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A Dedication to Linda Grobman, MSW, ACSW, LSW

Stephen M. Marson, Ph.D., Editor

Journal of Social Work Values and Ethics, Volume 18, Number 1 (2021)

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Telling the story of Linda May Grobman, MSW, ACSW, LSW, would be very similar to a chapter out of *Connections* (Burke, 1978). There are multiple and complex pathways to an accurate description of her astonishing work. Keeping these complex pathways in mind, I doubt that I can do her justice or accurately describe her extraordinary talents. There are many divergent streams of relationships that reveal the importance of Linda to the *Journal of Social Work Values and Ethics* and, more importantly, to the profession as a whole.

In addition to being a social worker, Linda is a writer and an entrepreneur who started her own publishing company. I first met Linda May Grobman at the annual conference of the Association of Baccalaureate Social Work Program Directors (BPD). As owner of White Hat Publications, she had a booth displaying all of White Hat's material. I was immediately attracted to *The New Social Worker*. Our profession really needs this magazine. It was well-written, thoughtful, and most importantly, it includes topics of great interest to entry-level social workers and the professors who teach them.

Linda Grobman is a trailblazer. Today, social workers cannot remember the technology phobia that once permeated our profession. *The New Social Worker* trailblazed the integration of internet technology with social work practice. Although laughable



by today's standards, the first volume of *The New Social Worker* included an article titled "Commonly asked questions about electronic communication and computer networking" (Marson, Cogswell & Smith, 1994). Another example was the internet protocol known as UnCover. UnCover was a cutting-edge technology for seeking out the best references for research and practice (Marson, 1999). Although UnCover seemed miraculous, *in a very short time* new technologies made it obsolete. If you google "UnCover," you will discover—nothing. The only record of it is in *The New Social Worker*.

At the beginning of the 21st century, the profession was preoccupied with the ethics of technology. *The New Social Worker* led the way (Marson, 2000). A dominant theme of concern was the transmission of encrypted client information. *The New Social Worker* published "Addressing NASW Standard 1.07m Privacy and Confidentiality" (Marson & Bishop, 2008). In less than three months, the information in this article became obsolete. Back in those days, this critical information was not online or, if it was, it was not easily accessible. The only useful source of good and accurate information included magazines like *The New Social Worker*—or more accurately, Linda Grobman.

During this same time period, the BPD board of directors mandated that the Committee on Information Technology and Distance Education (CITSWE) establish a system to provide BPD members with technological information that could serve across the entire generalist curriculum. The members decided to divide themselves into nine subcommittees, each representing a curriculum area of the Council on Social Work Education (CSWE).

During the first meeting of the Subcommittee on Values and Ethics, a discussion ensued regarding strategies to offer current information about values and ethics to the BPD membership. After much discussion, it was decided that a scholarly and applied journal should be developed. Because no social work journals exclusively addressed the topic of values and ethics, there was an immediate and enthusiastic response among the entire membership. Since that day, two additional journals that address social work values and ethics have emerged.

Searching for a corporate sponsor and/or a publisher took at least three years. The story is funny and provides insight into how capitalists are so incredibly ignorant of the basic workings of capitalism. Two major publishers and several social work organizations passed up a chance to widen their exposure through an enormous amount of free advertising. Why? Although it seems strange today, an online scholarly/practice journal was held under great suspicion. I actually lost friends because of my advocacy of an online journal! I was accused of proposing something unethical! On her own, Linda Grobman had the insight and courage to volunteer to accept *The Journal of Social Work Values and Ethics* as a publication under White Hat. The for-profit publication world has changed its vision of online journals. Today, of course, online journals are commonplace. In fact, online journals probably outnumber paper journals. Linda Grobman was a clear leader in the arena of online publications. She commented:

I was excited to get involved with *The Journal of Social Work Values and Ethics* as its first publisher. It was a unique and innovative new journal, first in terms of its specific emphasis on social work values and ethics—filling a gap in the social work literature—and second as one of the first free, online academic social work journals—making it easily accessible around the world.

The organizations that turned down the journal can be compared to the publishers who rejected J.K. Rowling's *Harry Potter* series. JSWVE has more

than 11,000 subscribers. A number of our articles have had over 40,000 hits on their own merit. These publication titans turned away a significant increase in additional unsolicited traffic flow that would increase sales because they lacked the insight that is a normal part of Linda's daily vision of reality.

Over the course of my life, I have spent a great deal of time in the classroom where I experienced being a student, a teacher, and a learner. It doesn't make any difference what role I was playing, I have had some stunning learning experiences. However, none can compare to what I have learned from the quiet and unassuming Linda Grobman! What a wonderful person and fantastic role model she is!

As a token of appreciation from the Policy and Editorial Boards, we presented Linda Grobman with this commemorative clock on which is engraved:

*There would be no Journal of Social Work
Values and Ethics without you.*

The JSWVE Board 2020



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Obituary

Stephen M. Marson, Ph.D., Editor

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Obituary: SOCWORK was disconnected from the internet on December 24, 2020. In the early days of the internet, SOCWORK was the first and extraordinarily popular method of internet transmission among social work practitioners and educators. It was a very exciting time. After sitting essentially dormant with only two or three transmissions in the last 2 years, it was decided to let the list go dark.



Following is an excerpt from Marson (1997):

SOCWORK started as an idea for introducing students at the School of Social Work, University of Toronto, to computer communication technology. Bellamy (1987) and Bellamy and Mielniczuk (1988) offer historical details of how and why the list became operational on February 3, 1988. It began with 11 students and four faculty and staff. Within four months there were 20 members. By May 1989 there were approximately 75 members and a new management under the watchful eye of Harry Chaiklin and his graduate student, Ogden Rogers at the University of Maryland. It was about this time that I discovered SOCWORK and joined the list when there were fewer than 80 subscribers.

During Harry's tenure, two major developments occurred. First, after much prodding among various members of the listserv, the Council on Social Work Education [CSWE] subscribed to SOCWORK. Second, staff from the National Association of Social Workers [NASW] subscribed. Participation by our two major professional organizations established an aura of legitimacy and personal subscriptions to SOCWORK surged. Later, when the subscribers grew to approximately 700 in the spring of 1995, Cindy Jones from the University of Arkansas inherited SOCWORK. Soon SOCWORK had over 1,000 subscribers and many thought the listserv was out of control. As a result, in the fall of 1996, Ogden Rogers from the University of Wisconsin at River Falls became the new manager. The number of subscribers shrank over the years to less than 300, but SOCWORK became more manageable. Listservs are now flourishing and are being systematically evaluated for their contribution to the profession. Berman (1996) provides an excellent example of such research in his analysis of two listservs [SOCWORK and ABUSE-L].

SOCWORK spawned a host of other social work listservs. One of the first to follow SOCWORK was BPD [The Association of Baccalaureate Program Directors]. Other listservs

include: Computer Use in Social Services (CUSSN) Feminist Social Work Field Education Human Services Information Technology Association International Social Work Philosophy and Science of Social Work Rural Social Work Student Social Work List. Noticing the congressional proposals to decentralize social services, the Consortium of State SOCWORK Listservs was founded in 1993 by Steve Marson at the University of North Carolina at Pembroke. With decentralization, each state has gained greater control over social service resources. The direction of the services may greatly depend on the ability of state social workers to spread knowledge to grassroot organizations and to lobby the state house in a favorable direction. State social work listservs should prove to be vital for the speedy dissemination of needed information.

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Editorial: Learning From the Pandemic

Stephen M. Marson, Ph.D., Editor

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When I heard people whine and scream about municipal regulations ordering the wearing of masks, my thoughts drifted to my father. In the “Great War,” he was stationed in a foxhole, slept in mud, and of course, commonly had to wear a gasmask. Mustard gas was employed as a common offensive strategy in foxhole warfare during World War I. If a soldier had an uncomfortable gasmask, he could live but would sustain terrible blisters throughout his body. Without the gasmask, a soldier would die of blistering lungs and throat—an excruciatingly painful form of death. As I reflect on my dad’s life, I’ve become frustrated with the knowledge of his personal struggle and the warfare struggles faced by millions of men and women in defense of their country. Within this context, the inconvenience of wearing a mask to decrease the spread of COVID-19 seems insignificant. Although I keep my thoughts to myself, I have no tolerance for the mask whiners. They lack fortitude, civil pride, and patriotism, and frankly they are grossly egocentric—but that’s just my view—and perhaps a nonprofessional vision. Actually, my best descriptors of mask whiners include colloquial expressions that are clearly inappropriate for an academic/practice journal.

For 6 years, I served on NASW’s National Ethics Committee (NEC). During my 6th year serving on this committee, the pandemic emerged. The committee address the sudden changes that professional social workers would be required to make within the context of ethical practice. The process of therapeutic intervention faced retooling. For example: How does a social worker safely remove a child from an abusive environment during the pandemic? During one of our Zoom meetings to address the pandemic, Shana Swain of NASW and the staff leader of the

NEC asked if we could comment on our personal and professional experiences in dealing with the virus crisis. It took only a few seconds for me to be the first to speak up.

I explained that since my retirement, I continued to maintain a schedule. Even after retirement, my schedule locked me into a position where I could immediately acknowledge the day and usually the date. However, when the pandemic arrived and closures emerged, my work after retirement schedule became unintelligible. I had to make a concerted effort to concentrate on acknowledging the day of the week. Because of my sudden inability to know the day of the week, I missed two consecutive meetings of our hospital’s IRB. The IRB requires a quorum to successfully assess research. The chair was distressed because I confirmed I would attend but failed to live up to my commitment—TWICE. Eventually, I solved the problem by programming my iMac to produce a calendar at every cold boot. Thus, I saw all my monthly obligations and activities every time I turned on my computer.

Members of the NEC had three immediate reactions to my commentary. First, much to my happy surprise, others on the committee confessed to having trouble keeping track of the days. Relief came to me because I envisioned that my lapse of memory was a “senior” issue. Second, to reinforce that I was not alone with my lapse of memory, others on the NEC ask for the program to invoke a computer’s calendar with a cold boot. Third, Dan Liechty (Illinois State University), a member of the NEC with a doctorate in 16th century Reformation history, provided this humorous antidote:

In earlier times, days were often defined by the activities of that day. People knew it was ‘Monday’ because it was wash day; ‘Thursday’ is baking day; ‘Friday’ is market day; and so on. Vestiges of this (and many other elements of earlier society and politics) are still with us, echoed in children’s nursery rhymes, jump-rope rhymes, and such songs.

“This is the day we wash our clothes, wash our clothes, wash our clothes, this is the day we wash our clothes, so early Monday morning” is one I remember singing as a child myself. It went through all of the days of the week, even though by then, of course, technology had ‘freed’ us so that washing day was now any of seven days a week! Personally, in this time of quarantine, I am finding the daily pillbox works as a handy reminder of the day. More than once I have looked to see which is the last empty daily space just to double-check what day of the week it is!

The dialogue among the NEC members was thought-provoking, reassuring, and helpful. I hope all social workers had the benefit of a sounding board during this pandemic.

I wanted to uncover how other social workers addressed the difficulties and their positive actions taken to address the pandemic. Using various online sources, I contacted social workers to briefly address the strategies of personal/professional actions in a paragraph to be shared by publishing their experiences in this editorial. Following are the replies I received, in the order received.

If you would like to have your experiences published as a letter to the editor, email me at smarson@nc.rr.com. For a fast reply, include the word “pandemic” in the subject line.

THE REPLIES

My life changed so very much! I stopped all travel, and I am teaching virtually. I miss travel tremendously, but I also miss my in-person classroom. I believe my classes are so much better in person than over Zoom, although that is better than the asynchronous mode. I simply interact with students better and connect much more in person. I use my body extensively to teach, moving around the room, stopping for dramatic effect, getting close to a student to elicit a response, looking at a student to create discomfort, etc. I feel that I have lost much in my teaching effectiveness, and I mourn it.

Elena Delavega, PhD, MSW
MSW Program Director & Associate Professor

Due to the pandemic, we postponed classes for a week following spring break last March. All classes “pivoted” to online delivery for the rest of the semester. During the summer, all classrooms were reconfigured to permit social distancing, and a “mask expected” mandate was eventually approved, reluctantly, by our Board of Regents. Less than a month before fall classes were to begin, we were informed of the new modality for course delivery. My three face-to-face classes were changed to one online; one face-to-face (45 students in a large lecture hall for over 200); and one hyper-flex, where I was to meet with half the students one day and the other half the next day. In effect, my course load went from 3x3 to 4x4, and I had to go through the quality assurance assessment for the online class. All lectures had to be recorded so that students in quarantine had access. So, on the fly, I had to create weekly reading quizzes, lecture quizzes (to encourage those who did not come to class to actually watch the lectures), and application exercises. For the online class, I had a weekly help session by Zoom for the application exercises. I haven’t put this much preparation time into my classes since my second year here.

Consequentially, I did not get to know any of my new students due to the social distancing and masks. I had more withdraw this semester than I've ever had. We managed to convince an entire cohort of students that class attendance was simply unnecessary. One of the sadder consequences to me was the need to eliminate the nine-month team research project because I felt couldn't require students to work that closely together—and because we would have such limited access to dissemination venues in the spring for their findings. My total scholarly output has been two book reviews and a local presentation. My annual word count is down roughly 55%, and my manuscript reviewing is down a third.

Peter A. Kindle, PhD, CPA, LMSW
Professor of Social Work

Since the pandemic started, I've transitioned to a first-year assistant professor in a new city and state. Although I usually enjoy going into my office and interacting with colleagues, I've been teaching almost completely online and have only met a couple of other professors in person. Working from home has made it difficult to strike a balance between work and rest, but I do my best to maintain normal hours during the week and save the weekends for myself. It's difficult not being able to meet new people and explore a new place, but I have a lot to look forward to once the pandemic ends.

Hope this helps!

Samantha Jo Cosgrove, PhD
Assistant Professor
Department of Technical Communication
University of North Texas

Since March 2020, I have been inundated with queries from social workers about novel and daunting ethics challenges they face. "Can I provide telehealth services across state lines if my client had to move out of the area suddenly because of the pandemic?" "In what ways do I need to revise my informed consent protocols now that I am

providing services remotely?" "Can you explain the new federal rule concerning enforcement of HIPAA regulations during the pandemic?" "Suppose I am not comfortable providing remote services to a client who is high risk and needs in-person services. What is my ethical obligation?" "What boundary issues might emerge now that I am interacting with clients online so extensively?" "How do I obtain clients' informed consent to treat if I have never met them in person?" The list seems endless.

Frederic G. Reamer, Ph.D.
Professor
School of Social Work
Rhode Island College

Hi Stephen, so glad you are doing this, you are valued! ★

My work has drastically changed in that I am able to get 40h worth of work done in 20 hours. Most tasks are done virtually, and all Psychotherapy is held on a HIPPA-approved platform.

The most significant change has been learning to see the beauty in my life, my family, and surroundings, snuggle my Siamese cats Umi and Winnie Mandela, whom I love. It gave me an invitation to see the importance of rest as resistance, marvel the silver lining in this life, commune with the Ancestors, thank the Creator, and rekindle the magic.

Dr. Felicia Parker-Rodgers, LCSW, BCD, DAC.

The pandemic had a tremendous influence on the internal cooperation within my faculty—especially in the first weeks of the complete lockdown in spring. Since I am the dean of faculty, for a long time I was used to cooperating with my colleagues in a nonhierarchical way. At least in Germany—where the dean is elected for a few years and afterwards someone else takes over—there is very little hierarchy among the professors and teaching staff. It is based on the concept of *primus inter pares*. But especially in the first weeks of the pandemic,

everyone was looking for guidance and leadership. It became clear that in a situation like this, decisions had to be made and colleagues and staff needed orientation. I am not sure if this experience will change the way of future interaction. I actually hope not. But it was definitely quite an experience and actually a burden.

Best wishes,

Stefan Borrmann (Germany)

It is strange to think that, of my limited time in academia of three years, one-third of that time has been during the COVID-19 pandemic. From my perspective, pandemic has been an accelerant for trends in higher education—both good and bad—and, at the very least, pandemic has caused us to engage in a constant assessment and balance of ethical considerations. Through this grappling with the biological, social, political, and economic environments, I have found a faculty and student community who have risen in concerted fashion to meet these challenges. There is a profound sense that we are moving forward together into a new paradigm—that we are already in that new paradigm, though we may not entirely yet understand the full implications of this. Less rosy, however, pandemic in academia has demanded us to be stronger resources and advocates for our students; to recognize the impact of pandemic on our students' mental health, and our own; to work in isolation or communicate through what sometimes feels like an endless matrix of screens; to be more accessible, and perhaps to accept the gradual erosion of boundaries in terms of personal time and space; and finally, to look on as our senior faculty mentors retire. When the pandemic is over, we may be in the best position ever to reconceptualize higher education and its role in contemporary U.S. society.

Dr. Lauren Ricciardelli, PhD, LMSW
Assistant Professor
School of Social Work and Human Services
Troy University

We have taught 75% of our Social Work modules via a mix of asynchronous learning, recorded lectures and live online seminars. 25% has been taught face to face with face coverings and social distancing in place.

Regarding research, I have undertaken a number of online focus groups via MS Teams and helped to organise a webinar to distribute learning. Some of this will be carried forward as it has worked well.

Dr. Gill Buck
Senior Lecturer in Social Work
University of Chester

I am an Associate Professor at Eastern Kentucky University with the responsibility of leading the development of an online Master of Social Work Program. This has entailed a significant amount of work with many meetings across the university, but since March 2020 in response to the pandemic, my workload has shifted to being remote. Timely communication has been essential. I rely more on email, text messages, phone calls, and virtual meetings. I work on my computer a minimum of 8 hours a day. I answer two to three times more emails. This has allowed me to be more productive, but I also have to be more intentional about taking breaks and not looking at my emails during “off” time. Family time has changed too in that I am always at home which allows me to soften my rigorous work schedule. It also allows me to respond to emergent needs. A family pet had a stroke and needed emergency care at a time when I would not have normally been at home. I told my colleagues about this event, as it impacted my ability to attend a virtual meeting. I may not have volunteered this information in the past and so in addition to increased timely communication for task completion, remote work has resulted in more informal sharing that has improved our relationships. I hope remote work extends beyond this pandemic for it has allowed flexibility, productivity, and connection with people and in places that may not have been possible otherwise.

