they are named in an ethics-related lawsuit or licensing board complaint. Put another way, social workers would have refined “ethics radar” that increases their ability to detect and respond to ethical issues with humility. As Smith and Kouchaki (2018) note regarding the importance of self-reflection as a component of ethical humility, “in the aftermath of an unethical decision, we expect those with moral humility to be self-reflective. They will be more likely to acknowledge that their choice was a mistake, rather than seeking to justify it. And after non-defensively accepting that there is a discrepancy between their behavior and the person they want to become, we expect them to seek ways to learn from their past mistakes” (p. 84).

Ethics-related reflection-in-action that incorporates ethical humility entails three key elements: knowledge, transparency, and process. With regard to knowledge, skillful and humble management of many ethical dilemmas requires a firm understanding of core ethics concepts and prevailing ethical standards. Ethics concepts are addressed in professional literature on the subject of moral theory. Pertinent ethics standards exist in several forms, including relevant codes of ethics, agency policies, prevalent practice standards and guidelines, statutes, and regulations.

With regard to transparency, humbly reflective social workers who sense an ethical issue share their concern with supervisors, colleagues, and appropriate administrators; these practitioners do not claim to be ethically omniscient and are not defensive. An effective way to protect clients and practitioners alike is to avoid any suggestion that the ethical issue is being handled “in the dark.” Such clarity demonstrates social workers’ good faith efforts to manage ethical dilemmas responsibly. When appropriate, clients should be included in the conversation.

With regard to process, although some ethical decisions are clear-cut, many are not. Often, they require painstaking analysis and consultation with thoughtful colleagues and ethics experts. Ethically humble social workers are very willing to seek out collegial assistance; they are not afraid to expose their moral uncertainty.

Further, ethically humble social workers are inclined to seek highly focused ethics consultation, not just all-purpose social work consultation, when complex moral dilemmas arise. Ethics consultation—first provided primarily in hospitals—began in the late 1960s and early 1970s (Fletcher, Quist, & Jonsen, 1989; La Puma & Schiedermayer, 1991). In the late 1970s, Pellegrino (1978, 1979) and Siegler (1978, 1979) published several influential papers that proposed a role for clinical ethics consultation as a discrete and unique field of expertise, and in 1985 the University of California, San Francisco, and the National Institutes of Health co-sponsored a conference on ethics consultation (Bermel, 1985). By 1990 ethics consultation in health care had developed so substantially that a professional journal, the *Journal of Clinical Ethics*, began publication.

Over the years, ethics consultation has assumed a variety of forms and tasks that can be usefully incorporated into social work settings (Aulisio, Arnold, & Youngner, 2003). Ethics consultation is typically available to practitioners who encounter a challenging, sometimes deeply troubling, case-specific ethical dilemma. In health care settings, for example, ethics consultation is often sought when a staffer feels caught between family members’ wishes concerning aggressive treatment of a gravely ill relative and

accepted medical practice which suggests an alternative course of action (Beauchamp & Childress, 2019).

## Case Illustration

A social worker at a large community mental health center specialized in the treatment of clients who struggle with co-occurring issues, that is, the coexistence of a mental illness and substance use disorder. One of her clients was diagnosed with schizophrenia and cocaine addiction.

One afternoon, the mental health center's receptionist notified the social worker that a detective from the local police department had arrived and was eager to talk to the social worker. The social worker met with the detective, who explained that she was investigating a recent homicide and had learned from a suspect's family member that he had been receiving counseling services from the social worker. The detective held up a copy of the client's mug shot, obtained when he was arrested about a year earlier during a different incident, and asked the social worker to confirm his identity. The social worker nodded her head affirmatively, confirming the client's identity, after which the detective asked the social worker several questions about her last contact with the client, her understanding of his place of residence, and recent behavior.

The social worker quickly realized that she may have made a mistake when she acknowledged the client's identity with the police detective, in light of relevant federal and state laws and code of ethics standards related to client confidentiality and disclosures to law enforcement officials. At this point, the social worker told the detective that she needed to consult with her supervisor about how best to respond to the detective's information request.

The social worker immediately contacted her supervisor and told her about her encounter with the detective and the detective's information request. The supervisor diplomatically informed the social worker that she should not have acknowledged the client's identity because his privacy is protected by the strict federal guidelines in regulation Title 42 CFR (Code of



Federal Regulations) Part 2, *Confidentiality of Substance Use Disorder Patient Records*, as well as HIPAA (Health Insurance Portability and Accountability Act), and a key state law governing disclosure of confidential health care information. The supervisor and social worker spent a half hour reviewing language in these various guidelines and eventually concluded that, according to Title 42 CFR Part 2—which is stricter than HIPAA and state law and clearly governs the social worker’s substance use disorder services she provides to this client—the social worker was not permitted to disclose any confidential information to the detective without the client’s consent or court authorization (in contrast to HIPAA and state law, which do permit disclosure of some confidential information to law enforcement to identify a suspect or fugitive).

Out of an abundance of caution, the supervisor recommended that they consult with the agency’s risk management director, ethics committee, and the health care law attorney the agency has on retainer to further clarify the appropriate course of action. The risk management director, agency ethics committee, and attorney concurred that the social worker should not have acknowledged the client’s identity when talking with the detective; however, all of these parties commended the social worker for recognizing her error and immediately seeking consultation and supervision about appropriate next steps. The social worker said she felt badly about her inadvertent disclosure, and then expressed her appreciation for the opportunity to learn from her mistake and gain a deeper understanding of how to manage this kind of ethical dilemma.

This case scenario exemplifies ethical humility in social work. The social worker engaged in reflective practice and recognized that she erred when she acknowledged a client’s identity, without the client’s consent or court authorization, during her conversation with a police detective. Thus, the social worker avoided inattentional or moral blindness. Consistent with ethical humility, the social worker was transparent, not defensive, and shared her mistake with her supervisor. The social worker immediately sought ethics consultation with her supervisor; together, they then sought additional consultation with the agency’s risk management director, ethics

committee, and the agency's attorney. Thus, the social worker demonstrated ethical humility at the individual and interpersonal levels. Together, the social worker and supervisor displayed ethical humility at the organizational level by seeking out consultation and by engaging the agency's ethics committee. The supervisor modelled ethical and leader humility by initiating ethics consultation at higher administrative levels.

## Conclusion

The concept of humility is central in social work practice and education. To date, scholarly discussions of humility have focused nearly exclusively on its relevance to social workers' understanding and appreciation of cultural, ethnic, and social diversity. It is critically important for social workers to extend the concept of humility to the ethics realm.

A truly comprehensive application of the concept of humility to social work ethics should entail several elements. These include understanding the potentially positive and negative sequelae of ethical humility; the ways in which ethical humility can help prevent moral hubris; and mechanisms to enhance social workers' ability to identify and meaningfully address ethical challenges that arise at the individual level, interpersonal level, and organizational level. Ideally, future research will explore the effectiveness of practical strategies designed to strengthen social workers' ethical humility—for example, in the form of agency-based training initiatives—and social work organizations' efforts to develop ethically-informed policies, including practically useful codes of conduct and ethics consultation protocols.

Ethically humble social workers have the ability to function as reflective practitioners who are aware of ethical challenges at the very moments they arise and conceptualize and implement a course of action. These practitioners especially appreciate when ethics consultation with colleagues is appropriate to enhance their management of ethics-related challenges.

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