

# The Value Contradictions in Social Work

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## Abstract

The goals of the paper are to present the occurrence of value contradictions in social work and to propose a possible explanation of the fact that there are such contradictions. Value contradictions were revealed during the analysis of research data of social workers' attitudes toward abortion. A survey method was used to collect data and quantitative analysis techniques were used for data analyses. The survey was conducted in Lithuania and participants were social workers from various fields of social work. The second part of the paper is dedicated to an explanation of value contradictions in social work. The multiple self-theory was used for the construction of explanations.

*Keywords:* Value contradictions, multiple self, abortion, value conflicts, social work.

## Introduction

Social work is filled with different types of inner conflicts. There are disagreements and intellectual fights over the basic structural elements of social work. There are different views of social work practice and social work knowledge. Should it be a profession or not? Should it seek to become a science? (Gambrill & Pruger, 1992). The foundation of the conflicts is the difference in values. For example, some proponents of the social

work profession say that it is motivated by the value of social welfare: that the status of the occupation group directly correlates with the resources acquired from society and by the value of personal welfare. The critics of social work professionalization purport that more value is placed on the essential human relationship between social worker and client and professionalization is seen as an obstacle in this context.

According to Vohs et al. (2007), conflicts arise when beliefs, values or aims are held by one individual or group of individuals who have the same attitude to a certain situation and are frustrated by another individual or group of individuals who hold an opposite view. The notion of conflict implies that the participants in such situations must be aware of each other's actions and interests (Fisher, 2006). For example, there is no conflict if a social worker is unhappy with the salary he/she is paid when he/she doesn't complain about that to manager. When there is a clash between social worker and manager over the salary, then there is a conflict.

It is possible to identify at least two types of value conflicts in social work. The first type of value conflict springs from the duality of social work's identity. On the one hand society is the employer of social workers and seeks to *control* social problems, but on the other hand, social workers seek to *solve* social problems. This type of value conflict is clearly articulated by Howe (2009, 152): "Janus-like,

social work has always had to look both ways. It finds itself representing the individual to society (this is what it is like to be poor and vulnerable), and representing society to the individual (what society expects and what it can do for you). Both *care* of the weak and *control* of the unruly have defined social work from the beginning. It therefore seems inevitable that compassion and correction, welfare and justice are bound to give social work something of a split identity.” An example of this value conflict is in the study by Gallina (2010). The author explores conflicts between professional values and agency values. The second type of value conflict comes from the complexity of the person. For example, in the case of infanticide, a social worker might wish for the death penalty for the killer but demand the liberation of the killer in order to help him or her. These conflicts between personal and professional values are intensively analyzed in some of the literature (Gough & Spencer, 2014; Comartin & Gonzalez-Prendes, 2011).

Despite quite extensive research on value conflicts, there are only a few studies (Verplanken, Trafimov, Khusid, Holland & Steentjes, 2009) about the causes of value conflicts – the value contradictions. The goal of this paper is to fill this gap. The content of the paper is divided in two parts. The first part is dedicated to the presentation of research, where the value contradictions were revealed. An explanation of the value contradictions is outlined in the second part.

## **Research**

### **Sampling and data collection**

A survey method was used to collect data. The survey was taken by 92 social workers from various fields of social work. In order to be representative across the country, the questionnaire was distributed through the Internet to social work organizations. It was filled in by respondents from Lithuanian cities: Alytus, Biržai, Druskininkai, Gargždai, Kaišiadorys, Kaunas, Kretinga, Klaipėda, Marijampolė, Pagėgiai, Panevėžys, Šiauliai, Telšiai, Ukmergė, Utena, Nemenčinė and Vilnius.

The development of social work in Lithuania and other East European countries was different from the Western countries. Social work as a scientific discipline and profession started to form only after the break-up of the Soviet Union in 1990 (Bagdonas, 2001). The mechanical transfer of Western institutional and organizational structures was conducted in the process of post-communist transformation in Lithuania (Norkus, 2012).

