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THANK YOU!!!!

Stephen M. Marson, Ph.D., Editor, and Laura Gibson, Ph.D., LCSW, Book Review Editor

A great deal of work goes into each issue of *The Journal of Social Work Values and Ethics.* All work on our journal is completed by volunteers and *no one*—including our publisher ASWB—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 blindly, I cannot offer public recognition by their names. We thank them! However, we can publicly announce the names of our hardworking copy editors. Their work is not confidential. For their major contributions for the last two issues, we must publicly thank:

Georgianna Brown Mack
Samantha J. Cosgrove
W. Tamikka Gilmore
Veronica Hardy
Roger A. Ladd
Alison MacDonald
Bob E. McKinney
Laura Smith
Melissa Schaub

We have changes to our Copy Editor Board. First, since our last issue, Tamikka Gilmore has completed her doctorate. Congratulations Dr. Gilmore! We also gained three new board members: Eric Levine, DSW, LMSW; Veronica Hardy, Ph.D.; and Anthony A. Bibus, Ph.D. Welcome! Welcome!

We have additions to our Editorial Board: Teresa Bertotti, Ph.D., of the University of Milano-Bicocca in Italy has joined the Policy Review Board and Steven M Shardlow, Ph.D., from Keele University in the United Kingdom is now a member of the Manuscript Review Board, which provides the blind reviews. Welcome! Welcome!

We also welcome the following new members to our Book Review Staff:

Maureen Cuevas, Ph.D., LCSW
Lynn Jackson, Ph.D., LCSW
Jeffrey Steen, Ph.D., LCSW
MaryAnn Thrush, Ph.D.
Joan Groessl, Ph.D., LICSW
Miranda Reiter, Ph.D.
Veronica Hardy, Ph.D., LCSW

Following are the book reviewers who have given of their time to read books and write reviews in the last two issues of the journal. Thank you!

Ann M. Callahan
Charles Garvin
Peggy Proudfoot Harman
Peter A. Kindle
J. Porter Lillis
Rebecca McCloskey
Elaine Spencer
Elaine Wright
Todd Palmer
Ottis Murray

We also wish to express our gratitude for the contributions of book reviewer Wayne Evens, who passed away in 2017.

Editorial: The Revised NASW Code of Ethics

Stephen M. Marson, Ph.D., Editor

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For the past several years, a task force appointed by the president of the National Association of Social Workers (NASW) and approved by the NASW Board of Directors has been at work to update the 1996 NASW Code of Ethics. The new Code can be found on the NASW webpage.

This code went into effect on January 1, 2018. Upcoming issues of *The Journal of Social Work Values and Ethic* will publish articles addressing the new Code.

Greater clarification of the new Code can be found in two critically important documents, which the task force consulted:

1. National Association of Social Workers. (2017). *NASW, ASWB, CSWE & CSWA Standards for Technology in Social Work Practice.* Retrieved from: https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf

2. Association of Social Work Boards. (2015). *Model Regulatory Standards for Technology and Social Work Practice. Retrieved from:* https://www.aswb.org/wp-content/uploads/2015/03/ASWB-Model-Regulatory-Standards-for-Technology-and-Social-Work-Practice.pdf

Both resource documents will be cited in upcoming articles to be published in *The Journal of Social Work Values and Ethics*.

LETTERS TO THE EDITOR

When a letter is approved for publication by the author, JSWVE has always published. Some are positive, while others are negative. Regardless, once we have approval, these letters are published.

Dear Stephen

Thank you for this email. A colleague and I will be submitting a proposal after Christmas with an Australian flavour.

Also, your journal published my first ever paper back in 2014. Since then it has been cited 4 times and twice academics have contacted me to say that they will be using the paper in their teaching. Obviously, your journal has a substantial readership. Thanks for the support in getting my research out there.

Kind Regards
Michele Jarldorn
BSW (Hons); BSP; PhD Candidate
Topic Coordinator SOAD9226 Social Work with Groups & Communities
College of Education, Psychology and Social Work
Sturt Road, Bedford Park South Australia 5042
GPO Box 2100 l Adelaide SA 5001

Counselor and Social Worker Perceptions of Sexual Minorities Related to Religiosity and Political Ideology

Mandy Perryman, Ph.D.
University of Mississippi
perryman@olemiss.edu

Marie Barnard, Ph.D.
University of Mississippi
mbarnard@olemiss.edu

Kassie Terrell, Ph.D., LPC, NCC
University of North Florida
k.terrell@unf.edu

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Abstract

Counseling and social work students, faculty, and practitioners (N = 255) participated in a cross-sectional study examining attitudes toward lesbians and gay men, religiosity, and political ideology. Regression analyses indicate that political ideology, religious orthodoxy, and intrinsic and social extrinsic religious orientation are important predictors of attitudes toward lesbians and gay men.

Keywords: sexual minorities, religious orientation, political ideology, counselor education, social work

Introduction

The current study is intended to extend existing research in the area of cultural bias and value conflict in the professional roles of counselors and social workers by exploring their perceptions of sexual orientation, religious identity, and political affiliation. A significant concern for many counselor and social work educators is to ensure multicultural competence in serving LGTBQIA+ clients; because, as research suggests, practitioners' reactivity to this population is influenced to a greater degree by religious, personal, and political beliefs than is their response to other minority groups (Diambra & Struder, 2010). We hypothesized there would be a significant difference between the fields of counseling and social work, and among students and educators/practitioners in perceptions of sexual minorities. We also posited there would be a correlation between more conservative religious orientation and political affiliation and higher rates of homonegativity and less positive attitudes toward sexual minorities.

Literature Review

Ongoing marginalization and oppression of sexual minorities generates chronic stress, contributing to many societal and mental health issues; such as homelessness, bullying, and sexual harassment (Bidell, 2014; Farmer, Welfare, & Burge, 2013; Lyons, Bieschke, Dendy, Worthington, & Georgemiller, 2010; McCabe, Rubinson, Dragowski, & Elizalde-Utnick, 2013; Pearson, 2003). They are at an increased risk for substance abuse, depression, and suicide (IOM, 2011). Even when individuals have not directly experienced discrimination based on sexual orientation, they can still be adversely affected by living in an environment where they are viewed negatively. Herek, Gillis, and Cogan (2009) explain this as "*felt stigma"* (p. 20). While sexual minority members may or may not receive aggressive or hostile confrontation, they will not likely experience in-group favoritism, a bias commonly expressed in the valuation of others and distribution of resources, which is one contemporary view of how discrimination has evolved (Banaji & Greenwald, 2013).

Counselors and social workers are members of society and can be expected to have the same perceptions and biases of those in their community (Papadaki, Plotnikof, & Papadaki, 2013). Counselors must abide by the American Counseling Association's *Code of Ethics* (2014), which prohibits imposing one's own values, attitudes, and beliefs on and respects the diversity of clients (A.4.b), stresses the importance of acting as an advocate for those who face societal barriers (A.7.a), and forbids discrimination (C.5.). Likewise, the American School Counselor Association's *Ethical Standards for School Counselors* (2010) addresses parallel concerns in the educational setting concerning responsibilities to students (A.1.c) and multicultural and social justice advocacy and leadership (E.2.). The National Association of Social Workers' *Code of Ethics* (2008) charges the profession to develop cultural competence (1.05), learn more about social diversity (1.05), engage in social and political action, so all have equal access to resources and services (6.04), and oppose discrimination (4.02).

Though ethical guidelines are in place for counselors and social workers, they serve only as broad professional standards and do not dictate what one values or believes; therefore, a range of individual assumptions and attitudes are expected within the fields (Corey, Corey, Corey, & Callanan, 2015). Value conflicts can easily arise with a variety of practitioners serving a diverse clientele, especially in the areas of sexuality, religion, and politics. Research findings have been less than definitive when examining counselor and social worker perceptions of sexual minorities. Newman, Dannenfeiser, and Benishek, (2002) found social work students slightly more accepting than counseling students in frequency and intensity of attitudes toward sexual minorities. Similarly, Sabin, Riskind, and Nosek (2015) found both counselors and social workers to have the lowest ratings of heterosexual preferences among the healthcare providers they studied. In one recent study, social work students had "a slightly positive attitude towards lesbians and gay men" (Papadaki et al., 2013, p. 462) with lesbians receiving a more positive rating than gay men. Newman et al. (2002) surveyed 2,837 master's-level social work and counseling students about their attitudes toward lesbians and gay men, they found only a small minority of them (6.5%) held prejudicial or intolerant views. This body of research affirms an overall trend of increased acceptance of sexual minorities among counselors and social workers.

More specifically in the area of religion among counselors and social workers and its influence on perceptions of sexual minorities, the empirical findings are analogous, at least to an extent. The benefits of religion for extrinsically motivated people, defined as those driven by rewards outside of the self, include security, sociability, and status, while those who are intrinsic in their orientation, motivated by inner forces, internalize religious constructs and act according to them. Intrinsic religious orientation perceives faith as "a supreme value in its own right" (Allport, 1966, p. 455). Whitley's (2009) meta-analysis showed Christian orthodoxy and fundamentalism associated with intrinsic orientation and homonegativity. Rosik, Dinges, and Saavedra (2013) also found that more intrinsically religious people tend to have less accepting views of sexual minorities. In addition, Papadaki et al. (2013) found Orthodox religion religiosity to have a significant influence on social work students' attitudes toward lesbians and gay men, with participants indicating religion to be very important to them having more negative perceptions of sexual minorities.

Research on how counselors' and social workers' political party affiliation and ideology influence views of sexual minorities is more limited than religious perspectives. In Satcher and Leggett's 2007 exploratory study of homonegativity among professional school counselors, frequent church attendees and Republican participants were found to have less positive attitudes toward sexual minorities. Whitley and Lee (2000) found right-wing authoritarianism and political-economic conservativism associated with less positive attitudes toward lesbians and gay men.

Individuals who identify as liberal tend to view the validity of rules based on how those regulations affect one's outcome and advocate for social justice so all are treated fairly and equally (Rosik, Dinges, & Saavedra, 2013). Generally, liberals see themselves as having an optimistic outlook on people and believe they should be as free as possible to direct themselves. Conservatives, on the other hand, describe themselves as having a more responsive approach and view people as largely individualistic, seeing the need for regulations to ensure a proficient society (Graham, Haidt, & Nosek, 2009).

This study explores attitudes toward homosexuality in counselors and social workers and tested two null hypotheses. First, that there would be no significant difference between students' and faculty members' attitudes toward homosexuality and second, that there would be no significant difference in the attitudes toward homosexuality between counselors and social workers. This study also explored the potential impact of religion and political ideology on attitudes toward homosexuality.

Method

Participants

Students, faculty, and practitioners in counseling and social work were invited to participate in this study. A total of 268 individuals started the survey. Data from 13 individuals were dropped because they provide data for less than 10 questions, resulting in a sample size of 255. The sample was predominantly female (65.1% female, 15.3% male, and 19.6% prefer not to answer), with an average age of 35.1 (SD = 12.9). Participants could select multiple racial identities. In this sample, 67.5% identified as White/Caucasian, 6.3% African American, 2.7% Hispanic, 2.4% Asian, 2.4% Native American, and 2.8% as 'Other.' As religious identity was relevant to the current study, participants were asked to identify their religious preference. The majority indicated Christianity (28.6% Protestant, 9.8% Catholic). Many reported that they were spiritual but not religious (18.0%) or not religious (14.1%). The majority of the participants indicated that they were associated with the field of counseling (n = 155), with 40 reporting that they were associated with social work, and 60 opting not to provide an affiliation. Overall, 153 individuals reported that they were students, 39 faculty, and 17 practitioners who were not currently pursuing further education, nor teaching. An additional 46 individuals did not report their professional status.

Procedures

Students, educators, and practitioners in the fields of counseling and social work were recruited to participate in this web-based survey study via postings on the Association of Baccalaureate Social Work Program Directors (BPD) listserv and the Counselor Education and Supervision Network (CESNET). A snowball sampling technique was utilized whereby faculty were invited to share the survey invitation with students. An estimate of response rate is not possible given the nature of the listservs and the snowball sampling technique but the respondent demographics were compared to those reported by the professional associations for the fields of social work and counseling and the respondents were similar in terms of gender and race. Data were collected using Qualtrics, an online survey software system (Provo, UT). Participants completed a demographic form, measures of attitudes toward lesbians and gays, facets of religiosity, and an impression management scale. As a token of appreciation for their time, participants were informed that for each completed survey a donation to St. Jude Children's Hospital ($1 per survey was donated). All analyses were conducted with SPSS version 22. The study was reviewed and approved by the University of Mississippi Institutional Review Board. Informed consent was obtained electronically from each participant prior to completing the survey. There were no negative consequences for those who chose not to participate in the study and the identities of the participants, as well as the nonparticipants, were not unknown to the researchers.

Instruments

Attitudes Toward Lesbians and Gay Men Scale (Herek, 1988)

The Attitudes toward Lesbians and Gay Men Scale is the most commonly used instrument to measure heterosexuals' views of sexual minorities (Stoever & Morera, 2007), utilized frequently in social work research (Swank & Raiz, 2010). The 20-item instrument assesses emotional impressions of homosexuality (Chonody, Woodford, Brennan, Newman, & Wang, 2014; Herek, 1988). Two subscale scores are calculated, one each for attitudes toward lesbians and gay men. Previous research (Herek, 1988) reported that internal consistency reliabilities of the ATLG scores ranged from .90 to .95.

Modern Homonegativity Scale (Morrison and Morrison, 2002)

The Modern Homonegativity Scale is composed of two 6-item subscales, rating attitudes toward gay men and lesbian women. Item development for this scale sought to generate items that may reflect prejudicial attitudes toward lesbians and gay men that liberal individuals may hold (Morrison & Morrison, 2002). The measure uses a Likert Scale of 5 (strongly disagree) to 1 (strongly agree). In a review of instruments that measure attitudes toward sexual minorities, Grey, Robinson, Coleman, and Bockting (2013), found an internal consistency reliability of .91. Higher total scale scores indicate greater negativity toward lesbians and gay men.

Religious Fundamentalism Scale-Revised (Altemeyer & Hunsberger, 2004)

Fundamentalism was measured using the Religious Fundamentalism Scale-Revised developed by Altemeyer and Hunsberger (2004). The 12-item instrument measures participants' degree of commitment to four religious doctrines associated with fundamentalist principles and has been utilized in many studies across various cultures (Hunsberger, Owusu, & Duck, 1999; Rowatt & Franklin, 2004). The Likert Scale choices are: -4 (very strongly disagree), -3 (strongly disagree), -2 (moderately disagree), -1 (slightly disagree), +1 (slightly agree), +2 (moderately agree), +3 (strongly agree), and +4 (very strongly agree). The alpha coefficient in this study was .66.

Intrinsic/Extrinsic Religious Orientation Scale-Revised (Gorsuch & McPherson, 1989)

The Intrinsic/Extrinsic Religious Orientation Scale-Revised measures personal and social religiosity. It was developed and later revised by Gorsuch and McPherson (1989). The measure has 3 subscales, intrinsic, personal extrinsic, and social extrinsic religious orientation and utilizes a Likert Scale of 5 (strongly disagree) to 1 (strongly agree). In the current study the alpha coefficient was .84.

Religious Ideology (Putney & Middleton, 1961)

The Religious Ideology scale has 3 subscales—orthodoxy, fanaticism, and importance of religious ideology to self-conception. The measure uses a Likert Scale of 7 (strong disagreement) to 1 (strong agreement). Higher scores indicate greater orthodoxy, fanaticism, and importance. The alpha coefficients for orthodoxy, fanaticism, and importance subscales were .69, .22, and .84 respectively in the current sample.

Impression Management Scale (Paulhus, 1984)

The Impression Management Scale is an attitudinal assessment of social desirability and is commonly used in sociocultural research (Paulhus & Martin, 1988; Paulhus & Reid, 1991). One point is given to each extreme response on the 12-item scale with higher scores indicating a greater desire to provide social desirable responses. The alpha coefficient in the current study was .78.

Results

We first explored the measures of attitudes toward homosexuality. The Modern Homonegativity Scale was developed to remedy what were considered potentially outdated concepts in the Attitudes toward Lesbians and Gay Men scale. While Morrison and Morrison (2011) found the new scale to be more reliable, we examined this in the current data to determine the best way to measure the dependent variable (attitudes toward lesbians and gay men) in this sample. The alpha coefficients for the subscales for attitudes toward lesbians and for attitudes toward gay men were quite high (.88 and .91 respectively), indicating strong reliability in our sample. The Modern Homonegativity Scale also demonstrated strong reliability in this sample (α = .93). There were significant correlations between the three scales (see Table 1).

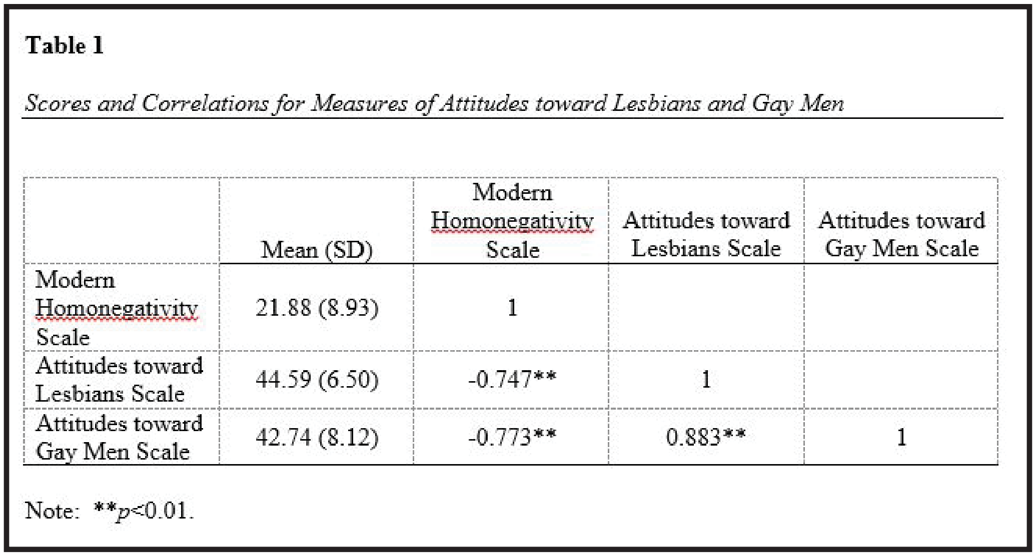

Table 1

Scores and Correlations for Measures of Attitudes toward Lesbians and Gay Men

	Mean (SD)	Modern Homonegativity Scale	Attitudes toward Lesbians Scale	Attitudes toward Gay Men Scale
Modern Homonegativity Scale	21.88 (8.93)	1		
Attitudes toward Lesbians Scale	44.59 (6.50)	-0.747**	1	
Attitudes toward Gay Men Scale	42.74 (8.12)	-0.773**	0.883**	1

Note: **p<0.01.

All analyses were repeated using the Attitudes toward Lesbians and the Attitudes toward Homonegativity scales and no differences were found. Given that the scales were highly correlated and similar results were found no matter which measure was utilized, we have reported the analyses utilized the Modern Homonegativity Scale as it captures attitudes toward both lesbians and gay men in a single score. Overall, there were very high rates of supportive attitudes toward lesbians and gay men reported on all three measures.

We then explored the potential differences between students' and faculty members' attitudes toward homosexuality. We hypothesized that there would be significant differences between students and faculty. Results revealed that there were no significant differences between these two groups on the Modern Homonegativity measure (Student M = 21.4, SD = 8.8, Faculty M = 23, SD = 9.7; $t(190) = -1.10$; $p = .275$). Next, we examined potential differences between all respondents who were engaged in the field of social work compared to those who reported working or studying in the field of counseling. No significant differences between the fields were found on the Modern Homonegativity measure (Social Work M = 23.1, SD = 9.7, Counseling M = 22.2, SD = 9.1; $t(193) = 0.33$; $p = .74$).

In order to examine the impact of religion and political ideology on attitudes toward homosexuality as measured by the Modern Homonegativity Scale, after checking appropriate assumptions and determining that they were met, we conducted linear regression analyses. As no group differences were detected, we developed one model that included all respondents. As this was an exploratory study examining the various components of religious perspectives, a forward variable selection method was utilized. This method enters variables sequentially into the model, starting with the variable with the largest correlation with the dependent variable and continues to add variables in order based on the largest partial correlation, examining changes in the F value to determine if the independent variable combination improves prediction of the dependent variable. Predictors considered included measures of intrinsic and extrinsic religious orientation, religious fundamentalism, religious orthodoxy, importance, and fanaticism, political party affiliation, political ideology, and social desirability. The final model (see Table 2) included political ideology, religious orthodoxy, intrinsic religious orientation, and social extrinsic religious orientation. This model predicted 51.4% of the variance in the measure of Modern Homonegativity in this sample.

