

CEU ARTICLE NO. 61

# Reflections on Knowing Oneself Ethically: Toward a Working Framework for Social Work Practice

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**ABSTRACT:** *Ethical self-knowledge has been a neglected dimension in discussions of self-awareness in social work practice. The author begins a dialogue about the components of ethical self-knowledge by presenting an assessment framework in the form of questions that social workers can ask themselves about their own ethical stance. The questions are then applied to the preparation of an advance directive for oneself.*

**E**THICAL SELF-KNOWLEDGE has been a neglected dimension in discussions of self-awareness in social work. Although a great deal of attention has been focused on the development of self-awareness in the psychological and sociological realms of social work practice (Compton & Galloway, 1989), little attention has been paid to the development of ethical self-knowledge in the profession. Ethics in social work has focused on decision making rather than on the decision maker.

The social work literature on ethics is rich and varied, with many methodologies for identifying, clarifying, and analyzing ethical problems (Abramson, 1985, 1989; Lewis, 1982; Loewenberg & Dolgoff, 1992; Reamer, 1990). However, like the field of bioethics, from which social work has taken much of its ethical inspiration (Reamer & Abramson, 1982), social work has focused much of its attention on principlism, a rational, individualistic, theoretical, universalistic approach to ethical analysis (DuBose, Hamel, & O'Connell, 1994). Whether the approach has been inductive, moving from case dilemmas to general principles, or deductive, applying general ethical principles and theories to particular cases, the focus has been on decid-

ing what to do about ethical dilemmas. Little attention has been paid to the character and commitment, the inner realities of motivation, intention, disposition, and attitudes of the person who is making the decision (Drane, 1994).

Recently, however, the field of bioethics has increasingly recognized the need to focus attention on the conscience (Callahan, 1991), virtue (May, 1991), and character (Drane, 1994) of the decision maker. These works, combined with the work of theorists who have outlined the stages of moral development during which character, virtue, and conscience are formed (Fowler, 1981; Gilligan, 1982; Kohlberg, 1981; MacIntyre, 1981; Piaget, 1932), give impetus to Socrates' notion that the central task of life is the acquisition of self-knowledge (Levin, 1992).

Rhodes (1986, 1992) is one of the few social workers writing about ethics who has directly addressed the issue of knowing oneself ethically. She suggests that in social work's attempt

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to be empathetic and nonjudgmental, we draw boundaries between psychological understanding and ethical evaluation (Rhodes, 1992). In so doing, we do not acknowledge to either ourselves or our clients the values that are inherent in our practice.

In truth, ethical assumptions of all kinds undergird the practice of social work. We all make assumptions about the nature of human behavior and how it is manifest. We have ethical assumptions about change, that is, the methods that we think ought to be used to bring about change. We certainly make value judgments about how we think people should behave, that is, what the outcomes of service ought to be (Levy, 1973).

The purpose of this essay is to reflect on areas of ethical self-knowledge that social workers might be able to develop about themselves. In the following sections, questions are posed to help social workers assess their own values, beliefs, and ethical positions. After this preliminary framework for self-assessment is established, the same set of questions is applied to preparing an advance directive for oneself. By examining one's attitudes toward an issue that social workers are increasingly involved in with their clients and that has many complex ethical and value implications, a social worker is encouraged to become increasingly aware of his or her own ethical stance.

## **Ethical Assessment**

The following set of questions were derived from a series of focus groups with social workers who were considered to be experts in working with persons with HIV/AIDS. We established a set of practice principles that I then shared with other practitioners and students in presentations and classes. Their critical response and feedback from their own struggles with ethical self-reflection resulted in the following framework.