You can use any portion of my email signature below:

Ann M. Callahan, PhD, LCSW
Associate Professor of Social Work

Since I began phased retirement in 2007, my top priority has been taking care of loved ones: my wife until she died in 2017 and since then our new grandson. So the most difficult period for me in this pandemic thus far has been the 62 days during initial lockdown in spring of 2020 when I was not able directly to help with my grandson's care. Now I'm happy to be with him two-three days a week. Professional activities have actually been *more* feasible lately because I don't have to travel for committee meetings, conferences, or workshops. I have been able to teach an online individualized course in supervision ethics for the Minnesota Board of Social Work as well as continue reviewing and copy-editing manuscripts for colleagues and journals like JSWVE. With disparities in meeting human needs so starkly revealed by the new coronavirus, I value all the more social work's person-in-environment perspective and dual focus on both direct services and social change. Social workers are indeed essential.

Anthony A. Bibus III, PhD, LISW
Professor Emeritus
Augsburg Univ. Social Work Dept.

Due to the exponentially increased need for mental health care precipitated by the pandemic and other traumatizing events, I discovered an opportunity to recommit to diligently serving as many people as I responsibly can. Providers face temptations to be "in business," maximizing profit, while neglecting care standards. Each day, I pray to choose dedicated service over selfish ambition and to offer my time, attention, heart, and mind to welcoming, listening, responding to, and caring for clients' well-being. I am grateful for the privilege to serve.

Ravita T. Omabu Okafor, MSW, LCSW
North Carolina

As Winston Churchill famously said, "Never let a good crisis go to waste." As a social work professor and researcher, I have strived to put this notion into practice in light of the COVID-19 pandemic of 2020. At the beginning of the pandemic, I put some of my other research projects on hold and started to publish articles and present online workshops related to social work ethics and the use of technology in the times of a pandemic. As many social work practitioners, students, and educators were moving to online practice and education, I wanted to ensure that the ethical principles of respect, social justice, safety, and privacy continued to guide social workers in whatever capacities that they served. Technology allowed me to engage with social workers throughout the United States and beyond its borders. It also enabled me to learn about ethical challenges that social workers were facing in various contexts of practice and with many different populations. Necessity has motivated many social workers to rethink their work and experiment with new methods of practice. As we move bravely into the post-COVID-19 world, we must continue to examine how ethics can inform our practice and possibilities for the people we serve.

Allan E. Barsky, JD, MSW, PhD
Sandler School of Social Work
Florida Atlantic University

I want to share what I have done differently.

I have taken all the required CEU's on-line to maintain my license in 2 different states.

I am participating in more training on-line or virtually.

I am holding classes and office hours virtually. I am virtually interviewing my BSW Students to prepare them for field placement.

I have not participated in a conference since the pandemic.

If I think of anything else, I will let you know.

Cardia Richardson, LCSW
Clark Atlanta University

I'm a dean, so my perspective might be a little different; but here are some of my thoughts:

I find I spend a lot more time checking in with people, seeing how they are doing, listening to their stories. Because I'm also pretty overwhelmed and because there are no impromptu watercooler conversations, I find I need to be much more intentional about it.

I've also found that during the pandemic, knowing the basics of trauma-informed interaction is really helpful, and I've become an informal consultant for some colleagues in other disciplines on how to handle situations, provide effective support, etc.

Finally, I've found that communication is HUGELY important and equally challenging when everyone is remote. I find myself holding daily drop-in Zoom office hours, setting up listening sessions, leaving more time at faculty and staff meetings just for venting and expressions of anxiety and concern, sending out a weekly "dean's digest" summarizing things that are going on that are COVID-related. (During the first 3 months of the pandemic, I was sending them out daily.) ...anything to be transparent and decrease anxiety and help people feel connected.

I've decided the top three things in fighting the pandemic are face masks, sanitizer, and a sense of connection.

Anna Scheyett, MSW, PhD
Dean and Professor
University of Georgia

Thank you for asking us to contribute.

I have learned how to incorporate technology and virtual therapy rooms in my practice. I have become more knowledgeable in the use of Zoom

and breakout rooms to allow my students a private space to make connections. I have learned that you can make a virtual connection and still move clients towards change. I have learned that students are still able to demonstrate skills and competencies doing remote work and I am trusting the process. I have also learned that we are resilient and need human connections more than we thought. I learned that the human spirit adjusts but not without change.

Maggie Dreyer, LCSWR
Director of Field Education, Clinical Instructor
Daemen College

The pandemic's impact on social work education at the University of Georgia brought a range of on-line and hybrid courses, internship experiences that ranged from virtual to face-to-face with masks, PPE in some specialized instances, social distancing, and handwashing, and Zoom meetings. A great benefit was that Zoom enabled me to welcome 13 guest speakers from New York City; Charleston, South Carolina; Athens and Atlanta, Georgia; and Hanalei Bay, Kaua'i, Hawai'i to speak with students live in my course on Grief and Loss. Yes, some students withdrew or took a year off from our program, but many others exclaimed that they learned new things and practice approaches that a traditional, non-COVID environment could not give.

Thomas A. Artelt, MSW, PhD
School of Social Work
University of Georgia

I used to live my work life in a three-dimensional world filled with colleagues and students. Now I live my life, all day every day, in the flat world of the computer screen. Since informal classroom conversations are not possible, I let students know I'll arrive in our virtual classroom 15 minutes before class starts and will be the last to leave. Some students have taken advantage of this for one-on-one or small-group conversations. As the pandemic grinds on, I have found it helpful to remind myself frequently of something I saw early on: *Don't let*

perfect be the enemy of good, and don't let good be the enemy of good enough.

Natalie Ames, MSW, Ed.D.
North Carolina State University

The spring was my last semester teaching. I am on sabbatical this year. I had big plans for my last class. I planned to have a meal for my students and deliver a short talk with what I learned from a long career. Then COVID-19 happened. I took my course online (actually the provost asked us to go online while I was teaching my class) and we had our final meeting on Zoom. The money that was supposed to go the meal was donated to a local restaurant to provide lunches for the nurses at the local hospital. This was disappointing, but my students were safe. I did three dissertation defenses online, and that isn't the same.

I was looking forward to BPD. I was a VISTA volunteer in the jail that was a block from the conference. I was so looking forward to it. I met Marcia in Birmingham and just wanted to be there again. I've attended several conferences online. It's different and there are things that I miss, but you got to see this as a glimpse of the future.

John McNutt, PhD, MSW
Professor
University of Delaware

My placement is with SafeCare at Children First; it is an evidence-based curriculum for parents of children 0-5 years old covering health, safety, and parent-child interaction modules. In the past, the curriculum has been discussed and evaluated face-to-face in the parents' homes. Removing this aspect due to the pandemic created a huge learning curve for my agency. How could we effectively contact, support, and evaluate the parents without actually seeing them? Was it fair to rely on technology? Could it be held against them if they were unable to connect to Wi-Fi? Would they be able to sign a digital document on their phone, if they do not have a

computer? There were many roadblocks that needed to be considered, especially if the parent's progress can be drawn upon in court. I am impressed with the adaptive measures my agency has gone to, to provide accessible support, resources, and curriculum to the parents; however, I believe that providing fully accessible services will require continuous research and adaptations. The global pandemic highlighted discrepancies in accessibility of resources, health care, and employment, amplifying the dire need for adaptability and accessibility.

Colleen Craven, BSW, 2021
University of Georgia

I remember sitting on a bench in the thick of the initial quarantine last spring when I got the call about my Fall 2020 internship placement. I was thrilled to be thinking about a time when COVID would surely be behind us all. I find it unfortunate that it is only because my internship is in a community that does not take the pandemic as seriously that I am able to truly experience an agency with true client interaction. I wonder what I am missing in my education from class discussions with others in my cohort. I've always heard older students talk about the physical School of Social Work feeling like a home, but my kitchen table where I Zoom is my familiar classroom now. I fear pursuing my MSW next year that I will not get the most out of kitchen-table classes and distanced internships. Social work is about togetherness and fostering connection in community and individuals. I long to get back to that.

Maggie Holt, BSW 2021
University of Georgia

One of the things which the pandemic necessitated (and afforded) for me was related to my MSW students in school social work clinical field placements. Suddenly they were expected to provide services online to their student clients, but their field instructors were as uneducated and unprepared as the interns. Having been a school social worker

myself previously, I had done very little in the way of teletherapeutic interventions. So, one of the first things I needed to do was get educated on the best practices myself so I could assist my students who in turn assisted their field instructors. We all learned a great deal. I consider this to be a “silver lining” of the pandemic cloud. This will help me be a better educator and has already broadened my conception of best practices.

Be well. Feed your soul. Provide rest for the weary.

Rhonda

Dr. Rhonda Peterson Dealey, DSW, LSCSW
Washburn University

Social workers are essential in even the best of times; in 2020, the work of our profession was needed more than ever. Like all social workers, the National Association of Social Workers North Carolina had to adapt quickly to the challenges of 2020. At the beginning of the COVID-19 pandemic, the NASW-NC staff pivoted immediately to support the social work profession by advocating for telehealth reimbursement, temporary licensure rules, COVID testing, PPE, and provided ethical and legal resources during a pandemic. All seven of NASW-NC's conferences were quickly moved to a virtual format to ensure social workers could get their needed continuing education. In June, with mounting violence against people of color, NASW-NC issued a statement and call to action for social workers. The NASW-NC active Equity and Inclusion Taskforce was formalized into a committee that has been hard at work holding NASW-NC accountable to its members and the social work profession for advocating for policies and legislation that advance racial justice and address racism within our own profession. NASW-NC lobbied for social workers and our clients during two legislative sessions from a distance, endorsed candidates and got out the vote for the 2020 election, and continued to be the voice of the profession at the state level. We all did this while we tried to take care of our own mental health, children, partners, communities, and

relationships. The staff and volunteers of NASW-NC are committed to advocating for you because social work is essential and we are devoted to supporting and lifting up our amazing profession. We have much more work ahead, and I'm honored to be in the fight with all of you.

Valerie Arendt, MSW, MPP

Executive Director, North Carolina Chapter NASW

I remember last April when I first learned my field placement in the Fall would be at the Athens Community Council on Aging, a nonprofit organization that works to enhance the well-being and lifestyle of older adults through services and programs in the Athens area. I was so ecstatic to be interning at my field of choice. All I could think was, *“if I can just have this internship in person, I don't mind being in lockdown for the summer.”* When they ultimately made the decision to hold the internship virtually, I understood the safety concerns with this population being so at risk, but I couldn't help but feel disappointed that I would miss the hands-on experience. I worried I wouldn't learn as much if I worked remotely. As classes were held on Zoom, I enjoyed the fact that I could learn from my bed and get to know all of my classmates' pets, but I couldn't help but think back to my advisor saying, *“Senior year is the year when the cohort comes together as a family through the shared work and internship experiences.”* During such dark times of our own, while working and learning about clients through our field placement whose struggles we may never fully understand, I longed for that community and closeness that was impossible to build through reaction emojis or chat boxes on Zoom. While the pandemic took so much away from me and so many others in terms of education, internship, and work-life experiences, there were some positive impacts that I saw as silver linings. Thanks to the pandemic, I added the course “Social Work in Healthcare,” a class I hadn't intended to take but may very well influence my career path. I learned the ins and outs of Google voice and perfected my phone etiquette for my clients through my virtual internship. Most

importantly, it made my passion and value for social work clearer to me. Seeing how minority groups were disproportionately affected by the pandemic and the racial inequality that resurfaced because of it, reinforced the importance of my education in this field. My commitment to pursuing my master's degree was solidified so I can continue to learn and be able to provide the resources and skills to better help those in need. The aftermath of the pandemic will be around for years to come, and I want to be equipped to apply solutions learned through my own personal, professional, and academic experiences.

Richelle Matarazzo, BSW Candidate
matarazzo.richelle@gmail.com

LETTERS TO THE EDITOR

Editor's explanation: Emails numbered **one** through **six** come from North Carolina members of NASW's Delegate Assembly who received an advanced and unedited draft of the editorial titled "Should the NASW Code of Ethics require Institutional Review Board (IRB) review of all social work research?" Originally, the IRB editorial was scheduled to be in this issue. However, because of the emails regarding the pandemic, editorial staff at JSWVE decided to postpone the IRB editorial for the fall issue and replace it with an editorial titled "Lessons From the Pandemic." I promised that their emails would be published in this issue. Therefore, they are published in advance.

IRB emails (1–6)

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#1

I appreciate this part of the conversation. I think given the historical context of how research exploits marginalized communities helps me frame the importance of this. I have had the fortune of being a part of several research projects, all vetted by an IRB, so I can see how circumventing that step could compromise the integrity of the undergirding of protecting those engaged in the research. I feel that often there is a disconnect from research and practice, so I was seeing it as more of an additional

burden on practices trying to be stewards of research rather than the potential means to prey upon others.

Ryan Estes

#2

Thanks for your insight on the topic. As an African American woman, I would lean more towards requiring IRB approval for all social work research. Adding this to the Code of Ethics would provide basic standards for conducting social work research and ensuring the safety of participants. I understand

that certain studies may suffer from any delay in executing; however, I would be more concerned about the protection and safety of participants. The IRB process helps to ensure we aren't doing further harm to populations that are already marginalized and vulnerable. If the number of social workers impacted by this change may be minimal, I think it demonstrates our commitment to ensure protections for these populations as it pertains to research. I'm not sure how this will be reinforced, but I do believe it takes a solid stance on this issue.

Dr. Sonyia Richardson, MSW, LCSW

#3

I just wanted to add that I was thinking the same thing that Ryan brought up. I understand wanting trustworthy research, but aside from already having to go through the IRB process, certain studies may suffer from any delay in executing, if the research was time sensitive.

I am curious what prompted this consideration?

Interesting topic though.

Best,

Jason Scianno

#4

I appreciate you reaching out about this. My initial thought is this could bottleneck research opportunities or limit it for those that do not have easy access to an IRB. It also gives me concern that how easy could NASW track this or enforce it. Additionally, would professionals/ organizations circumvent this by doing research with other human services disciplines as a means to avoid this requirement, and therefore not advance the body of literature for our profession.

I believe all Universities already require an IRB process as part of their accreditation so I do not

believe this will limit research being driven by academic settings. I would certainly want more information on this before I would be in favor of voting on it.

Ryan Estes

#5

Sonyia, your points are well taken, and thank you for reminding me of purpose of the IRB, only three weeks out of school and already I forgot that the main purpose was to ensure the safety of participants.

And yes, Steve, I do think that we should hold a higher standard. It seems you have identified a gap. Have you taken a crack at what the wording would look like?

Best,

Jason Scianno

#6

This is very interesting. I thought about it, and ultimately, I do not believe NASW needs to have an IRB.

Very rarely do practicing social workers conduct research beyond single-case designs or program evals for their own practice. These activities would be exempt from IRB review, anyway. Also, social workers learn about, and demonstrate, highly ethical behavior. The protections an IRB provides to research participants is unwarranted for practicing social workers who might want to conduct research because said social workers are required to engage in ethical behaviors in all their affairs. The examples that the author gives of unethical research would not happen in social work due to the highly ethical nature of the profession. Lastly, social workers who conduct formal research are almost always employed by universities or large state or federal agencies who have their own IRBS. If a social work

researcher works at a hospital, most times hospitals have their own IRBs, too.

At the end of the day, I think there are so few social workers outside of traditional research settings (with in-house IRBs) that would ever need (or want) to conduct research that is beyond single-case designs or program evals for their own practice. To create an NASW IRB would create an unneeded bureaucracy that very few would engage. However, if a social worker wanted to research beyond what I describe, they can always partner with a faculty member at a university and utilize the faculty member's university IRB.

Tracey Hinds

Students as Clients emails (7–14)

#7

Dr. Marson:

I read with interest the recent editorial “Students Are Not Clients. Treating Students as Clients is Unethical,” that was written in collaboration with Professor Dovyak for the *Journal of Social Work Values & Ethics*. This editorial is timely, on-point, and a sorely needed clarification of the social work relationships between social work faculty and students. Like you, I have noted a disturbing trend for some faculty to view students as clients and act accordingly. It seems this discussion has become more common. My interpretation of the NASW Code of Ethics is that you are correct that social work students are not clients and treating them as clients is unethical. The application of the transformational work by Pincus and Minihan is a helpful model to make the point. I do have a slightly different take on the issue of students as clients that I hope in no way detracts from your central points or analysis.

If one examines the NASW Code of Ethics, the Ethical Standards are organized into six sections, each corresponding to a type of system with which

the social worker may interact. The first of these is the Social Workers' Ethical Responsibility to Clients. Nowhere in this section does it state or imply that social work students are clients. By extension, social work students are not presumed to be clients and the standards of ethical conduct do not apply to them. One of the few places that social work students are specifically mentioned in the Code is in the second section of the Code which discusses Social Workers' Ethical Responsibilities to Colleagues. Sections 2.06 and 2.07 discuss actions by social workers who function as educators and specifically mention students. Thus, it is a reasonable conclusion that the intent of the Code is to view the faculty-student relationship like that of supervisor and supervisee. The presumption is that the ethical standards of section two apply, rather than section one, which addresses social worker and client relationships.