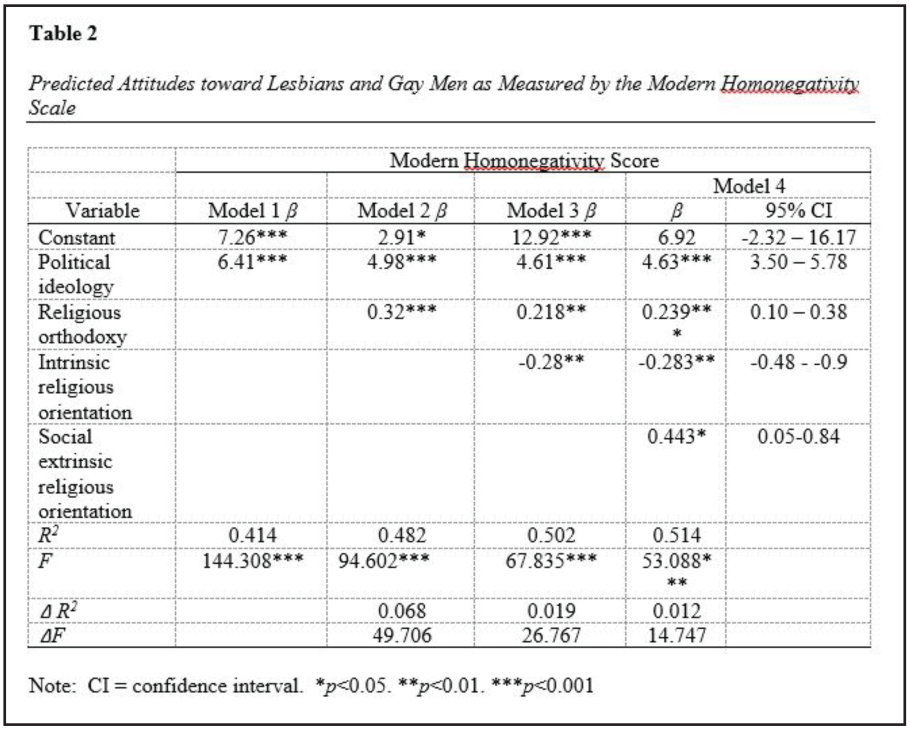

Table 2

Predicted Attitudes toward Lesbians and Gay Men as Measured by the Modern Homonegativity Scale

	Modern Homonegativity Score				
				Model 4	
Variable	Model 1 β	Model 2 β	Model 3 β	β	95% CI
Constant	7.26***	2.91*	12.92***	6.92	-2.32 – 16.17
Political ideology	6.41***	4.98***	4.61***	4.63***	3.50 – 5.78
Religious orthodoxy		0.32***	0.218**	0.239***	0.10 – 0.38
Intrinsic religious orientation			-0.28**	-0.283**	-0.48 - -0.9
Social extrinsic religious orientation				0.443*	0.05-0.84
R^2	0.414	0.482	0.502	0.514	
F	144.308***	94.602***	67.835***	53.088***	
ΔR^2		0.068	0.019	0.012	
ΔF		49.706	26.767	14.747	

Note: CI = confidence interval. *p<0.05. **p<0.01. ***p<0.001

Discussion

Clients with differing sexual orientation, religious identity, and political affiliation may present a challenge for some counselors and social workers, who may experience cultural bias and value conflict. Negative perceptions from these helping professionals may lead to discriminatory attitudes and even unethical treatment. This study showed no significant difference between the fields of counseling and social work, indicating education models may be somewhat similar in multicultural competence training. No group distinction was found between students and educators/practitioners in terms of perceptions of sexual minorities, demonstrating more acceptance from the professions, as well as those about to enter the fields. The study did show a correlation between more conservative religious orientation and political affiliation and higher rates of homonegativity and less positive attitudes toward sexual minorities, which suggests some attention is still needed in teaching tolerance and increasing empathy in counseling and social work education.

Limitation

While our study did not have a large number of participants (N = 255), the demographics of the group were congruent with those of Newman et al.'s (2002) study of counseling and social work students' attitudes toward sexual minorities. It should be noted that participants were a non-random sample and their choice to participate may be systemically different than those who choose not to share information for the study. Further, agencies may be more likely to employ and retain practitioners who demonstrate acceptance of diversity and tolerance for those with different lifestyles. In turn, working in the mental health field may also create more acceptance due to the repeated exposure to those with different backgrounds and worldviews (Van Den Bergh & Crisp, 2004). Likewise, as training programs screen potential students, they may also be selective about applicants who voice negative attitudes or display problematic behaviors towards sexual minorities. Mentorship, volunteering, or further education may be recommended prior to program acceptance.

Training Implications

According to a recent Gallup poll, over 4% of the U.S. adult population self-identify as gay, lesbian, or bisexual, which is more than 10 million people (2017), representing a large number of individuals who may seek counseling and social work services. In addition, an estimated twenty percent of millennials (ages 18-34) identify themselves as LGBTQ (GLAAD, 2017). Therefore, it is imperative that helping professionals receive adequate training on how to best serve the needs of sexual minority clients. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) Program Standards (2016) underline the importance of structuring graduate programs to give students information and experience in the area of social and cultural diversity. Students should be exposed to diverse groups, advocate for social justice, build multicultural counseling competencies, explore the effects of power and privilege, and work to eliminate barriers, prejudice, oppression, and discrimination (2.F.2).

Learning opportunities throughout curriculum should be provided to increase multicultural competence (Pearson, 2003). Philips (2000) suggests experiential learning activities, self-reflection exercises, and open dialogue with faculty and students to decrease intolerance toward sexual minorities. Exposure and awareness can be gained through documentaries, autobiographies, lectures, workshops, and conferences related to LGBTQIA+ issues (Lyons et al., 2010; Shallcross, 2011).

In summary, while the findings from this study reaffirm a current trend toward a more accepting view of sexual minorities among counselors and social workers, some religious and political values continue to be associated with negative perceptions of sexual minorities. These beliefs can damage the therapeutic relationship and keep some clients from receiving the quality of services they deserve. More education and training is needed, along with further research on how to best deconstruct, examine, and modify these problematic beliefs so that helping professionals will be equipped to best serve everyone in their community.

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The Ethics Challenge: 21st Century Social Work Education, Social Media, and Digital Literacies

Jimmy A. Young, Ph.D., MSW
California State University San Marcos
Jyoung@csusm.edu

David A. McLeod, Ph.D., MSW
University of Oklahoma
Damcleod@ou.edu

Shane R. Brady, Ph.D., MSW
University of Oklahoma
Srbrady@ou.edu

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Abstract

Digital technologies now play a vital role in the mediation of personal and professional human interaction and the access and distribution of information. The ethics challenge described here is not about privacy, but rather about the disruption of traditional forms of professional training using digitally mediated technologies. This paper seeks to describe how technology can be utilized to enhance traditional forms of social work education using a study that evaluates the levels of digital literacies of students in a social work classroom. The concept of digital literacy is introduced to encourage educators to incorporate these skills into curriculum to prepare students to become ethically competent practitioners in the modern digital world.

Keywords: social media, education, ethics

Introduction

Examining the current trends in social work education reveals a variety of opportunities and challenges such as the use of online programs and social media that lead to what we are calling digitally mediated social work education. We define digitally mediated social work education as the use of any digital technologies to support, enhance, or otherwise augment the process of social work education. Digital technologies that mediate the process of social work education now include mobile devices and tablets as well as computers (Baldridge, McAdams, Reed, & Moran, 2013; Shorkey & Uebel, 2014; Young, 2014). Social media is another example of a medium that social work educators have been adopting into their traditional face to face classes as well as incorporating these tools into online distance education models that now mediate the process of social work education (Hitchcock & Battista, 2013; Hitchcock & Young, 2016; Kilpeläinen, Päykkönen, & Sankala 2011; Sage, 2014). The various formats that information is disseminated through, whether it is fully online or hybrid, are having a dramatic effect on students and social work education (Reamer, 2013a). As a result of the ubiquitous use of technology, the profession of social work faces the challenge of communicating its technique, values, and ethics into effective social work practice in the digital age. The focus of this article is to reframe the current ethics discussion away from concretely defined rules and guidelines when using digital technologies (Duncan-Daston, Hunter-Sloan, & Fullmer, 2013; Hill & Ferguson, 2014) and to describe how improving the technological competence of students should focus on digital literacies by providing a case study that evaluates digital literacies in a social work classroom.

Literacy is generally concerned with teaching and learning skills to enhance critical thinking (Hobbs, 1998). Digital literacies utilize critical thinking skills to access, analyze, evaluate, and communicate throughout the educational process but also incorporate the social and cultural competencies necessary to participate in and understand the digital world. Recognizing and infusing digital literacies into the social work curriculum will help to prepare students to respond to new and diverse challenges of a digital world such as cyber-bulling and Internet safety (Gustavsson & MacEachron, 2013), the influence of social media on health behaviors (Vaterlaus, Patten, Roche, & Young, 2015), or how to help families appropriately mediate the use of technology among adolescents (Vaterlaus, Beckert, Tulan, & Bird, 2015).

The ethics challenge as it relates to the use of digital technologies is in regards to the breakdown of traditional forms of professional training and socialization (Jenkins, Clinton, Purushotma, Robison, & Weigel, 2009). The word ethics comes from the Greek root ethos, which originally meant custom, or habit (Dolgoff, Harrington, & Loewenberg, 2012, p. 8). Traditionally, students attended brick and mortar universities and sat in classrooms where they could interact with their instructors and other students in a manner that allowed for the comprehension and socialization of the profession's values and ethics. Technology today is becoming more and more successful at replicating the classroom model as well as offering students the flexibility and convenience to further their education or professional training from anywhere in the world. Ethics in the context of this paper is not about right or wrong when it comes to social media, privacy, education, and digital technologies. Instead, ethics needs to refer more broadly to the operationalization of social work education in the 21st century and how social work education is being shaped because of digital technologies such as iPads and social media. The ethics challenge also recognizes that educators need to work together to ensure that students have access to the skills and experiences necessary to become fully competent, ethical, and effective professionals (Jenkins et al., 2009). The central question for this study is, how do we as educators use digital technologies to prepare students for competent ethical social work practice in an increasingly digital world?

Clearly there is need to understand the ethical implications of the use of digital technology in social work education and practice (Fang, Mishna, Zhang, Van Wert, & Bogo, 2014; Mukherjee & Clark, 2012; Reamer, 2013a, & 2013b). Rather than focusing on the technology, it would be better to take an ecological approach by thinking about the interrelationship among all the different forms of digital technologies, the cultural communities that grow up around them, and the activities they support (Jenkins et al., 2009, p. 8). We argue, through this case study, the need to infuse social work education with the necessary digital literacies to enhance student skills and competencies in the use of digital technology to help prepare them for ethical social work practice in the 21st century by using technology to complement professional training and ensure students are being prepared for social work practice no matter what method, online or face-to-face, is being used to deliver social work education.

Literature Review

Higher education has been experiencing a radical transformation over the last several years as the Internet and online education have become increasingly popular and convenient. The United States Department of Education (2009) stated, "online learning is one of the fastest growing trends in educational uses of technology" (p. xi). Social work education mirrors this trend as the number of programs offering online courses or a similar distance education component has steadily increased over the past decade (Coe & Elliot, 1999; East, LaMendola, & Alter, 2014; Wolfson, Marsom, & Magnuson, 2005; Thyer, Artlet, Markward, & Dozier, 1998; Vernon, Vakalahi, Pierce, Pittman-Munke, & Adkins, 2009). The rise of digital technology in social work education is also evidenced by the increase in journal articles on the subject and the creation of a Technology Track at the Annual Program Meeting of the Council on Social Work Education. In the past year alone, *The Journal of Social Work Education* has included an editorial on social media (Robbins & Singer, 2014), a historical account of instructional technology and media in social work education (Shorkey & Uebel, 2014), and articles related to the efficacy of online social work education programs and learning outcomes (East, LaMendola, & Alter, 2014; and Cummings, Chaffin, & Cockerham, 2015).

The literature regarding technological literacy skills of social work students has been steadily increasing over the past decade (Beaulaurier & Radisch, 2005; Fang et al., 2014; Holmes, Hermann, & Kozlowski, 2014; McNutt, 2008; McNutt & Menon, 2008; Perron, Taylor, Glass, & Margerum-Leys, 2010; Quinn & Fitch, 2014; Vernon et al., 2009; Wolfson et al., 2005). However, the lack of technology literacies in social work education is evident amongst the calls for inclusion of technology competencies (Ayala, 2009; Parrott & Madoc-Jones, 2008; Perron et al., 2010; Quinn & Fitch, 2014; York, 2008; Young, 2015). Despite technology standards developed by the National Association of Social Workers (2005) and the Association of Social Work Boards (ASWB) to guide ethical electronically mediated social work services, a working definition of technology literacy needs to be developed (Quinn & Fitch, 2014). The definition should also include the necessary social skills cultural competencies to ensure effective and ethical practice in a digitally mediated world. If we as educators consider that the process of evidence-based practice in social work emphasizes a practitioner's ability to locate, critique, and use ethical decision-making in choosing the best intervention to use at any given time, then we must begin to acknowledge the changing landscape of how technology is mediating and contributing to this process. Most practitioners will be using digital technologies in one way, shape, or form to guide or facilitate their use of evidence-based practice, and as a result social work education has a definite and deliberate ethical obligation to foster the development of digital literacy among students in the context of social work values and ethics.

Digitally mediated social work education has thrived in recent years with social media being incorporated into classrooms as well as in online or hybrid formats. Kilpeläinen, Päykkönen, & Sankala (2011) paired social media use with a learning management system to improve social work education in remote areas. Hitchcock & Battista (2013) have incorporated Twitter to engage students through innovative assignments in the classroom, and Sage (2014) describes how social media were used to train facilitators in fidelity for social work interventions. Participatory technologies such as iPads and mobile devices have also been incorporated into social work education (Baldridge, McAdams, Reed, & Moran, 2013; Young, 2014) along with innovative virtual experiences such as Second Life (Reinsmith-Jones, Kibbe, Crayton, & Campbell, 2015; Vernon, Lewis, & Lynch, 2009). Some may question whether these tools and innovative assignments actually prepare students for social work practice, and it's clear that more research is needed to fully assess that question. However, adopting these tools and assignments is not about preparing students for data entry jobs or to understand how to complete digital health records. Instead, as we move toward an increasingly digital environment it is becoming less important for students to memorize or recall information than it is for them to be able to find, sort, analyze, share, discuss, critique, and create information (Wesch, 2009). Quinn & Fitch (2014) further explain:

> Instead of teaching skills better suited for an academic setting, the curriculum needs to be teaching technology literacy skills that are more likely to be used in professional settings to facilitate the progression from data

> to information to knowledge and finally the communication of the knowledge. (p. 146)

Infusing the social work curriculum with digital literacies will have the effect of increasing the level of technological competence of social work students. It does matter what digital technologies are available to help enhance digital literacies, but it matters more what students and instructors chose to do with those tools and for this reason we have grounded this study on the concept of participatory culture and new media literacies as identified by Jenkins et al., (2009).

New Media Literacies and Participatory Culture

The conceptual framework for this study is based upon the New Media Literacies framework and the concept of Participatory Culture as identified by Jenkins et al. (2009). New media literacies in the context of this study serve as the foundation for digital literacies. New media literacies build upon the traditional research skills and critical analysis skills taught in the classroom and extend the definition to include social skills, cultural competencies, and methods of interaction within larger communities (Jenkins et al., 2009). The skills identified in the New Media Literacies framework can be seen in Table 1.

A key component of this framework is Participatory Culture and the expansion of these cultures that are merging around diverse interests (Potter, 2013). "Participatory culture is a culture with relatively low barriers to artistic expression and civic engagement, strong support for creating and sharing creations, and some type of informal mentorship whereby experienced participants pass along knowledge to novices" (Jenkins et al., 2009, p. 3). The participatory aspects of digital technologies build on the foundation of traditional research and technical skills as well as critical analysis taught in the classroom (Jenkins et al., 2009). Participatory culture is not social media and participatory culture has existed in and outside of the classroom for decades but used different terms such as collaborative learning groups, teams, or group assignments. The difference is that digital technologies allow students to participate in classroom or learning experiences in dramatically different ways than ever before. This is important given the profession's commitment to enhancing access to resources (Reamer, 2013a) such as education. Too often the focus on technology surrounds what the tools do and do not allow and the conversation on digital technology and learning needs to include a focus on the participatory aspects of the new digital culture and how increasing knowledge around digital literacies can address the ethics challenge for 21st century social work education (Young, 2015). Recognizing that in modern society we have become a participatory digital culture and that these types of interactions and exchanges have inevitably worked their way into social work practice in both macro and micro settings, how can we prepare students to ethically engage in these digital spaces with proficiency?

Methods

The purpose of the evaluation detailed in this paper is to demonstrate how courses can be infused with technological content with the objective to enhance students' digital literacies by describing and evaluating an educational intervention that included students using digital technologies. The evaluation utilized a no comparison pretest-posttest design with a cross sectional survey instrument that assesses a student's level of digital literacies at the beginning and end of the semester over the course of three semesters. Specifically, the hypothesis for the study is that a student's level of digital literacies will increase after participating in a course infused with social media, digital technologies, and content related to new media literacies. The purpose of this increase in digital literacy is to give the students the skills needed for ethical interaction in social work practice components that utilize digital technologies.

Survey Design

The study was approved by the Institutional Review Board and utilized a newly developed

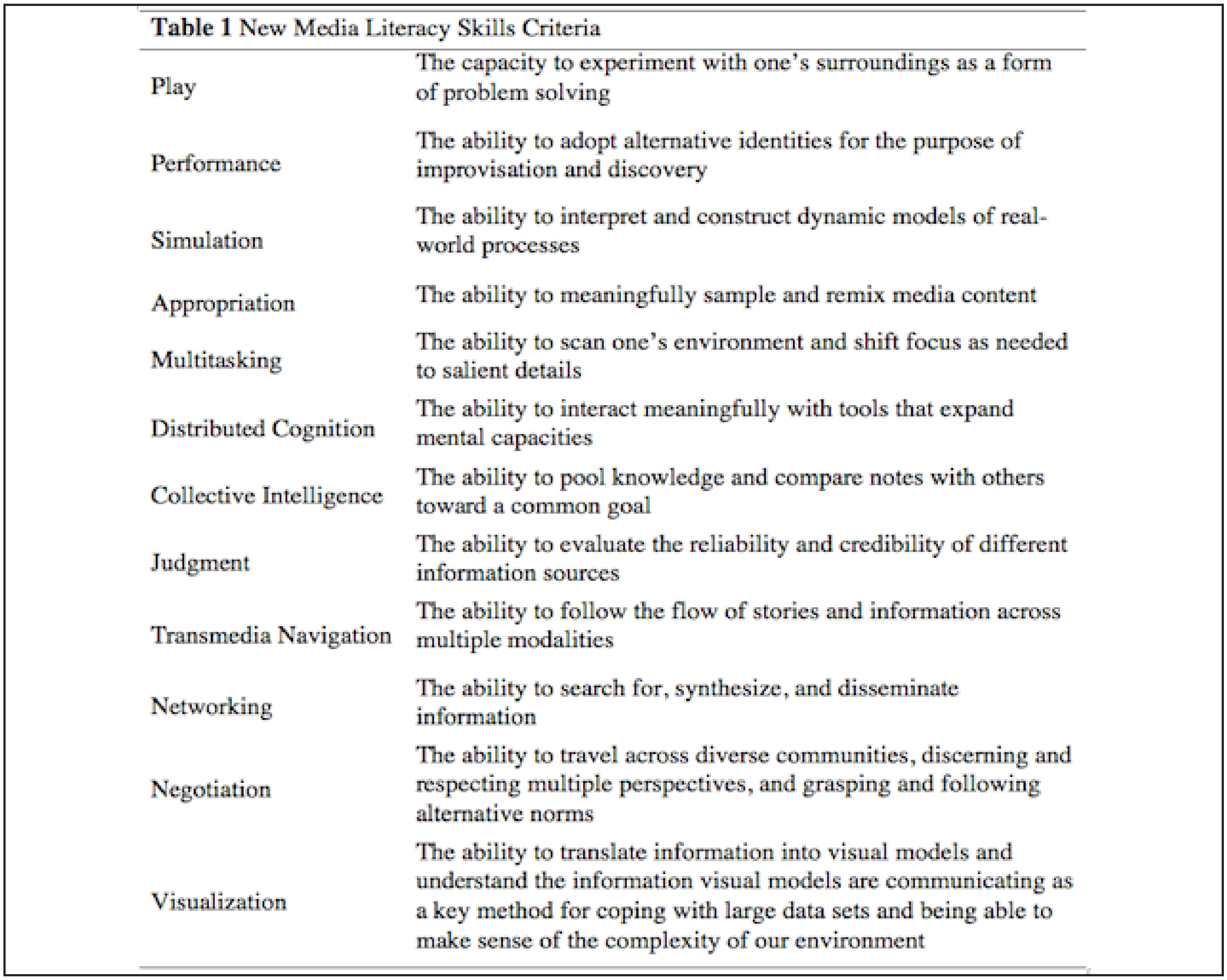

Table 1 New Media Literacy Skills Criteria

Play	The capacity to experiment with one's surroundings as a form of problem solving
Performance	The ability to adopt alternative identities for the purpose of improvisation and discovery
Simulation	The ability to interpret and construct dynamic models of real-world processes
Appropriation	The ability to meaningfully sample and remix media content
Multitasking	The ability to scan one's environment and shift focus as needed to salient details
Distributed Cognition	The ability to interact meaningfully with tools that expand mental capacities
Collective Intelligence	The ability to pool knowledge and compare notes with others toward a common goal
Judgment	The ability to evaluate the reliability and credibility of different information sources
Transmedia Navigation	The ability to follow the flow of stories and information across multiple modalities
Networking	The ability to search for, synthesize, and disseminate information
Negotiation	The ability to travel across diverse communities, discerning and respecting multiple perspectives, and grasping and following alternative norms
Visualization	The ability to translate information into visual models and understand the information visual models are communicating as a key method for coping with large data sets and being able to make sense of the complexity of our environment

instrument for self-reported media literacy levels (Literat, 2014; Young, 2015). Changes were added to include basic demographic information such as age, gender, level of education, and ethnicity; but the sections on media use habits and new media literacies were not changed to ensure continued reliability and validity of the psychometric properties of the instrument. Media use habits describe a participant's digital participation such as access to the Internet, number of hours playing games, spent on social media or consuming Internet content. The section on new media literacies skills presented participants with a randomized series of 60 statements about their personality, social cultural modes of engagement, online and offline peer interaction, learning styles, and media consumption and creation patterns (Literat, 2014, p. 17). The statements are conceptually built around the new media literacies framework (Jenkins et al., 2009) and it is important to note that the statements include both technology related and non-technology related behaviors in accordance with the understanding that new media literacies skills are both social and cultural competencies (Literat, 2014; Jenkins et al., 2009). The questions utilized a 5-point Likert scale (1=Strongly Disagree, 5=Strongly Agree) as identified in the original study (Literat, 2014).