Not everyone will agree that the issues selected fall under the rubric of values and ethics. Some may view the issues as having stronger social or psychological than ethical components. Some issues, like consequentialism and deontology, free will and determinism, individual and community, and voice, have been dichotomized

for heuristic purposes to make them clearer to the reader. In actuality, I believe that most of the issues exist on a continuum and have sociopsychological as well as ethical components. Nonetheless, I think that a social worker using this framework will be better able to construct a profile of his or her own ethical stance and in so doing enhance his or her ability to respond more empathetically to clients' value and ethical issues.

## **Prejudgments**

We all view the world from the perspective of a set of beliefs structured by philosophical assumptions and principles that constitute a world view (Myers, 1993). Thus, the first step in ethical assessment is to challenge people to understand their own world view before deciding what they ought to believe. To do that the individual must know who he or she is in terms of race, ethnicity, class, gender, age, religion, sexual orientation, and power (Pinderhughes, 1989). The ethically aware social worker will want to recognize his or her personal philosophy and value system, including attitudes, biases, experiences, stereotypes, and agendas that are derived from personal and cultural history. We can never find a "view from nowhere" (Nagel, 1986) detached from the circumstances that surround a situation. Our prejudgments, influenced by our personal and cultural history, shape our thoughts and actions (Leder, 1994).

## **Character and Virtue**

Knowing what makes one feel good about oneself is as important as knowing one's prejudices and prejudgments. Identifying what a person loves and gains satisfaction from provides insight into character (Drane, 1994).

Thus, the morally aware social worker will want to know what generates self-esteem, empowerment, and self-approval in him- or herself and will ask him- or herself questions such as the following (Litke 1981).

- What is my image of a morally good person?
- What is my image of a competent therapist?
- What is my conception of the good social worker in terms of professional standards and ethics?

■ What makes me feel like a responsible employee of the agency?

- What does it mean to be a good member of society?

- What makes me feel that I have been a good person, done a good job, or made a good contribution?

- When these roles conflict, which role am I likely to choose?

We all gravitate toward activities that make us feel good about ourselves and away from activities that make us feel bad. The ethically aware social worker attempts to identify those aspects of character in ethical terms.

### **Principles**

The third step in ethical assessment is ascertaining how one uses and prioritizes ethical principles. The ethics literature, particularly biomedical ethics, is rich with discussions of ethical principles (Beauchamp & Childress, 1989). The principles most often used to address issues and resolve moral quandaries are autonomy, beneficence, nonmaleficence, and justice. Although the social work literature offers sophisticated discussions of these ethical principles as they are operationalized in social work practice (Abramson, 1985; Imre, 1982; Reamer, 1990; Wakefield, 1988a, 1988b), little attention has been focused on the social worker's personal stance in relation to these principles.

Practitioners who wish to assess their point of view regarding these principles need to ask questions such as the following.

- Where do I stand on each of these principles?

- How important are they to me?

- When they come into conflict, which one trumps the others?

- Is respecting a client's self-determination (autonomy) more important to me than either doing good (beneficence) or not doing harm (nonmaleficence)?

- When the question of a client's welfare or safety conflicts with the client's autonomy, do I tend to act paternalistically for the client's benefit but in violation of the client's autonomy?

- What is my view of distributive justice in the allocation of resources?

- Do I believe that resources should be distributed according to need, merit, future potential, first come first served, lottery, or to the most disadvantaged?

### **Ethical Theories**

Ethically self-aware social workers can also use ethical theories, that is, integrated bodies of principles and rules that provide a framework for ethical decision making, for self-assessment. The two types of ethical theory most discussed in the literature are utilitarian or consequentialist and deontological or duty-based theories (Beauchamp & Childress, 1989). Utilitarian theories suggest that actions are right or wrong according to their outcomes rather than their intrinsic features. Deontological theories maintain that certain acts are intrinsically good or bad in themselves irrespective of their consequences.