There are at least three stages of social work development in post-communist Lithuania. The main characteristic of the first stage (1990–1992) was the adaptation of the existing social security system to new social risks (Bagdonas, 2001). The emergence of social work was the outcome of the process. The second stage (1992–2006) was characterized by the growth of social work. According to Bagdonas (2001), the establishment of the legal basis for social work, the spread of social work study programs across universities and colleges, the support from foreign development agencies, World Bank and Swedish International Development Authority, and primary certification of social workers were implemented in this stage. The quality of social work is the concern of the third stage (from 2006). Social workers are employed by state agencies. Law regulates the qualification of social workers and the quality of social service organizations.

The fields of social work and the number of respondents are presented in Table 1. The link for the questionnaire was sent to respondents' personal and organizational e-mails in order to achieve greater responsiveness.

### **Questionnaire**

The goal of the research was to investigate the values of social workers. The first thing to do was to conceptualize our main concept “value.” The problem is that there is no general definition of the concept and different meanings are attached. Hitlin & Piliavin (2004, 359) put it in this way: “When employed, the term ‘values’ has been used variously to refer to interests, pleasures, likes, preferences, duties, moral obligations, desires, wants, goals,

**Table 1.**  
The fields of social work and the number of respondents.

<b>Field of social work</b>	<b>Frequency</b>	<b>Percent</b>
Help for women	10	10,9
Work with children	13	14,1
Work with people having mental disabilities	3	3,3
Work with families at social risk	30	32,6
Work with elderly people	20	21,7
Work with addicted people	2	2,2
Work with the ex-convicts	2	2,2
Other	12	13
<b>Total</b>	<b>92</b>	<b>100</b>

needs, aversions and attractions, and many other kinds of selective orientations.” We define values as beliefs about desirable states of the social world. But not all researchers conceptualize values as beliefs. Hitlin & Piliavin (2004, 365) state: “Many researchers examine attitudes, beliefs, or opinions and categorize their work as a study of values.” Albarracin (2005, 3) defines attitude as “Judgment about whether objects, events, oneself, and others are favorable or unfavorable, likeable or unlikeable, good or bad.” Opinion is a statement about a particular thing. The concept *belief* represents the nature of knowledge – to know something as a fact where the knowledge is empirically tested or as a belief when the knowledge is not empirically tested. Because values are representing positive ideal abstract states of the social world, we categorize them as beliefs.

The second thing we had to do was to operationalize values. As Hitlin & Piliavin (2004) note, there are two ways to operationalize values: ranking and rating. Ranking means that respondents have to choose one value over another. In the process of rating the respondent is asked to rate values in the units of a chosen scale. The superiority

of rating over ranking is obtaining data about all values without the exclusion of any. In our case it was crucial to have data about all values.

Social workers were asked to evaluate the submitted values on a scale from 1 to 5, where 1 means “not important” and 5 means “very important.” This way was selected in order to avoid a neutral position. For instance, if the scale were constructed using words, not numbers, respondents could choose the position “have no opinion,” because this position for respondents is safe and comfortable. In our case, numerical scales helped to reveal a more precise approach.

In order to explore value contradictions in social work, we chose abortion as the general theme of our questions. Abortion is an important issue in social work and social workers are dealing with different aspects of abortion.

According to the literature analysis, there exist two approaches – *for* (positive) or “pro-choice” and *against* (negative) or “pro-life” (Pollitt, 2014). The question is – why do individuals maintain one or the other position? It depends on values (Stainton, 2011). For example, the Catholic Church defends the “pro-life” position and “pro-choice” is generally

defended by feminism. From a feminist point of view, abortion is good because it gives freedom to women to choose, to plan, to learn, to earn money and stay in the labor market as long as they want. It can be concluded that the preceding points are related to women’s rights. These rights are not only linked to a woman’s body, but include the right to live according to her own plan. Feminism asks – why do men always have the right to choose? This question arises from women’s feelings of unequal rights (Ślęczka, 2005). Therefore the right to end a pregnancy with an abortion seems to be a vital thing that could help to gain for women the right to live as free as men do. The opposite position that abortion is bad, maybe the worst thing a woman could do. One of the authors maintains, “aborting human beings is a moral horror” (Metaxas, 2013, 13). The proponents of the “pro-life” position argue that abortion causes long lasting psychological problems (Ziegler, (2013). For example, David C. Reardon states the existence of post-abortion syndrome (Dadlez & Andrews, 2010). According to the Catholic Church’s understanding of the miracle of birth, abortion is homicide and this leads to a deep feeling of sin for one’s entire life (Moore, 2006).