Sample and Data Collection

The sample consisted of a total of *n*=95 students in a somewhat rural undergraduate program in the Midwest who were given the un-incentivized option to participate. They were drawn from three separate semesters of the same course. A total of *n*=76 students participated at both pre-and posttest giving a response rate of 80%. The mean participant age was 22 years old, and the sample was predominantly female and Caucasian, although minority and male students also participated.

Data were collected using Qualtrics web-based survey software and a link was provided at the beginning and the end of the term. Following the original study (Literat, 2014), the survey was formatted as an interactive quiz where participants were given a personalized digital literacies score based upon their responses. The scores range from 0 to 300 and are broken down into four different categories and participants are provided a score along with a description of the score.

Analysis

Statistical analysis was conducted using SPSS software with exploratory factor analysis and reliability analysis being conducted to demonstrate the validity and reliability of the instrument used in the evaluation. Descriptive statistics were analyzed to better understand the characteristics of the sample in terms of digital literacy. Inferential statistical analysis, including a paired samples t-test analysis of group mean scores from pre-to post test, along with an analysis of variance across category means were utilized to determine if the hypothesis that students participating in a social work course infused with digital technology content and practice skills would show significant increases in their overall digital literacy competency was supported. The results of these analyses are discussed in more detail in the subsequent section of this paper.

Findings

Overall the survey showed to have solid reliability with an Alpha of .78 (Nunnally, 1978). Multiple scores were developed from the survey. Among them was the overall digital literacy score, which summed all possible items and allowed them to be compared broadly from pretest to post test. As is seen in Table 2, statistically significant improvements were observed in digital literacy across the sample from pretest to posttest with a large effect size. The effect size of these improvements suggests high practical significance ($d = 0.85$). A t-test comparison of means shows roughly a 25% improvement in digital literacy scores as a result of course participation.

Additionally, scores were developed that measured the improvement of participants in each of the twelve digital literacy domains, as mentioned above. An ANOVA procedure was used to assess mean score changes along each of these domains from pretest to posttest, and Table 3 shows how statistically significant differences were observed among students with increases in skill levels across all twelve domains.

In short findings form the data suggest that through participation in the course students experienced growth in digital literacy across all literacy domains. This growth was measured in a reliable manner, and with statistical significance among a sample of students that participated in three separate class sections from 2013 to 2014. Additional evaluation is needed to assess these improvements with larger and more diverse samples, however in the context of this evaluation it appears that the course activities promoted a significant impact on increasing digital literacies among student participants.

Discussion

The main objective of this evaluation is to assess levels of digital literacy after participating in a digital advocacy and nonprofit organizations course infused with social media, digital technologies, and content related to digital skill development. Based upon the findings the hypothesis is supported, as there is a statistically significant difference in participant levels of digital literacies from pre-to posttest (t=5.35, p<.001, d=0.85). Infusing courses with digital literacies can have the effect of increasing the competence and skills of students. Examining the four skills with the largest difference between pre-and posttest (Appropriation

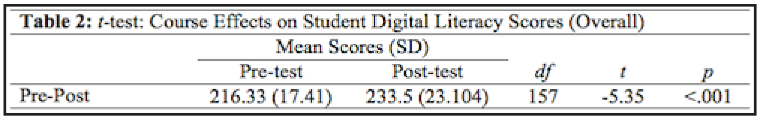

Table 2: *t*-test: Course Effects on Student Digital Literacy Scores (Overall)

	Mean Scores (SD)				
	Pre-test	Post-test	*df*	*t*	*p*
Pre-Post	216.33 (17.41)	233.5 (23.104)	157	-5.35	<.001

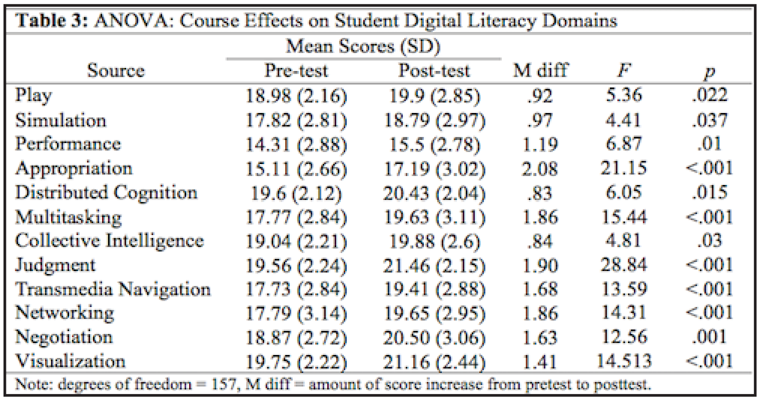

Table 3: ANOVA: Course Effects on Student Digital Literacy Domains

	Mean Scores (SD)				
Source	Pre-test	Post-test	M diff	*F*	*p*
Play	18.98 (2.16)	19.9 (2.85)	.92	5.36	.022
Simulation	17.82 (2.81)	18.79 (2.97)	.97	4.41	.037
Performance	14.31 (2.88)	15.5 (2.78)	1.19	6.87	.01
Appropriation	15.11 (2.66)	17.19 (3.02)	2.08	21.15	<.001
Distributed Cognition	19.6 (2.12)	20.43 (2.04)	.83	6.05	.015
Multitasking	17.77 (2.84)	19.63 (3.11)	1.86	15.44	<.001
Collective Intelligence	19.04 (2.21)	19.88 (2.6)	.84	4.81	.03
Judgment	19.56 (2.24)	21.46 (2.15)	1.90	28.84	<.001
Transmedia Navigation	17.73 (2.84)	19.41 (2.88)	1.68	13.59	<.001
Networking	17.79 (3.14)	19.65 (2.95)	1.86	14.31	<.001
Negotiation	18.87 (2.72)	20.50 (3.06)	1.63	12.56	.001
Visualization	19.75 (2.22)	21.16 (2.44)	1.41	14.513	<.001

Note: degrees of freedom = 157, M diff = amount of score increase from pretest to posttest.

(2.08), Judgment (1.90), Multitasking (1.86), & Networking (1.86)) illustrates that students attained a higher degree of critical thought and application of digital literacies. Students increased skills through a course long capstone project that required them to search for, synthesize, and disseminate information (Networking). Students evaluated the reliability and credibility of the different information sources (Judgment) as they used media content from the Internet (Appropriation) to create engaging artifacts such as infographics and videos to help raise the awareness of their peers in the class (Networking) and others online where they shared their creations in the participatory culture of social media. The skill of Multitasking is usually confused with distraction, but in the context of participatory culture this skill involves a method of monitoring and responding to a plethora of information (Jenkins et al., 2009). Multitasking required focus during this course to pay attention to the myriad of possible data sources such as current events shared on Twitter or through the New York Times website, scanning the library for research articles, or utilizing the textbook accompanied by blogs and external readings to increase the knowledge of how to advocate for a cause or raise awareness about a specific nonprofit organization.

Implications

The focus of this article is to reframe the current ethics discussion away from concretely defined rules and guidelines that detail applied uses of digital technologies (Duncan-Daston, Hunter-Sloan, & Fullmer, 2013; Hill & Ferguson, 2014) and to describe how improving the technological competence of students should focus on digital literacies. This is built on the underlying premise that human interactions in the modern world have shifted to include substantial exchanges and personal interactions in digital venues. This is a discussion that is much larger than issues of privacy, and related more globally to issues of access, interaction, and the consumption and distribution of information. The ethical challenges that confront students as they venture into human services work in the modern world are related to learning how to effectively interact in digital spaces and how to access and put into use these resources in a professional and knowledgeable way. Without digital literacies, social workers could become susceptible to a failure to interact or to utilize available resources or to use resources without a full understanding of the implications of their use. Additionally, most social work practitioners across settings are dependent upon digital technologies to keep up to date on and successfully use evidence-based practices. Social work educators have a responsibility to ensure students are fully prepared for social work practice and integrating digital literacies can address the ethics challenge by ensuring that students have access to the skills and experiences needed to be fully competent and ethical practitioners in an increasingly digital global society.

This evaluation is one of the first to assess the increase of digital literacies among students using a technology-enhanced course but clearly more research is needed. Future research would benefit from a more rigorous design by using a comparison group and larger sample size. Additional limitations of this evaluation include the length and content of the survey, which included 80 questions. Perhaps a more concise instrument could still capture the most important measurement of digital literacy.

Conclusion

There is no way that anyone could have forecasted the influence that digital technologies would come to have on human interactions and the exchange and distribution of information in modern society. This is much in the same way(s) that social work educators cannot always know exactly what to expect of the future, and the world that awaits the students they are preparing. However, social work educators can make valid assessments of the state of an observed environment and how that environment may influence the behaviors and interactions of those within its system. The evidence suggests that humans are interacting with more complexity than ever before in recorded history. Communities have become global and the access to information and interaction, instant. Social work education has an ethical responsibility to prepare students, as best as is possible, for the world they face today, and through an examination of the evidence the world they are most probable to be interacting in tomorrow. This paper does not suggest that the basics and building blocks of social work education are no longer relevant. Rather it suggests that the mechanisms people use to engage with each other are evolving and that social work education must evolve as well, to include focused and targeted efforts that teach students how to engage and improve their digital literacies so they will be able to engage thoughtfully, purposefully, and ethically in digital spaces. The messages may still be the same, but the mode of delivery has become far more complex.

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From Charity to Equality: Striving for Social Inclusion of People With Severe Disabilities as a Pathway Toward Human Flourishing

Luca Tiszai, M.S., Ph.D. candidate
University of Szeged Juhász Gyula [Faculty of Education, Institute of Special Education]
tiszailuca@jgypk.szte.hu

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Abstract

It is our human nature to reject those who are different. Individuals with severe disabilities clearly remind us of the fragility and vulnerability of all human beings. In order to preserve our self-esteem, we tend to treat these individuals as utterly different from us. The rejection is an evolutionary-based reaction for protection coded deeply in our nervous system. In contrast, inclusion is exclusively a human act which requires effort and work. These individuals challenge our self-esteem as well as our physical and social environment. A positive response to these challenges leads to more human communities which are beneficial for all of their members. In contrast with the commonly held belief that fulfilling the special needs of people living with severe disabilities is a unilateral act of charity, inclusive communities are in fact more productive and provide dignity and worth to every human being throughout their life.

Keywords: Disability, Standpoint Theory, Terror Management Theory, Inclusion

Introduction

Disability is a multifaceted issue, and a battleground for many different disciplines and viewpoints. There is a wide range of approaches to defining and describing disability based on biologically- or socially-constructed classifications. This paper reflects on the issue of social inclusion from individual and professional experiences of direct work with people with severe disabilities. This group consists of extremely vulnerable people suffering from different forms of social exclusion whose perspective and insight is chronically forgotten by policy makers, social experts, and academics. Nevertheless, the analyses of different biological, psychological, and social mechanisms of inclusion from the perspective of those with severe disabilities would enrich our knowledge about the relationship between society and disability. Furthermore, close examination of paradigms of disability sheds light on contradictive dynamics of human society which exclude “whilst simultaneously seeking to include” (Scanlon & Adlam, 2011, p. 241).

Although the basis of most scholarly writing and legislation is the social model of disability, the everyday personal and interpersonal experiences of people with disabilities suggest that society at large still considers disability from the viewpoint of the medical or, rather, the tragedy/charity model. The social justice view of disability proclaims the need for social equalization at systemic, social, and political levels, while the interference of subconscious mechanisms of rejection remains dominant when we encounter someone with disability.

The issue of social inclusion provides a broader perspective to study disability in its complexity. In other words, the analysis of the ecological context, or the interacting intrapersonal, interpersonal, organizational, community, and policy levels, leads to a deeper understanding of disability and its effect on the psychosocial environment.

The Perspective of Individuals With Severe Disabilities

Individuals with severe disabilities (or in other classifications, individuals with severe and multiple learning disabilities or individuals with severe and multiple disabilities) form a heterogeneous group. These people live with "concomitant impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.)" which causes significant differences in speech or communication, basic physical mobility, sensory awareness, and/or significant differences in behavior far from the cultural norms. (National Dissemination Center, 2012, p. 6). They also "require extensive ongoing support in more than one major life activity in order to participate in integrated community settings and to enjoy a quality of life that is available to citizens with fewer or no disabilities" (The Association, 1991, p. 19).

Imagine a 32-year-old man in a custom seat wheelchair. He is blind, he cannot speak and he has difficulties with eating. He is able to communicate only through facial gestures and vocalization. He smiles when hearing the voice of people he knows well or when hearing jokes, but it is not clear whether he understands the verbal meaning or reacts to the emotional state of the joke teller. No one would say that his disability is exclusively a social construction or blame him for his disability (though this often happens when the disability is a consequence of a destructive life-style or accident caused by the person). He probably won't be envied as a privileged person who belongs to a protected minority using the benefits of positive discrimination. He is not a target of any advertisement as a potential customer. Furthermore, as Forster (2011, p. 68) highlighted Reinders' thoughts, "disability rights movements (striving for empowerment, agency or political participation) have little to say" about him. He lives a quiet life with his family or in an institution but, in contrast with the common belief that his life is unhappy, he is able to enjoy many life events. He is a popular member of his local community. He has friends who visit him and take pleasure in spending time with him because his peaceful personality and visible joy upon small everyday events cheer up many people.

Examining the issue of disability from this perspective, we have some sort of *absolute* point of view. The life experience of these individuals reframes the question of inclusion and sheds light on the different anomalies of systemic and individual thinking about disability. It is important to add that living with severe disabilities is an exclusively human phenomenon. Thus, treating, valuing, and caring for an individual with a major support need is also an exclusively human behavior.

Severe Disability and Social Context: Being "Too Far Out in the Cold"

Scalon and Adlam (2011) described the dynamics of the welfare state and its systems for social care with the concept of a *colonial vision of inclusion*. They exemplified this concept with the dominant sociopolitical structure of the ancient Athenian democracy which "allowed some to be citizens of the city-state or metropolis whilst denying this privilege to others" (p. 242). They described the colonial model whereby *we*, invite *they*, to join *us* and receive the benefits of our application and industry on different conditions. Some people with disabilities are able to gain this symbolic citizenship but, to use Adlam, Pelletieri, and Scanlon's words, only "those who are already not too far out in the cold" (Adlam et al., 2010, p. 13). Individuals with severe disabilities are too far from the strict social norms.

The social versus the medical model

The medical and rehabilitation models of disability put emphasis on medical solutions to subnormal abilities or dysfunctional thinking. In this paradigm, disability is seen as a personal impairment and professionals are supposed to provide individualized treatments (Johnstone, 2004, Swain et al., 2003; Thomas, 2004).

There are different approaches closely related to the medical paradigm, namely the *expert or professional* model and the *tragedy or charity* model (Darcy et al. 2016, Humpage, 2007, Oliver, 1996). The former enrolls in the traditional authoritarian model of medical treatment where professionals play a crucial role in the management of disability. In this model, professionals classify and identify the impairment and its limitations, and prescribe and provide the medical treatment for their remediation. Under the authority of the medical community, a wide range of paramedical professionals provide treatment, training, therapy, counseling, or other services to reduce personal and social consequences resulting from the impairments. The tragedy/charity model considers people with disability as victims of circumstance, emphasizing their need for help. The medical paradigm is still dominant in the everyday life of people with severe disabilities, and usually deprives them of the ability to make the simplest everyday decisions affecting their life. The *social model of disability* emerged as a reaction to the medical model, emphasizing that physical or mental impairment does not cause disability in itself; the main disabling factors are the physical, social, and attitudinal barriers (Barnes & Mercer, 2010; Becker, 1982; Oliver, 1996; Reindal, 2010; Shakespeare & Watson. 2001; Shapiro, 1993; Stocker, 2001).

While the social or human variation model seems to be the officially accepted paradigm at present, the life experience of people with severe disabilities proves that the main attitude of society towards an individual with disabilities continues to be based on the stereotype that disability is a tragedy which should be pitied. Actions emerging from this conception tend to establish a culture of caring for: Benevolent acts of charity lead to unequal situations, reinforcing the subordinate role that a person with severe disabilities usually plays in all areas of their lives. They are excluded not only from the distribution of social goods, they are deprived of free choice, excused from the normal obligations of society, and often viewed as not even desiring to share these social goods and obligations. This benevolent depiction of disability serves to strengthen the self-esteem of the *non-disabled* person, especially if the situation offers an expert role or a power position (Bagenstos, 2000; Kama, 2004; Oliver, 1996; Tompson, 2001). For example, the attitude that imposes and maintains control over someone with severe disability may be a way for parents or family members to feel compensated for caring for a person with severe disability.

Human society has not found an adequate response to the needs of these individuals. Their presence is challenging for our physical environment, social and healthcare systems, and preconceptions about humanity or human dignity. In order to overcome the first subconscious negative reaction, we should reflect on our value systems and identify the contradictions at both personal and social levels. This process holds a lot of potential because, instead of providing support to enable people with severe disabilities to function as a part of the current structure, these encounters urge individuals or communities to re-organize their systems and re-define their values.

Rethinking identities: Terror Management Theory

Terror Management Theory (TMT) (Greenberg, Pyszczynski, & Solomon,1986; Greenberg, Schimel, & Martens, 2002; Mikulincer & Florian, 2002; Solomon, Greenberg, & Pyszczynski, 1991) explains the psychological background of these challenging encounters. According to this theory, individuals with visible signs of human fragility are potentially dangerous for the self-esteem of others, because "human beings manage deeply-rooted fears about their vulnerability" (Martens, Goldenberg, & Greenberg, 2005, p. 223). From this perspective, the role of social exclusion is to avoid facing our own vulnerability and, thus, mortality. The defensive reaction occurs when a disturbing factor "motivates people to engage defensive attitudes and behaviors that provide symbolic protection (i.e., faith in a meaningful worldview and a sense of self-esteem)" (p. 225). The basic assumption of this theory is that we use two seemingly contradictory psychological mechanisms to cope with mortality concerns and the vulnerability of human beings, both rooted in the need for "meaning and belonging to a greater and more enduring structure than the self" (Mikuliner & Florian, p. 261).

Reminders of mortality challenge one's personal worldview. Consequently, individuals react with defensive responses that exclude the triggering factors or with positive responses accepting the inevitability of death. This means reframing personal value-systems and life expectations, striving for meaningful life and gaining symbolic immortality by generative actions (McAdams & de St. Aubin, 1992; McAdams, Hart, & Maruna, 1998). While rejection is driven by fear and defense, acceptance has a deep and positive impact on the whole personality: people and even communities are motivated to shift their value-systems and find intrinsic sources of self-esteem.