If one mistakenly assumes a student is a client, then problematic ethical conflicts can be created. An example may help illustrate this. Consider the student whose behavior is inappropriate and unprofessional. If the faculty member assumes the role of social worker and the student is a client, then standards like client confidentiality apply. But in section two of the Code of Ethics, it is clear that social workers are responsible for addressing unethical, incompetent, or impaired conduct by colleagues (and students). So, the dilemma is which set of standards applies? The Code strongly suggests the principles of standards related to the relationships with colleagues. Since many social work programs use the NASW Code of Ethics for both teaching professional ethics and as the basis for at least some part of their policies on professional behavior or conduct, then one wonders what the faculty member who views a student as client is teaching in terms of ethics, and could this faculty member effectively or appropriately respond in accordance with the program policy on professional behavior? If not, then what are the long-term implications for the social work profession, society, and clients when these broader communities expect social work faculty to educate students for competency, and we substitute clinical services instead?

There is no question that when we enter the classroom, we retain our professional identity as social workers. Yet it is important to remember that we are working with many of our colleagues to be. Our primary responsibility then is to educate for competence, professionalism, and ethical practice. It is not to become their therapist.

Michael R. Daley, PhD, LMSW-AP, ACSW
Chair & Professor of Social Work

#8

Thanks Steve, for writing this, we have been discussing the ways faculty drift into these stances and how problematic it becomes.

Can you give me the case law you cite for dismissing students? Some of us thought there was some legal protection for our gatekeeping function, but nobody could remember the case law.

Thanks,

Sarah
Sarah Bradley, MSSW, LCSW

Sarah,

It happened about three decades ago. Frankly, I don't remember, but Nancy Randolph probably would.

I was unable to find the case law that specifically supports the position. That's probably because the case was decided prior to the existence of the Internet. However, here are cases that are closely related:

- Fisher v. Univ. of Tex., 631 F.3d 213
- Vargo v. Hunt, 398 Pa. Super. 600
- States News Service. (August 3, 2020 Monday). NATIONAL ASSOCIATION FOR COLLEGE ADMISSION COUNSELING- RACIST POST, ADMISSION RESCINDED?. States News

Service. <https://advance-lexis-com.proxy181.nclive.org/api/document?collection=news&id=urn:contentItem:60H5-RTG1-JCBF-S19H-00000-00&context=1516831>.

- Bradley Shear. (January 26, 2018 Friday). University of Alabama Student's Racist Instagram Videos Gets Her Expelled. Shear on Social Media Law. <https://advance-lexis-com.proxy181.nclive.org/api/document?collection=news&id=urn:contentItem:5RH4-B9R1-JCMN-Y3F0-00000-00&context=1516831>.

Steve

#9

Excellent editorial! Thank you!

Sincerely,

Mariah Boone

#10

Well said!

John McNutt, PhD, MSW, Professor

#11

Hi Stephen,

THANK YOU SOOOOOOO MUCH.

Loved your editorial. Since Alan and Ann were professors of mine at Madison (before dirt was discovered), I too had to read the chapters not twice but three times. Great text....

Hang in there and take care.

Once again, loved your piece to death.

Rick.

Richard M. Grinnell, Jr., Ph.D.

#12

Steve,

Yes, this is an excellent article that should be read by all social work educators. It's the same in medical school; the professors there don't treat their students for their physical complaints but would refer them to a practicing physician. I taught at private college in the Northeast one summer and it seemed with all that Freudian theory taught there, the students who seemed to suffer from all sorts of traumas were being treated in a way by faculty or at least being regarded as extremely vulnerable. I know faculty elsewhere who set up their practice courses as therapy. I did role plays in my classes and emotions got strong but apart from using listening skills never saw the students as anything but students. On a related note, it seems that the policy emphasis has fallen out of favor and so much focus in research and teaching is on therapy. That's all the students seem to want as well. In human behavior courses everything is supposed to relate to practice rather than to the art and science of human behavior as I stress in my textbooks.

Katherine van Wormer, MSSW, Ph.D.

#13

Hello, Dr. Marson,

Your editorial with Mr. Dovyak was a very interesting read! Attached is a short response.

Take care,

Rob

[Ed. Note: The attachment follows]

It was interesting to learn about Pincus and Minahan (1973), and I look forward to needing to read it three times! From the short summary of "...the four key definitions for understanding the basis for generalist practice..." given by Marson and Dovyak

(2020), it would seem that curriculum and institutions are target systems for social work educators. A target system is:

A social entity (micro, mezzo, or macro unit) that is the focus of a change by a change agent and other social systems. Changing the target system is completed for the benefit of the client system. (Marson & Dovyak, 2020, p. 7)

Knowledge is a social construct (Berger & Luckman, 1967), and social work educators weave discrete pieces of knowledge together into a coherent narrative read and told over 15 weeks or so. This narrative is a micro target system, though it is more often referred to as a course. Social work educators assemble these narratives into a collection that is typically called the curriculum. Each social work curriculum is purpose-driven and uniquely addresses, "...the mission of the institution in which the program is located and...their historical, political, economic, environmental, social, cultural, demographic, local, regional, and global contexts" (Council on Social Work Education [CSWE], 2015, p. 10). Symbiotic with the explicit curriculum is an implicit one. Implicit curriculum is material and immaterial—a program culture with equity, inclusion, and social justice as its guide stones; opportunities and supports for student development; competent and responsive faculty; transparent, participatory, and democratic program administration and governance; and sufficient resources to realize program mission (CSWE, 2015). A social work curriculum, then, is a mezzo social entity and a target system for the social work educator. The last step to take in this direction is to point out that social work curricula—the organized cacophony of all individual social work curriculum—is the macro target system for social work educators. Changes to the social work curricula occur primarily through social work educators' service to the Council on Social Work Education (CSWE).

CSWE is not the lone social system interested in changes to a social work curriculum. The host

institution of higher education also has a stake in both the explicit and implicit social work curriculum. The number of courses, the topics analyzed, the social advocacy of students and faculty on and off campus, the resources needed to sustain and develop the program are all of varying interest to the institution. These bottom-line priorities are at odds with the social work educators' single-minded dedication to, "...cultural and ethnic diversity and [the elimination of] discrimination, oppression, poverty, and other forms of social injustice" (National Association of Social Workers [NASW], 2017, para. 2). Even so, the social work educator must daily commit to change the host institution of higher education (a mezzo target system) and the Institution of Higher Education (the macro one). This is a tall order when the Institution of Higher Education, like all others on the continent, is sinking into the ground as it is built on the breaking bones of Indigenous, Black, and Working Peoples. Its buildings ground down deeper still by capitalist greed and State neglect.

The final set of target systems that social work educators seek to change is professional organizations, licensing boards, and regulatory and policy authorities. Similar to the institution, social work educators advocate and remain committed to "...cultural and ethnic diversity and [the elimination of] discrimination, oppression, poverty, and other forms of social injustice" (NASW, 2017). A particularly pungent but instructive example of how these target systems interdepend and the role of change agent is from just last month. Governor-appointed members of the Texas Behavioral Health Executive Council—the regulatory and licensing authority for social workers in Texas—unanimously approved the redaction of anti-discrimination protections for Disability, Sexual Orientation, and Gender Identity and Expression from the *Code of Conduct* (Walters, 2020). Social workers, their professional organizations, policymakers, and the public called for a reversal and resignations. The reversal was quick, the resignations staved off with a blameless apology that condemned impassioned cries of pain and that reframed cowardice as democratic process. But

the reversal is as much a victory for social work as is a healed, self-inflicted gunshot-wound. The social work educator as change agent asks, *What needs done to ensure integrity and conscience in our organizations?*

The positionality of the social work educator described thus far would see students as a client system nested within the target systems of curriculum and institutions. Marson and Dovyak (2020) described the client system as:

A social entity (micro, mezzo, or macro unit) that establishes a contract for a positive change with a change agent. The term "client" is often abbreviated from the term "client system" who becomes [*sic*] contractually (not necessarily a written contract) accepts the services of the change agent. (p. 7)

Students beg, steal, and borrow for the chance to enter into contracts (i.e., syllabi) with social work educators. Syllabi include reciprocal agreements that protect students and set expectations (e.g., nondiscrimination policy, protections and accommodations for disabilities, and the Federal credit hour definition). Social work education agreements also include transparent plans for positive change: descriptions of assignments, experiential activities, and the course calendar.

The role of student appears at the micro, mezzo, and macro unit. A single student seen in office hours or mentored as a teaching or research assistant represents student at the micro unit. Students together in a class, in a student organization, and at an institution of higher education can be understood as a mezzo manifestation of the student role. Finally, students enrolled in the Institution of Higher Education are a macro social entity of concern for social work educators. Marson and Dovyak (2020) were emphatic that, "students are not clients," (p. 6) which is half right. Students are not clients for mental health social work delivered by the social work educator. Such an arrangement is a dual relationship—social work educator as mental health

social worker to students—and is consequently an ethics violation.

Social work educators' ethical obligations to students were defined by Delegate Assemblies that revise and approve the *Code of Ethics of the National Association of Social Workers* and are:

- No harassment or sexual relationships with students,
- Teach only in areas of knowledge and competence and with the most up-to-date materials,
- Grade with fairness and respect,
- Inform [and compensate] members of the public when their lives serve as educational opportunities for students,
- No dual relationships and maintain boundaries that are [nonexploitative] and culturally responsive, and
- Educate about practices of responsible research. (NASW, 2017)

These categorical imperatives extend to the target systems above, as well. A social work educator in an institution with harassment and sexual misconduct is complicit, and therefore, must resolve the ethical dilemma through action on the target system. A social work educator in a program that hires incompetent educators and/or that delivers an out-of-date curriculum should endeavor to change those parts of the target system.

The imperative that social work educators use value-based principles to grade students' performance is evidently contentious. Marson and Dovyak (2020) assert, "A full professorship with tenure cannot save a faculty member from being sacked for lowering the outcome expectations for a student" (p. 9). Leaving aside the innumerable instances when full professorship with tenure saved the sexual predator and/or racist, the social work educator is ethically obligated to fair and respectful evaluation of student performance. Here, again, a social work educator intervenes in the target systems above to promote fair and respectful, and dare we go so far as to consider equitable, evaluations

of student competence. This in no way contradicts Marson and Dovyak (2020) that student profligates of anti-Semitism, racism, misogyny, and other forms of social injustice need correction and that correction may be dismissal. It would seem here, as in all social work relationships, that the social worker is ethically bound to scope of practice and linkage. The student who is brainwashed into hate-based ideologies is likely beyond the competence of most social work educators and is a mismatch for the setting. Consider, though, that the social worker who dismisses a hater or Nazi with no plan to heal the social disease within violates an unwritten ethical obligation to the Broader Society. These are the future attackers and murderers of the people social workers promise to protect.

Marson and Dovyak (2020) view the obligation of no dual relationships with students as unachievable for social work educators. "In the practice of social work education, a dual relationship exists. A social worker has two distinctive roles in relationship to the student: the professor and the employer" (p. 8). Embodiment of the employer role is dangerous and detrimental to students and educators because it dehumanizes both to reify capitalistic production. Employees (i.e., wage laborers) are the sole source of surplus value that is stolen through exploitative production practices (Marx, 1867). The social work educator who extracts socially necessary labor-power from students without safeguards against exploitation plays the role of capitalist and condones its violence and oppression. I agree with the *Code of Ethics*—social work educators can play only one role in relationship to students and that role is multifaceted and complex.

The strong rebuke of social work education as mental health social work led Marson and Dovyak (2020) to misclassify communities and agencies as client systems instead of as action systems. I cannot explain their misclassification of courts as a client system when these are also an action system relative to clients mandated for services from a social worker. An action system is:

A social entity (micro, mezzo, or macro unit) that is recruited by or approaches the change agent to facilitate or instigate change within the client system and/or the target system. (Marson & Dovyak, 2020, p. 7)

Social work educators and agencies collaborate for positive change in students, curriculum, and institutions. Agencies are the sites of field education—social work’s signature pedagogy—where students, “...integrate the theoretical and conceptual contribution of the classroom with the practical world of the practice setting,” (CSWE, 2015, p. 12) through direct practice under supervision. Agency and community representatives serve on program advisory and field committees that influence explicit and implicit curriculum (CSWE, 2015). The positive change for students initiated by social work educators would be greatly diminished without our agency and community partners.

We can apply the concentric circles of ecological systems theory (Bronfenbrenner, 1979) to visualize these systems from the positionality of a single social work educator (i.e., micro change agent system). The change agent occupies the center circle with their, her, or his influence radiating out and the influence of larger systems pressing down. The student client system is the next layer, which includes individual students, classes and groups of students, and all students of Higher Education. The target system of curriculum and institution encompasses students and educator, and the action system of community, agency, organization, and authority is the outermost ring. The change agent works within this social ecosystem where all systems affect all other systems directly and indirectly.

It is simultaneously thrilling and terrifying to embody the role of social work educator and stand at the circles’ center. Years of experience, support and guidance from social work colleagues, and power bestowed from the institution likely dull the terror and accentuate the thrill. There is no other form of concrete labor, in my opinion, that affords as much as it demands. The elation from an expertly led

class, a revelatory read or presentation, a perfectly written manuscript; the deep despair of unwinnable fights and squandered potential. The social work educator had better remain within the eye of the storm or be ripped asunder by its winds and battered to death by its rains.

“I am speaking as a member of a certain democracy in a very complex country which insists on being very narrowminded. Simplicity is taken to be a great American virtue, along with sincerity.”
—James Baldwin

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- Robert M. Bennett Jr., PhD, LISW
Assistant Professor
Social Work Department, Capital University

#14

Response to Your Journal Editorial

Thank you for your recent editorial, Students Are Not Clients. Treating Students As Clients Is Unethical. Having earned the MSW 54 years ago at a grad school where teachers very much treated (and mistreated) we students as their clients, I felt considerable relief knowing that perspective is discouraged now and with such sound reasoning. Again, thank you.

The trouble I have with the editorial is the undercurrent of parent-like anger with social work teachers and supervisors. (To your credit, you admitted to becoming annoyed with professional social workers.) It isn't that I take it personally. I am concerned that the irritation risks distracting your audience from your important message. Including words often associated with displeased parents, such as 'must' and 'absurd,' risks making your other words harder to read and accept as valid. Students and colleagues are not clients or our children.

Richard Terry Lovelace, MSW, PhD

Dedication to Bruce Buchanan (15)

Thank You for sharing this with me Stephen. It is beautifully written! I miss him dearly!!!

I will make sure to forward this to all of our staff and his family!

My Best to you and yours!!

Thank You!

Lynne Haugen, Director of Operations/Human Resources

Abortion (16–17)

#16

Stephen,

Thanks for the latest issue of the JSWVE, which includes my two letters. Always a pleasure when

one of your issues appears in my inbox. Thanks for the work you do on this important aspect of our profession.

Bruce

Bruce A. Thyer, Ph.D., LCSW, BCBA-D

#17

Dear Editor:

We write at your invitation to respectfully address aspects of Dr. Bruce Thyer's (2020) editorial, entitled: *Standing up for the Lives of Babies: An Ethical Imperative*, which he published in response to a JSWVE letter to the editor by Erica Goldblatt Hyatt (2019). Dr. Goldblatt Hyatt's letter was written in reaction to a paper published in JSWVE by Dr. Thyer (2018) because his paper presented recommendations that were in direct contrast to accepted social work principles, and because he misused our scholarly work to justify his moral and/or religious preferences.

At the outset, we wish to acknowledge that arguing about the *morality* of abortion is generally futile, because changing a person's moral view of abortion is unlikely (Flanagan, 2019). Social workers, like any other people, have varying viewpoints about abortion: some will support it, some will be ambivalent, and others will consider abortion immoral; it is unrealistic to expect all social workers to hold the same viewpoints or change their personal moral values (Hansford et al, 2017). We are not aiming to change social workers' personal moral beliefs, but to ensure that they "start where the client is" rather than pushing their views on others. Competence in this area requires social workers to apply a reproductive justice framework in conjunction with established social work guiding principles when serving pregnant clients who may wish to seek abortion services (Ely et al., 2018). This must include a commitment to human rights and social justice, a commitment to dignity and worth of the existing pregnant person, and a commitment to facilitating self-determination when working with pregnant people. We acknowledge that not all people who

become pregnant identify as women, therefore we use language that accounts for all pregnant people whenever possible, adhering to established social work principles.

Dr. Thyer (2020) notes, “Facts are stubborn things” (p.10), and we certainly agree. As scholarly social work experts in the field of reproductive health, we are all too familiar with the use of abortion misinformation to purposely distort perceptions and knowledge about abortion (Patev & Hood, 2020). Emotions associated with one’s moral stance on abortion often cloud the ability to approach the topic scientifically and according to professional standards, seemingly a hazard to which Dr. Thyer fell prey. He is, as all social workers are, entitled to his personal moral belief. However, his assertions and recommendations directly violate professional social work ethics and scholarly evidence (also known as stubborn facts), as we discuss in more detail below. He writes about the issue without having any substantial scholarly or practice expertise in the area (to our knowledge). Therefore, in our current response, we will draw upon our combined years of relevant practice experience serving abortion patients, scientific evidence, and our own scholarly expertise to counter some of Thyer’s many assertions that do not align with social work values, principles, or the existing evidence-base.

Stubborn Fact: Thyer’s (2018) deception-based strategy to commandeer scarce health resources is grossly uninformed and unethical.

In his original statement, Thyer (2018) calls upon church members and civic leaders to co-opt women, some who would even be pregnant, to make fake abortion appointments to derail people genuinely seeking abortions from accessing them in a timely manner. To justify his proposed tactics, Thyer (2018) alludes to the need to use established community organizing strategies along the lines of what Barack Obama did in his early career. He also perverts the Piven and Cloward (1993) tradition that is intended to encourage leveraging of resources within a stingy welfare system.