Ten values to evaluate were included in the questionnaire (Table 2). There are four “pro-life,” four “pro-choice,” and two neutral values. Respondents also were asked how they respond to

abortion situations among friends, in social work practice and in their own families.

**Data analysis**

With the assistance of frequency tables, how social workers assessed every value submitted in the questionnaire was determined. The most important values were obtained from the results. The values scored at the highest rate were considered as the most important. If the respondent assessed two contradictory values at the highest rate, then it was considered that he/she has contradictory values. For instance, in order to find out what percentage of social workers evaluated two contradictory values, “freedom of choice” (pro-choice position) and “life” (pro-life position), at 5 points, we selected cases when “freedom of choice” equaled 5 & “life” equaled 5. This way a new variable was created. Then, using frequency tables we found out that 65 out of 92 social workers evaluated “freedom of choice” and “life” at 5 points (very important). Thus, this is an example of how we were looking for value contradictions.

**Findings**

Social workers had to rate every value in the list and there were ten values to rate. Table 3 shows the percentage of social workers for each value and score.

**Table 2.**  
Values presented for evaluation in questionnaire.

<b>„Pro-choice“ values</b>	<b>„Pro-life“ values</b>	<b>Neutral values</b>
Woman’s right to her body	Life	Competence
Life planning and control	Woman's physical and mental health	Dignity and Worth of the Person
Career and education	Respect for the provisions of the church and honesty	
Freedom of choice	Natural family planning	

Table 3.  
Evaluation of values.

Value	Evaluation (percent)				
	1	2	3	4	5
Woman’s right to her body	4.3	1.1	9.8	17.4	67.4
Life planning and control	0	3.3	7.6	23.9	65.2
Career and education	1.1	2.2	21.7	41.3	33.7
Freedom of choice	3.3	1.1	3.3	16.3	76.1
Life	1.1	0	2.2	8.7	88
Woman's physical and mental health	2.2	0	1.1	12	84.8
Respect for the provisions of the church and honesty	7.6	13	31.5	25	22.8
Natural family planning	13	10.9	29.3	28.3	18.5
Competence	1.1	2.2	20.7	33.7	42.4
Dignity and Worth of the Person	2.2	0	5.4	12	80.4

The data analysis shows that six values are the most important for social workers - woman’s right to her body (67.4%), life planning and control (65.2%), freedom of choice (76.1%), life (88%), woman’s physical and mental health (84.8%), and dignity and worth of the person (80.4%). Three of six values are “pro-choice,” two values are “pro-life,” and one value is neutral. The results show that the same persons prefer both “pro-choice” and “pro-life” values. These contradicting values might lead to internal conflicts. For instance, imagine that a social worker rates life as high as freedom of choice and has to make a decision in a teenage pregnancy situation. “Pro-life” values lead to saving the fetus and “pro-choice” values lead to supporting decision-making by the teenager. What will be the actual decision made by the social worker?

Therefore there is a high possibility that social workers experience value conflicts in their daily work situations. Table 4 outlines the values between which contradictions arise.

Cases presented in the table show that the same individuals choose contradictory values as equally important. For instance, 65 social workers evaluated freedom of choice equally as important as life. Each value by the same individual is evaluated at the highest rating (5 points). 70.7% of social workers have value contradictions that can lead to experiencing value conflicts.

**Case study**

We will present a particular case for illustration. Social worker A expressed this position on abortions: “I believe that abortion is necessary

**Table 4.**  
The value contradictions.

Values with highest rates		Frequency	Percent
Woman’s right to her body	Life	55	59,8
Life planning and control	Life	52	56,5
Freedom of choice	Life	65	70,7
Dignity and Worth of the Person	Woman’s right to her body	54	58,7
Dignity and Worth of the Person	Freedom of choice	60	65,2
Woman's physical and mental health	Woman’s right to her body	57	62

for ... women with more than three children.” Let’s look at how social worker A rated the values. Woman’s right to her body - 5 points; life planning and control - 5 points; freedom of choice - 4 points; dignity and worth of the person - 5 points; woman’s physical and mental health - 5 points; and life - 5 points. It can be said that almost all the values were assessed at the highest score. Therefore the question in this case is how can a social worker maintain that abortion “is necessary” and at the time assess all “pro-life” values at 5 points, the highest value? Social workers are working with someone who has problems and they want to solve them. We can ask, “What reaction will the social worker have when faced with a client who is considering an abortion?” What position could the social worker who says that abortion “is necessary,” but also maintains that life and other values related with “pro-life” position are the most important for him/her?