The Anatomy of Exclusion and Rejection

Social exclusion is a common phenomenon around the world. Kurzban and Leary (2001, p. 187) state that "despite people's best efforts to be accepted … social rejection is a pervasive feature of social life." The first natural human reaction upon encountering someone with multiple signs of severe disability is an emotional disturbance in the observer. In order to relieve anxiety, people tend to reject those who deviate from social norms or cultural standards (Oaten, Stevenson, & Case, 2011, Rimmerman, 2013). While in other cases of social exclusion the difference is perceived as potential danger for cultural practices, a certain worldview, or social structures, seeing an individual with severe disabilities triggers death anxiety. Thus, behind the frequently occurring general and benevolent pity, there are contradictory, negative, and even subconsciously hostile feelings. People often feel guilty because of these negative emotions. Understanding and accepting the roots of our negative reactions towards individuals with severe disabilities helps to us overcome and learn a new attitude.

From an *anthropological view,* Frölich (1996) argues that the existence of people with severe disabilities challenges our conceptions about human beings. He argues that we define human beings according to the anthropological development of hominoid species. We consider ourselves as *homo erectus* [upright human], but many people with severe disabilities cannot keep a vertical body position without support. Another milestone of human development is the use of tools, we are *homo ergaster* (working human), *homo habilis* (handy or able human), and *homo faber* (maker or working human). In sharp contrast many of these individuals are unable to use their hands. Finally, we define ourselves as *homo sapiens* (wise human) having the unique ability to communicate through oral language, while many of these people cannot speak or prove their ability to use and understand complex abstract concepts. Thus, the encounter with someone not possessing these distinctive features of our identity causes us to question our notions about being human.

From a *psychological perspective,* Oaten et al. (2011) state that perception of difference is sufficient to evoke existential anxiety, especially in the case of physical disability and disfigurement, because in these encounters we face our own vulnerability, dependence and mortality. As a result, someone with severe disabilities does not challenge norms, social structures, or value systems. Instead, they challenge our overall conception about human beings and, thus, about our existence. Isaksen (2002) interprets this as the idea that, "viewing a person whose symbolic self is overshadowed by the physical self" confronts us with the frightening life perspective of our "inability to impose mind over body" (p. 802).

From a *socio-psychological perspective*, Oaten et al. (2011) argue that social identity theory has established that strict categories of in-groups (including the self) and out-groups (different from the self) strengthen self-esteem and a sense of belonging. There are also non-human examples for social exclusion of outgroup members. For example, different primate populations tend to reject those who have interacted with out-group members. This behavior is associated with disease avoidance function in primate populations (Freeland, 1981; Oaten et al., 2011; Taylor, 1984). In addition to this ancient inheritance, downward comparison enhances self-esteem. Thus, categorizing people as *disabled* reinforces the sense of normality of the others (Kama; 2004; Thomson, 2001). These categories reproduce and reinforce each other, influencing attitudes about disabilities directly or more often in a subconscious way.

Examining the *biological roots* of rejection, abnormal physical features have a profound stigmatizing impact on social encounters. Oaten et al. (2011) describe the Disease Avoidance Model, proposing that signs that can be predictive of contagious diseases (such as facial lesions, dermatological disorders, abnormal movement or behavior, and changes to the physical structure of the body) activate a so-called disease-avoidance system. Even in the case of a false alarm, signs of primary disease evoke strong emotional responses such as disgust and avoidance. These reactions are driven by neurobiological systems and cannot always be influenced by conscious decision-making. The authors argue that social isolation of diseased individuals is an evolutionary based form of protection against infection. This reaction can be observed among primates and other animals as well (Behringer, Butler, & Shields, 2006; Dugatkin, Fitzgerald, & Lavoie, 1994; Freeland,1981; Kiesecker, Skelly, Beard, & Preisser,1999). The fact that social ostracism of diseased individuals can also be seen at many different taxonomic levels supports the evolutionary origins of social exclusion (Dugatkin et al.; Lancaster 1986).

Facial disfigurement, which has an even stronger negative impact on social relationships, is highly prevalent among individuals with severe disabilities. Facial expression is among the most important nonverbal channels of human communication and, thus, a distorted face is challenging, especially when verbal communication is severely limited. People with severe disabilities may have bizarre hand movements, involuntary changes in facial expression, or semi-conscious vocalizations. As a result of social isolation and the lack of a supportive environment for social learning, the behavioral patterns of these individuals do not follow societal norms. Because of the lack of structured social conventions, people with severe disabilities are often associated with unpredictable and, thus, dangerous behavior (Stier & Hinshaw, 2007). A negative first impression induces fear and leads to negative prejudgments. Socially unacceptable behavior and social exclusion form a vicious circle.

Inclusion: Shift of Norms and Value Systems

Research conducted in the field of supported employment exemplifies the positive interpersonal and organizational changes resulting from social inclusion. Ironically, adding a less productive member to the team makes the whole organization more productive (Csányi, 2009). The reason for this transformation is the change in organizational culture. In addition to increased creativity and problem solving, the results have shown improvement in cooperation, morality, loyalty, personal connection and communication. Inclusive organizational culture, where workers feel respected and valued, is considered to be key for productivity. Research about organizational change describes the process of transformation of individual and organizational value systems. The shift of value-systems means that values associated with self-transcendence, for example the interests of others, outweigh those connected with self-enhancement, such as the pursuit of power. In other words, inclusive cooperative organizational culture seems to be more profitable than power and achievement oriented competitive systems. From this point of view, the inclusion of people living with impairments, even if they do not always meet the high individual standards of an organization, is not merely a benevolent act, but one that brings about positive changes in the atmosphere that ultimately lead to better and more profitable organizations.

The *Universal Design* (UD) paradigm also serves as an example of progress. UD was originally a slogan for designing products and spaces. When the Social Model of disability emerged, it emphasized social and physical barriers as a cause of disability and mainstreamed the barrier-free approach. As a practical consequence, barrier-free designs often concentrated on one particular life condition, usually the needs of wheelchair users. Mainstreaming these standards was expensive and not helpful for almost all without that particular condition. The UD approach emerged as a practical response to the human diversity model, which understands disability as a structural or functional variation. The aim of UD was to accommodate the full range of human variation proclaiming that "people of all abilities are included in the intended population of users of a product or environment" (Joines, 2009, p.159). UD intends to make physical and social spaces more convenient for everyone. Instead of mainstreaming a particular condition, the design should be flexible, simple and equitable in use. Designers proclaimed that, "when mainstream products are universally designed it means a larger market for manufacturers, less cost for adaptations, and reduced risks of misuse or accidents" (Björk, 2009, p. 118). For this approach, an individual with complex and extended support needs is not an exception with unique and special needs but a client inspiring new and better solutions. As UD became more popular in designing social and learning environments, it became a new paradigm of inclusion. From this perspective, the successful inclusion of people with severe disabilities leads to more flexible and equitable socio-political systems and communities.

Inclusion means that we should change our perspective from the colonial practice that saw individuals with severe disabilities as exceptions. This reinforces and strengthens our existing value system and worldview while it helps to solve problems for those with a severe disability. Reacting from the charity or tragedy model, playing the superior role of the professional, or simply pitying these individuals does nothing to help our communities discover and confess inconsistencies in our practices or to experience any of the transforming benefits of inclusion.

The first step: Take a new perspective

Continuing their metaphor from ancient Greek policy, Adlam et al. (2010) offer a new concept as a response to the colonial model of inclusion. The Greek philosopher Diogenes, the Cynic, called excluded groups *cosmopolitan,* that is, citizens of the world. Diogenes did not accept the offered metropolitan position, proclaiming that "the world belongs equally to all its inhabitants, who concomitantly belong to the whole world" (p. 4.). Thus, instead of striving for the privilege of citizenship, he established a new concept about equality, defining his position as cosmopolitan. Instead of talking about an excluded minority, the term cosmopolitan allows us to consider the outsider position from a positive perspective. Cosmopolitan citizens, like philosophers or artists, seem to have a level of independence from social norms. Like the symbolic characters of artists, clowns, or the court jester, individuals with severe disabilities have freedom from societal norms which gives them the ability to cross the boundaries of social acceptance (Aarts & Dijksterhuis, 2003).

Changing the value system of the community

Csíkszentmihályi (1996, p. 25) describes creative individuals as "people who experience the world in novel and original ways" and "individuals whose perceptions are fresh, whose judgments are insightful, who may make important discoveries that only they know about." According to his interpretation, the main characteristics associated with an artistic talent are creativity, originality, novelty, and independence. Living in a marginalized position or with serious impairment is a condition which changes the everyday task of life into challenging situations where there is no prior correct solution or answer. Having a disability forces individuals to find their own unique ways of problem solving. Furthermore, because of different medical conditions, their perception of the physical world is usually different from the average person. Thus, I would argue that creativity in a basic form is highly prevalent among individuals living with severe disabilities. This creative approach appears in simple situations and could become a source of inspiration for other members of the community. For example, Nick Vujicic, the young man with Tetra-Amelia syndrome, (the absence of all four limbs) became an inspirational speaker, using his own life-experience to talk about overcoming difficulties and disadvantages.

The social role those with severe disabilities often play is similar to the archetype of the Clown or the Court Jester. The critique portrayed by these symbolic characters can be deeply serious and comical at the same time. Similarly, individuals with limited metacognitive abilities cannot cope with social absurdities or inconsistent behavior. They often react in unexpected and, thus, humorous ways to point out inconsistencies in our cultural norms and habits. Another consequence of this inability to understand less clearly communicated messages is recognition of the need for clear and direct communication. The simple and obvious description of tasks and responsibilities leads to transparent and more effective structures in the workplace, and can facilitate the possibility of open communication in other types of communities.

Changing individual worldviews

Personal experience often leads to the re-creation of one's worldview. An exchange from my own life serves as an example. I was having a lengthy discussion with a lawyer, when she asked me about my job. After listening to my answer, she asked me, "What is the meaning of their life?" I was astonished. I had heard this question many times hidden behind other words and questions, but never in this open way. I answered shortly, "The same as yours". After a long meaningful pause, she shared her conclusion with me: "As a lawyer, I keep proclaiming that human beings have rights not because they are able to do something, but because they are humans. But as it seems, I have never understood what this really means."

When someone has an encounter with a person with severe disabilities, it can challenge our previous beliefs and concepts about human fragility, vulnerability, and dignity. This can be a difficult moment, because of the major contradictions and inconsistencies between our value-systems and actual behaviors.

Quality of their life is a scale of our humanity

Considering the social inconsistencies from the perspective of individuals with severe disabilities, the most blatant contradictions are what Schlitz (2012, p. 49) refers to as the "inherent contradictions of the disability rights movement in the beginning and end of life context." The coexistence of justified prenatal testing and embryo selection with the promotion of social inclusion and equality for people with disabilities sheds light on "the inadequacies of modern humanism's presumptions that rationality, autonomy, and self-determination are the paramount values to be protected in our laws and our practices" (Schiltz, p. 51). The UN's Universal Declaration of Human Rights (1948, Preamble) proclaims the "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family." Different international documents (for example, the International Covenant on Economic, Social and Cultural Rights, 1966, and the International Covenant on Civil and Political Rights, 1966), universally agree that all human rights derive from the inherent dignity of the human person.

The social situation and quality of life of these individuals serve as a sensitive scale of humanity within a community. Their life situation provides an unambiguous indication of the extent to which a given society values all human life.

Human beings tend to exclude those who are different and, because of this, need clear decisions and regulations to provide a worth and meaningful life for those who cannot be valued for their mental capacity or physical ability. The principle of human dignity proclaims that human life is unconditionally valued, regardless of what the person owns or accomplishes. When a social-care system based on the overall value of a human being provides respect, opportunity, and participation for its most disabled members, this is a clear commitment and a guarantee for lifelong dignity for all of it members throughout their lifespan. In contrast, when the most vulnerable members of a society are not treated as equal, it endangers the social security of all because the value of a member of the society is based on less stable, achievement centered, and extrinsic sources. Additionally, research proves that an individual's self-esteem is also more stable when rooted in non-achievement-based sources (Arndt, Schimel, Greenberg, & Prszczynski, 2002; Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004; Schimel, Arndt, Banko, & Cook, 2004; Schhimel, Arndt, Pyszczynski, & Greenberg, 2001). Martens et al. (2005) argue that, "people appear more secure when focusing on intrinsic sources of self-esteem, on inner and stable qualities" (p. 235).

Conclusion

Building an inclusive society requires a continual process of learning from human diversity. Individuals with severe disabilities challenge our social and political systems and our concept of humanity, well-being, and human fulfillment. Facing human vulnerability is a reminder of one's own mortality.

Terror Management Theory describes rejection and re-creation of identity as two initial reactions to these reminders of death. The former is supported by different evolutionary-based defense mechanisms. Human beings tend to reject those who are different. In sharp contrast with denial and rejection, inclusion needs effort and work. The practice of changing viewpoints, rethinking values and social systems, and reframing identity is a uniquely human trait. This inner work leads to individual development, and this reflective analysis leads to better quality in one's physical and social environment. The social inclusion of the most vulnerable members of the community is a testimony *per se* and *in se* about the unconditional nature of human dignity. This commitment is beneficial for all members of the society providing real social security regardless of productivity, health condition, or other factors.

Based on the experience of inclusion in the labor market, inclusive communities are more productive due to positive changes in their organizational culture, such as creativity, humor, personal connectedness, and the overall ambience of the workplace. The benefits of inclusion manifest themselves in universally designed physical and social environments that aim to satisfy the needs of the full range of human variation.

This occurrence offers an extended explanation for agency, traditionally associated with self-dependence, that is, a sense of mastery, empowerment and social recognition. From the perspective of inclusion, the definition of agency would refer to the relation between the individual and the community, wherein a sense of mastery, empowerment and social recognition is pursued through positive changes in the community. As many of these individuals cannot participate in the labor market, the utilitarian approach of the human existence needs to be changed to one that considers the intangible benefits of the presence of these individuals in the community.

Expanding this effect to the whole society, we could expect that a successful inclusion of people with severe disabilities provides a radical critique of the so-called narcissistic value system of welfare societies. This value-system is based on power, derived in status, wealth, control, and dominance over others and resources, and is characterized by the priority of momentary pleasure, fame, bodily perfection, and the avoidance of attachment and empathy (Lasch, 1979; Vodopivec, 2008). Building up a society based on the human variation model of disability requires an ongoing reflection on personal and social inconsistencies, and thus opens a pathway for maturing and growing humanity.

In addition to striving for meaningful life and gaining symbolic immortality by generative actions, taking-on the perspective of a friend with severe disabilities allows us to learn about our own value and dignity, too. Our social or financial status is meaningless for these individuals. They befriend us merely because of our personality. From this perspective it is not the society which respects its most vulnerable members, but these members show a new way of respect and dignity to a society that has been wounded by consumerist and utilitarian value systems.

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Pursuing Social Work's Mission: The Philosophical Foundations of Social Justice

Frederic G. Reamer, Ph.D.
Rhode Island College
freamer@ric.edu

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Abstract

The pursuit of social justice is at the heart of social work's mission. The National Association of Social Workers (NASW) *Code of Ethics* cites social justice as a centerpiece of the profession's principal aims. In the context of current political tensions in the U.S. and abroad, it is important for social workers to understand the essential relationship between the profession's social justice mission and political philosophy as they chart their individual social action agendas. This article explores the philosophical foundations of social justice and social action concerning three overarching issues that pertain directly to social work: the role of government with regard to the citizenry's well-being and welfare; the fair and just allocation of social resources (distributive justice); and the complex relationship between welfare and rights. The author traces the evolution of philosophical thinking about social justice from Plato's time and connects these core ideas to social work's current challenges and efforts to pursue social justice in a politically charged environment.

Keywords: distributive justice, ethics, rights, social justice, welfare

Introduction

Immediately following the final tally of the contentious 2016 U.S. presidential election results, the National Association of Social Workers (NASW) released a formal statement: “The NASW *Code of Ethics* makes clear the importance of social justice. We cannot support any efforts to marginalize or oppress any group of people, and will always work to assure that human rights extend to everyone. Social workers continue to strongly advocate for our country’s most vulnerable populations” (NASW, 2016, para. 3). Consistent with its time-honored commitment to social justice, NASW shined a bright light on looming concerns related to poverty, human rights (including the rights of women and immigrants), discrimination, and the needs of vulnerable people (including children, older adults, veterans, and people with disabilities). The forceful statement sounded a clarion call to the nation's leaders and social workers.

Such entreaties are not new to social work; indeed, the profession is deeply rooted in earnest social justice efforts, dating back to its inauguration in the late 19th century. In fact, social work is the only human services profession that embeds social justice and social action prominently in its principal codes of ethics throughout the world (International Federation of Social Workers, (2012). In particular, the NASW *Code of Ethics* (2008) is unique among the helping professions in its clarity about the intimate and enduring link with social justice:

> Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers’ social change efforts

> are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people. (p. 1)

Further, the NASW *Code of Ethics* (2008) states in no uncertain terms that social workers should be mindful of political issues and their social justice implications: "Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice" (p. 27; standard 6.04[a]).

For many social workers, the profession's explicit commitment to social justice and social action is the magnet that attracted them at the start of their careers. During their formative years as students in the U.S., social workers learn of the storied history of the profession's enduring social justice commitment, especially during the settlement house movement and Progressive Era in the late 19th and early 20th centuries, the New Deal in the 1930s, and the Civil Rights Movement in the 1960s. Typically, social workers cut their professional teeth learning about the profound impact of social justice lodestars such as Jane Addams, Edith and Grace Abbott, Mary Richmond, Julia Lathrop, Sophonisba Breckinridge, and Lillian Wald, among others.

What is less well known among social workers are the deep philosophical roots that underpin the profession's firm embrace of social justice and social action. Especially in the context of the current political maelstrom in the U.S. and abroad, it is important for social workers to understand the essential relationship between the profession's social justice mission and political philosophy as they chart their own individual social action agendas. Although social workers' responsibilities typically focus on practical aspects of government's role in their clients' lives – related, for example, to the availability of affordable housing, provision of health-care services, and taxation policy – social welfare policies and initiatives are ultimately shaped by deep-seated beliefs about the goals of government, the rights of citizens in relation to the state, the obligations of government toward its most vulnerable citizens, civil liberties, and the nature of social justice (Blau & Abramovitz, 2007; DiNitto & Johnson, 2016; Reamer, 1993). For social workers to adequately understand the determinants of their contemporary thinking about such issues, they must have some appreciation of the philosophical origins:

> Political philosophy is not merely unpractical speculation, though it may give rise to highly impractical myths: it is a vitally important aspect of life, and one that, for good or evil, has had decisive results on political action; for the assumptions on which political life is conducted clearly must influence what actually happens. … Questions concerning the aims of government, the grounds of political obligation, the rights of individuals against the state, the basis of sovereignty, the relation of executive to legislative power, and the nature of political liberty and social justice have been asked and answered in many ways over many centuries (Political Philosophy, 1988, p. 972).

The philosophical foundations of social justice and social action concern three overarching issues that pertain directly to social work: (1) the role of government with regard to the commonwealth's well-being and welfare; (2) the fair and just allocation of social resources (distributive justice); and (3) the complex relationship between welfare and rights.

The Role of Government

Most social work programs and clients depend upon some amount of government funding. Public assistance, housing, healthcare, mental healthcare, protective services, food assistance, child welfare, geriatric services, substance abuse services, military and veterans' support, juvenile justice, adult corrections, hospice, transportation, education, and other programs and their constituents rely heavily on federal, state, and local funding. The availability of public funding often waxes and wanes depending on the ideological views held by politicians and administrators who have authority at any given political moment. Social workers' advocacy efforts are often shaped by their support of, or opposition to, those who are in positions of authority.

Questions concerning the role of government regarding public and social welfare have been addressed at least since Greco-Roman times (Smith, 2012; Wolff, 2016). Although there is evidence of speculation about some aspects of government in earlier cultures, the most focused and sustained inquiry concerning the role of government and political power began in ancient Greece (Political Philosophy, 1988).

Plato's magnum opus, *Republic* (c. 378 BCE), was and remains a major influence on political thought. Plato grew up in the midst of the devastating 27-year war between Athens and Sparta and sought to articulate a utopian view of political life. Social workers can find in the *Republic* a compelling forerunner of contemporary debate about the use of political authority to meet people's most basic needs, the relationship between elite rulers and the citizenry, and the conflict between public corruption and social welfare. The *Republic* also represents one of the earliest documented efforts to grapple with questions with which today's social workers continue to struggle: How can a society best be governed and best meet the needs of its most vulnerable citizens? How should an ideal society be organized?

Remarkably, one of Plato's principal concerns foreshadowed a key concern among today's social workers: social class conflict. Because of his own experiences in conflict-torn Athens, Plato was preoccupied with the deleterious effects of strife and tension among competing factions. Like today's conflicts among ethnic, religious, cultural, and economic groups, the conflicts during Plato's time threatened to tear asunder the very fabric of civilization. Sadly, this is not a new issue.

The growth of government responsibility for social welfare began largely out of concern for the poor. At the end of the Middle Ages, the developing nation-states of Western Europe had to contend with the problem of poverty. Nations enacted laws and ordinances concerning the treatment of the poor, vagrancy, and begging (Rimlinger, 1971). Substantial changes in the treatment of the poor came about during the second half of the 18th century as a result of the Industrial Revolution and the American and French revolutions. National governments had to become increasingly concerned about social welfare.