To support his argument, Thyer cites scenarios about an airport toilet strike and a bank deposit scheme (Hailey, 1975) detailed in a fictional novel (interestingly, a novel replete with adulterous males as protagonists). We find it incomprehensible that an influential social work educator would use fictional examples to support recommendations about sabotaging real-life health or social services simply because the social worker’s morals contrast those of the client. For example, many of us consider child abuse immoral, yet we cannot imagine any circumstance where social workers would suggest recruiting non-abusive parents to clog up the child welfare system so that families who are working towards reunification would be unable to secure appointments to complete their parenting plans. Sexual assault is also immoral, yet who among us would advocate for having non-assaulters pretend to be perpetrators so that actual offenders would not have access to their legal due process?

Even further, Thyer’s suggestion flies in the face of established NASW and IFSW social work principles (Witt et al., 2019), and would restrict (rather than enhance) access to vital resources for marginalized populations. Ultimately, our own scholarship and that of other experts indicates that Thyer’s proposed sabotage tactic is likely unnecessary, as abortion in the U.S. is often inaccessible for disadvantaged groups due to a shortage of providers, excessive associated costs, and regressive state abortion policies, despite that abortion is technically legal at the federal level (Ely, et al, 2017b; Krietzer, 2015; Samora & Leslie, 2007). While part of Thyer’s justification for his proposed deception is his inaccurate claim that active disruptions of abortion services are rare, findings from our scholarship indicate that stigma, as well as aggressive protesters, often create stress for abortion seekers by physically blocking access to clinics and trying to shame people into not getting abortions (McCoyd, 2010; Sperlich et al., 2019). Others indicate that disruptive protesters are a regular presence at abortion clinics, one-third of whom are aggressive towards patients (Foster et al., 2013).

We wish to state unequivocally that Thyer's proposed strategy is abhorrent and stands in direct contrast with social justice, good stewardship of resources, reproductive justice, and the social work principles of promoting self-determination and honoring the dignity and worth of pregnant people (NASW, 2018). Thyer frames his perspective as "standing up for the lives of babies," but we argue that a client who is pregnant is an autonomous, *existing* person, taking precedence over Thyer's (morally defined) fetal personhood. Social work principles (and U.S. law) remind us that the pregnant adult is the person who receives informed consent and makes autonomous decisions throughout a pregnancy, regardless of their choice for pregnancy resolution (Berglas et al, 2017).

In sum, Thyer does not propose a feasible, ethical, evidence-based, social work practice strategy for reducing abortions in the United States. Instead, he recommends a strategy that violates NASW principles using fictional, uninformed, and misconstrued examples without an evidence-base. This strategy is not only in contrast to social work principles and ethics, but it could delay (as opposed to deter) abortions for those who are pursuing them, creating more burdens for patients. Regardless of how social workers *feel* about the choices our clients make, we are called to help them set and achieve their own goals, based on *their* morals, *their* values and *their* circumstances, and not the moral preference of the social worker serving them.

Stubborn Fact: Abortions do not happen out of "convenience."

Thyer (2020) also takes issue with Goldblatt Hyatt's challenge of his assertion that abortion is undertaken as a means of "convenience" by "many women." Thyer claims to be especially concerned about African American women's health yet he does not acknowledge the health disparities that impact Black women (Chinn et al., 2020) and he castigates all women, claiming the difficult decision to have an abortion is due to "irresponsibility" (Thyer, 2018, p. 96) or inconvenience (Thyer, 2020,

p. 10). We wonder how Thyer knows these "many women." As practitioners and researchers in this area, we actually have known many women who face these heart-wrenching decisions, and we can attest that "convenience" is seldom (if ever) part of their personal calculus. We find his implication that he has the moral authority to decide who is having an abortion as a matter of "convenience" truly astonishing, counter to established social work principles, and dismissive of the experiences that pregnant people endure.

Results from our own work, including a study of almost 4,000 cases representing people who have sought financial aid to help pay for inconveniently unaffordable abortions, illustrate a myriad of serious hardships. These include economic distress, limited contraceptive access, current parenting responsibilities, requiring public assistance, trauma in the form of rape or partner violence, criminal justice involvement, medical problems/obesity that threaten personal health, being single, being a student, or being homeless (Ely et al, 2017a). Serious family and personal concerns including an inability to care for additional dependents, a desire to provide well for existing dependents, economic distress surrounding child rearing, not being ready for childbearing, already having the desired number of children, or wanting to limit family size, and pursuing further education are cited in other studies as reasons for seeking abortion (Bankole et al., 1998; Finer et al., 2007). Another study indicates that undesirable male partners, including partners who are abusive and those who refuse to support a dependent child, are a major consideration when choosing abortion (Chibber et al., 2014). Thyer neglects to mention the reasons, which often disproportionately impact people of color, that unintended pregnancies occur: because of problems like partner abuse, substance abuse, socioeconomic disadvantage, and lack of access to adequate health care (Cubbin et al, 2002; Heil et al, 2011), and he fails to acknowledge how miserable it must be to decide how to resolve an unintended pregnancy in the midst of these challenging, often traumatic, circumstances. He further suggests that Crisis Pregnancy Centers (CPCs) provide

the answer to any concerns, despite the fact that they offer *no* ongoing health services or social support, and instead deliver misinformation and delay tactics, which are deemed deceptive and unethical by the credible medical community (Bryant et al., 2014; Bryant & Swartz., 2018).

The process of obtaining an abortion is not at all convenient, and one terribly inconvenient aspect of abortion is the expense. Study findings indicate that people who received financial aid to help pay for unaffordable abortions were seeking to fund expensive procedures that were going to cost an average of \$2,247 (Ely et al, 2017b), which is a significant expense when almost 60% of Americans report not having \$1,000 available to cover an emergency expense (Leonhardt, 2020). Indeed, the recent Coronavirus economic stimulus payment of \$600 per person (Cowles, 2021) would not even cover half of this. Surely one would not undertake such an expensive procedure as a matter of mere “convenience.”

Another stubborn fact: access to contraception, too, is not readily available and low cost to everyone, as Thyer claims. Recent research found that 64% of people seeking financial assistance from a Florida abortion fund report not having insurance (Ely et al., 2020). Without insurance, people primarily rely on Title X funds to access low-cost contraception, yet few providers remain because of Trump’s domestic gag rule, limiting funding only to facilities that do not provide abortions; experts estimate that this has reduced low-income contraception provision by 46% (Dawson, 2020). Additionally, birth control failure (22%) and lack of birth control use (24%) were identified as the reasons for unsustainable pregnancy by people seeking assistance from a national abortion fund (Ely et al., 2017a), suggesting that contraceptive access and use are much more challenging than Thyer seems to recognize.

Finally, in his argument, Thyer also neglects to acknowledge the physical pain of birth (Goldblatt Hyatt, 2020), and the impact of birth on the pregnant person’s body, which includes health problems like anemia, mental health issues, diabetes, hypertension,

increased urinary tract infections, preterm delivery risk, and even death (Centers for Disease Control, CDC, 2020a). Severe forms of maternal morbidity and mortality impact approximately 50,000 women per year in the United States, with Black women disproportionately affected in comparison to White women (CDC, 2020a; Tangel et al., 2019). Women were found to die in childbirth at 14 times the rate that they do from abortion in the U.S. (Raymond & Grimes, 2012)- and that was before the significant increase in maternal deaths occurring from 1987 to 2017 (CDC, 2020b). Further, recent evidence suggests that restricting access to abortion services can increase the risk of infant mortality (Pabayo et al., 2020). The potential health impacts of pregnancy represent real risks, not mere “inconveniences.”

In searching scholarly databases, we were unable to identify any evidence-based research citing “convenience” as a reason for terminating a pregnancy. This leads us to conclude that Thyer perceives himself, and others who share his anti-abortion views, as the moral authorities to judge which abortions are for worthy reasons, and which are undertaken for “convenience.” This is a tired and moralistic argument used to justify limits to abortion access, but it is not an evidence-based practice approach congruent with social work principles.

Stubborn Fact: Thyer’s assertion that abortion providers would “persuade the uncertain woman to abort her baby” is unfounded.

Of all the misinformed and inaccurate statements in Thyer’s (2018) piece, this is perhaps the one that most acutely reflects his lack of expertise in this area. More accurately, abortion providers make compassionate, client-centered services available to pregnant people in the face of significant abortion stigma in the United States every day (Martin et al., 2017; Martin et al., 2018). Family planning clinics typically employ flexible, feminist counseling philosophies that support pregnant people to make/change their own decisions, and patients report satisfaction with this client-directed counseling (Ely et al., 2010; Joffe, 2013), and they especially

appreciate supportive providers who assist them with later terminations and help process associated grief (McCoyd, 2009). Indeed, based on our practice experience, clinics work diligently to support patients throughout the decision-making process, which is the epitome of reproductive justice-informed practice that emphasizes self-determination and dignity and worth for all pregnant people, as social work calls practitioners to do (Smith, 2017). Pregnant people who choose to terminate pregnancies have their own agency in their abortion decision making, and clinic staff (often degreed social workers) strive to ensure that clients are making the decisions that best match their own circumstances (Joffe, 2013; Johnson, 2014). It is a myth that abortion service providers are part of an “industry” trying to influence the decision making of pregnant people. In fact, an Internet search of the term “abortion industry” will reveal that this is a buzzword/propaganda term used by anti-choice organizations, but not a term used in any credible scholarship that we could find. Thyer’s inaccurate assertion is false, and not grounded in evidence.

Stubborn Fact: Thyer misconstrues scholarship and disregards the NASW policy statement.

The vast majority of social work scholarship (e.g. Beddoe et al., 2020; Begun et al., 2016; Bird et al., 2018; Ely & Dulmus, 2010; Gomez et al, 2020; Sperlich et al., 2019) and the NASW (2018) statement on reproductive justice has recognized the consistency of social work values in relation to abortion access and services (NASW, 2018). In fact, the NASW policy statement asserts:

Self-determination related to reproductive health means that without government

interference...people should make their own decisions about sexual activity and reproduction. As social workers, we support the right of individuals to decide for themselves, without duress and according to their own personal beliefs and convictions, when they want to become parents, if they want to become parents and how many children they

are willing to nurture and support...All social work services, ranging from abortion to adoption to contraception to parenting should be provided safely and competently in a nonjudgmental atmosphere based on evidence-based practice rather than the imposition of another’s personal beliefs...Therefore, providing misinformation to dissuade women from having an abortion violates the social work code of ethics (2018, p.271).

Thyer misconstrues scholarship (Ely et al., 2012) to justify his moral perspective, as he cites information from this study indicating that almost half of social work student respondents perceived they would be unable to make an abortion referral, 26% reported feeling that abortion is the equivalent of murder, and 35% believed a fetus should have the same rights as an existing person (Ely et al, 2012). However, he fails to mention the authors’ emphasis on the contrast between the reported anti-abortion attitudes, and established social work principles. Indeed, they write:

When it comes to unintended pregnancy, it is not the role of the social worker to offer judgment as to which option for pregnancy resolution is best for a client based on the personal beliefs, biases, and religious practices of the social worker. Rather, in this instance, a competent social worker will offer non-biased information even in settings where a request for such information is not expected to occur. If we allow religiosity and other biases to taint the practice abilities of our profession, then we are no longer offering professional social work services to clients; rather we are offering religious counseling to clients in social work settings. (Ely et al., 2012, 43)

Thyer also fails to note that one primary goal of social work education is to teach students to distinguish their own values, morals, and biases from those of their clients. We assert that, “social work is a profession, not an ideology” (Hansford et al,

2017, p. 208), and the purpose of social work education is to prepare professional social workers capable of setting their moral preferences aside in favor of facilitating self-determination; we should not encourage students to use a perspective of privilege to act as the moral authority for clients (Younes et al., in press).

Stubborn fact: Advocacy should be used toward reproductive justice principles

As noted above, Thyer's advocacy for a strategy to make scarce health resources even more difficult to access is in direct contrast to social work ethics and principles. Legitimate advocacy strategies are what is needed to enable people to fully avail themselves of the principles of reproductive justice: the right to parent, the right not to parent, and the right to parent in peaceful and safe environments (Ross & Solinger, 2017). It is notable that Thyer advocates to *take away* services, because social work is about service provision. Social workers must work to ensure that people who wish to parent have the support and resources that they need to do so.

Such targets for advocacy (rather than his "aborting abortions project") should include: promoting adequate sexual health literacy (Thongnopakun et al., 2018), ensuring access to affordable, effective contraception (ACOG, 2015), eliminating Trump's domestic gag rule and assuring Title X funds are available to enhance family planning programs (ACOG, 2015), providing adequate financial, child-care, and informational resources to fully support childrearing (Crowley et al., 2012; Matthews et al., 1997; Ross & Solinger, 2017), and supportive programs for palliative care and/or respite care for parents who decide to maintain a pregnancy affected by a non-lethal fetal anomaly in order to optimize the lives of these children (Marc-Aurele et al., 2018; McCoyd, 2008), among others. In short, these evidence-informed recommendations are not mentioned by Thyer at all.

As our commentary draws to close, we wish to again emphasize that we understand that the morality of

abortion is ever up for debate. Both sides have salient moral arguments (Flanagan, 2019), and we do not advocate for engaging in nonproductive disagreements with social workers about the correctness of abortion. We do wish to note that Thyer consistently identifies as "pro-life" in his piece. From our perspective, however, there is nothing "pro-life" about forcing an already living, autonomous person to endure a physically demanding, likely excruciating, and potentially risky pregnancy and birth, when they have determined for themselves, for whatever reason, that they are unable to cope physically or emotionally with carrying a pregnancy to term; the NASW agrees with us (NASW, 2018). We also take issue with Thyer's assertion that anti-choice social workers are not listened to. This commentary is evidence that we are engaging with this issue at the scholarly level guided by social work principles. One thing that is not debatable is the NASW policy statement on reproductive justice that clearly calls social workers to support clients in their own reproductive decision making, regardless of the social worker's personal stance on abortion.

We appreciate the opportunity to respond to Dr. Thyer, and we call for him and other social work educators, students, and practitioners (regardless of their personal abortion views) to shed moralistic dogma in favor of a humane, thoughtful, evidence-based, reproductive justice-informed approach to abortion within the context of social work that more fully aligns with the NASW's guiding principles of self-determination and the dignity and worth of the person.

Respectfully signed (listed alphabetically),

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Changes at JSWVE and THANK YOU

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

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Six Aspects of Justice as a Grounding for Analysis and Practice in Social Work

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Abstract

This manuscript explores how the question of social justice is approached by some major social work theorists in the anti-oppressive practice school. The article then draws on ideas from moral and political philosophy and from critical social theory with a view to broadening and deepening social work's theorization of social justice.

The article points to six ideas that can enhance our thinking about social justice in social work theory: i) justice as equality based on the inherent worth and dignity of all human beings, and the rights that adhere to them; ii) justice as (relative) equality through economic redistribution; iii) justice as the flourishing of all species in a healthy and sustainable (natural and built) environment; iv) justice as moral integrity; v) justice as fairness; and vi) justice as restoration and healing.

A broad and nuanced understanding of “social justice” in social work is more necessary than ever, as we carry out our work in the challenging contemporary circumstances of social injustice, inequality, environmental degradation, and the politics of austerity.

Keywords: Social work theory, justice, social justice, human rights, redistribution, environment, restorative justice

Introduction

Social work as an academic discipline and a practicing profession sees the advancement of “social justice” as one its core purposes. This article

examines the framing of social justice by prominent social work theorists situated in the “anti-oppressive practice” (AOP) school and calls for a broader and more positive theoretical understanding of justice in order to better support theory, research and practice. As a contribution to the theoretical development of such an enhanced framework for justice that can guide social work practice, I will draw upon six ideas from political and moral philosophy and from social theory. In the discussion that follows, I am treating “social justice” as the collective expression in various aspects of society (economics, politics, social relations, etc.) of the underlying moral-philosophical principle of “justice” that can be understood in at least six different ways as described below.

An influential book in the AOP school of social work theory is Mullaly and West's (2018) title *Challenging Oppression and Confronting Privilege: A Critical Approach to Anti-Oppressive and Anti-Privilege Theory and Practice*.¹ As is readily apparent in the title, the authors take an oppositional stance to extant patterns of oppression and privilege that social workers must confront and challenge. Mullaly and West (2018, p. 13) also posit *distributive justice* as “[o]ne of the oldest and most ubiquitous concepts of social justice.” They refer to the distribution and redistribution of material assets such as income, wealth, and property, and non-material social goods such as rights, opportunities, and power (p. 14).

Mullaly and West (2018, p. 14) draw on the work of political theorist Iris Marion Young (1990) to argue that “[e]quating the scope of

social justice with distribution only is misleading in two ways.” It does not account for “the social structures, processes, and practices that caused the maldistribution in the first place.” Nor does it address unjust distribution of “non-material goods and resources as rights and opportunities.” In their consideration of social justice, Mullaly and West (2018) usefully focus on the economic structures that generate maldistribution in the first place, as well as on patterns of oppression based on various aspects of personal and collective identity (such as gender, racialization, indigeneity, ethno-cultural and religious identity, dis/ability, and sexual identity). Mullaly and West (2018) draw on Young’s (1990) work to outline “five categories or forms of oppression ... that encompass both distributive issues of injustice and social structures” (pp. 24–29)—specifically, economic exploitation, social marginalization, political powerlessness (especially in the workplace), cultural imperialism of the dominant group, and physical and social violence against subordinated groups.