This simple example confirms that contradictory values are evaluated at the same rate by a social worker. Therefore the possibility of values conflicts arises. This raises the problem - how can social workers in general perform the job well if they hold contradictory values?

**Explanation**

**Self**

The concept of self was developed and widely used in the field of psychology. One of the founding fathers of modern psychology, James, in his principles of psychology (2010), stated that there are two aspects of self – I and Me. *Me* refers to everything answered to the question “Who I am?” *I* is that active agent who is thinking the Me or is asking the question. Different fields of science study these different aspects of self. Psychologists are interested mainly in the *Me*, and philosophers in *I* (Brown, 1998).

Although the concept of self was introduced into modern psychology more than one hundred years ago, the concept was excluded from the field of scientific psychology because of the dominance of behaviorism. The humanistic psychology movement kept the concept of self alive (Mayers, 2008), but was unable to keep it on the research agenda due to the lack of scientific research and the anti-scientific position. With the rise of cognitive science, the self came back into the scientific research agenda.

There are at least three groups of self-theories in contemporary science (Brinthaup

& Lipka, 1992). The first group defines self as narrative: “Given the fact that our memories occur in the present, an ever-changing present at that, how can we expect to look back on the same past? Doesn’t that same childhood change through the years, even if only in the slightest way? Indeed, might it not be that the identity of the self derives from the fundamentally different renditions of the personal past created in memory? If so, it must follow that one sensible way of studying the self is to study the changing narratives which people use to tell about who and what they have been and become” (Freeman, 1992, 21). The second group understands self as a multidimensional phenomenon and concentrates on the multidimensionality of the concept – the set of ideas about oneself (Marsh, Byrne & Shavelson, 1992). The third group of self-theories study self across the lifespan (L’Écuyer, 1992). The different streams of self-theory show that there is no unified conception of self.

### **Multiple self**

It’s common to talk about self as a single unit, but there are alternative theories, where multiple self is used in order to explain complex phenomena of human behavior. The multiplicity of self is discussed in psychology (Ainslie, 1989; Lester, 2012), in social sciences (Moldoveanu & Stevenson, 2001), and in interdisciplinary areas (Elster, 1987; Lynne, 2006; Bazin & Ballet, 2006; Teraji, 2008). The best-known theory of multiple self is the Freud theory of self. Sigmund Freud stated that there are three instances of our self: Ego, Superego and Id. The Ego represents rationality, the Superego – values, and Id – instincts. In Freud’s view, instances are interacting and compose the personality of the individual (Ainslie, 1989, 12-13).

There are a lot of multiple self-theories. For example, Moldoveanu & Stevenson (2001) identify two streams of multiple-self theories in social sciences. The first stream of multiple self-approaches treats multiple self-identities – there are different selves with different motivations within a single body. The other stream of multiple self-approaches explains self as an agency, where

one agent or groups of agents govern other agents representing different motivations.

The more sophisticated taxonomy of multiple self-theories is proposed by Elster (1987). Elster identifies ten sets of multiple self-theories: *loosely integrated self, self-deception and weakness of will, Faustian selves, hierarchical selves, successive selves, parallel selves, Freudian legacy, split brain, homo economicus and homo sociologicus, ‘no-self’ theory*. The taxonomy of the sets is based on three dimensions. The first dimension is similar to Moldoveanu & Stevenson – the theories differ according to the degree of self-integration. The second dimension is the partitioning of self. It can be partitioned in time and power (asymmetry between selves). The third dimension is the mode of interaction between selves - manipulation and deception.