It is in these early attempts to devise government-sponsored programs that contemporary social welfare programs—often the focus of intense political and ideological debate today—that contemporary programs have their roots. For example, what is now referred to as the welfare state—a condition in which a national government assumes responsibility for some forms of economic security and the health of its citizens—has its origins in 18th-century Prussia and the *Landrecht*, or civil code, of 1794: "It is the duty of the State to provide for the sustenance and support of those of its citizens who cannot . . . procure subsistence themselves" (Rimlinger, 1971, p. 94).

Significant debate concerning the role of government in social welfare was afoot in the early 19th century, when mercantilist and laissez-faire doctrines clashed. There are echoes of this tension in today's political debates, especially with regard to free trade and tariff issues that have implications for immigration, employment, and economic policies (for example, current debate about the North American Free Trade Agreement [NAFTA] and the Trans-Pacific Partnership [TPP], which have been viewed differently by the Obama and Trump administrations). Mercantilism was then the dominant economic doctrine in Great Britain and other European nations. A central assumption was that primary sources of a nation's power were a large population and precious metals. As a result, governments tightly regulated activities of the economic market, prohibited emigration, and imposed protective tariffs.

In contrast to mercantilism, the laissez-faire doctrine—typically embraced by political and economic conservatives—was based on an assumption that human welfare could be promoted and sustained most effectively if labor were allowed to find its own price in the market and if goods and services were allowed to be freely exchanged between nations (Pinker, 1979). The English Poor Law Reform Bill of 1834—a staple in social work history instruction—represents what is perhaps the best example of the importance of philosophical debate about social and economic justice. The Royal Poor Law Commission for Inquiring into the Administration and Practical Operation of the Poor Laws was dominated by a laissez-faire philosophy that, in the spirit of Adam Smith and David Ricardo, was critical of the Elizabethan Poor Law of 1601 that had been created to assist vulnerable people. The classical economists of the era believed that poverty was the natural state of people in the wage-earning classes. The original poor law was an artificial creation of the state that taxed the middle and upper classes in order to provide care for the wayward needy (Trattner, 1979). Such sentiments have obvious implications for current ideological debate about policies related to minimum wage, public assistance, housing subsidies, and unemployment assistance.

The more recent growth of government's role in social and public welfare can be attributed in part to a declining confidence, especially following the Great Depressions of the 1870s and 1930s, in the ability of the free market to promote and sustain individual and family well-being. Over the years, various models have emerged with respect to the philosophical foundations supporting and opposing these trends. Perhaps the most familiar are the conservative, liberal, and radical views (Atherton, 1989; Blau, 1989). Political conservatives argue that the welfare state encourages personal and social irresponsibility more than it provides some measure of defense against poverty, unemployment, sickness, and so on. From this perspective, generous welfare benefits encourage sloth and dependence (classic discussions include Friedman, 1962; Gilder, 1981; Hayek, 1944).

By contrast, the liberal perspective argues that government spending on social welfare is often insufficient, and that this is one of the principal reasons why social problems persist. Liberal critics claim that anemic funding of social services has led to inadequate efforts to address chronic problems such as poverty, crime, unemployment, homelessness, addiction, and mental illness (Reich, 2015). They also argue that unrestrained capitalism exacerbates poverty and leaves many vulnerable people in its wake.

A number of these contemporary concerns have their roots in 19th-century political philosophy. For example, in his *Philosophy of Right*, published in 1821, German philosopher Georg Wilhelm Friedrich Hagel commented on the tendency of a market economy to produce great poverty alongside great wealth, and that this can ultimately threaten the stability of a society:

> The poor still have the needs common to civil society, and yet since society has withdrawn from them the natural means of acquisition. … their poverty leaves them more or less deprived of all the advantages of society, of the opportunity of acquiring skill or education of any kind, as well as of the administration of justice, the public health services, and often even of the consolations of religion (cited in Moon, 1988, p. 28).

The radical perspective, however, is uniquely complex. Radicals tend to agree with conservatives that liberals demand too much of the welfare state, while also agreeing with liberals that the welfare state has not gone far enough (classic discussions include Abramovitz, 1986; Gutmann, 1988; Piven & Cloward, 1971). Further, radicals tend to argue that the fiscal policies of a capitalist economy are immoral, harmful, and shortsighted. Marxists (or socialists) tend to prefer a welfare society in which all economic matters occur in a social market for the common good. Social Darwinists (or capitalists) view the welfare state as unwarranted and counterproductive interference with natural evolution. From this perspective, the free market ultimately encourages progress by weeding out the weak and allowing the "fittest" to survive.

Stronger support for government-sponsored intervention for social welfare comes from Fabian socialism and interest-group liberalism. Fabian socialism—which originated in the late 19th century and is based on the strategy of gradual change embraced by the Roman general Fabius Maximus—assumes that collectivist ideas and reforms will lead eventually to widespread acceptance of socialist ideals and principles. Fabians, who have had considerable influence on the design and operation of the British welfare state (along with those involved in the charity organization society movement), typically support expansion of the boundaries of the welfare state to meet people's basic needs without calling for radical dismantling of capitalism (for a classic discussion see Titmuss, 1958).

Interest-group liberalism, in contrast, while also supporting an expanded role for government social services and public assistance, is not inspired by socialist ideals. Rather, it is the product of humanistic values and practical recognition of the need to improve social conditions produced by capitalism (Lowi, 2009).

The true middle-ground view is held by supporters of a mixed economy, which combines a respect for capitalism, in principle, with significant collectivist instincts. This is a perspective that appeals to many mainstream social workers.

Distributive Justice

Social workers frequently find themselves without sufficient resources to adequately administer the policies and programs for which they are responsible. Meager funding, budget cuts, and increased demand for social services often require social workers to make difficult decisions about how to allocate limited or scarce resources. The concept of distributive justice is central to the NASW *Code of Ethics* (2008): "Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles" (pp. 20-21; standard 3.07[b]).

A central theme throughout the philosophical literature on social welfare is that of the allocation of resources such as wealth, healthcare, housing, transportation, and other social services; philosophers refer to these as issues of distributive justice (Feldman, 2016; Fleischacker, 2004). These challenges can increase exponentially during political administrations that aim to reduce public spending on services on which social workers' clients rely.

Distributive justice has been of enduring concern among political philosophers; familiarity with their conceptual frameworks can help social workers frame their own social action efforts. Aristotle, for example, was among the first to introduce the concept of distributive justice in his *Nicomachean Ethics*. He favored allocating resources based on individuals' merit, or what people deserve – a view that is out of step with traditional social work values. Herbert Spencer, the 19th-century British philosopher, also defined distributive justice in terms of desert, arguing that what people have a right to is a function of what they contribute to the broader society (Francis, 2007).

In contrast, the 18th-century philosopher David Hume viewed justice as an extension of property rights. That is, justice is determined in part by defensible principles related to the acquisition of private property, transfer of property, occupation of property, and so on. For Hume, extreme concentrations of wealth and property may not be a problem as long as established property rights are respected. This view has implications for the defensibility of current politically-based taxation policies related to inheritance and estate taxes (Graetz & Shapiro, 2005). Political conservatives often oppose significant taxation of inheritances, arguing that redistribution of hard-earned assets is a form of theft; political liberals often support taxation as a way to redistribute wealth.

For many social workers, income and asset inequality is a pressing issue. Some political philosophers emphasize the concept of absolute equality in which resources (wealth, property, access to resources, and so on) are divided equally among all people. This is sometimes referred to as the equality of result (Spicker, 1988). There is also equality of opportunity, which is concerned less with the ultimate outcome of distributive efforts and mechanisms than with the opportunity individuals have to gain access to desired resources – a value that is central to social work.

Rae (1981) offers several perspectives on ways to enhance equality that have special relevance to social workers. The first is the maximin policy (maximizing the minimum), where minimum standards for income, housing, education, healthcare, and so on, are raised. This is especially relevant to current intense debate about raising workers' minimum wages. A second approach is to address the ratio of inequality, or increasing the resources of those who are worst off in relation to those who are the best off. A third policy aims for the least difference, where the goal is to reduce the range of inequality. And the fourth is the minimax principle, whose goal is to reduce the advantage of those who are most privileged, that is, minimize the maximum. Politicians' views on these issues in recent elections have generated intense partisan debate.

Many social workers have been introduced to, and profoundly influenced by, the pioneering writings on distributive justice by philosopher John Rawls in his *A Theory of Justice* (1971). Rawls bases much of his argument on the concept of a "social contract" that is to be used to establish a just society and manage its limited resources. He derives two core principles to enhance justice. First, liberty is the most important rule of social justice, and a just society must preserve liberty. Second, whatever inequalities exist must be acceptable to everyone. Rawls' oft-cited difference principle, which states that goods must be distributed in a manner designed to benefit the least advantaged, includes a requirement to aid those in need and provides an important safeguard against applications of classic utilitarianism that might sacrifice the needs of the disadvantaged for a greater aggregation of good. In a just society, according to Rawls, some differences in wealth and assets would be acceptable only if those less well off benefit as a result.

For Rawls, the economic and social advantages some people enjoy because of the natural fortune into which they are born—with accompanying initial endowments of natural talent, property, skill, and luck—are morally arbitrary (Krouse & McPherson, 1988). Ensuring greater equality in the initial distribution of property and skill level would lessen the need for significant redistribution of wealth by taxation policy and transfer programs administered by government. This is Rawls' principal argument for an adequate social minimum, progressive inheritance across generations, some degree of income redistribution, and public policies that promote equal opportunity, especially in education. This philosophical position resonates for many social workers.

Welfare and Rights

Much of the philosophical literature addressing social justice issues is anchored in the concept of rights. Prominent social welfare scholars have drawn on this core concept to argue that welfare should be viewed as a fundamental right that provides essential protection against the destructive byproducts of a capitalist system (for example, poverty, unemployment, and high-cost housing and healthcare) (a classic discussion is by Piven & Cloward, 1971).

Debate about the concept of welfare as a right is rooted in several distinct philosophical traditions (Blau, 1989; Nadasen, 2012). According to a position most closely associated with the 17th-century British philosopher John Locke, individual citizens acquire rights by virtue of their financial stake—in the form of property held to counterbalance government's power—in the society. From a politically conservative vantage point, social welfare benefits represent a form of charity organized by government; of special significance to social workers and their clients, such benefits are not based on any assumption about rights.

In contrast, a more radical democratic tradition holds that people need protection from both the power of government and the power of private property. As Blau (1989) notes, "Invoking the communitarian vision of personal rights and popular democracy, this tradition declares that commodities such as medical care and affordable housing are a natural right" (p. 36).

It is important for social workers to consider the implications of a rights-based view of welfare with respect to a concept that is fundamental to clients' basic well-being: work and employment. Work has been a lightning rod in historic and current debate about social welfare benefits and rights. In short, the chronic challenge social workers and policy analysts have faced has been to devise a strategy that provides support to those in need without undermining their incentive to work (assuming that we are focusing on people who are able to work).

Attempts to strike a balance between the level of benefits that is sufficient to ensure a reasonable standard of living and one that discourages work date back at least to philosophical debates surrounding inauguration of the 17th-century English Poor Laws. During that period, and in subsequent 19th-century controversies about revising the Poor Laws, much of the debate about the relationship between welfare and work was couched in moralistic language concerning religious views about the inherent value and virtue of work as a way to build character. In addition to being influenced by fear of violence and social disruption that might result from unemployment, European nations and the U.S., in particular, have struggled to design welfare programs that balanced these trade-offs as much as possible, as evidenced by the well known distinctions among "deserving" and "undeserving" poor, "impotent" and "able-bodied" poor, "indoor" and "outdoor" relief, and so on.

In contrast to a rights-based view of welfare, supported by many social workers, is a privilege-based view. The privilege-based view suggests that people receive benefits because of the community's largesse and generosity, not because poor and otherwise vulnerable people have a fundamental right to them. From this perspective, "welfare payments are never a matter of legal entitlements of the recipients, but only an expression of collective benevolence by the transferrers" (Epstein, cited in Elster, 1988, p. 58). The distinction between welfare as a right and as a privilege may seem solely intellectual; in fact, the distinction has significantly shaped the extent to which aid has been provided to poor and other vulnerable people throughout history.

Clearly, the philosophical concept of rights is central to any thoughtful consideration of contemporary welfare policy. Not surprisingly, many competing perspectives are at play concerning the extent to which welfare is a right, as opposed to a privilege. As Blau (1989) concludes, "there is no easy way of reconciling the differences among these views. But the concept of rights is a rich one that can help to illuminate the premises on which theories of the welfare state are based" (p. 36).

Conclusion

Political philosophy dates back to Plato, who laid the foundation in his *Republic.* Since then, scores of philosophers have wrestled earnestly with the complex issues of social justice, a concept that is at the heart of social work.

Social workers who truly embrace the profession's mission recognize that our views of and efforts to promote social justice rest on fundamental beliefs about what we mean by the term justice and about effective, morally defensible ways to pursue it. In that justice is an ancient concept that has been the focus of scores of scholarly analyses, it behooves social workers to appreciate the intellectual and philosophical lineage that underpins contemporary perspectives.

Today's social workers, no matter what their political leanings and ideology, make and act upon critically important judgments about the role of the government and private sector with regard to citizens' well-being and welfare; the fair and just allocation of social resources (distributive justice); and the complex relationship between welfare and rights. Familiarity with longstanding philosophical perspectives is not only illuminating, informative, and inspirational; such knowledge also enhances social workers' ability to think through and offer strong support for their social justice views, and, most importantly, design concrete action steps to promote social justice. This is vitally important in this era of politically charged debates about what it means to meet people's needs and care for the most vulnerable. And nothing should be more important than this for social workers.

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Studying the Population You Serve: Exploring Deaf Issues as a Hearing, Dual-role Researcher

Hayley Stokar, Ph.D.
Purdue University Northwest
hstokar@pnw.edu

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Abstract

It is not uncommon for social work scholars to be currently or formerly practicing social workers. Qualitative social work research can, for methodological and logistical purposes, involve researchers with dual roles as service providers. This article examines the ethically complex arena of researching ones ‘own’ service population through the lens of the author’s research with Deaf restaurant workers and their hearing managers. It discusses the challenges and benefits of being a dual-role researcher in the context of contemporary social work ethics
and research methods.

Keywords: Dual roles, research ethics, bracketing, hearing, Deaf

Introduction

Dual relationships can be difficult to navigate in qualitative social work research (Adler & Adler, 1987; Asselin, 2003; Greene, 2014), though they are not necessarily off-limits like they would be in social work practice. Particularly with purposive sampling among small, relatively inaccessible populations, holding more than one role may be inevitable for the researcher (Eckhardt & Anastas, 2007). The Deaf community is a low-incidence minority population that experiences challenges with access into mainstream society on account of linguistic and cultural barriers (Dickinson, 2010; Padden & Humphries, 1988; Turner, 2006). These same barriers create challenges with access from the outside in—namely, for social science researchers. The following article explores this arena through the lens of a project examining the managers of Deaf people who received assistance from the researcher in becoming employed. After a brief discussion of research issues specifically germane to Deaf populations, three angles of dual-role research will be discussed as they relate to ethics and methodological design. The strategic use of bracketing as a phenomenological method will be highlighted as a viable strategy for dual-role research with special populations.

The Culturally Deaf Community

While there are many types and degrees of hearing loss, particularly among older adults, the Gallaudet Research Institute (2015) roughly estimates that the number of people who cannot hear or understand speech is slightly over 552,000. Only a fraction of that population uses American Sign Language (ASL) as a primary means of communication—ASL is not even common enough to be listed as a language option on the United States Census (Bureau of the Census, 2011). Many members of this ASL-using fraction claim the identity of Deaf, denoted by a capital "D". The word "Deaf" refers to a group of people who share both a culture and a language: American Sign Language (Padden & Humphries, 1988; Turner, 2006). Most persons with hearing loss are not members of the capital "D" Deaf community, as physical, audiological abilities are not the primary determinants of Deaf identity (McEntee, 2006). As such, people who identify as Deaf and use manual communication are few and far between and constitute a small minority in a research context (Dickinson, 2010; Foster & MacLeod, 2003).

The Deaf community is a small sliver of the U.S. population about which little is known in academic and employment contexts. The impetus to produce more literature in the area of deafness and employment is strong. As of 2011, only 47.9% of deaf adults were employed, compared with a 70% employment rate for hearing adults. (U.S. Department of Commerce, Bureau of the Census, 2011). Despite the need for strategies and resources to increase Deaf adult employment, there are few studies that engage both employers and Deaf workers (Foster, 1992; Friedner, 2013; Zahari et al., 2010). In order to add to available literature, investigators must not only be trained in effective research methods, they must also possess effective language skills (ASL) and cultural competencies (Deaf culture). It is most common for people to possess this eclectic skill combination purely as a direct result of Deaf community involvement, either as a member of the Deaf community or as a service provider.

Researching Deaf Issues While Serving Deaf People

In the case of the particular study discussed herein, the researcher was not in any way new to or removed from the sample population. She served as an employment specialist and advocate for Deaf workers throughout the duration of the research study and possessed over ten years of experience serving the Deaf community. Working directly with hearing restaurant and business managers to facilitate job placement for Deaf adults, she is what Adler and Adler (1987) would call an "active member researcher," heavily involved with the population but not identifying as Deaf herself. While these career details and personal identity features inevitably influenced her perception of the research process, the same details situated the researcher as one of few persons with the access and expertise required for this study.

The objectives of the study discussed herein were better to understand the experiences of hearing managers of Deaf restaurant employees, as well as to compare their experiences with those of their Deaf workers. Experiences were operationalized into two major categories: accommodations and social integration. Accommodations, as defined by the Americans with Disabilities Act (1990), are "modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable a qualified individual with a disability to perform the essential functions of that position". Social integration as a formalized concept was first introduced by sociologist Émile Durkheim, who defined it as the means through which people interact, validate, and accept each other within a community or specific social context (1897/1951). The researcher adapted this definition by categorizing the workplace as a social community.

Hearing managers (n = 6) and their Deaf workers (n = 6) were interviewed as dyads and were asked questions about both disability accommodation and social integration in their workplaces. Because the foci of the study are experiences and perceptions, a phenomenological framework was employed. Phenomenology is the study of a concept or phenomenon, such as the psychological meaning of an interaction (Creswell, 2007) and involves inherent subjectivity (Husserl, 1931; Moustakas, 1994). Thus, both the lens through which the Deaf-hearing experience is examined and the formidable limitations on access to the minority Deaf population render the service-provider-as-researcher scenario appropriate.

With low-incidence populations like

the Deaf community, it is practical—and often necessary—to incorporate accessible participants (Creswell, 2007; Eckhardt & Anastas, 2007). The author's study design dictated that all Deaf employee participants (1) worked as non-managers in high-volume restaurant settings, (2) used American Sign Language as a primary mode of communication, and (3) did not use speech and speech reading as a primary mode of communication. As mentioned earlier in the discussion of why researchers of Deaf populations often have dual roles, all Deaf workers interviewed were former job placement clients, and all hearing managers interviewed were their managers.

Convenience sampling in a population one serves is also in line with phenomenological traditions (Smith, Flowers, & Larkin, 2009). If one's goal is specialized understandings of a specific phenomenon among unique individuals, one must go to where the phenomenon occurs. When it comes to Deaf adults, this place is often the service arena (Denzin & Lincoln, 1994; Dickinson, 2010). The means to obtaining an appropriate sample is usually by taking advantage of social and professional connections (Smith, Flowers, & Larkin, 2009), and finding referrals through community members already linked to services. Wearing that hat of both a service provider and a researcher may be more complex that having a pristine sample of strangers, but it is often necessary.

The Pros and Cons of Role Overlap

Research procedural issues with role duality are highly situational. When conducting research, social workers must regularly consider their dual statuses as researchers and practitioners. These considerations are important to research ethics and to methodological strength in equal measure. Indeed, the appropriateness of methodological choices in partially based on ethical considerations (Mertens, 2014). Dual-role research can be explored from three primary angles.

First, one must determine on a case by case basis whether outsider or insider researcher status is preferable, and also determine what is meant by *insider* and *outsider*. On one hand, contemporary research strives for some measure of objectivity and often adopts control measures from the science world to combat bias. Being outside of, or removed from, a sample population buffers against the tendency for the researcher to be sympathetic to or biased toward the group during data collection and analysis stages (Taylor, 2011). On the other hand, ample studies have shown that being a full or peripheral member of a studied community can increase access and foster trust among participants (Adler & Adler, 1987; Al-Makhamreh & Lewando-Hundt, 2008; Dwyer & Buckle, 2009).

Kanuha (2000) uses the term "insider research" when describing studies conducted by a member of the community being studied. She notes that the affinities between the researcher and the participants by virtue of shared culture and identity add texture to the interpretations in the study that could otherwise not be provided by an "outsider" researcher: "whereas all researchers necessarily reflect on their relationship to the research project, the native researcher is grounded implicitly and situated at all moments in the dual and mutual status of subject–object" (Kanuha, p. 441).