Other social work theorists in the AOP school do not emphasize questions of (re) distributive justice to the same extent as Mullaly and West do. In the third edition of her edited book entitled *Doing Anti-Oppressive Practice: Social Justice Social Work*, for instance, Donna Baines (2017a) cites “ten common themes or core insights that stand the test of frontline [social work] practice in terms of promoting social justice” (pp. 5–8). The first such theme is “macro- and micro-level social relations that generate oppression,” with capitalism and related economic policies of government and international bodies being listed as oppressive macro-level forces. It seems curious that in Baines’s formulation, capitalist economic structure and class relations are framed in terms of “oppression” rather than *exploitation*—the latter being the term that is commonly used in Marxist and neo-Marxist traditions. Like Mullaly and West, Baines (2017a) emphasizes multiple forms of oppression—“including gender, class, (dis)ability, sexual orientation, and race” (pp. 5–6)—but does not differentiate economic class as a distinct category

based on one’s location in the materialist relations of production in advanced globalized capitalism. Such a Marxian understanding of economic class sets it apart from other aspects of oppression based on social identity, but Baines appears to conflate the economic with non-economic aspects of individual and collective social location.

Baines goes on to offer useful theoretical insights as part of her AOP framework, emphasising the necessity of balancing “client assistance” with “efforts to transform society,” the importance of participatory and self-reflexive approaches to practice, and aligning social work with progressive social movements. However, it is notable that Baines’ (2017a) list of “core themes” for “promoting social justice at the level of everyday frontline social work” contains no explicit reference to economic or redistributive justice (pp. 5–8).²

Baines’ (2017a) final core theme identified for AOP is that “a blended, heterodox social-justice perspective provides the best potential for politicized, transformative social work practice” (p. 8). These motifs of blending and challenging orthodox assumptions provide us with a good jumping off point for the discussion below. This article proposes that social work academics and practitioners should follow the advice of David Miller (2017) to expand our understanding of justice in creative and flexible ways. Such an exercise would help us in social work to expand our insights and sharpen our critiques in social work theory. Miller points to the need to understand both the lacunae and unexpected insights of various thinkers on justice, and to pay attention to these thinkers’ contributions to understanding injustice in various societies across time and geography.

The goal of this paper is to contribute to such an enhancement of social work’s understanding of the concept of justice, as one step towards a more sophisticated and coherent articulation of justice in social work theory and practice. It is my intention to take a positive and constructive approach in this endeavor. Several AOP theorists such as Mullaly and West (2018) and Baines (2017a & 2017b) tend to be very focused on what the discipline and profession

opposes—notably social oppression, economic inequality, patriarchy, racism, heterosexism, and the “other-ing” of various marginalized groups. Of course, all of these negative forms of domination and exclusion are very real and are played out in various ways and in diverse social contexts. They certainly present impediments to the achievement of social justice. But beyond taking an oppositional stance, AOP theorists such as Mullaly and West and Baines pay little attention to what social work should stand *for*—that is, how “social justice” (as one of the key theoretical and normative beacons in social work) can be defined and understood as a positive ideal with specific components and goals.

In social work theory, it is essential to both understand the negative dimensions and pernicious mechanisms of social injustice *and* to advance a positive framework for social justice that can guide the professional and political actions of social workers and inspire them to make the sacrifices and take the risks necessary to advance social justice. Such an approach is outlined by Hutchinson (2015). On the negative side, she maps social work theories focused on injustice—including *inequality* based on gender, class, race, and other factors, the *intersectionality* of these various forms of social oppression, and *privilege* that is exercised by the advantaged to maintain unequal and oppressive social conditions. But Hutchinson (2015) also frames social justice as a positive goal for which we should strive—citing Rawls’ contractarian theory of distributive justice; theories of recognition and just relations among groups; perspectives emphasising human capabilities, human rights, multiculturalism, and the empowerment of marginalised individuals and groups; and theories focused on the struggle for global social justice.

In this vein of accentuating the positive (while recognizing the need for trenchant criticisms of injustice), this paper will draw on the broad fields of political and moral philosophy and social theory. The intention here is to broaden and deepen social work’s thinking on social justice. We must fully take into account injustice, oppression, and exploitation, but we also need positive formulations of justice

in social work in order to guide our theorization, research, teaching, and practice.

Six specific aspects of justice as they pertain to social work are identified in what follows. They are social equality, economic equality, environmental sustainability, moral integrity, fairness, and restorative healing.

Justice as Equality Based on the Inherent Worth and Dignity of All Human Beings, and the Rights That Adhere to Them

The International Federation of Social Workers refers to “the inherent worth and dignity of human beings” as a foundational principle in defining social work.³ This statement is very much aligned with philosopher Immanuel Kant’s conception of the moral worth and autonomy of human beings as capable, rational moral agents who can discern universal moral laws. Specifically, Kant’s concept of the categorical imperative demands that all human beings treat one another as ends in themselves, and never as means to some other end or purpose (Johnson & Cureton, 2018). Additionally, Kant points to human autonomy as a marker of human dignity and worth that is based on individual freedom and rationality, and that knits us together through a shared moral code (*ibid*). These Kantian formulae of humanity and autonomy apply to all human persons and form the basis of equality among us all as practical reasoners seeking to discern and act in accordance with moral laws.

From Kant’s idea of the inherent worth, dignity, and rational abilities of all human beings who are equal to one another, it is a short leap to seeing this equality as the basis of universal *human rights*. An early and influential formulation of human rights as they relate to social welfare was by T.H. Marshall (1964). He conceived three “generations” of rights that were built up over time and that accrue to all members of a democratic society equally. Marshall referred to the eighteenth century as the time when *civil* rights (such as freedom of speech and right to due process under the law) were advanced in Britain and other western countries. He

pointed to the nineteenth century as the time when *political* rights (such as the universal right to vote and hold political office) were advanced, at least for white men of most classes. Finally, he saw the twentieth century as the time when *social* rights (such as social insurance, health care, and other forms of social support through the state) were initiated. Our conception of rights has expanded beyond Marshall's original formulation of these three categories. Other generations of (especially collective) rights include the right to a clean and healthy environment; the rights of Indigenous peoples to use their languages, cultural teachings, and land; and the rights of cultural and linguistic minorities to maintain and evolve their identities in democratic societies (Philip & Reisch, 2015; Sanders, 1991).

Jim Ife (2012) focuses on the centrality of human rights in the practice of social work. But Ife and Tascón (2016) also caution that "the idea of human rights remains a 'two-edged sword' for critical social work practice" (p. 27). They contend that "human rights can be used to maintain conservative perspectives on critical social work reinforcing the neoliberal status quo" (p. 27). They also argue that in critical social work practice "a Western-centric development perspective" on human rights must be avoided by "challeng[ing] top-down approaches to human rights implementation" (p. 27).

On the international level, social work takes a very cosmopolitan approach in its Global Agenda for Social Work and Social Development. Truell and Jones (n.d.) outline the need for the three international social work organizations,⁴ working in concert with both global institutions and local communities, to strive for social and economic equality, the inherent dignity of all peoples, a healthy and sustainable environment, and stronger human relationships. These goals exemplify a cosmopolitan conception that all people, regardless of their nationality, politics, or other aspects of identity, being seen as part of a unitary global community (IASSW, ICSW, and IFSW, 2014; Kleingeld & Brown, 2014).

This broad conception of human dignity that is rooted in equality and community on a global level is a noble aspiration. But it is a formal and empty sentiment unless, on a practical and everyday level, we relate to one another in ways that recognize and respect both human individuality and collective identities. In making such a connection between theory and practice, social work can usefully draw upon the work of the German social theorist Axel Honneth (2004) in incorporating *recognition* as a key aspect of our understanding of justice. Honneth (2004) presents "a theory of justice starting with the social and moral fact that social recognition is necessary" (p. 352) and conversely that "the experience of social injustice is always measured in terms of the withholding of some recognition held to be legitimate" (p. 352). Misrecognition occurs when individuals or groups are understood by those around them in negative and devaluing ways, and this misrecognition is embedded in social norms and values (Iser 2019). Such misrecognition results in those experiencing it having difficulty in placing positive value on themselves and on their life goals and activities (Iser, 2019).

Honneth (2004) points to "three spheres of recognition"—namely *love* in one's personal and intimate relationships, *equality of rights* in the legal sphere, and just recognition of one's *achievements* as a contributor to the broader collective good (p. 352). Honneth conceives lack of recognition as linked to both "economic disadvantage and cultural deprivation" (ibid), thereby not divorcing the question of (re)distributive justice from the cultural and social spheres of human interaction.

Amy Rossiter (2014) highlights the potential for Honneth's perspective to help social work translate the broad ideal of justice into reality, and to use the concept of human dignity based on recognition to practical ends in social work theory and practice. Rossiter (2014) argues that

Honneth is particularly useful for social work because he rejects the liberal conception of human subjects as independent and self-determining, arguing that the

inevitable dependence on others for identity formation renders people vulnerable to recognition. This vulnerability of identity substantiates Honneth's claim that justice must be concerned with the social conditions of identity formation. (p. 93)

Rossiter (2014) also makes the point that recognition is shaped by "the power dynamics of identity and difference in relation to recognition demands" (p. 93). She advocates that "the perpetuation of domination and oppression through the power relations of identity formation" (p. 93) must be a primary concern for the practice of social work.

There are indeed multiple forms of misrecognition or non-recognition related to inequality, oppression, and domination. Major examples include patriarchal assumptions about and treatment of women; heterosexist oppression of queer and non-binary people; subjugation of racialized populations; discrimination against ethno-cultural, religious, and linguistic communities; and stigmatization and exclusion of persons with disabilities. These aspects of lack of recognition or misrecognition typically have economic as well as social implications, and economic inequality is the focus of the next section of this article. But Honneth's argument that recognition is fundamental to justice is valid in and of itself, regardless of if and how lack of recognition or misrecognition may (or in some cases may not) be related to economic inequality.

Justice as (Relative) Equality Through Economic Redistribution

In the previous section it was argued that social equality is a function of the inherent worth and dignity of human beings, who thereby possess a set of inalienable human rights, and who should be recognized accordingly. Equality formulated in this way can be seen as a universal and uniform concept—every human being everywhere has the same "amount" and "type" of dignity and worth. Based on this universal and uniform equality, all of us should have equivalent opportunities to exercise

our capabilities in ways that we choose and to have equal access to recognition from others in loving personal relationships, in our political rights, and in rewards for our achievements. To the extent that these normative standards are not met or are violated, we must remedy the negative treatment of persons and groups who are denied their dignity and worth and whose rights are ignored or suppressed. We may not always achieve "perfection" with these remedies—but we must never cease striving for the goal of perfect equality based on human worth, dignity, and recognition.

We can examine the more specific question of *economic* equality as a relative, rather than as a universal and uniform, goal. Economic equality is a function of the mechanisms of distributive and redistributive justice. It is measured as possession of, or access to, physical resources (such as land and productive assets), monetary wealth, cash income, public goods, and realizable opportunities for economic and social advancement. When it comes to economic equality, most schools of political and philosophical thought do *not* hold the view that everyone must have exactly the same amount and kind of economic wealth and resources at their disposal. Even Karl Marx came up with the maxim of "from each according to his ability, to each according to his need," implying that the mechanisms of redistributive justice should appropriate from and bestow to individuals in differing amounts depending upon each person's particular circumstances.

In this way an *approximate* level of economic equality could be achieved in which everyone has enough for a decent material standard of living, but no one can accumulate or hoard wealth to the extent that others lack sufficient economic resources. Unlike aspects of social equality related to identity, recognition and rights—elements that one either has or does not have in a more or less *absolute* sense—economic equality is a question of *relative* equivalencies that is typically shaped by differing aspirations and wants across individuals and groups. John may not be as wealthy as Mary, but if John has his basic economic needs met and

has reasonable economic opportunities, he may not feel unjustly treated compared to Mary.

It is necessary in a just society that there are not gross discrepancies in income and wealth, for they will likely result in the suffering of the worst off and will compromise our attainment of distributive justice. But perfect economic equality is not necessary for justice, nor is it likely achievable in complex and diverse democratic societies. In fact, justice requires that each of us has as much *choice* as possible in regard to how we earn and spend our economic resources, consistent with the ideal of human freedom and the imperative of economic redistribution to ensure basic economic security for all. Justice also demands (as will be discussed in the next section) patterns of distribution and consumption that respect ecological limits in the interests of intergenerational justice (i.e., leaving sufficient resources and a healthy and habitable planet for our children and grandchildren).

John Rawls (1971) launched the contemporary debate about justice in distribution. Rawls' theory was built around two principles (p. 266) that have direct relevance to questions of economic distribution and redistribution. His *principle of liberty* states that "[e]ach person is to have an equal right to the most extensive total system of equal basic liberties compatible with a similar system of liberty for all" (p. 266). Rawls' *difference principle* states that social and economic inequalities are inevitable and tolerable, but that they must be arranged so that the least well off is as well off as possible, resources are preserved for future generations, and there is equality of opportunity in attaining social rewards.

Rawls' "maximin principle" demands that social systems must ensure that those who are the least well off are as well off as possible, consistent with the preservation of liberty and the allowance for individual differences in aspirations, efforts, and talents. Rawls' formulation of justice has obvious relevance to social welfare policy and programs designed to achieve greater income security through economic redistribution. Rawls' formulation of social justice thus incorporates a fair and relatively

equal primary distribution of economic assets and opportunities, a redistribution of wealth and income to end insufficiencies and gross inequalities, and of a comprehensive and universal set of public goods (such as education, decent and affordable housing, health care, social services, and public transportation) to ensure a decent quality of life for all.

One particular aspect of redistributive economic justice that has been gaining a great deal of international attention in recent years is *basic income*, "a periodic cash payment unconditionally delivered to all on an individual basis, without means-test or work requirement."⁵ As a radical approach to ensuring universal economic security through a guaranteed and adequate cash income for all in a particular political community (a city, a state, or a country), basic income would be a significant step forward in the struggle for economic equality and justice (Van Parijs & Vanderborght, 2017). To date, social work researchers and organizations have generally not been at the forefront of advocating for basic income, with a few exceptions such as the Canadian Association of Social Workers (Drover, Moscovitch, & Mulvale, 2014; Kennelly, 2017).

Basic income, in combination with renewed and reinvigorated public services, would bring us much closer to a just Rawlsian distribution of social goods. These measures could also reverse the austerity agenda that has profoundly impacted welfare states over the last four decades (Edmiston et al., 2017), and reinvigorate political agency and economic democracy.

Justice as the Flourishing of All Species in a Healthy and Sustainable (Natural and Built) Environment

In recent years social work as an academic discipline (although less so as a field of professional practice) has been paying considerable attention to questions of ecology (Besthorn, 2013; Coates, 2003; Zapf, 2009). This literature tackles the question of how social work theory, research and practice needs to be reframed in ways that link environmental sustainability with social justice (Mulvale, 2017). One of the intellectual leaders

of this shift in thinking has been Lena Dominelli (2012). Her model of green social work points to the need for our discipline and profession to work to achieve environmental sustainability as part of a broader imperative for economic restructuring and political change based on social justice, human equality, and environmental rights.

Social work academics and practitioners have a deep responsibility to make the links between environmental sustainability, economic redistribution, and fostering good ecological citizenship in our communities and internationally. Social work's potential contributions in this regard include taking account of both the social *and* physical environments in social casework; using our expertise in community development and community organization to assist local groups to challenge environmental degradation and destruction; and promoting universal basic income linked to a steady state, no-growth (and likely post-capitalist) economy as essential public policy goals. Social work's theorization of justice must be fundamentally linked to an understanding of ecology and environmental crises such as climate change, loss of natural habitats and species, and human overpopulation and overconsumption. Such a "green consciousness" will better equip social workers to play an advocacy role in reversing environmental degradation, and to assist those whom we serve in dealing with the material losses, social dislocations, and emotional trauma of the Anthropocene.

Justice as Moral Integrity

This sense of justice has to do with the moral standards that pertain to social workers, usually expressed as ethics and standards to which they must adhere as practicing professionals. These standards apply to the various settings in which social workers practice—direct practice with individuals, families, groups and communities, and indirect practice as carried out by policy analysts, administrators, educators, and researchers. In all of these instances, social workers occupy positions of relative power and privilege in relation to the

constituencies which they serve. With this power and privilege comes the responsibility to adhere strongly to ethical standards and moral codes, which provide one line of defense against abuse of power by social workers and mistreatment or domination of clients who almost invariably have less status and privilege.

The ethical concerns of social workers must extend beyond their individual conduct as practitioners. They must also address the question of how well (or not) moral standards (such as those pertaining to compassionate care, social inclusion, and a decent material standard of living) are inscribed in laws and public policies, especially in matters that directly relate to social work practice, such as child welfare, family relations, health care, and protection of vulnerable persons. More broadly, social workers have a strong moral and ethical stake in human rights codes and instruments, which can help to equalize power between their vulnerable clients and dominant social, political, and economic elites. If laws and policies fail to meet the standards of justice, social workers have the moral responsibility to advocate for positive changes to them in ethical and effective ways.

One aspect of social work's moral and ethical "genealogy" is its historical grounding in the social gospel movement of the Christian churches of the late nineteenth and early twentieth centuries. Authors such as Allen (1973), Guest (1997), Finkel (2006), and Graham et al. (2007) trace this intersection of Christian faith and social work in the case of Canada, as an example. This confluence has been reflected historically in the location of many social work practitioners in social service organizations connected with Christian churches, as far back at the late nineteenth century and the beginning of settlement houses. These agencies, if not formally affiliated with Christian denominations, were at least firmly ideologically rooted in the social gospel movement (Rose, 2001). Shewell (2018) sees the origins of the settlement house movement as rooted in part in an idealist-Romanticist tradition that also influenced the social gospel movement. To be sure, there was a divide

in social gospel-influenced approaches in the early twentieth century between those wanting to address individual pathologies (reflected in the work of the Charity Organization Societies) and those seeing the need for broad social reform to address poverty and related social problems (expressed in the work of the settlement house movement).