The ethically self-aware social worker should ascertain where she or he falls on the consequentialist–deontological continuum. For example, when deciding whether to tell the truth, one often uses principles or consequences to bolster the decision-making process (Bok, 1978). In other words, do I believe that I should always be truthful with my clients because truth telling is good in itself and a rule that one ought to obey regardless of the consequences? Or do I believe that I ought to tell the truth because of the possible consequences of not telling the truth? For example, if my clients discover that I am not completely truthful with them, they may lose faith and trust in me. Do I believe that in situations in which telling the truth may cause more harm than good it is better to lie or at least be deceptive? Do I believe some acts are intrinsically good and other acts depend on the consequences? The ethically self-aware social worker recognizes his or her patterns of deontological or utilitarian thinking.

### **Free Will/Determinism**

The ethically aware social worker asks questions regarding his or her views of free will/determinism. Do I believe that human beings are willful actors who actively shape their own destinies? Or am I more likely to think that most human behavior is the result of factors over which human beings have little or no control?

Although many social workers are likely to believe in a kind of soft determinism that suggests that clients' problems are both within and outside their control (Reamer, 1983), most everyone views some behaviors and events as the

result of luck, fate, and factors beyond their control, whereas other behaviors and events can be controlled by will, motivation, or insight. The ethically aware social worker wishes to know which behaviors fall in which categories.

The judgments we make about what clients deserve are often based upon our attributions of moral responsibility (Reamer, 1983). The concept of just desert is then closely related to justice—both retributive justice, actions for which we believe people should be rewarded or punished, and distributive justice, how we believe scarce resources ought to be distributed (Reamer, 1983). The ethically mature social worker is able to move from an understanding of his or her own attitude toward fate and responsibility to an appreciation of why he or she believes that a particular client should be treated in a manner different from how another client is treated.

### **Spirituality**

When people have difficulty making sense of life's circumstances and vicissitudes and question how to bring meaning into their lives, they often turn to religion and/or spirituality. Organized religion, with its traditions and rituals, may provide the individual with a sense of a higher power and transcendental values beyond the physical world. Some might argue that spiritual concerns are not ethical concerns. For others, however, spirituality is at the heart of ethics (Wind, 1994) in that it speaks to the basic human drive for meaning, purpose, and connection with others and with the universe (Canda, 1989).

Spirituality is an important but relatively unexplored area in social work, although it has gained increasing attention since the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994) established a new V code entitled "Religious or Spiritual Problem." Social workers need to make the spiritual dimensions of their clients' lives part of their social work assessments. However, to do so, social workers must examine their own spiritual beliefs: What ultimate concerns about identity, destiny, purpose, and meaning give force to my life (Wind, 1994)? Or more simply stated, what are my beliefs about the unseen order of the universe and how do these beliefs affect how I live

my life and my relationship with persons who have a different belief?

### **Individual/Community**

Increasing attention is being focused on individual rights versus the good of the community in social work and bioethics as well as in other professional arenas. In bioethics, the questions are cast in language that considers rights and privacy versus common good and community control. Liberal individualism is the moral and political philosophy most closely allied with the individualistic approach, whereas communarians emphasize the common good and social goals (Beauchamp, 1994).

Social work has always attempted to balance individual rights against social responsibility (Keith-Lucas, 1977). However, each social worker should be aware of where she or he falls along this continuum when these values conflict. For example, when an individual's rights and needs come into conflict with the community good, am I more likely to think about the individual's rights to privacy and noninterference or will my concern be with the community and the benefit and health of all? Under what circumstances are my sympathies more likely to be with one rather than the other? How am I likely to resolve a dilemma of this sort for myself?

### **Voice**

The self-aware social worker must be knowledgeable about his or her moral voice. Although the voices described below are labeled male and female, they are not necessarily gender based. Rather, they speak to a way of approaching moral problems (Gilligan, 1982).

The male voice, or the voice of justice, speaks of rights, privacy, and noninterference. The emphasis is on individuation and separation and a view of the self as autonomous. Moral dilemmas tend to be perceived as conflicts of rights among individuals. This voice requires a rationally derived, constructed set of rules in order to solve moral problems. This voice tends to dominate public life and is more in accord with a Eurocentric world view (Sanders, 1994).