Insider and outsider research roles are not oppositional or contradictory approaches to research. Rather, they are two frames of reference which must both be considered in tandem to make appropriate ethical and methodological choices. Either approach to design and data collection should be clearly identifiable, and researchers must reflexively describe their processes (Creswell, 2007).

The study discussed herein relates to—but does not cleanly fit—the definition for insider research. Although the researcher serves the Deaf community and is relatively well-known by its members in their metropolitan area, she is not, herself, Deaf. As such, the chosen methodology resembles more similarly that of an insider researcher than an outsider researcher. While the modality of the study design is insider research, the personal identity of the researcher (discussed heavily in phenomenological investigations), is not that of a full insider. Thus, the researcher engages in two delicate balancing acts: that of researcher and service provider, and that of hearing person and Deaf community ally. As stated earlier, roles that are complex are not necessarily contradictory or counter-productive in research, provided that complexities are openly acknowledged.

The second question that arises in the consideration of dual-role researchers is whether it is even *possible* to be outside of a sample population, as an unbiased bystander. Through observation and interaction, all humans form opinions about each other through the filter of their own worldviews and psyches (Heidegger, 1962; Merlau-Ponty, 1962). Phenomenology embraces the idea that, despite any secondary roles or relationships the researcher may have with the person she studies, objectivity is impossible. The important thing is to acknowledge, describe, and explore multiple roles and their impact on research.

Appropriate work as a researcher is more challenging when a sample population already has a clear understanding of the researcher in service provider role due to the active nature of both service provision and research (Al-Makhamreh & Lewando-Hundt, 2008). When one is nominally a member of an ethnic group, for example, but has not directly engaged with other members of the ethnic group before studying them, their membership manifests as a passive role. When one has provided direct assistance to the sample population, then engages them directly in data collection, the nature of one's role is amplified through action and interaction (2008).

As an active member researcher (Adler & Adler, 1987), the researcher in the current study was not only known to all Deaf participants as an advocate, she was directly responsible for helping them obtain the jobs they held at the time of research. They had worked together actively toward a common goal, and experienced shared success and satisfaction in the employment rehabilitation context. The past role the researcher played for participants experiencing a common Deaf community struggle can arguably not be separated from her role as a researcher (Mertens, 2014; Turner, 2006). Another identity that may be inextricable from the research milieu is the researcher's personal identity as a hearing individual. As enthusiastically as participants might engage with her for research purposes as an extension of a former professional relationship, they are also aware of historic oppression of deaf minorities by the hearing majority (Dickinson, 2010; Padden & Humphries, 1988; Turner, 2006). As with the first consideration of dual-role research among Deaf populations, the symbolic intersections traversed jointly by the hearing researcher and the Deaf participants can never be separated or simplified.

A third consideration with researcher role is not merely the circumstantial duality of role, but also the competency of the researcher. In the Deaf community, appropriate engagement depends not only on proficient use of American Sign Language, but also on culturally knowledgeable involvement in Deaf community life. (Padden & Humphries, 1988; Turner, 2006). A researcher lacking in either area is likely to miss or misinterpret data at both collection and interpretation stages. When participants are aware of a researcher's competencies vis-a-vis other known roles they have held, they may even display higher levels of trust and willingness to participate in the research (Magnus et al., 2014).

In addition to a decade of direct social work practice in the Deaf community, the language skills of the researcher in the current study were formally assessed using the American Sign Language Proficiency Interview (ASLPI), a standardized instrument for gaging ASL fluency (Jacobowitz, 2005). She was also audited by a culturally Deaf researcher while designing the study, transcribing and translating participant interviews, and interpreting results. The ethics of the study were also evaluated by the Institutional Review Board of the researcher's affiliated university. All of these elements served as measurable assurances of researcher competency, at once fortifying study methodology and meeting ethical standards for research (Dickinson, 2010; Eckhardt & Anastas, 2007).

All interviews with Deaf employees were conducted using American Sign Language (ASL), a language in which few social work researchers are proficient. Qualitative interviewing also necessitates a comprehensive knowledge of the subject being studied, which puts an employment service provider at a distinct advantage. As such, the scarcity of available participants for this study is matched by a scarcity of ASL-competent researchers, making role overlap a likely scenario.

Bracketing as a Strategy of the Dual-role Researcher

"No knowledge is innocent," wrote Michel Foucault (1980), during a time when social work research was becoming increasingly—and controversially—positivistic and scientific (Pieper, 1989; Tyson, 1992). Acknowledging that researchers continually exposed to difficult aspects of social life will likely respond on an emotional level, the technique of bracketing is often used to help distill research responses and personal responses to data. (Creswell, 2007; Husserl, 1931; Polkinghorne, 1989; Tufford & Newman, 2012). Bracketing involves setting aside natural attitudes and preconceived notions about populations or phenomena (Keen, 1975). This process is often employed through the use of journaling or other expressive processing kept separate from collected study data.

While researchers need not be members of the community of people they are studying, it is critical that they be aware of their position as researchers (Creswell, 2007; Moustakas, 1994). As a hearing social worker with Deaf populations, and [dually] a hearing social work researcher of Deaf populations, the bracketing process was immensely important for the researcher's integrity in the study discussed herein. The process involved both acknowledging and setting aside prejudgment before, after, and during the qualitative research process, particularly with respect to interviews. Journaling as a means of bracketing was performed both before and after data collection (individual interviews), to manage personal feelings, opinions, and expectations.

Keen (1975) refers to bracketed thoughts and feelings in phenomenological research as natural attitudes. In the case of the current study, it would be quite *un*natural for an employment specialist for Deaf adults to have no thoughts on the matter, and the phenomenological frame on this study's methods reflect this idea. As a practitioner, the researcher has long been invested in serving the interests of both hearing managers and Deaf workers, and knowledge and feelings that stem from my practice experience can never be fully 'eradicated' (Heidegger, 1962). Bracketing proved integral to allowing the dual-role researcher to be reflexive and to maintain ethical standards of research.

Conclusion

Holding a dual role as researcher and service provider presses social work scholars to examine themselves and their choices. This is especially true in low-incidence populations such as the Deaf community, where few researchers are equipped with the necessary language skills and cultural competencies without engaging directly with Deaf individuals in another capacity. The benefits and definitions of insider vs. outsider status, the extent to which objectivity in research is possible, and the requisite abilities of the dual-role researcher must be carefully considered. Through bracketing, role reflexivity, and thoughtful decision making regarding ethics, it is possible to engage in meaningful scholarship while still retaining the active identity of "social worker."

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The Group as Support for Caregiver Reflection on Moral Issues

Sophie Éthier, Ph.D.
Université Laval
sophie.ethier@svs.ulaval.ca

Alexandra Giasson, MSW
Centre intégré de santé et de services sociaux de la Côte-Nord
alexandra.giasson@outlook.fr

François-Xavier Schmitz-Lacroix, MSW
La Vigile
francois-xavier.schmitz-lacroix@jefar.ulaval.ca

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Abstract

This article summarizes the evaluation of an Alzheimer patient caregiver psychoeducational group intervention based on a theoretical model of moral responsibility. The moral dimension of responsibility arises as a central component of the caregiving phenomenon as the current fragmenting of the social fabric and relationships to others continues. For a group social worker, taking into account the ethical dilemmas facing caregivers means proposing psychosocial avenues and philosophical guides as responses to distress and to their legitimate quest for meaning in this experience of responsibility towards a loved one.

Keywords: psychoeducational group, moral responsibility, caregivers, Alzheimer disease

Introduction

In this article, we present the findings of an *evaluation of practices* that was carried out in the context of a psychoeducational group intervention project where the aim was to heighten caregiver awareness of moral responsibility. An examination of the treatment of moral responsibility by philosophers throughout history reveals the vagueness and polysemy of the concept as well as its social and historical uprooting (Métayer, 2001). Moreover, the concept has been and continues to be theorized within the current and longstanding tendency to psychologize human action. Many ethicists base moral responsibility on universal psychological conditions (Sneddon, 2005), a prevalent conceptual framework also in social intervention. Amplification of the impact of individual and psychological dimensions on the interpretation of problematic situations is the subject of intense debate within the discipline (Boily 2014; Moreau & Lapierre, 2011). Cultural, geographical and historical factors all influence the process by which the moral responsibility construct takes shape in individuals; hence the need for the social worker to rethink moral responsibility as a connection between each individual in the group and his or her social context (Sneddon, 2005). As a result, this article begins with an overview of current knowledge on group interventions designed for caregivers. This is followed by a focus on the theoretical model of moral responsibility underlying the design of the intervention project. Parts three and four present the intervention project and the methodology by which the intervention was evaluated. The results of the evaluation are presented in part five, and the article concludes with a discussion of the contribution of the project to reflect on ethics and practices in social intervention.

Current Knowledge on the Effectiveness of Group Interventions for Caregivers of Relatives With Alzheimer's Disease

As reported in several meta-analyses, numerous psychosocial interventions for the benefit of caregivers have been evaluated (Brodaty, Green & Koschera, 2003; Yin, Zhou & Bashford, 2002), which include group interventions. Group interventions are noted as one of the three social service intervention methodologies with two of these group types particularly preferred for caregivers. First, the aim of the support group is to help members mobilize their coping abilities in order to respond to stressful situations (Toseland & Rivas, 2005). Despite the beneficial effects noted, evaluation reveals that there are only modest reductions of the burden on caregivers (Sörensen, Pinquart, Habil & Duberstein 2002). Second, caregiver educational groups (often called psychoeducational) have been evaluated as well (Kouri, Ducharme & Giroux, 2011; Thompson *et al.*, 2007). The aim of these groups is usually to provide caregivers with standardized information on illnesses, disruptive behaviours and the acquisition of skills for the role of caregiver (Acton & Kang, 2001). While it appears that these groups do contribute to increased knowledge, which is fundamental for fulfilling the role, results are rather modest in terms of improving wellbeing or reducing stress, depression or burden (Devor & Renvall, 2008; Kurtz, Wagenpfeil, Hallaeur, Schneider-Schelte & Jansen 2010), and content is focused primarily on the negative aspects of the role (Carbonneau, Caron & Desrosiers, 2009).

Being largely experimental, evaluative studies of group programs (regardless of whether the group is of the supportive, educational or psycho-educational type) are based on standardized methods of assessing group effects, especially effects on the stress or burden experienced by the caregiver. When such methods are used, the observed lack of conspicuous effects could be due to the complexity of the burden (Cooke, McNally, Mulligan, Harrison & Newman 2001). The interventions selected for evaluation might be poorly adapted to the concerns of caregivers, the variables measured might be irrelevant, and the type of program offered might be unsuitable (Kouri, Ducharme & Giroux, 2011). Burden does appear to have multidimensional causes and ethical dilemmas faced by caregivers may exacerbate the problem (Hugues, Hope, Savulescu, & Ziebland, 2002). In fact, the literature raises questions surrounding the moral dimension of the care experience and its impact on the caregiver (Howe, 2010; Lin, Macmillan & Brown, 2011). The responsibility of looking after a person with Alzheimer's disease involves not only performing domestic tasks or providing care, but also a moral experience comprising affective relations with which responsibilities and obligations are associated (Crochot & Bouteyre, 2005; Éthier, Boire-Lavigne & Garon, 2014; Lin, Macmillan & Brown, 2011). However, the care practices literature has been relatively silent on the highly polysemous notion of moral responsibility (Lindh, Severinsson & Berg, 2007).

Theoretical Model of the Moral Responsibility of Caregivers

In this section, we present the theoretical model proposed by Éthier, Boire-Lavigne, and Garon (2014), which was used for this study. Using this model, the authors contribute to increasing caregiver awareness of better ways of looking after a person with Alzheimer's disease by focusing the social intervention on the moral experience and not only on the functional or negative aspects of the role. According to the authors, the moral responsibility of caregivers consists of six distinct but interrelated dimensions.

Inner transformation

The first component of moral responsibility refers to the nature of the transformation (of the care receiver) from which the moral obligation arises (Éthier, Boire-Lavigne, & Garon, 2014). It is this transformation (affecting the higher mental functions in particular) that compels a caregiver to assume a responsibility, which takes on its full moral dimension largely through the upheaval imposed on the existing relationship.

Transformation of the relationship

For some caregivers, the relationship with the care receiver is transformed positively by introducing a fusional or even symbiotic component. However, some caregivers experience remoteness or even a breakdown in the relationship. In any case, the relationship remains at the centre of the moral responsibility since it tones each decision made by the caregiver and is the basis for assuming responsibility.

Basis for assuming responsibility: Duty, promise, and love

The basis of responsibility refers to the fundamental reasons for which a caregiver looks after his or her loved one. The reasons most often mentioned relate to the naturalness of doing so and to the duty, obligation, and promise to do so. In this context, it is no longer a matter of responsibility in the usual sense. Accepting the role of caregiver involves taking on important ethical and relational issues.

Enabling responsibility: Moral values and ethical dilemmas

Enabling of responsibility refers to the way in which caregivers assume their new role. Being a caregiver involves carrying out tasks that are much more complex than they appear initially, since they involve upholding moral values and resolving ethical dilemmas on a daily basis, for example, locking doors to ensure safety at the cost of compromising some of the loved one's autonomy or dignity.

Response of caregivers to the call to moral responsibility

While caregivers are aware of some obligation to care at the outset, the manner in which they rise to the challenge changes over time. Éthier, Boire-Lavigne and Garon (2014) describe this process in five phases. The first is *resilience*, which is facing difficulties by developing coping strategies (humor, optimism, flexibility…) better adapted to overcoming them. The second, *self-transformation*, involves developing new skills and attitudes, such as taking on the role of nurse, physiotherapist or handyman. The third corresponds to *sacrifice* (of activities, plans for the future or retirement) and *mourning* (including that of his or her still living close relative). The phase of *anticipating limits in the face of responsibility* allows caregivers to foresee an end to their responsibility. Finally, the fifth phase, that of the *emergence of real limits in the face of responsibility*, is the one that requires re-examining the manner in which the caregiver role is assumed. The initial resilience phase thus poses a danger, since even though it is essential for assuming the role, it can lead the unwary caregiver to push him or her self to exhaustion by failing to define reasonable limits of the responsibility.

Owning the responsibility

Throughout this experience, caregivers are inevitably confronted with norms coming from their entourage and from medical professionals on how they should look after their loved one. They then choose whether or not to follow this advice, based on their own experience and knowledge of their loved one, which may involve consequences for which they must assume responsibility.

In other words, the role of caregiver constitutes a moral responsibility because of these six different dimensions to which it refers. These dimensions make up the essential core of the psychoeducational group program presented below.

Psychoeducational Group Intervention Project

Presentation of the project

The project was carried out within the framework of one of the author's Master's degree in social work at Université Laval. The Haute-Côte-Nord/Manicouagan Health and Social Services Centre hosted the group intervention. This establishment of the Quebec health and social services network offers many services to families, children, youth, people with mental health problems and seniors.

The objective of the group was to heighten caregiver awareness of their moral responsibility. It was hoped that by the end of the intervention, caregivers would be able to: 1) initiate a critical thought process regarding their moral responsibility, 2) increase their sense of self-efficacy in the exercise of their moral responsibility, and 3) develop their self-esteem by becoming aware of the importance of their responsibility. The notion of moral responsibility awareness refers less to developing knowledge associated with know-how and terminology (relating to illness, attitudes, communication with the loved one) than to understanding and owning the issues underlying their responsibility with emphasis on appropriate conduct. Increases in the sense of self-efficacy of caregivers as a result of participation in psychoeducational groups have already been demonstrated (Au *et al*., 2010). To the best of our knowledge, considering this sense in a moral responsibility theoretical framework along with self-esteem and critical thinking is innovative. The main methods used to achieve these objectives were educational activities and discussions promoting the development of mutual aid. The participants were recruited with the help of practitioners who publicized the project and transmitted the coordinates of the student-researcher to potential participants to allow them to contact her on a voluntary basis.

Psychoeducational group programming

The program consisted of six group meetings each lasting an hour and a half. The student and a social worker in the organization where the group was held developed the meeting content using the components of the Éthier, Boire-Lavigne and Garon (2014) model of moral responsibility. For the theme of the care receiver transformation, the title of the first meeting was "*I sometimes have difficulty recognizing my loved one. How is this possible*?" For the theme of transformations of the relationship, the second encounter was entitled "*What is to become of our relationship now*?" The third meeting ("*Why did I accept this caregiver role?*") addressed the basis for taking on the responsibility by focusing on the various motives suggested by caregivers. This meeting also shed light on the individual, family and social contribution of their role as well as the strengths and limitations of the commitment. The aim of the fourth encounter ("*Why do I feel so much frustration?*") was to explore the idea of enabling responsibility through the values conveyed during the accompaniment of their loved ones and the ethical dilemmas encountered in connection with these values. The phases of caregivers' responses to the call to responsibility were explored during the fifth meeting ("*Is my role as caregiver an until-death contract*?") Finally, a sixth meeting shed light on the theme of owning the responsibility. "*It is up to me to define my role and responsibilities as a caregiver*."

Methodology for the Evaluation of the Group Intervention

Evaluation of the intervention involved measuring its effectiveness in a context of normal practice such that the query focused on effectiveness of use (Champagne, Brousselle, Contandriopoulos, & Hartz 2012). In view of the intervention context, the evaluation was internal (Ridde & Dagenais, 2012), meaning that it was conducted by the actors involved in the intervention, namely the student-researcher, in order to "maintain continuous and inquisitive monitoring of the work being carried out" (p. 436).

Description of the tools of evaluation

Quantitative measurement scales were administered before and after the intervention to assess the self-efficacy sentiment and self-esteem. We used the self-efficacy sentiment scale of Bandura (2003), validated in French by Ducharme et al. (2003) among family-member caregivers of elderly persons with dementia in Quebec. To evaluate the concept of self-esteem, the Rosenberg scale (1965) validated in French by Vallières and Vallerand (1990) was used. The results obtained using these scales are based on the change in direction (increase, decrease, stable) rather than on statistical significance. The observations of the student-researcher were noted in a log to add qualitative data providing additional information on participants' sense of self-efficacy and self-esteem.

Collection of qualitative data was recommended in order to measure the critical thinking component through individual interviews. The interviews were recorded with the participants' written consent and transcribed verbatim for content analysis (Mayer, Ouellet, Saint-Jacques, & Turcotte, 2000). Participants were interviewed before and after the group intervention. The interviews consisted of evaluating difficulties experienced, the positive aspects and the contributions of the role. The log kept by the student-researcher also made it possible to include observations made regarding the critical reflection of each group member.

Ethical considerations

The ethical dimensions of this intervention project were addressed using a written and signed contract certifying the informed consent of each caregiver to take part in the intervention and guaranteeing the confidentiality of the statements made during the meetings and interviews. The student-researcher also signed a commitment to confidentiality statement, as requested by the organization hosting the intervention, in compliance with the institution's standards. In addition, the project was in compliance with the ethical standards, including those relating to record keeping, of the OPTSTCFQ (*Ordre professionnel des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec*, i.e. the Quebec Social Workers and Marriage and Family Therapists professional association). A file was created for each participant and a group file was created (Turcotte & Lindsay, 2014). Finally, the individual and group files were kept under lock and key throughout the intervention.

Results

In order to maintain the anonymity of the participants, the socio-demographic data are grouped such that the group members cannot be identified. Four women and two men, aged 48 to 84, participated in the group. Each participant had been caring for a spouse, stepfather or mother for approximately six years. Two of the participants were not living with the care receiver, who had been living in an extended care facility for two years. These participants were nevertheless fully present, since they were spending their days entirely with that person.

The results are presented for the group as whole. It should be borne in mind that the first objective was to develop the self-esteem of the caregivers. Table 1 suggests that most of the participants achieved this objective. The evaluation revealed improvements in self-esteem ranging from 4 to 7 points for four of the six participants.

The logged observations tended to corroborate this measurement. Group members

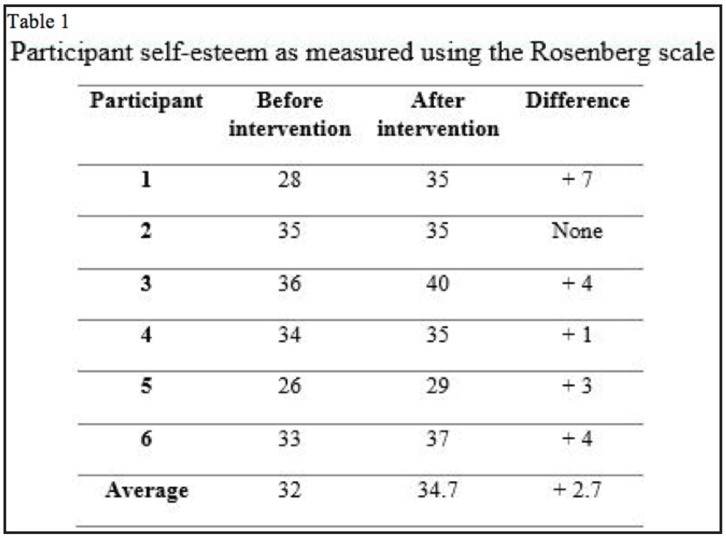

Table 1

Participant self-esteem as measured using the Rosenberg scale

Participant	Before intervention	After intervention	Difference
1	28	35	+ 7
2	35	35	None
3	36	40	+ 4
4	34	35	+ 1
5	26	29	+ 3
6	33	37	+ 4
Average	32	34.7	+ 2.7

congratulated each other for their good moves and successes and were able to attribute qualities to themselves as well as to others. Before the meetings began, some of the caregivers found it difficult to identify situations in which their role had made them proud of themselves, which was no longer the case at the end of the meetings.