This faith-based moral genealogy of social work is also evident in the development of Jewish community organizations and social services in late nineteenth and early twentieth century. This is readily apparent in the *kehillah* (meaning “congregation”) concept in Judaism that was embodied in Jewish community organizations and philanthropic funds that developed during this period (Moore, 1978; Schoenfeld, 2012). These initiatives in Jewish communities expressed the scriptural invocation (Deuteronomy 16:20) that “justice, and only justice, you shall follow.”

Finally in regard to faith-based understandings of justice, there is evidence of social work’s moral-ethical affinity with teachings in other major faith communities that emphasize not just service to, but also liberation of, the downtrodden and vulnerable (Evans, 1992). A question that merits further exploration is how the moral principles underlying social work (as a profession that emerged in Judeo-Christian countries) resonates with the moral teachings of other faith traditions such as Islam, Hinduism, Sikhism, and Buddhism.

While social work emerged partly from the historical legacy of social gospel, it is also the case that the connections between social work as a profession and faith groups, have become quite attenuated in recent decades. This trend is especially apparent in secular western democracies. This attenuation is partly the result of the shrinkage of mainstream Christian denominations in size and power. Additionally, some fundamentalist Christian communities have in fact moved away from the progressive moral positions on social justice questions that typified the social gospel movement and have instead adopted the tenets of the “prosperity gospel” that celebrates capitalism, consumption, and political conservatism as

the signs of God’s favour (Bowler, 2013).

Nonetheless, a case can still be made for social justice oriented social workers (whether or not they are spiritual as individuals) to work in solidarity with progressive leaders and groups in faith traditions that share similar social justice goals. On one hand, social work values and ethics may run counter to certain moral tenets in fundamentalist groups in Christian and other faith traditions who espouse the subordination of women, the oppression of LGBTQ persons, or the exclusion of other groups judged to be unworthy or sinful. On the other hand, progressive social workers may find strategic allies in ‘liberal’ and ‘left’ sectors of the major faith traditions in advancing ethical analysis and moral advocacy in pursuit of social justice goals.

While social work can and should find common ground with faith communities in seeking social justice, it is also necessary that social work as a secularized profession must not be formally aligned with or privilege any particular set of moral teachings. Social work must be “ecumenical” and tolerant in regard to all moral perspectives—whether they are faith-based or not—that are broadly consistent with social work’s commitments to justice. If social work theorists and practitioners are to undertake a project of “moral construction” in social work that fits the secular political order of liberal democracies, once again the figure of Kant looms large. The use of Kantian practical reasoning is particularly relevant when it comes to “high stakes” moral issues that social workers frequently deal with in their intervention with clients, such as conjugal or parent-child relationships, health or mental health crises, and securing the material and emotional necessities of life. The ethical dilemmas and moral uncertainties that social workers face can be particularly acute in the context of funding and service cuts resulting from the politics of austerity (Baines et al., 2009). In recent decades, welfare states have been profoundly reshaped by social conservatism and economic neo-liberalism. In such a context, social workers concerned about morality and ethics frequently walk a fine line between what Rivest and Moreau (2015) refer to as emancipatory

practice (enacting justice) and disciplinary interventions (exercising control over vulnerable and/or troubled clients on behalf of the socially conservative and economically neo-liberal state).

Pullen-Sansfaçon and Cowden (2013) have made an important contribution to theorizing morality and ethics for social work using sources divorced from religion and spirituality. They point to “the three specific families of ethical theories ... which have greatly influenced professional ethics in social work” (p. xxiii). These three theoretical moorings are: i) Kant’s concepts of self-determination and human dignity; ii) social justice as articulated in the utilitarian ethics of John Stuart Mill and John Rawls’ theory of justice; and iii) virtue ethics and the ethic of care as rooted in the work of Aristotle and Alasdair MacIntyre. Pullen-Sansfaçon (2010, p. 403) also points to the importance of specific virtue ethics in professional practice in social work, such as temperance, truthfulness, respectfulness, magnanimity, modesty, professional wisdom, care, courage, and justice. Pullen-Sansfaçon (2010) illustrates how to educate social work students on using practical reasoning in a collective setting as part of reflective practice, using Socratic dialogue as a tool. This method can assist those preparing themselves for social work practice (and also, presumably, those already practicing) “in their moral development by developing and nurturing appropriate virtues for social work” (p. 402).

Weinberg (2010) offers a social-constructionist approach to social work ethics, calling for the grounding of ethical reflection and formulation in the social contexts in which social work is practiced. She states that “[s]ocial workers would benefit, when constructing their ethical responsibilities, by moving beyond the spotlight on the one-to-one relationship between worker and client” (p. 40). They must also focus on “the broader structures and paradoxes that shape and limit practice” (p. 40). These constraints include what Weinberg (2010) refers to as the “risk society and the blaming game” (pp. 37–38) and “the economic effects of globalization” (pp. 38–39). But Weinberg does not focus solely on

big social structures or hegemonic ideology, so as to minimize or exclude the power and agency of individual social workers. She claims that social workers should “sidestep the dualism of the notions of agency and structure,” and recognize that “[p]ractitioners are restricted by structure but they also create structure” (p. 40). Social workers must use self-reflexivity as a fundamental tool in their professional tool kit in order to look beyond “the predominant paradigm [in which] the profession as a whole is generally viewed as being benign” (p. 40). They must critically examine the organizational and political contexts of social work practice. They must recognize that their profession is “part of the power elite” and that “[q]uestions about privilege and perquisites should be fundamental parts of the social construction of ethics, not sidebars viewed as political difficulties” (p. 40). If social work follows this path, according to Weinberg (2010),

the social construction of what constituted ethics would shift and there would be the possibility of reversing the historical trend away from a technical function and toward the causes of social problems. (p. 40)

This is not an individualistic exercise, and it must reject arrogance and certainty. Weinberg (2010) emphasizes that “the social construction of ethics would be strengthened by the solidarity of a community that recognized the inescapability of trespass [with clients], allowing for humility, doubt, and clemency” (p. 41).

Rossiter (2011) takes a broadly similar and illuminating approach to social work ethics. Rossiter deploys the philosophy of Emmanuel Levinas to call for “unsettled practice”—doing social work in a way that moves beyond “satisfaction with knowledge and technique” and that places ethics before knowledge. Rossiter (2011) contends that it is necessary to move beyond “innocence” (p. 989) in social work practice, and to

present a radical challenge to the notion of “professional” itself. Ethics cannot

be a “competence” or a naive appeal to “evidence”—it is a commitment to struggle with the vast historical legacy of totality—a struggle that requires constant judgments of the conflicts between ethics and justice. (p. 990)

Rossiter (2011) points to examples of how social work knowledge (such as neo-Freudian therapeutic counseling, or social casework based in systems theory) can do “violence” to clients by classifying and defining them in ways that negate what Levinas calls “the inexhaustible, irreducible singularity of people” (p. 983), which he also calls a person’s “infinity” (p. 983). Rossiter (2011) contends that even critical social work’s representation of “oppression” is not an ethically sufficient move by itself, and that we must embrace “the contradiction between the inevitable need to totalize or represent and the need to make space for the sociality that derives from our orientation towards that which is beyond comprehension of an individual” (p. 990).

On a pragmatic note, Rossiter (2011) recognizes that “thoughtful practitioners mediate between knowledge and practice judgments,” and that “the substantial role of judgment in practice belies the brute application of totalized knowledge” (p. 987). Rossiter (2011) calls upon social workers to engage in practice that is reflexive and critical, and that eschews “ethical innocence” (p. 993). Rossiter (2011) contends that social work must exist “on the razor’s edge that is unsettled practice: the tension between justice and ethics that must be maintained at the expense of settling for justice at the expense of ethics (p. 993).

The above approaches provide points of departure in theorizing moral foundations and ethical standards for social work practice that strive to be consistent with a broad conception of social justice. Much work remains to be done along these lines in regard to theorization, empirical research, and practical application. But a general direction seems clear—that social work has the capability and must rise to the challenge of developing a more sophisticated understanding of the moral dimensions of justice, and a concomitant set of professional

ethics that goes beyond narrow, individualistic, and quasi-judicial codes of behavior.

Justice as Fairness

Justice as fairness is perhaps the most “mundane” of the six elements presented in this article, but it is a principle that is integral to social work practice. Justice as fairness is the idea of treating people equitably and impartially. It builds on the general moral understanding in liberal democratic societies that each should be given their due, which in matters being disputed before formal bodies translates into due process and procedural fairness (Hurlbert & Mulvale, 2011). Justice as fairness does not necessarily imply treating parties to a dispute exactly alike. If one party has a legitimate grievance and/or is in a position of disadvantage or subordination compared to the other advantaged and/or dominant party, justice may require that this imbalance be corrected and that the aggrieved party receive a favorable ruling and compensation of some kind.

Justice as fairness is germane to many different social work practice settings in which decisions are made that affect individuals, families and communities. These settings include casework practice carried out in legal and criminal justice programs, appeals of formal decisions concerning income security benefits, child custody disputes, refugee application hearings, and other quasi-judicial or legal-administrative matters with which social workers assist clients. Social work practitioners can be instrumental in such settings, using both formal and informal dispute resolution mechanisms, to achieve just, fair, and helpful outcomes for their clients.

Justice as fairness is a relatively easy concept to grasp intellectually, but in everyday practice its realization is often complicated by power imbalances, bureaucratic complexities, and the need for significant resources (time, money, expertise) to ensure that justice is done. Social workers seeking justice as fairness often practice in less-than-ideal contexts. Their ability to access resources to ensure the best possible assistance and

advocacy for clients is often constrained and may even be grossly deficient. In such circumstances, the imperative of achieving justice as fairness may conflict with a social worker's professionally determined ethical obligations and may raise profound moral (and perhaps even legal) dilemmas for a social worker (Yu & Mandell, 2015). If social work practice in a particular setting cannot meet the test of justice as fairness, then the moral and ethical standards of social work may impel practitioners to refuse to play a role that would sanction an inherently unjust process.

Restorative Justice

Finally, a specific sense of justice that has particular relevance to social work is restorative justice. This is especially the case for social work as it is practiced in the legal-judicial and criminal justice systems, and in other settings in which interpersonal harm or group conflict has occurred. Braithwaite (2002) quoting Tony Marshall states that "[r]estorative justice is a process whereby all the parties with a stake in a particular offence come together to resolve collectively how to deal with the aftermath of the offence and its implications for the future" (p. 11). Braithwaite (2002) identifies "the core values of restorative justice" as "healing rather than hurting, moral learning, community participation and community caring, respectful dialogue, forgiveness, responsibility, apology, and making amends" (p. 11). The exercise of restorative justice involves victims, offenders, their families, and their communities.

Braithwaite (2002) contends that restorative justice and "responsive regulation" can also be applied at macro-societal levels beyond interpersonal crime. Such applications include the economic regulation of business, international peacemaking, and sustainable development. Braithwaite (n.d.) sees restorative justice as both taking responsibility for past harms done and creating conditions for a more just future. These processes must be carried out in ways that prevent shame for past wrongdoing (which in proper measure can be adaptive) from turning into humiliation and indignity for

wrongdoers (which sabotage the restorative justice project) (Braithwaite, n.d.).

Social workers can play key roles in restorative justice settings, especially in community-based programs and processes that offer alternatives to the legal, judicial, and punitive machinery of the formal criminal justice system. Gumz and Grant (2009) argue in this regard that social work must move beyond seeing social justice "primarily as efforts to ensure a fair distribution of resources and opportunities" (p. 119), and to expand its view to see that "justice is also restorative in nature—seeking to restore and enhance victims, offenders, and communities to fuller functioning" (p. 119). To explore the involvement of social work in restorative justice practice, Gumz and Grant (2009) conducted a meta-analysis of 80 peer reviewed social work articles on this question. They concluded that "[t]he role of social workers in restorative justice programs remains largely unknown" (p. 125). So the challenge remains for social work to embrace justice as restoration and healing more completely, and to use this approach more systematically with the aims of alleviating pain, restoring relationships, and facilitating the healing of individuals and communities.

Conclusion

The argument in this article has been that social work must do more to deepen and broaden its understandings and applications of justice in its academic work and professional practice. Social work academics and practitioners must challenge themselves to act humbly but passionately to make things better for their clients and communities—and to become more adept at specifying and measuring what "better" really means. In this way, social workers can move closer to "justice" in its various and nuanced senses, including those presented in this article. This movement towards justice can (and must) be realized by social workers in all of their fields of practice (child welfare, health and mental health, aging, school social work, etc.) and at all levels of social work intervention (including casework, group work, community organization

and development, policy analysis, administration, and research and professional education).

Wilson (2017) makes the point that “[t]he importance of our justice imaginations cannot be overstated” and that we should “develop a relational form of historical practice from which to engage with each other” (p. 1312). These insights can help us to reach a deeper understanding of “justice,” remedy past injustices for which social work is responsible, and avoid future harms that could result from arrogant, non-reflexive, or duplicitous practice.

At its best, social work has drawn on diverse and eclectic sources of theoretical insight and practice wisdom to advance justice and equality. But it is also the case that social work as a discipline and practice has frequently supported capitalist, racist, sexist, and colonialist ideologies and political projects that have resulted in exploitation, oppression, social exclusion, poor health and social conditions, and even death. Social work has often been complicit in structural violence carried out against the communities that supposedly were being “helped” (Chapman & Withers, 2019; Ioakimidis, 2015).

The process of rectifying past unjust practice, and charting a more positive path for the future, will mean that progressive social workers must dialogue with—and if necessary, challenge—their colleagues whose views on justice do not incorporate a fundamental commitment to equality, recognition, and inclusion. Social workers must also challenge conservative ideologies and practices in organizations in which they are employed.

If social work is to contribute to political-economic transformation, and to be a path toward social justice for both its practitioners and those whom they serve, then it must take account of its political context at the “macro” level. Social work emerged first in the Anglo-American liberal democracies in the early decades of the twentieth century. This political context is composed of paradoxical elements. On one hand, according to C.B. Macpherson (1965), the “ultimate ethical principle” of democracy is “to provide the conditions

for the free development of human capacities, and to do this equally for all members of the society” (p. 87). On the other hand, Macpherson (1964) points out that liberal democratic societies are embedded in capitalist economies, and that the latter are infused with an ethic of possessive individualism that undermines the exercise of human capabilities and restricts social and economic equality.

Social workers are well situated to clearly grasp these conditions of inequality and lack of freedom that shape the lives of their clients. With a multi-faceted understanding of justice to guide them, social workers can play a key role in enabling better lives for clients, and in working for more just social conditions and a more equitable economic distribution. Progress in these struggles will help to take us beyond the possessive individualism that Macpherson (1964) warns us about and enable us to realise democracy’s full promise of individual freedom and collective welfare.

To progress along this path, social work must engage in continuous theory building; rigorous empirical research on the multiple sources of and potential remedies to social and economic injustice; and careful evaluation of our applied professional work in program delivery and policy development. This work by social work must build on the discipline’s best traditions of self-reflexive analysis and critique of its practices and must fully incorporate the ideal of justice into its theorization, research, and intervention strategies. A social work approach that can be built upon and developed along these lines is structural social work (Lundy, 2011; Moreau, 1979). This model for practicing social work addresses the roots of injustice in the neo-liberal political economy. It also recognises in the various forms of social oppression that arise therein, in all of their complex and intersecting patterns, while at the same time avoiding the quagmire of a totalizing view of oppression that can rob us of agency and hope.

Social work’s theoretical eclecticism and professional self-reflexivity can sometimes lead to conceptual messiness and to complicated and intense debates on what is to be done in the various

and challenging fields of practice. However, these engrained patterns of eclecticism and reflexivity in social work can help to move the discipline and profession toward the ideal of justice understood as human dignity, social and economic equality, sustainability, moral integrity, fairness, and restorative healing.

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Endnotes

¹This is the third edition of this text. Robert Mullaly was the sole author of the two earlier editions of the book in 2002 and 2010.

²In the subsequent chapter of this book, Baines (2017b) does point out that “social work and social policy scholars are increasingly identifying capitalism as a major source of most of this misery [related to poverty]” (p. 37) and points to the problematic nature of neo-liberal globalization and social policies based on austerity.

³Retrieved at <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>

⁴The International Federation of Social Workers (IFSW) focuses on practice, the International Association of Schools of Social Work (IASSW) focuses on education, and the International Council on Social Welfare (ICSW) focuses on social policy.

⁵Retrieved from the website of the Basic Income Earth Network: <https://basicincome.org/basic-income/>

“It helped, the mindfulness, ... so let me help”: High school students developing social work values through yoga

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Abstract

Contemplative practices such as yoga may have positive mental health outcomes on adolescents. This article reports on a qualitative study that examined how a mindful movement program based on yoga philosophy helped to affect cognitive processes that are compatible to social work values. Three focus groups and one individual interview were conducted for a total of 24 participants. Participants spoke of themes that indicated progress towards understanding the dignity and worth of people, the importance of human relationships, and the need for social justice. These social work values are then aligned with yoga philosophy.

Keywords: contemplative practices, social work values and ethics, social justice, mindfulness, yoga

Introduction

Contemplative practices are interventions that are increasingly more incorporated into social work practice for mental health and emotional, social, intellectual, and spiritual wellness. These practices are consistent with the social work values of self-determination and self-fulfillment, social and societal well-being, and social justice

(Sherman & Siporin, 2008). Social workers use these practices to nurture introspection in their clients and themselves, and include activities such as mindfulness, meditation, storytelling, journaling, tai chi, and yoga (Wang, Perlman, & Temme, 2019). Evidence for such practices in social work dates as far back as 1997, when 15.4% of professional social workers surveyed reported that they use bodywork, such as yoga or tai chi, in practice, and 59.4% believed it to be appropriate (Jayarantre, Croxton, & Mattison, 1997).