All multiple self theories emphasize the interaction of different selves, except *loosely integrated self* and *split brain* theories. For example, in the case of *Faustian selves*, the person wants to smoke a cigarette and at the same time wants to be healthy. The desire to smoke and the desire to be healthy are in contradiction, but are experienced by the same person. Different sub-selves represent the wants and they are interacting in a similar manner to individuals – arguing, manipulating and so on. The self representing the desire to smoke is proposing the benefits of smoking – relaxation, the possibility of communicating with other smokers. The self representing the desire to be healthy is arguing the costs of smoking – cardiovascular problems, cancer and others. We think that there is no such inner discussion in our case and the best explanation of value contradictions comes from the *loosely integrated self* theories.

The *loosely integrated self* theory models the person as a unit, where sub-units are independent and autonomous in some degree and one sub-unit can operate with information that is different or unknown to other sub-units, and in spite of differences the operation of the unit is effective (Elster, 1987). The theory of loosely integrated self provides two lines of explanations.

In the first way, contradictions emerge because different beliefs are connected to different realms of social life. Everyone has beliefs and they are connected to different realms of social life. These beliefs can be contradictory. If contradictory beliefs do not face each other, they can exist within the same individual for a long time. For example, the person claims to be an atheist but is asking God for help in the face of critical situations. The atheism belongs to the realm of ordinary life and theism to the realm of critical situations.

The contradictions can be explained by the fact that our choices depend not only on the existing set of alternatives, but also on the way the alternatives are presented. For example, an individual is faced with two choice options: to receive 100 euro or 101 euro. If an individual is rational, the option of 101 euro will be preferred. But if the choice options are changed - 100 euro immediately or 101 euro in two weeks – there is high probability that the option of 100 euro will be proffered. The experiment shows that we react not only to the content of options, but also to the way they are presented. Let us explain value contradictions through the lenses of the *loosely integrated self* theory.

### **The loosely integrated social worker**

Values are beliefs and their contradictions can be viewed as a result of values dependency to different realms of social life. Every individual is a member of multiple realms of social life -- family, community, occupational group and so on. In our case, the individual is a member of the occupational group of social work and a member of other forms of social organization. Social work sustains a concrete belief system and it is expressed in codes of ethics. For example, the code of ethics of the National Association of Social Workers (NASW) defines behavior, moral boundaries and values of social work. The actions of individual social workers have to be consistent with the behavior, moral boundaries, and values expressed in the code of ethics. The biggest collective bodies of social work, the International Federation of Social Workers (IFSW) and NASW, support the right to

access abortion services for clients (Gretchen, Flaherty, Akers & Noland, 2012; Pardeck & Meinert, 2007). It is likely that an individual as a social worker will be pushed to express the values of abortion and choice. The same individual as a member of a family or community will express the values sustained in the family and community. These values might force the individual to accept the pro-life position. From this point of view the value contradictions documented in respondents' answers are manifestations of the individual's social realms. But this answer is not satisfactory. Is it possible that the individual is switching his/her allegiance to social realms that fast (from question to question)? There is no clear answer. The other problem is that the questionnaire was addressed to the social worker as a professional and the realms of family and community were excluded.

The other line of explanation is based on framing or the way in which the choice options were presented. The documented values contradictions can be explained as a variation in the presentation of choice options. It is possible that some formulations of questions directed respondents toward the pro-choice position, while others tended toward the pro-life position. In this case it's not a problem of the value contradictions in social work at all. It is a problem of the formulation of the questions. The respondents were asked to evaluate values (table 3) in the context of abortion. The questionnaire was built with the intention of minimizing the effects of framing or any other form of suggestion.

Lastly, there is a third explanation. Both mechanisms are working together. In other words, questions activate different realms of one's social world and frame the direction of each answer. The third explanation is weakest, because we do not know how the two mechanisms are interacting or the relative weight of each.

### **Conclusion**

The goal of the paper was to present the value contradictions that were revealed in our research. We also propose the possible explanations of the documented facts. The most relevant



explanation can be derived from the *loosely integrated self* theory – the subset of multiple self theories. According to the best explanation, the value contradictions occur as a result of the activation of different social realms. The goal of the research was not to test any theoretical statement or theory in general. The theory of multiple self was used *ad hoc* in order to provide the explanation. We think our work provides a good starting point for other researchers who are eager to study value contradictions in social work.

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