The second objective was to increase the sense of self-efficacy of each group member. The results obtained using the Bandura scale (2003) presented in Table 2 show a slight improvement regarding this sentiment. The observations noted in the student's log suggested that this objective had been achieved in general. Participants recognized that they were, at the end of the program, better equipped with solutions when faced with various difficulties, and all indicated that their participation in the group had facilitated the learning of new practical skills. In addition, the moral responsibility theoretical model chosen for the group was able to solicit practical skills not included in the measurement tool, such as mobilizing one's own personal resources in order to cope with the care receiver's condition.

The final objective for the caregivers was to initiate a critical reflection regarding their moral responsibility towards their loved one. In order to achieve this, they had to identify the difficulties encountered in exercising their role, the positive aspects and the contributions of their role. A summary of the results is presented in Table 3. During the post-group interview, the participants expressed their new awareness of the health consequences of their caregiving responsibilities, the sacrifices they had to make, and their personal limitations. At the same time, their statements suggested that they had increased their awareness of positive aspects (proximity and intimacy) experienced through their moral responsibility. Feelings of gratification and self-realization were also mentioned repeatedly where their responsibility was concerned. Finally, it was apparent that their perception of the caregiving role had changed after the intervention. At the pre-group meeting, two participants did not perceive themselves as caregivers, viewing their role as natural and 'going without saying'. In the post-group interview, each participant recognized his or her role as caregiver, and mentioned the resulting contributions to family and social wellbeing. In summary, the participants showed a deeper critical reflection on their moral responsibility after the group intervention. The data gathered from the logged observations also support these findings.

While it appears that the group achieved these objectives, it is important to remain critical of these outcomes. It would be premature to conclude on the basis of this single intervention project that a psychoeducational group based on the moral responsibility model contributes substantially to increasing caregiver self-esteem, sense of self-efficacy and critical awareness of the role. In the present case, the feeling of self-esteem and self-efficacy was already high at the beginning of the group intervention. Moreover, without a control group, there is no proof that the effects measured were due entirely to the intervention. A causal relationship cannot be established from this study. A broader study therefore needs to be carried out in order to validate these results. This study, nevertheless, draws attention to the possibility that caregivers in support

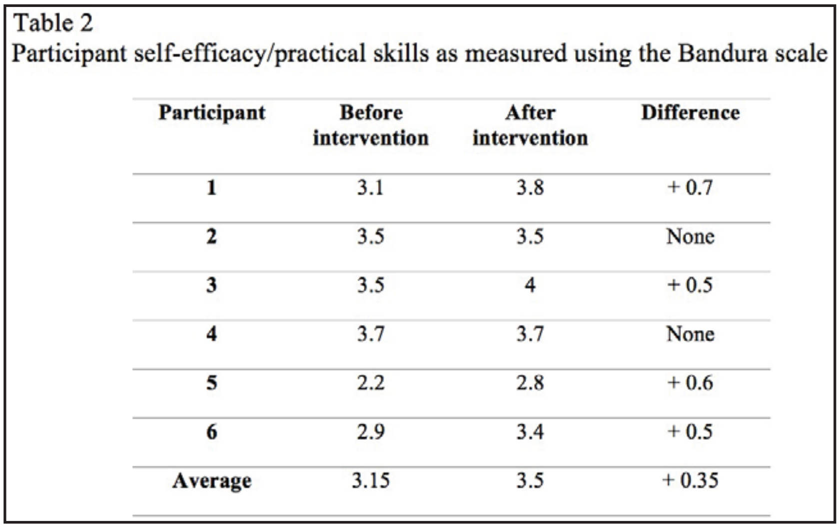

Table 2
Participant self-efficacy/practical skills as measured using the Bandura scale

Participant	Before intervention	After intervention	Difference
1	3.1	3.8	+ 0.7
2	3.5	3.5	None
3	3.5	4	+ 0.5
4	3.7	3.7	None
5	2.2	2.8	+ 0.6
6	2.9	3.4	+ 0.5
Average	3.15	3.5	+ 0.35

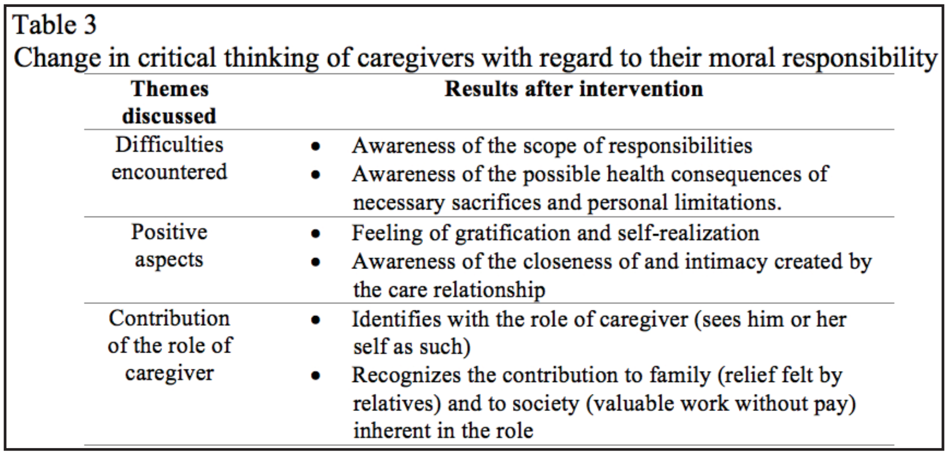

Table 3

Change in critical thinking of caregivers with regard to their moral responsibility

Themes discussed	Results after intervention
Difficulties encountered	• Awareness of the scope of responsibilities • Awareness of the possible health consequences of necessary sacrifices and personal limitations.
Positive aspects	• Feeling of gratification and self-realization • Awareness of the closeness of and intimacy created by the care relationship
Contribution of the role of caregiver	• Identifies with the role of caregiver (sees him or her self as such) • Recognizes the contribution to family (relief felt by relatives) and to society (valuable work without pay) inherent in the role

groups would benefit from examining the theme of moral responsibility, a notion rarely broached in the context of group interventions.

Discussion of the Results: Contribution of the Project With Regard to the Reflection on Ethics and Practices in Group Social Interventions

Few group interventions address the ethical aspects of caregiving. However, the commitment to care for a loved one suffering from an illness is a unique moral experience recognized in the literature (Crochot & Bouteyre, 2005; Lin, McMillan & Brown, 2011). Because the care receiver, vulnerable in his or her otherness, solicits the caregiver directly, the caregiver's role stems in part from a moral injunction to help (Éthier, 2012). This moral responsibility is renewed daily and comes loaded with ethical dilemma, notably in relation to maintaining the dignity, integrity, autonomy and security of the assisted person, but also due to the particulars of the helper-assisted relationship and the limitations felt by the caregiver. However, the caregiver remains free at least in theory to honour the responsibility or not, indeed to negotiate or delegate it (Gagnon, 2006). The caregiver can thus experience ethical tension when he or she gets the paradoxical feeling that the responsibility is inescapable yet negotiable.

The social and cultural context gets mixed in with the moral distress of the caregiver, due to the disintegration of normative and social references as well as the fading moral conventional wisdom that characterize our hypermodern societies (Castel, 2006; Lyotard, 1979). What are the current meanings of notions such as selflessness, sacrifice, duty, commitment, love and reciprocity, all of which are motivators for some caregiving relatives, especially older ones (Éthier, 2012)? We argue that the moral responsibility of a caregiver is not just a simple epiphenomenon of the burden notion studied so widely in informal care research (Lavoie, 1999), but rather a central component of the caregiving phenomenon (Éthier, 2012), one that is emerging as the current fragmentation of the social fabric and relationships to others continues. For the group social worker, taking into account the ethical dilemmas of caregivers also means offering them psychosocial avenues and philosophical guides as responses to their distress and their legitimate quest for meaning in this experience of responsibility towards their loved ones.

This psychoeducational group intervention project draws its inspiration from the will to contribute to initiating critical thought among caregivers facing their moral responsibility. However, understanding and implementation of these ethical issues cannot be reduced to an exercise of reason. They have psychosocial implications that require both rational and affective responses. Analysis of the present intervention project reveals a potential for positive impact on caregivers. This project highlights the need for further investigation of the contribution of ethical reflections in the context of group intervention. One interesting approach would be to evaluate the practice of community philosophical research (CPR). Inspired by American philosopher Matthew Lipman (1976), this approach is intended to create conditions that allow individuals to think by and for themselves with diligence and creativity (Sasseville, 2000).

Caregivers who were participating in a group could perhaps use the CPR method together to co-construct their thoughts and moral responsibility towards loved ones in a common process of search for meaning (Gagnon, 2011). Participants could then develop ways of thinking (reasoning, searching, defining, interpreting) and attitudes (astonishment, respect for others, examining possibilities, etc.) that favour understanding and clarification of the ethical issues they face (Sasseville, 2000, 2011). However, the benefits of combining philosophical and psychosocial dimensions in the group intervention context remain to be seen. The present intervention project is an addition to the list of case studies suggesting that this association may be worth examining more closely (Cinq-Mars, 2005; Gagnon, 2011; Hamel, 2010).

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Book Review

Kropf, N. P., & Cummings, S. M. (2017). *Evidence-based treatment with older adults: Theory, practice, and research.* New York, NY: Oxford University Press.

Reviewed by Ann M. Callahan, Ph.D., LCSW
Eastern Kentucky University

Journal of Social Work Values and Ethics, Volume 15, Number 1 (2018)

Demographic shifts over the next thirty years will reflect the "Graying of America." A majority of baby boomers, people born between 1946 and 1964, will be over 85 years old (Ortman, Velkoff, & Hogan, 2014). This means that one out of four people will be elderly (Kropf & Cummings, 2017). Birth rates have decreased and people are living longer due to advances in medicine, occupational safety, and public health campaigns (i.e., smoking cessation) (Ortman, Velkoff, & Hogan, 2014). Given the size and composition of the baby boom generation, social service and other professionals will need to be prepared to address the demand for services that are specific to older adults (Kropf & Cummings, 2017). Professionals will also need to be sensitive to the implications of culture, race, and ethnicity as well as immigration status as baby boomers are more diverse than previous generations (Ortman, Velkoff, & Hogan, 2014). Toward this end, the book *Evidence-based Treatment with Older Adults: Theory, Practice, and Research* provides a foundation for the effective delivery of social and psychotherapeutic services.

The book is divided into three parts with the first part (Chapters 1 and 2) presenting an overview of later life issues, the second (Chapters 3-12) evidence-based interventions, and the third (Chapters 13 and 14) challenges in implementing evidence-based treatment. The first part addresses the demographic trends including diversity issues as well as potential medical, mental health, and social issues later in life. This includes basic suggestions for conveying respect (i.e., formal address) rather than defaulting to stereotypes (i.e., terms of endearment) in approach. The second part addresses the contexts for geriatric care with issues that can emerge while living in a shared household or alone with the support of formal and informal caregivers. Then challenges in transitioning to communal living, such as an assisted living facility or a nursing home, are addressed with an emphasis on care coordination and recognition of a clients' rights as a resident. Lastly, issues associated with acute care in a hospital for medical care or hospice for end-of-life care are discussed with recommendations for preserving a client's life quality.

The second part of this book presents a pairing of chapters that describe a practice approach followed by a chapter that reviews research on that approach. Only practice approaches that have been implemented and tested with older adults or with a substantial number of older adults are discussed. These approaches include cognitive behavioral therapy, problem-solving therapy, motivational interviewing, psychoeducational and social support interventions, and life review and reminiscence. In the chapters on each approach, the authors describe the theoretical foundation and application with reference to a case example that demonstrates the practice approach. Then the subsequent chapter presents the results of meta-analyses and systematic reviews on that practice approach. The results are collated in a table which outline study components (i.e., type of study, participants, findings, etc.). The authors conclude each chapter by summarizing the strengths and weakness of each approach to help the reader consider potential efficacy with older adults.

The final part of the book attends to the challenges associated with manualized intervention. Here the topic of treatment fidelity provides a fascinating review of issues to consider both as a clinician and a researcher. Challenges and strategies to enhance treatment fidelity are provided. Again, the authors demonstrate the importance of understanding research evidence when applying a particular practice approach, but caution that some variation may be necessary to accommodate the specific needs of older adults or contextual limitations. The authors provide examples to demonstrate how minor adaptations can be employed and still preserve the integrity of an approach. The authors conclude with a chapter on what they identify as being promising interventions but require further testing with older adults. They review mindfulness-based stress reduction and behavioral activation, which is described as a variation of cognitive behavioral therapy used to modify the environment or tap into natural rewards that reinforce behavior.

Evidence-based Treatment with Older Adults: Theory, Practice, and Research provides a comprehensive review of evidence-based practice with older adults. Kropf and Cummings demonstrate why social workers must be able to understand research and use best evidence to inform practice. They also translate their findings so that practitioners are able to understand treatment implications. The authors do this by dividing chapters between practice approach and related research; however, this treatment ends up creating an uneven flow between these chapters which extends throughout the narrative. Perhaps, this style of presentation also reflects how challenging it can be to integrate practice and research. Nevertheless, this book reveals the strengths and weaknesses of the literature and addresses how issues of fidelity might influence treatment efficacy. This book ultimately serves as an excellent resource for gerontological social workers and other practitioners, particularly those on the graduate level. It demonstrates how to critically analyze research, which helps to build skills beneficial for post graduates as well.

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Book Review

Weiss, A. B., Lawrence, L. S., & Mijangos, L. B. (Eds.). (2017). *Narrative in social work practice: The power and possibility of story*. New York, NY: Columbia University Press.

Reviewed by Bishnu Mohan Dash, MSW, M.Phil., Ph.D.
Dr. Bhim Rao Ambedkar College, University of Delhi, Delhi

Journal of Social Work Values and Ethics, Volume 15, Number 1 (2018)

The book *Narrative in Social Work Practice: The Power and Possibility of Story* is a diverse collection consisting of sixteen chapters organized into four sections: “Writing as Discovery and Healing,” “Narrative Social Work with Individuals and Families,” “Narrative Social Work with Groups,” and the last section dealing with the impact of narrative in social work education, “Supervision and Research.” It is an autobiographical self-examination, a work with individuals/ groups, and an illustration of the field’s commitment to training and research. Each part of the book is preceded by a list of certain competencies essential for the education of a social worker and ends by suggesting some effective ways for developing them. The book highlights the importance of narrative practice in the social work profession and its use in the learning and teaching of social work practice. This innovative book is the culmination of the interpretative understanding of the authors aimed at providing solutions to bridge the divides between social workers and their clients towards a therapeutic, universal recognition of the human condition.

The book is a testament to the advantages of revelatory narrative concepts in the care of the most vulnerable sections of the population like the older people dying alone at home, mothers whose children have been taken away from them and put into foster care, persons with dementia who have lost language abilities, and patients shocked by the sudden appearance of fatal cancer in their lives. And in the face of such trauma and crisis, the narrative methods not only described but also mapped the autobiographical terrains by intersubjective contact, which brought the hope, the contact and the universality of human experience. thereby creating a bridge of dignity and recognition towards a future. The book is based on the practical experiences of the social workers who successfully applied narrative theory into their social work practice and made effective interventions with a wide range of individuals, families and groups facing a variety of life challenges in varied environments. The book successfully demonstrates the power and appeal of narrative methods, which not only empower the clients but also have a fulfilling experience for social workers. The book suggests various ways by which social work can achieve its mission of linking individual well-being to the well-being of the society.

Most of the chapters included in the book have some common features: the profound joy of helping a person to recognize the meaning of the tale he or she tells, the narrative humility of opening to the mystery of the other, the reflected trauma of witnessing the suffering of others, and the soft echoes of self and other within the immersive listener. Each chapter of the book demonstrates one or more competencies and practice behaviors as well as narrative methods used to fulfill them. The book reflects examples of narrative competence of the authors who had the ability to carefully listen and observe others very deeply. The chapters included in the book are the representation of the story in the author’s own language as shared by the subjects.

Authors are not involved in the process merely as observers. They seem to have a clear understanding of their own stake in the process. In a number of chapters, one finds the narrative humility with which the authors work can be seen in their search for self-understanding and self-healing. They, while writing about their clients, depict a sense of respect, dignity and appreciation of their lives.

The book expounds the social and personal dimensions that attract social workers to their work in the first place and proposes innovative ideas and methods that keep the practice incessantly new. The book provides a cornucopia of strategies for social work professionals to use their 'self' in innovative ways in various welfare settings. It will be also extremely useful in a growing number of other professions that value narrative and relational competence, such as oral history, narrative therapy, trauma therapy, narrative medicine, narrative psychiatry, palliative care, and dementia care. The book is an essential reading for social work practitioners, educators, supervisors and researchers and other human service professionals who focus on human dialogue, interpretation and interventions. It equips social workers to understand better as to why, when and how to address human sufferings.

Book Review

Allen-Meares, P. G., Shanks, T. R., Gant, L. M., Hollingsworth, L. D., & Miller, P. L. (2017). *A twenty-first century approach to community change: Partnering to improve life outcomes for youth and families in under-served neighborhoods*. New York, NY: Oxford University Press.

Reviewed by Charles Garvin, Ph.D., CSW

Journal of Social Work Values and Ethics, Volume 15, Number 1 (2018)

This book contains a detailed description and evaluation of a project titled "Good Neighborhoods" that was conducted by the Skillman Foundation of Michigan in close collaboration with the University of Michigan School of Social Work. A unit was created in the school to provide technical assistance to the project and was aptly titled The University of Michigan School of Social Work Technical Assistance Center.

The authors of the book who were part of the technical assistance team were associated with the school of social work. The first author, Paula Allen-Meares, had been the dean of the school before she took employment at the University of Illinois at Chicago. All have extensive experience in developing and evaluating projects and most taught about this in courses at the school. They are all known for their expertise in areas relevant to this book.

The project focused on economically and socially depressed neighborhoods of the city of Detroit. As the authors state, Detroit is a city "increasingly identified with and characterized by rapid housing foreclosures, high urban crime and unemployment rates, low high school graduation rates, high infant mortality rates, and high levels of illegal drug and alcohol abuse" (p. 227). The major focus of the project was on youth in terms of working with and on behalf of them for such ends as remaining in school, having good learning practices, preparing for employment, obtaining a job, and recovering from substance abuse. The youth were also to be involved in developing these programs so youth leadership training was important.

The Skillman Foundation developed projects in six neighborhoods of Detroit and although there was collaboration among these separate projects, the university team and the foundation worked with each separately in terms of citizen participation, governing structures, institutional creation and development, and collection of evaluation data. These were Brightmoor, Chadsey/Condon, Cody Rouge, Northend Central, Osborn, and Southwest Detroit neighborhoods. The Skillman Foundation, whose staff were very active in planning and conducting the program, financed the activities with both large and small grants.

In the chapters of this book, each written by one or more of the book's authors, the project is described and evaluative data provided. The first chapter provides overall information about the project. Subsequent chapters deal with the history of Detroit and its decline as a major city, community development as a "distinct" model of community practice, demographic and other information about each of the six neighborhoods, theories of change, the planning phase of the project, the nature of support to the existing and emerging institutions, maintaining change, design of governance structures, the use of social work and other kinds of interns, measurable results, and lessons learned from the work.

The book has high relevance for social work values and ethics. It clearly demonstrates values associated with processes of empowerment, concerns for social justice, tasks to overcome poverty, the deprivation of good role models and opportunities for youth, and a supportive and healthy community.

The book has a wealth of data about the project such as the number of meetings and persons involved, changes in social indicators such as arrests, employment, income, and adequate housing. One indicator especially relevant to Detroit is the number of dangerous, deserted and dilapidated dwellings that were torn down thus creating space for new construction, community gardens, and play spaces.

The project reminds me of my experiences with the Model Cities program of several decades ago. Major differences, of course, exist such as the national scope of model cities and the emphasis in model cities of the creation of new and necessary human services. Another similarity was the creation of neighborhood governing boards, resident involvement, and substantial funding. The project in the book had a greater emphasis on expanding the range of neighborhood involvement and empowerment.