A commonality of contemplative traditions is the unification of body and mind (Sherman & Siporin, 2008), which yoga is. Yoga is a form of mind-body medicine that provides a comprehensive system of self-development and transformation (Krucoff, 2013). *Yoga*, loosely translated from the Sanskrit *yuj*, means *union*. Yoga, although often seen as a primarily physical practice, also contains other elements of contemplative practices, such as mindfulness, meditation, and breathwork. The complex system is composed of eight limbs (Iyengar, 1966): *yama* (ethical principles), *niyama* (individuals' rules of conduct), *asana* (physical postures), *pranayama* (breath control), *pratyahara* (control of the senses), *dharana* (concentration),

dhyana (meditation) and *samadhi* (oneness). Many dimensions of yoga cultivate inner skills, such as self-inquiry and self-efficacy (Wang et al., 2019). However, just the physical practice has the same potential. For example, postures that are forward bending cultivate introspection, balance poses develop concentration, inversions energize the body (which may help alleviate depression), and meditation and relaxation help to combat anxiety.

Empirical support has documented the efficacy of contemplative practices, such as yoga, for emotional, social, intellectual, and spiritual wellness for recipients of social work services, including teens (Auty, Cope, & Liebling, 2017; Gockel, & Deng, 2019; Thomas, 2017). Past qualitative and quantitative studies suggest that yoga has benefited urban high school students (Felver, Butzer, Olson, Smith, & Khalsa, 2015; Ferreira-Vorkapic, Feitoza, Marchioro, Simões, Kozasa, & Telles, 2015; Frank, Kohler, Peal, & Bose, 2017; Noggle, Steiner, Minami, & Khalsa, 2012; Ramadoss, & Bose, 2010; Wang, & Higgins, 2016). One qualitative study among high schoolers found improved self-image and optimism, increased social cohesion with family and peers, and reductions in both stress levels and interest in the use of drugs and alcohol (Conboy, Noggle, Frey, et al., 2013). In another qualitative study, Wang and Hagins (2016) found that high school students participating in a yoga-based program reported increased self-regulation, mindfulness, self-esteem, physical conditioning, academic performance, and stress reduction. Frank, Bose and Schrobenauser-Clonan (2014) found significant reductions in revenge motivation and reported hostility for at-risk youth participating in a yoga-based program. In another study conducted by Frank, et al. (2017), significant increases in student emotional regulation, positive thinking, and cognitive restructuring in response to stress were found in inner-city youths participating in a yoga-based program.

These outcomes that are a subsequent to participation in yoga-based interventions are important for today's youth. It is imperative that we evaluate yoga theoretically through our discipline's

unique person-in-environment, empowerment, and strengths-based perspectives. Just as scholars from other disciplines (e.g., psychology, education) are establishing an empirical foundation of knowledge for yoga, social worker scholars also should contribute literature that incorporates our professional lenses. We are committed to formulating research questions and using research-informed practice that are congruent with our values and ethics. Social workers view and understand the human condition through a variety of perspectives, such as the micro/mezzo/macro levels, and use a strengths-based perspective. Additionally, our values and ethics are compatible with at least some aspects of yogic philosophy. For example, both yoga and social work value the dignity and worth of individuals and importance of human relationships. We are in a prime position to incorporate components of the philosophy and teaching of yoga in social work practice.

Although we are beginning to understand the benefits of yoga for adolescents, less is known about how yoga is externalized and may benefit relationships with others or how it translates into values and ethics associated with social work, such as social justice and empathy. Social workers have begun to incorporate elements of yogic philosophy and practice into their interventions, although with perhaps little understanding of its theoretical and practical integration. Wang and Tebb (2018) described how the philosophies of yoga and social work are compatible; however, much work remains to be done in order to demonstrate empirical evidence to support yoga's applicability and appropriateness for the social work profession. Although there are articles and studies regarding mindfulness and meditation by social workers (e.g., McGarrigle & Walsh, 2011; Lee, Zaharlick, & Akers, 2011), a review of the literature found only nine articles regarding yoga in social work journals (Crews, Stolz-Newton, & Grant, 2018; Derezsotes, 2000; Dylan, 2014; Gockel, & Deng, 2019; Jindani & Khalsa, 2015; Mensinga, 2011; Strauss & Northcut, 2014; Thomas, 2017; Warren & Chappell Deckert, 2019).

Although social workers are exposed to ways that social justice may manifest in the profession, less known are the deep philosophical roots of social justice and social action (Reamer, 2018). Aside from the political foundations, there are often personal philosophical underpinnings that contribute to social workers' commitments to social justice. The ways in which individuals externalize the benefits of yoga to help bring compassion to one's self and others and to promote social change and social justice need to be explored. Yogic philosophy is believed to be conducive to self-healing and transformation. One study showed that female survivors of sexual violence found yoga to be a beneficial way of (1) establishing better connections between themselves and the world around them, of (2) helping them move from positions of self-judgment to those of self-kindness, of (3) moving from isolation to common humanity, and of (4) moving from over-identification to mindfulness (Crews, Stolz-Newton, & Grant, 2018).

Thus, the purpose of this study was to further delineate the benefits of a yoga-based program and how these practices translate into social work principles and ethics of social justice. To do this, we analyzed empirical, qualitative evidence that was collected from high school students who participated in a Mindful Movement (MM) program and integrated it with social work values and ethics and yoga philosophy.

Background of the Mindful Movement program

The MM program was offered to tenth graders who had never taken the program before. The program lasted for one semester (eighteen weeks, beginning in September and ending in January) and consisted of five sessions per week. Class periods were 56 minutes long, but after students changed and settled, the actual program time was about 45 minutes for four days per week and 30 minutes on the fifth. The program was intended to provide a balance of yogic elements, including pranayama (breathwork), asana (physical posturing), relaxation, positive visualization, and reflection (via journaling). Most sessions began with

two to three minutes of active breath work (such as three-part breath, alternate nostril, breath counting) followed by at least twenty minutes of asana focusing on an awareness on the relationship with the body. There was a balance of vigorous (vinyasa flow) and restorative poses throughout the week. Sessions concluded with three to seven minutes of conscious relaxation, followed with either positive visualization or body scan relaxation. Journaling sessions included celebrating our gifts, telling our stories, and reflecting on growth throughout our lives.

The MM program was independently designed and implemented in an urban charter high school in Brooklyn, New York. The researchers were not involved in the design or implementation of the program. At the time of the study, the MM program was in its fourth year at the high school as an established part of the school's curriculum. Because the program has had time to develop and because the school had received a great deal of positive feedback, school staff members sought out a more formal evaluation and contacted the lead researcher for program evaluation.

Method

School personnel were responsible for the recruitment of students to participate in the focus groups. All students assigned to the MM program were invited to participate, and the researchers obtained parental consent and assent for each student participant. The school staff sent informational letters and informed consent forms home to the parents to return. A total of 25 out of 50 parental consents were returned, resulting in a 50% response rate. These students were then gathered during their normal class time, at which time the researcher explained the procedures of the focus group, then obtained assents from the students. Students were audiotaped and the co-researcher also recorded notes. These procedures were approved by the authors' Institutional Review Board at their home university.

Three focus groups and one individual interview were held from January to March of 2018. The first focus group had seven students, the

second had eleven, and the third had six students, for a total of 24 students. Each focus group lasted approximately 35–45 minutes. An individual interview was granted to one participant, who was unable to attend a focus group but who wanted to participate. The research team developed set of questions (see Appendix A) in advance to structure the focus groups; however, the researchers also allowed the participants to guide the discussion themselves. The recordings of the focus groups were transcribed by a graduate research assistant. Data were analyzed using the qualitative software analysis package Atlas.ti 8.

The data were first analyzed by two researchers independently to ensure validity. Informed by Miles and Huberman (1994), each researcher began the analysis with open coding, during which the researchers independently read each transcript and noted key descriptive words and phrases. The researchers' next level of coding was interpretive, followed by pattern. Three key themes emerged that were related to the professional values of the field of social work: (1) the dignity and worth of the person, (2) the importance of human relationships, and (3) social justice.

Results

Social work value: Dignity and worth of person

According to the NASW Code of Ethics, "social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society (NASW, 2017)." The participants spoke about learning or recognizing the dignity and worth of people, including themselves. Many students spoke about their own increased self-esteem, but also their increased compassion and empathy towards others, as well as broadened perspectives about other people's actions and situations. Further, these broadened perspectives translated into decreased judgment toward others. The following are examples of quotes from

participants that illustrate increased in self-value: "As long as you're happy with yourself and what you're doing, how you're doing it or whatever you're doing, then that's all that really matters." "My favorite lesson was self-value. Believing in yourself and being independent. We would do poses that you had to struggle and depend on yourself that you wouldn't fall and to ground yourself."

In addition to their own self-value, participants' appreciation for other people also increased. As participants detailed how their self-esteem increased during the program, they also described their epiphanies regarding the interconnectedness of human beings, which deepened their understanding of the lived experiences of others. This also appeared to lead to increased compassion for others.

"The lesson was everyone's connected in some way, we all have trouble but we can all get through it altogether, get through it together."

"Sometimes you think they're [referring to people who are homeless asking for money] going to buy drugs with it or something like that, so I'm not going to give you money if you're just going to waste it, but then there's some people that haven't eaten and they want money to buy food for themselves and stuff. It makes you see stuff differently."

"Some people lost their dads and sometimes I don't appreciate my dad the way I should, you know? So you think you have it so bad but, look at the.... yeah. And then, there's this one girl, she has it really bad, but you see her smiling all the time. She has it so bad, but she doesn't look at it negative, she looks at it positive. This shaped me to be a better person, all these things I went through, it made me better. She doesn't like, oh

my God, I went through this, I'm a failure blah blah, she sees it like, I'm ok. It made me better."

"There was this other activity that I liked, and we taped a piece of paper on our backs and then we go around writing things you like about that person."

Social work value: Importance of human relationships

Understanding the importance of human relationships is another value of the social work profession. Thus, social workers "seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities (NASW, 2017)." Yoga also stresses the importance of honorable relationships and stresses virtues such as mindful listening, compassion, and working towards acceptance of a "difficult person (Krucoff, 2013)."

Improved relationships seemed to be a theme among these participants. Along with recognizing the worth of their peers and themselves, the participants also suggested that they internalized the importance of a greater good. A common theme that emerged from the focus groups was that yoga increased the quality of students' personal relationships, including relationships with peers and family members. Participants also reported decreased sense of self-centeredness or duality with others. This adolescent phase in human development is largely focused on self-achievement and development; therefore, it may be helpful to have a perspective that decreases self-absorption and simultaneously increases self-awareness.

"Everybody else in the class has also been nicer, like genuine and caring for one another. So, I feel like it's definitely had a positive impact on them."

"It's an open book with the people in the class. You just get to be yourself. You get to express yourself.... And she makes the class trust each other. I have really bad trust issues, but in that classroom, I felt I could trust people I never even spoke to."

"It's not my business, it's not me being mistreated, it's not any of my family. I said, I was really selfish. But now it's, 'Oh, that's my friend that's being treated like that.' I feel like now, 'You're messing with her, you're messing with me.'"

"I need to appreciate my mom. When I heard other people's stories [about me] ... Oh my God! I sound, I sound like a brat."

"She's made me not react to certain things. she's made me not take out my emotions on everybody else. To center myself and fix myself and with the breathing, some poses, to just ground myself and not take out those emotions to people that don't deserve for me to be mean to them."

"I feel like it made me more understanding of other people. You see how we opened up in the room? They act a certain way and now you know why they acted that way."

"A bunch of us got a clear understanding of why certain people act a certain way, and most of us, that day where we all like expressed our feelings or said what we were going through, we came much closer with each other because now we knew what we go through, why we do the things we do."

"Because there's people out there that they're going through situations and sometimes a negative approach will only make their day worse, so she told us to have empathy for everyone around us. That one I take home as well, because I don't know if my mom had a rough day at work or my teachers, so that one is what I carry the most."

Social work value: Social justice

The actions of helping others and taking responsibility for others in the above theme is progress towards social justice. Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people (NASW, 2017). Students discussed learning the difference between action and reaction, and knowing when action is needed and not needed. Additionally, students showed increased awareness of inequality, compassion, and empathy.

"We all realized that not everybody is okay. Somebody's always dealing with something. So, she always tells us, 'If you see somebody in need, help them.'"

"I started to take a lot of things into consideration and then I just try to think of anything I can [to help]. I'm much more peaceful and calm now and I do help my peers calm down during certain things when they see other things."

"It helped, the mindfulness, the conversations everyone had helped me. My own peers are going through some of this stuff, so let me help."

"Don't act on your feelings in the moment—think about it. Breathe first, and then react. Because the reaction you have automatically to the situation might be wrong."

"Maybe you kind of pick and choose what you can do about something and you should be active or some things that you should just ignore and not give it any more thought."

"I live on Long Island, so I often take three trains and a bus here and on a lot of the trains I see homeless people asking for change, or in the subway I'll see them, or out on the streets. Before, I would just put my headphones on, put it on blast, so that I didn't hear what they had to say or that I'd try to ignore them, so I didn't have to give them money. My father is a boxer and my mother, she's a nurse, so I come from where I have enough and if I have it, I can give it and I know that. But at that time I was just selfish, so now when I do see people on the train and I do see that they don't have it, the little bit of money I can give, I give to them now. It makes me know if I do good, good will come back to me."

"Recently I've been seeing it a lot and I've been helping the community and others."

"Sometimes we buy a lot of food and we just throw it out, but like, there's people that actually need the food or are hungry."

"She (MM teacher) said his (her husband's) neighborhood is very poor and she showed us pictures. It makes you appreciate what you have. Sometimes she goes there, and she does poses with those other kids, and it helps them, because they don't get that, they don't get that over there. So, she brings what she learns here over there. It makes

me want to do a difference. In the school, sometimes we have drives where we all bring cans and they donate it, or we bring clothes that don't fit us, and they donate it to other schools and stuff like that. And my mom, if I have clothes that don't fit me, she packs it and she send it to DR (Dominican Republic) when she goes."

Discussion

These results support past findings that yoga practices help to promote positive outcomes in adolescents in many areas. Students spoke about how they learned how to relax, manage stress, and self-regulate through this program. These findings are similar to those of Wang and Hagins (2016), who also conducted focus groups with urban high school students about the effects of a yoga-based program. Another finding of our study, increased connections with and sense of responsibility for others, was also a main theme found by past researchers (Conboy et al., 2013). As theorized by Kohlberg (1976), this movement towards decreased self-centeredness is critical to moral development and to working for social justice.

Because these students were able to strengthen both their own relationships and connections to others, they were also able to see the need for social change and social action. This is suggestive of their understanding of relationships and of redistribution, in that there is some sense of equity and fairness. Some theories of justice suggest that justice is the calculation of who owes whom what and how much (Gasker & Fischer, 2014); however, there is also the concept of distributive justice, or allocation of resources (Reamer, 2018). Study participants recognized the need for distributive justice by understanding the need to reallocate resources to others who were in need. This might also be the beginning of the transformation from rational egoism, which is when a person is always acting in his or her self-interest, to altruism, which is doing an act for others in which one has no stake or claim (Pandya, 2017).

Although much is written about the social work value of social justice, less is articulated regarding the dignity and worth of persons or the importance of human relationships. Although these two values may seem self-explanatory, there is opportunity to unpack how individuals understand, value, and articulate these concepts on an individual basis and how they can be strengthened and transferred to others. Much research has done regarding how social workers understand and apply social work values, but transmitting those same values to and strengthening them within clients and society are also integral to creating the more just and equitable world for which we strive.

Yoga, although commercialized in the West and heavily marketed as a physical practice, is a "pragmatic science evolved over thousands of years dealing with the physical, moral, mental, and spiritual well-being of man as a whole (Iyengar, 1966, p. 13)". A complete yoga practice is rooted in what can be considered to be moral living, which includes non-violence, truth, non-stealing, continence, non-coveting, purity, contentment, austerity, self-study, and devotion. It is generally accepted that the two main philosophical texts of yoga philosophy are the Bhagavad Gita (author unknown) and the Yoga Sutras by Patanjali. These two ancient texts have been translated into several languages and interpreted by many.

The Bhagavad Gita has been dated back to the fifth century BC (Mitchell, 2000). It is a poem depicting the main character, Arjuna, at war with his family. The Gita is a discourse between Arjuna and Krishna (God) about life, death, duty, nonattachment, the Self, love, spiritual practice, and the depths of reality (Mitchell, 2000). It is through this discourse that some of the ideas that are compatible to social work values can be found. For example:

"You must realize what action is, what wrong action and inaction are as well" (verse 4.17).

"Wise men regard all beings as equal: a learned priest, a cow, an

elephant, a rat, or a filthy, rat-eating outcaste" (verse 5.18).

"They (wise men) can act impartially towards all being, since to them all beings are the same" (verse 5.19).

"This is true yoga: the unbinding of the bonds of sorrow.... Abandoning all desire born of his own selfish will, a man should learn to restrain this unruly sense with this mind" (verses 6.23–24).

"Even the heartless criminal, if he loves me with all his heart, will certainly grow into sainthood" (verse 9.30).

The above verses are examples of lessons that are applicable to social work, such as understanding reaction versus action, treating all as equal as means of achieving social justice, and valuing all people with a capacity to grow and change. They also reflect some of the concepts expressed (albeit articulated differently) by the student participants in this study.

The Yoga Sutras outline similar elements of nonattachment as the Bhagavad Gita, but also the complete practice of yoga. Book 2 verse 30 discusses the first limb of yoga, which are the five *yamas*. These outline how a person is to interact with one another and within the world. They are non-violence, truthfulness, non-stealing, continence, and non-greed (Satchidananda, 1990). The second limb of yoga, the *niyamas*, are found in Book 2, verse 32 and are purity, contentment, accepting but not causing pain, study of spiritual books, and worship of God (Satchidananda, 1990). The *niyamas* provide guidance for a person's own self-development. Many of both the *yamas* and *niyamas* are aligned with social work's perspective on well-being and person-in-environment. This aspect of yogic philosophy, when incorporated into yoga practice, can have a strong impact on an individual's well-being and functioning within

the social environment. Practicing these ethical behaviors can improve our relationships with ourselves and with others (Krucoff, 2013). For example, the *yamas* of non-violence and non-stealing encourage acceptable behavior towards others. Self-study promotes a strengths-based perspective, as it requires that a person examines him or herself and commits to self-improvement, while also taking self-responsibility. Non-coveting and contentment demonstrate underlying principles of social justice, in that a person can strive towards not wanting what others have and being content with what one is and has, allowing for fairer and more equal distribution of resources.