The female voice speaks of relationships and connection, emphasizing intimacy and a view of the self as connected with others. Moral dilem-

mas are viewed within their context. This voice tends to incorporate rather than exclude when searching for a solution to an ethical problem. It dominates private life and is more in accord with an Afrocentric world view (Collins, 1991).

Ethically self-aware social workers need to know where they fall along the continuum of justice and care in terms of voice and language. They need to question how they approach ethical dilemmas in terms of individual rights or context and relationship.

## Application of Framework

An excellent way to assess ethical self-awareness is to put oneself in a client's shoes and to imagine how a client might use ethical self-knowledge. Another way is to prepare an advance directive about personal care at the end of life and decide who should act in proxy for oneself. This act calls forth ethical questions and is a good way to examine one's own ethical stance. The following sections present issues and questions that are raised in preparing an advance directive according to the ethical categories discussed above.

**Prejudgments.** How does your culture, religious upbringing, and personal life experience affect your wishes regarding do-not-resuscitate orders, artificial nutrition and hydration, and use of respirators? What fears and concerns might make you hesitate to give someone else durable power of attorney for your health care needs? How do you feel about planning for the end of your life as opposed to leaving it up to fate, destiny, or God?

**Character and Virtue.** How does planning in advance and writing down your wishes about the end of your life make you feel? Do such actions enhance your self-esteem or diminish it? Why? What is the relationship between that which makes you feel good about yourself and the way in which you weigh the benefits of life against the burdens of treatment in particular situations?

**Principles.** What ethical principles are important to you in this process? Are values related to autonomy, such as being able to think clearly and being treated with respect and dignity, more important than values related to benef-

icence, such as maintaining a good relationship with your family and wanting to help others by making a contribution to medical education and research? What about nonmaleficence, wishing to avoid unnecessary pain, and not being a burden to others? How do they affect your decision-making process?

**Ethical Theories.** Are your decisions about how you would like to end your life based on actions and beliefs that you feel are intrinsically good or bad, such as the sanctity of life and life at all costs? Or might your concerns be more utilitarian, with your decision making based more on consequences like the quality of life and the amount of pain and suffering you might experience?

**Free Will/Determinism.** Do you believe that we, as human beings, have some control over how we die? Or do you believe that the dying process is essentially out of our control? How do such beliefs affect your desire to complete an advance directive and/or designate a durable power of attorney for health care?

**Spirituality.** What role does religion or spirituality play in your decision making? Death and dying issues cause people, even those who do not consider themselves to be religious or spiritual, to ask themselves questions about ultimate issues. How do you conceive issues such as meaning, connection, life after death, redemption, or reincarnation? How do these issues affect your decisions regarding sustaining life?

**Individual/Community.** In thinking about an advance directive, do your concerns focus on your own interests and needs or on the interests and needs of the various communities to which you belong? Would you tend to seek your own counsel and act autonomously in your decision making or would you be more likely to talk with family and friends and incorporate their views into your directive?

**Voice.** Finally, do you have a consistent voice regarding these issues? Can you characterize your voice as reflecting an ethic of justice whereby you make decisions on the basis of your individual rights? Or are your decisions based more on an ethic of care in which relationships and not doing harm to yourself or others are primary concerns? Or do you fall somewhere between these two categories?

Doing such an inventory can help social workers sensitize themselves to issues that might be important to their clients. Similar inventories might be done with regard to HIV testing, adopting a child with special needs, abortion, divorce, nursing-home care, alcohol use, or any of the myriad problems for which clients consult social workers.

## Conclusion

As Pilsecker (1994) states, the starting point with a client is never simply "where the client is," but rather where both the client and the social worker are. Social workers need tools for assessing where they are ethically. This process entails a

long journey involving ethical reflection, dialogue with others, trying different approaches, making mistakes, retrospectively analyzing one's experiences, and trying new behaviors grounded in self-examination and self-knowledge.