One major limitation of this book for training and teaching purposes is the lack of qualitative information. We may learn how many neighborhood meetings were held, how many people came and how many institutions were created, but there is scant information on the content of meetings (except for agendas), the kinds of things neighbors said to one another, whether and how conflicts emerged and how they were handled, what residents said to authorities and the effects of these dialogues, and the experience of organizers in the communities. This would have made a much longer book but one more suitable as a text in community organization courses rather than courses in evaluation although both are essential to understanding this important and I hope replicated project.

Book Review

Dal Toso, G., Pompey, H., Gehrig, R., & Dolezel, J. (2015). *Church caritas ministry in the perspective of Caritas-theology and Catholic social teaching*. Olomouc, Czech Republic: Palacky University.

Reviewed by Larry Hostetter, STD (Doctor of Sacred Theology)
Brescia University

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Following the example of Jesus, Christians are compelled to extend God's love to the needy in the form of charitable service including organized, institutional social service. Despite this deep and pervading commitment, it was not until the early 20th century that a Catholic theology of charity or Caritas-Theology (CT) was first developed and articulated, primarily at German universities in Muenster and Freiburg. This geographically limited theological reflection only found expression in official Catholic documents in 2005 with Benedict XVI's encyclical *Deus Caritas Est.* Given the large number of charitable social services, with millions of volunteers and professionals, the authors of this short book hope to correct this lack of attention. With this English translation they also hope to introduce CT to relevant audiences in the United States (p. 8).

Demonstrating CT's multifaceted nature as closely related to Catholic Social Teaching (CST), each of the authors develops a different aspect of CT while identifying significant implications for the Church's charitable mission.

The first essay articulates its purpose in its title: "Ministry of Charity—Canon Law Rules and Theological Inspiration: The *Motu Proprio* "*Intima Ecclesiae Natura*." The author Giampietro Dal Toso is the current Under-Secretary of the Papal Council *Cor Unum*, which concerns itself with the Catholic Church's charitable and human relief efforts. Dal Toso explores the legal implications of CT with an analysis of Benedict XVI's document *Intima Ecclesiae*, which provides a "legislative framework" for the charitable work of the Church, given how closely that work is related to the Church's identity as called to service (p. 13).

Threaded throughout Dal Toso's essay is the notion of *diakonia* (service) as an essential part of the Church's mission. Despite the critical role of service, he notes that there is little legislative guidance from the universal church, hence the need for Benedict's document. Although some would view the law as a limiting factor in the work of charity, Dal Toso argues that the law can assist charitable work by providing legal protection to those served as well as to those engaged in service (p. 16).

The importance of *diakonia* is further developed as he examines the theological inspiration of *Intima Ecclesiae.* Scripturally this inspiration is rooted in the Gospel of John: "God is Love." It is God's act of love towards us, especially as reflected in the ministry of Jesus Christ, which serves as the foundation of the Church's work of love. This love is articulated not only in the work of preaching and worship, but also in the work of charity/*diakonia* including Christian social work (cf. Benedict XVI, *Deus Caritas Est* [#25]). As an essential dimension of the Church, the work of charity and service cannot be reduced to welfare for the needy; charity, like preaching and worship, has an evangelical and ministerial character (19-20). Consequently, Dal Toso highlights the importance of education for all those involved in charitable work, including social workers, with a focus on professional and spiritual training that goes beyond social ethics and embodies the principles of CT (p. 25).

The second essay is written by Heinrich Pompey and entitled "Caritas-Theology—Theological foundations and shape of the Church's Charitable Ministry." Pompey is the Professor Emeritus of the Department of Caritas Science and Christian Social Welfare at the University of Freiburg, Germany, and is a long-time proponent of the study of Caritas as a unique discipline. In his essay, Pompey offers a conceptual framework for the understanding of CT. His focus is to build on the thought of the three most recent Popes who emphasized the unique Christian character of charitable work.

Pompey's primary message is that the Church's work of charity cannot simply exist as a glorified social services project. In fact, there are some unique implications that flow from the special nature of how the Church engages in this kind of work. For the American understanding, it is important to note that when Pompey and his colleagues refer to *caritas* or *caritas* ministry they are referring to the institutional charitable work of the Church, including social work, as an expression of the Church's diaconal character. The foundation of this work, Pompey argues, should be CT. It is Pompey's hope to clarify the "practical-theological consequences" of CT, especially as developed by Benedict XVI (p. 37).

Fundamental for Pompey's analysis is the uniqueness of *caritas* ministry as differentiated from other forms of humanitarian care. This unique identifier is the fact that the Catholic Church's charitable work includes care for the soul as part of its all-encompassing work of service to the total person. Referencing *Intima Ecclesiae* he notes the responsibility of leadership, especially the local Bishop, in ensuring the quality of the charitable work of his diocese as a holistic experience within a "community of faith, hope and love" (p. 40).

At the core of his thought is a personal encounter with Christ through those involved in a *caritas* moment. The helper and the helped meet the suffering and reconciling Christ in each other. Love is the motivator and the guiding force of the social service provider. With this love as inspiration, the helper provides for material needs but also serves as a spiritual healer and, in an ecclesial context, as a messenger of the Good News. The "revitalization of faith, hope and love" is at the heart of the practical implications of CT (p. 55). For Pompey the role of the community as the locus of this revitalization cannot be understated. For the Catholic charitable and social worker, this includes participation in the sacraments, especially the Eucharist (p. 72).

To be sure, this spiritual and ministerial approach to the Church's charitable work does not imply that professional training and skills are not required. In fact, the ministerial outcomes of charity are enhanced and secured by compliance with professional standards and training. Both expertise and a caring heart are needed to qualify as ecclesial charitable work (pp. 78-79). Ultimately, Pompey achieves his goal of articulating a theology that provides meaning to the Church's charitable work as well as placing the work of charity at the very heart of the Church's existence.

Rainer Gehrig is the author of the third essay entitled "Training and Formation on Caritas-Theology (CT) and Catholic Social Teaching (CST)." Gehrig is the Master Program Coordinator of the International Institute of Charity and Volunteerism at the Catholic University San Antonia in Murcia, Spain. In his essay, Gehrig explores the question of situating CT as a "cornerstone for education on practical theology and CST as a converging discipline in this formation process" (p. 93). He begins by offering an outline of the fundamental meaning of CT.

By providing basic definitions and a historical overview of CT, Gehrig clearly introduces the challenges and promises of this theology. These initial explanations would have been helpful to the reader at the beginning of the book, especially for those who are new to CT. This is uniquely true for American Catholics in that *caritas* means something specific to Europeans and generally refers to the charitable or social service work of the Church. In the United States, *caritas* is often simply translated as "charity," which may mean a monetary gift to help those in need. It may also mean the organization itself that is receiving charity. This is an important distinction if CT is to be understood and explored outside of its current European context.

After an extensive overview of the history of CT as well as an overview of its current context in Germany, Spain, France and the Czech Republic, Gehrig begins his comparison of CT with traditional CST. While a simplification, the core of the difference is that CT is practiced (with appropriate theological/theoretical reflection) on the micro-level, whereas CST offers a broader understanding of Gospel's social implications for the lives of those served by the Church's mission.

Particularly enlightening is Gehrig's distinction between "Mercy Charity" and "Justice Charity" (p. 115). Mercy Charity can be considered as an "aid-function" of the Church, while Justice Charity references the Church's "advocacy function." Each of these functions relates to the Church's charitable work (Charity/Aid) and Catholic Social Teaching (Justice/Advocacy). This is not a dualistic approach but rather one of complementarity. Gehrig notes that the classic justice categories of "solidarity" and "subsidiarity" are "intensified" and "improved existentially" with a social service mission that is powered by faith, hope and love (p. 116). Gehrig reiterates the call of the other authors to include CT as part of the training of Catholic social service providers (p. 123).

In the final essay, Jakub Doležel writes about the "Complementarity of the Caritas Practice and Catholic Social Teaching (CST) in the Perspective of 'Dual Focus' of Social Work Practice." Doležel, a Professor of Christian Social Work at Palacký University in Olomouc, Czechia, continues the thesis of the preceding writers while highlighting the uniqueness of CT as it applies to the field of social work. Doležel offers three conclusions in his essay. First, that the "socio-pastoral mission" of the church is expressed in the charity of the Church as well as CST, each autonomous but also complementary. Like the other authors, Doležel highlights the disparity between the treatment of CT and CST, followed by an overview of the history of the two distinct but complementary paths that each has taken. This complementarity is highlighted in Doležel's identification of three scriptural moments: the interconnection between love of God and love of neighbor (Mt 22); the expansion of love beyond family and tribe (Lk 10) and the confirmation of God's identity as love and his intervention in human affairs as an expression of that love (John 3). These moments, along with the New Testament's "sensitivity to the requirement for justice" strengthen his argument for the complementarity of charity and justice (p. 131).

The second conclusion deals with the "constructive enrichment" between CST and CT. Doležel notes that *caritas* often draws its inspiration form CST but rarely in the reverse (at least not in an explicit and intentional way). To demonstrate his point Doležel examines social work theories and their differentiation between interventions on the macro and micro levels. It is this dual focus of social work that highlights the complementarity of CST and CT. On the one hand, the macro-level focuses on organizations and communities with an emphasis on structural changes guided by social justice. On the other hand, the micro-level social worker directs attention to the needs of individuals and smaller entities often guided by a sense of Christian love (p. 146).

This contention leads to the third conclusion, that there must be a different understanding of the relationship between CST and the practice of *caritas*. Rather than just assuming that *caritas* is dependent on CST, Doležel believes that it is on the micro-level of *caritas* that this social teaching draws its meaning and relevance.

It is this last conclusion that highlights the concern of all of the authors of this work: that any discussion of justice as expressed in CST and lived in its social service mission is in danger of losing its connection to Jesus' call to love—*caritas*. Their solution is to advocate for the practice of *caritas* and its concomitant theology as a source for CST, which takes on contemporary urgency with the call by Pope Francis for the Church to extend itself deeply into the disenfranchised periphery of society with mercy. Perhaps "mercy" may be the best unifying term for both justice and charity. This volume succeeds as an attempt to bring this concern and proposed solution into Catholic social practice and theology of the English-speaking world, especially the United States. It is an effort that deserves attention from social justice thinkers as well as Catholic practitioners in charitable and social work ministries.

Book Review

Epperson, M. W., & Pettus-Davis, C. (Eds). (2017). *Smart decarceration: Achieving criminal justice transformation in the 21st century.* New York, NY: Oxford University Press.

Reviewed by Michele A. Johnston, MSW
University of Southern California

Journal of Social Work Values and Ethics, Volume 15, Number 1 (2018)

Drs. Epperson and Pettus-Davis are the network co-leads for the American Academy of Social Work & Social Welfare Social Work Grand Challenge Promote Smart Decarceration. They lead this grand challenge as faculty directors of the Smart Decarceration Initiative (SDI), a partnership between George Warren Brown School of Social Work at Washington University in St. Louis, Missouri, and the University of Chicago School of Social Service Administration in Chicago, Illinois. The Smart Decarceration Initiative was launched in 2015 with the first national conference, but the criminal justice transformation work of Drs. Epperson and Pettus-Davis has continued for nearly two decades and includes multiple published articles and collaborations.

The contributors to this book review long-held systems and policies within the criminal justice system that are upholding social inequality and contributing to social injustice while challenging the criminal justice system's conflict with social work values and ethics. They showcase innovative reform strategies featuring perspectives from all sides of the issue and address research, policy, and practice through the voices of formerly incarcerated leaders, advocates and practitioners.

The editors' note that the book's division into four parts is intended to relate back to the conference structure. While this may not hold significant meaning for someone who did not attend the conference, its natural progression from background to possible strategies and recommendations for implementation has a logical flow. Additionally, while each part builds on the previous part, each part has a stand-alone quality that might be useful for research or discussion.

Part I: Setting the Context for Decarceration. This section of note includes co-leads and co-editors Drs. Epperson and Pettus-Davis outlining the problem, cause and resultant need for the grand challenge of smart decarceration. They also address the policy action statement and guiding concepts of the initiative. Although this section may be regarded as a review by those familiar with smart decarceration, this section is especially important for those readers who are not acquainted with the initiative or grand challenge.

Part II: Advancing Justice and Community Reforms. This section discusses the need for prosecutorial reform including its contribution to racial disparities and overcriminalization and is balanced by the stories of a victim of prosecutorial misconduct and a prosecutor who saw the need for reform. Individualized interventions, reentry preparation and education, and parole are discussed in detail to include diverse perspectives. A discussion of the importance of human capital and social capital in reentry demonstrates a strengths-based perspective approach to reentry and is discussed further in Parts III and IV with an emphasis on the social impact for both the individual and community.

Part III: Rethinking Policy and Practice. This section reviews the policies of Nazgol Ghandnoosh and

Ernest Drucker through the lens of effectiveness and sustainability. It discusses the move from punitive, "tough-on-crime" thinking to more approaches and interventions that are intended to be "smart-on-crime," such as shortened prison sentences and community-based interventions. It includes discussion on recidivism, civil disability policy and a public health approach to decarceration.

Part IV: Moving from Concepts to Strategies. This last section focuses on actualizing the forward-thinking concepts reviewed in the book as compared to the initiative guideposts and challenging the reader to add to the efforts.

Key questions from Drs. Epperson and Pettus-Davis found in Part I can be utilized for critical thinking purposes for an individual, group or classroom setting to provoke thought or for discussion purposes. In addition, there are numerous opportunities in each section for additional discussion including case studies and analyses.

Despite its social work origin and value for helping professions, its structure and style extend its value to the lay reader interested in social issues. While the statistical data and charts may be cumbersome for some readers, they contain useful information to understand the complexities of decarceration.

Book Review

Black, H. K., Groce, J. T., & Harmon, C. E. (2017). *The hidden among the hidden: African-American elder male caregivers*. New York, NY: Oxford University Press.

Reviewed by J. Porter Lillis, Ph.D.
University of North Carolina at Pembroke

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The title of this book points to the purpose and need for this book—there are pictures that we hold in our heads of what an informal caregiver is, mostly female, a wife or daughter or daughter-in-law. Males as caregivers are "hidden caregivers" despite providing 40% of informal caregiving (p. xvii). Currently, there is even less known about elder African-American male caregivers; they truly are "the hidden among the hidden."

The book answers the question, "What is the experience of being an elder African-American male caregiver?" To understand this, the authors tell us we need to fully appreciate that "experiences of racism and caregiving are intertwined" (p. xvii). This book meets a need—there is not much known or written about African-American older men who are caregivers. The authors let the experts, the elder men they interviewed who provide this care, speak for themselves.

Two coauthors (Groce and Harmon) have very important things in common with the respondents. These commonalities allow for the authors to not only write about African-American elder caregivers, but to tell their stories with understanding. Groce and Harmon are African-American males who share a history of growing up in a segregated society, having lived in a large city and having also been caregivers in comparable situations themselves. Much emphasis is rightly given to the marginalized existence of elder black men who grew up in segregation and the experiences of disenfranchisement and meeting challenges in a racially biased culture. The authors use narrative inquiry to perform their qualitative research, using a semi-structured open-ended questionnaire. With these, they create an ethnographic narrative of the 13 African-American elder caregiver respondents living in Philadelphia. The interviews are broken down into chapters that cover the topics of identity in caregiving, caregiving and generativity, experiences of suffering, strategies of coping in suffering and caregiving, African-American men's belief systems, caregiving as pilgrimage, and addressing the silence (of African-American men and caregiving).

This book is an excellent resource for qualitative research students, a gerontological social work or gerontology reader, among other studies. There is real magic in the narratives of men who have lived in a largely shared but unspoken historical epoch, being African-American in a segregated America, meeting challenges then that in many ways they are still meeting today. They are continuing a history of caregiving—taking care of themselves and people like them with the resources they have. The authors have written a wonderful ethnography of elder African-American caregivers that provides a historical framework for the ethos of caregiving for a population about which almost nothing is known. This book makes great strides to change that.

Book Review

Barsky, A. E. (2017). *Conflict resolution for the helping professions (3rd ed.).* New York, NY: Oxford University Press.

Reviewed by Stephen M. Marson, Ph.D., ACSW
Editor, *Journal of Social Work Values and Ethics*

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Conflict Resolution for the Helping Professions is a textbook whose original intended audience *was* social work students. However, conflict resolution has become such a hot topic, and it is clear that the target audience goes far beyond social work. I see Barsky's work applicable to courses found in psychology, political science, business administration, sociology and education. All of my training in conflict resolution was directed and influenced by lawyers. Therefore, I have concluded that practicing lawyers and law students would greatly benefit from reading this book. In addition to degrees in social work, Barsky has a JD, which affords him legitimacy in the legal arena. I wish this book was available in the late 70's and early 80's when I was being trained in conflict resolution and mediation. In addition, I hope the Kettering Foundation—where I received my training—is aware of this fine book.

Barsky offers a well-written (and sometimes folksy) textbook that provides the foundation to apply an array of dispute resolution techniques in a variety of conflicts from a variety of conceptual frameworks. The text uses case studies, class exercises, discussion questions, role-plays, and assignments. Each chapter ends with key points, discussion questions and exercises with short titles. The book facilitates students' abilities to apply the content for practice and classroom learning. Although *Conflict Resolution for the Helping Professions* is primarily intended for students, practitioners may also find the book useful for cases where conflict needs must be addressed prior to other work being accomplished.

The strength of the book is the depth and range of theoretical perspectives. If one examines the other books (textbook or not), Barsky offers us the most comprehensive book and/or textbook addressing conflict resolution. It is quite amazing how much diverse information and theory is packed into this book. Even readers with advanced training in mediation and conflict resolution will find something enlightening within these pages. In searching for a weakness of his work, I find at times, Barsky can be a bit wordy. Occasionally, he will use five words to explain a key point when one word would do. How significant is this? Not much.

If the reader is a professor seeking a textbook for a mediation or conflict resolution course, *Conflict Resolution for the Helping Professions* is the best book currently in the market. In addition, Oxford University Press provides an online instructor's manual. It includes suggestions for course designs and other key issues. Even if one is not teaching a course in this arena, Barsky's book is a valuable asset to any university library that includes majors in any of the social sciences, business and education.

Book Review

Calvey, D. (2017). *Covert research: The art, politics and ethics of undercover fieldwork*. London, United Kingdom: Sage Publications, Ltd.

Reviewed by Ottis Murray, Ed.D.
University of North Carolina at Pembroke

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Covert Research … the title is both intriguing and puzzling, and Dr. David Calvey does not disappoint as he sets out to "rehabilitate the covert research practice" by seeking to "appeal for a fairer reading of that tradition" (p. 2).

Dr. Calvey is an experienced researcher and teacher, currently serving as a senior lecturer in sociology with Manchester Metropolitan University. He is both a Fellow of the Higher Education Academy and a member of the British Sociological Association. He has a wide range of interests including ethnography, humor studies, and "combat sports," which could also include interesting professions such as "bouncers."

Over the years, academics have readily chosen to dismiss research that appears to "go against the grain" or is perceived to be the least bit nonconformist. In response to these perceptions and actual research abuses, these reservations are often clear and, in some cases, well-founded. Some researchers elected to cut corners for fame or perhaps fortune or maybe even tenure. So, the record of abuse and excess does exist.

However, Dr. Calvey pushes back against preconceived indictments of all covert research. He provides a very vibrant, balanced and commanding voice through context, research and the use of case studies to illustrate the value of covert research. He summons the novice as well as the jaded professional and challenges one to re-examine the power and the loss that can come from quick, convenient and mistaken judgments that are applied without critical examination and thought. Covert research has a powerful role to play; it is critical to the development of knowledge and understanding. And, it should not automatically be dismissed; it has been and continues to be a valuable tool for the researcher.

The author's engaging style draws in the reader. A learning exercise is provided at the end of each chapter, which seeks to involve the reader in further exploration and additional discovery. The book begins with the importance of the *contexts of deception* (e.g., insider, media, police, journalistic) to introduce the reader to the complexity in defining covert research. And from this introduction, the roots and ongoing debates concerning covert research are surveyed.

As classic exemplars of covert research (i.e., *Asylums; Tearoom Trade; On Being Sane in Insane Places; Obedience to Authority*) are explored, each chapter provides informative critiques and examines interpretative legacies to help the reader in understanding, valuing and possibly reconsidering covert research as a viable research methodology.

Dr. Calvey sees a revival in covert research; from auto-ethnography to covert social networks. In his view, use and future of covert research appears to be bright. However, he is also very clear, "I do not offer covert research as a form of methodological panacea, which would be naïve and erroneous. The covert researcher is not removed from bias, partisanship and fetish" (p. 178). More examination and discussion are warranted.

In my view, this book is a must read and must have for every undergraduate student, regardless of the discipline or field of study. It is essential for both the general and experienced researcher in reviewing and perhaps reconsidering fundamental questions in the pursuit of knowledge and understanding. Dr. Calvey provides a much-needed sober voice of reason and a clear call for dialogue. He has made a significant contribution which will hopefully generate vigorous discussion, debate and hopefully a re-evaluation of a useful and often maligned research technique.