This essay focuses on the person making the ethical decision rather than on the ethical principles. With Callahan (1991) and May (1991), I believe that the character of the person who is making the decision determines the kind of ethical decision that is made and how that person follows through with his or her decision. Ethical self-knowledge prevents surprise when value conflicts occur. It provides a firmer footing for wrestling with the ethical dilemmas that occur so frequently in social work practice.

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1. Ethics in social work has focused on \_\_\_\_\_ rather than on \_\_\_\_\_.
2. Define principlism. \_\_\_\_\_  
\_\_\_\_\_
3. Social work's ethical focus has been on deciding \_\_\_\_\_ about \_\_\_\_\_.

Little attention has been paid to the inner realities of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ of the person who is making the decision.

4. Rhodes suggests that in social work's attempt to be \_\_\_\_\_ and \_\_\_\_\_, we draw boundaries between \_\_\_\_\_ and \_\_\_\_\_.

5. The first step in ethical assessment is to challenge people to understand \_\_\_\_\_ before deciding \_\_\_\_\_.

6. The ethically aware social worker will want to recognize his or her personal \_\_\_\_\_ and \_\_\_\_\_, including \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ that are derived from \_\_\_\_\_ and \_\_\_\_\_ history.

7. The morally aware social worker will want to know what generates \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ in him- or herself.

8. The principles most often used to resolve moral quandaries are \_\_\_\_\_  
\_\_\_\_\_

9. Social work literature offers sophisticated discussions of \_\_\_\_\_ as they are operationalized in practice, but little attention has been focused on the social worker's \_\_\_\_\_ in relation to \_\_\_\_\_.

10. \_\_\_\_\_ theories suggest that actions are right or wrong according to their outcomes; \_\_\_\_\_ theories maintain that certain acts are intrinsically good or bad irrespective of their \_\_\_\_\_.

11. Telling the truth because truth telling is good in itself is consistent with \_\_\_\_\_ theories; telling the truth to avoid unwanted consequences of not being truthful is consistent with \_\_\_\_\_ theories.

12. Although many social workers believe in a soft \_\_\_\_\_ that suggests that clients' problems are both \_\_\_\_\_ and \_\_\_\_\_ their control, most everyone views some behaviors and events as the result of \_\_\_\_\_, \_\_\_\_\_, and

factors \_\_\_\_\_, whereas other behaviors and events can be controlled by \_\_\_\_\_, or \_\_\_\_\_.

13. When people question how to bring meaning into their lives, they often turn to \_\_\_\_\_ or \_\_\_\_\_.

14. Social work has always attempted to balance \_\_\_\_\_ against \_\_\_\_\_, but each social worker should be aware of where she or he falls along this continuum when \_\_\_\_\_.

15. The male voice speaks of \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. The female voice speaks of \_\_\_\_\_ and \_\_\_\_\_, emphasizing \_\_\_\_\_ and a view of the self as \_\_\_\_\_ with others.

16. An excellent way to assess ethical \_\_\_\_\_ is to put oneself in \_\_\_\_\_ shoes and to imagine how \_\_\_\_\_ might use ethical \_\_\_\_\_.

17. The starting point with a client is never simply \_\_\_\_\_, but rather \_\_\_\_\_.

18. Assessing where one is ethically entails a long journey involving ethical \_\_\_\_\_, \_\_\_\_\_ with others, trying \_\_\_\_\_, making \_\_\_\_\_, retrospectively analyzing \_\_\_\_\_, and trying \_\_\_\_\_ grounded in self-examination and self-knowledge.

19. The author believes that the \_\_\_\_\_ of the person who is making an ethical decision determines \_\_\_\_\_ of decision that is made and how the person \_\_\_\_\_ with his or her decision.

20. Ethical self-knowledge prevents surprise when \_\_\_\_\_ occur.