Conclusion

Limitations for this study include the small, self-selected sample and possible multiple treatment interference, both of which are typical types of limitations among quantitative studies. The findings of this study suggest that progress towards social work values, such as the dignity and worth of individuals, the importance of human relationships, and social justice can be made through the practice of yoga. Social workers who may be daunted by social justice or who might shy away from more macro-oriented aspects of the profession may be encouraged by simple practices by individuals that may build impetus toward social change. Not everyone is interested in or capable of advocating for social change at a grand level through activities such as writing legislation or creating social change agencies, but they are able to engage in personal practices such as mindfulness and compassion that work towards that unified ideology.

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Appendix A
Draft of focus group questions
Northside HS

10th graders 15 & 16 years old

1. What did you think of the MM program?
2. Now that the MM program has been over for a few weeks, have lessons stayed with you?
 - a. What do you remember about what you were taught?
 - b. What lessons still help you?
3. Can you describe how the program has changed how you view:
 - a. Your struggles?
 - i. Has the MM program helped you deal with your struggles?
 - b. Other peoples' struggles?
 - i. Has the program helped you relate better or treat others better? If so, how?
 - ii. Based on what you have learned, what ways can you help others?
 - c. The problems in the world?
 - i. Has the MM program inspired or helped you to think about social justice, or how to better improve the world? How to create a more equal, fair, and just world?
4. What are your thoughts on the equal and fair rights and opportunities of others? How have they changed after the MM program?
5. What suggestions do you have to improve the MM program?

Strategies for Promoting Client Self-Determination: A Review of the Literature

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Abstract

This article reports the results of a systematic literature review that sought to understand strategies used by social work practitioners to promote client self-determination. The results showed that practitioners are using a variety of strategies that range from giving clients voice or choice to integration of best practices including elements of self-determination theory, shared decision making, or the Lundy Model. Further analysis of the strategies suggested that they could be enacted at two key stages that include worker-client interactions and the organizational level. Both agency administrators and practitioners have essential roles to play in defining and implementing processes that can promote self-determination in social work settings.

Keywords: client self-determination, social work practice, promoting self-determination

Introduction

Increasing threats to client self-determination in social and health care settings call for agency and practitioner facilitated strategies to bolster this basic client right. Kirst-Ashman and Hull (2018) observed that in the United States managed care has shifted decision making from practitioners and clients who now experience “significantly decreased choice” to

third-party case managers or utilization reviewers who define services implemented during treatment (p. 148). Furthermore, constraints to client self-determination are imposed by involuntary client statuses of service users, limited resources, funding requirements, program logistics, and apparent power imbalances between service providers and client groups. These constraints may cause service providers to become more focused on meeting their work obligations without due consideration to dynamics that may deny clients opportunity to influence decisions regarding their care (Rooney & Mirick, 2018; Wolfer, Hodge, & Steele, 2018). For instance, interviews with 151 adolescents aged 16 to 20 who had been in child welfare protective custody for at least 12 months revealed that only 7% of the youth felt that their level of personal involvement in the decisions made about their case matched what they desired, and 64% desired more involvement suggesting the need for clear guiding policies on how to involve youths in decisions regarding their care (Beal et al., 2019). Given practice realities that stifle client self-determination, service providers need to be intentional and innovative to promote its implementation.

This article presents results from authors’ systematic literature review investigating strategies used by social work practitioners to support client self-determination, as reported in published social

work literature. We attempted to uncover processes that social service professionals are using to promote client self-determination and to point out knowledge that is valuable for developing tools that could guide client participation in making decisions about their care. This analysis may also help orient novice social workers and students to practice models and processes that support client self-determination. In the following sections we present a summary of the existent literature on definitions and models of client self-determination, describe our methods, share results of the literature review, discuss major implications, and conclude by noting limitations in this study and directions for future research.

Conceptual Definition of Client Self-Determination

We have identified two main conceptualizations of client self-determination in the social work literature. The first conceptualization views self-determination as an ability that clients possess or a basic right for clients to make independent choices about their care without external coercion. For instance, Hepworth, R. H. Rooney, G. D. Rooney, Strom-Gottfried, and Larsen (2010) wrote that self-determination means that “clients have the capacity to develop solutions to their difficulties, as well as the right and capacity to exercise free choice responsibility” (p. 63). When upholding client self-determination social workers are showing “respect for individuals’ abilities to make their own decisions regarding life’s alternatives” (Abbott, 1999, p. 438). The main limitation of this first conceptualization of client self-determination is that the capacity to make independent decisions regarding one’s care is sometimes impossible due to organizational policies such as when an agency subscribes to a particular model of care limiting allowable activities, due to crisis situations, and in some cases due to client characteristics such as health status, disability, and age. For this reason, a broader view of client self-determination as a process with careful planning becomes necessary.

Hence, the second major conceptualization views client self-determination as a process for

ensuring client participation through the different stages of their treatment or services (Barsky, 2019). For instance, within the context of transition to adulthood for teenagers with varying abilities, Wheeler, Lyle, Arnold, Williams, Imagawa, and Kim (2016) defined self-determination as “an individual participating actively in defining what she or he wants to do and how to get there” (p. 210) with the social worker providing needed support instead of taking over the decision making. When client self-determination is viewed as a process, service providers implement ongoing strategies that increase “transparency in decision making, collaboration... accountability, humanity and justice” even in the exercise of legal mandates that child protection workers have to enforce to promote the welfare of clients in their care (Healy, 2000, p. 75, 76).

For the purposes of this article, then, client self-determination is conceptualized as a collaborative process that social service agencies and practitioners make available to their clients to express clients’ values and preferences in order to shape decisions regarding clients’ treatment, care, and services. This process requires intentional ongoing mechanisms by agencies and practitioners that allow clients to be partners in influencing decisions made about their care. Kosko (2013) identified multiple points of entry that organizations and practitioners can offer to clients to facilitate participation in the decision making process with the earliest entry point being at the problem definition and diagnosis stage, followed by selection of possible responses to the identified problem, selection of one course of action, implementation of that chosen course, and evaluation of the course of action. While the entry points suggested by Kosko are common elements of the social work process, specific strategies that social workers are using to promote client self-determination need further exploration.

Models and Processes That Foster Client Self-Determination

The National Association of Social Workers *Code of Ethics* clause 1.02 identifies

self-determination as a key guiding principle in social work practice (NASW, 2017). Although NASW does not provide specific procedures for promoting client self-determination, models and processes guiding its current implementation are reported in the literature. Following a systematic review of the literature, Kennan, Brady, and Forkan (2018) found that common strategies used to promote participation among children and youths in child welfare included child protection meetings, family welfare conferences, and care planning and review meetings. Gambrill (2013) articulated practitioner initiated strategies that can be used to partner with clients in the self-determination process through open acknowledgment and “discussion of any coercive aspects of contact between social workers and clients, focusing on outcomes that clients value whenever they do not compromise the rights of others, clearly describing goals and methods, and involving clients in decisions made” (p. 47).

While the aforementioned provide general guidelines that could promote client self-determination, conceptual models that identify specific factors that can be used to foster clients’ capacities to participate meaningfully in the self-determination process are also reported in the literature. These models are (a) Self-Determination Theory, (b) Shared Decision Making, and (c) Lundy Model of Participation.

Self-Determination Theory (SDT)

SDT’s mini-theory of Basic Psychological Needs proposes that humans need social environments that recognize their basic psychological needs for competence, relatedness, and autonomy in order to achieve full functioning and wellness (Gagné & Deci, 2014, p.4). Of particular relevancy to client self-determination is the need for autonomy defined as the extent that clients feel that their experiences and actions are consistent with their genuine interests and values (Ryan & Deci, 2017, p. 10). In particular, meeting the need for autonomy would have direct influence on promoting client self-determination as the practitioner co-creates an environment where the client’s interests and values are explored and integrated into the treatment plan.

Sheldon, Williams and Joiner (2008) suggested that practitioners demonstrate autonomy support by “acknowledging the clients’ perspective, giving the client as much choice as possible and providing meaningful rationales when choice provision is impossible” (p. 6).

Shared Decision Making (SDM)

The second conceptual framework guiding implementation of client self-determination is shared decision making (SDM) “a process in which clinicians and patients work together to make decisions and select tests, treatments and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values” (National Learning Consortium, 2013, Paragraph 1). A key commonality between SDT and SDM principles is their alignment with the value of self-determination and emphasis on the importance of collaborating and supporting clients to make independent decisions. The main difference between the two is that SDM involves the use of specific tools that clients and practitioners review or develop together. Specific SDM aids include brochures, videos, and print materials that clients are given to read or watch followed by a discussion with the provider to aid with the decision making (Elwyn et al., 2010, p. 971). Other examples of SDM informed interventions used in mental health are joint crisis planning and advance directives (Slade, 2017). Guidelines on how to implement SDM are evolving in social work. Cummings and Bentley (2014) discussed decision making tools that social workers can use in health-related settings. Peterson (2012) provided a case study on how social workers in primary care settings can apply SDM. In this case study, Peterson recommends the use of SDM aids as resources for clients to use to broaden their knowledge before they are engaged in discussions to explore how the proposed interventions fit into their cultural values and preferences as they decide on the best fit. Although there is some support for using SDM in social work (Levin, Gewirtz, & Cribb, 2016; Lukens, Solomon, & Sorenson, 2013), practitioners may still hold contrasting views on its usefulness because of its vague operationalization contributing

to “confusion and frustration” in its application in social work (Levin et al., p.519). In addition, critical challenges threaten the implementation of SDM, such as ready access to evidence-based treatment models and decision aids, as well as developing and maintaining a supportive organizational culture that allows for meaningful client engagement (Elwyn et al., 2010; Slade, 2017).

Lundy Model of Participation

The final model guiding implementation of client self-determination is the Lundy Model of Participation in which practitioners are encouraged to apply the four concepts of space, voice, audience, and influence espoused in Article 12 of the United Nations Convention on the Rights of the Child to ensure participation by children in the decision-making process (Lundy, 2007). Children must have a safe space, voice to facilitate an expression of their views, an audience to listen to their views, and influence as their views are acted upon as appropriate. Successful implementation of the Lundy Model of Participation may give children real opportunities for involvement in decisions regarding their care (Parkes, 2013).

In sum, even though guidelines for implementing client self-determination exist in social work, contexts through which the principle is enacted vary (Barsky, 2019). This systematic literature review pooled together strategies from various social work contexts to put together a comprehensive portrait of strategies for enhancing client self-determination in social work.

Methods

A keyword search was conducted in *Social Work Abstracts*, *PsycINFO*, *Academic Search Ultimate*, *CINAHL*, *PsycINFO*, and *SocINDEX* in

May and June 2019 using “social work and self-determination, shared decision making, and client self-determination” as the search terms. The search yielded 722 articles that were first screened using the delimiters or criteria available in EBSCOhost to narrow down the search. Specific criteria that were used included filters such as empirical research, qualitative, quantitative, and peer-reviewed which left 88 eligible articles. Additionally, five articles, including one dissertation, were identified through analyses of reference sections resulting in 93 data sources. Abstracts and methods sections of the 93 studies were read. During this stage, studies (81) that focused on scale development, used student samples, were conceptual, or solely reported literature reviews were excluded from the study. Twelve studies that had used practitioner samples and agency-based reports or minutes of practitioner activities were included for further review. Figure 1 is a flow diagram called a PRISMA statement showing this selection process, as recommended by Moher, Liberati, Tetzlaff, Altman, and The PRISMA Group (2009).

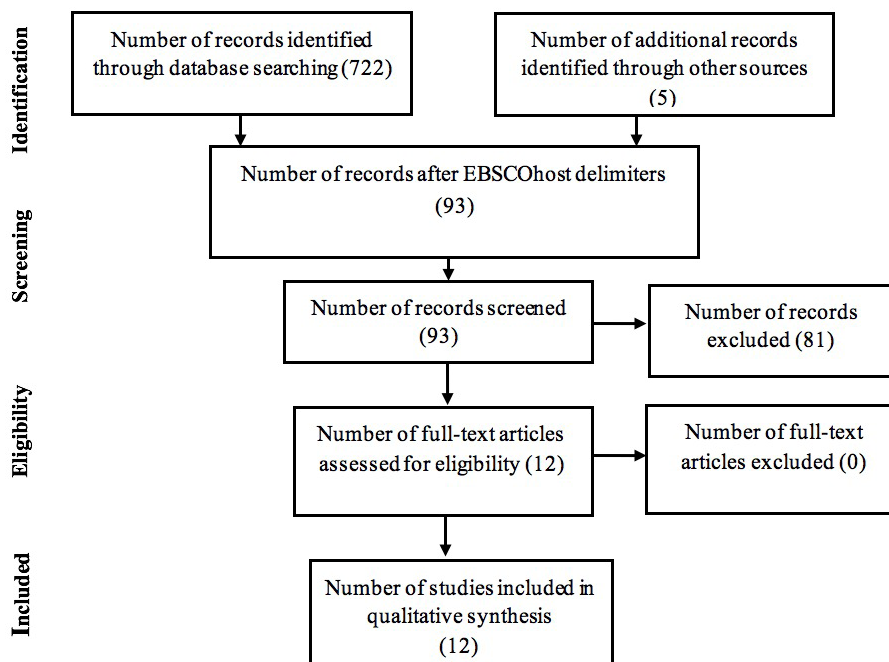


Figure 1: The PRISMA Statement illustrating the flow of information through the different phases of the systematic review.

We then read the full text of each of the twelve selected studies; we used a data extraction form to capture information on the authors, client population, participants, and reported strategies for ensuring client self-determination as shown in Table 1. The reported strategies were further categorized to identify main themes and whether or not they were best enacted at the practitioner or organizational level. After completing the data extraction form, we performed frequency counts to determine the type of client population reported in the studies, type of research methods used, and strategies of client self-determination. Additionally, a narrative synthesis was done to organize and identify strategies used by social workers to promote client self-determination based on recurrent themes observed across the studies that we reviewed (Pope, Mays, & Popay, 2007). We both performed the literature identification and analyses. Inter-rater reliability for identifying themes and categories was calculated by dividing the number of agreements by the combined total of agreements and disagreements between each of us, as suggested by McAlister et al. (2017). A value of 0.77 was obtained, which suggests a satisfactory agreement in the identified themes and categories.

Results

The systematic literature review examined strategies used to promote client self-determination in social work practice. A descriptive summary of the reviewed studies is presented, followed by the key themes related to the identified strategies.

Descriptive characteristics of reviewed articles

Table 1 presents the descriptive characteristics of the reviewed 12 studies. The majority of the studies were qualitative (n=10), one was quantitative, and one used mixed methods. The most common client populations represented in the reviewed studies were older adults reported in six out of the twelve studies (50%), child welfare clients (25%), and mental health clients (25%). All the reviewed studies reflected conceptualizations of client self-determination that reflected uncoerced expressions of clients' preferences and wishes and integration of intentional supports provided by practitioners to facilitate the process. For instance, in the study by Clark (1998) practitioners in the study listened to verbalizations of client preferences and also solicited feedback from other practitioners on their teams to gauge the extent of client self-determination.

Table 1 (part 1) *Descriptive Characteristics of the Reviewed Studies (N=12)*

Author	Client Population	Focus of study	Research methods used	Participants	Summary of Self-determination Strategies Reported in the Literature	Theme
1. Akbar (2011)	Child welfare clients – parents of children in custody	How child welfare workers conceptualize and handle self-determination in their practice	Qualitative interviews	11 MSW level social workers	<ul style="list-style-type: none"> Giving clients structured choice within the context of allowable treatment options reported by 8 out of the 11 participants. Clients were allowed to choose: <ul style="list-style-type: none"> a. facilities where they can receive mandated treatment based on proximity and religious or cultural values b. relatives to keep their children in kinship placements Providing psychoeducation on program components Finding out specific aspects of the problem that client wants to address first and start from there adding on other required mandates 	<p>Giving client choice</p> <p>Educating client on program</p> <p>Giving client chance to lead</p>
2. Clark (1998)	Older adult clients in a community care setting	Social workers' interpretations of self-determination when assessing older adults to determine stay at home or relocation	In-depth interviews	15 practitioners; 4 managers from hospital and field/community settings	<ul style="list-style-type: none"> Paying attention to clients' verbal statements, general behavior and demeanor, and accommodating their preferences. Consideration of observations of other staff members on the treatment team in hospital settings such as occupational and physical therapists. 	<p>Giving client voice</p> <p>Third party protocols</p>
3. Dennis et al. (2012)	Older adults experiencing homelessness	Practitioner views on best practices for working with older adults experiencing homelessness	In-depth interviews	5 key informants	Operationalizing self-determination using Self Determination Theory concepts of autonomy, competence and relatedness not just what client wants.	Best Practice: SDT
4. Kendall & Hugman (2014)	Mental health clients in an eating disorder treatment center	Ethics of treatment decision-making for anorexia nervosa in an interprofessional setting	Ethnography	Observation of team meetings In-depth interviews with team members	<p>Acknowledging that self-determination defined as right to free will is limited by illness and promoting the value of 'life with dignity' supported by</p> <ul style="list-style-type: none"> hearing patient perspectives creating opportunities for patient knowledge to be heard in team discussions offering transparency with patients about how and why particular treatment decisions have been made 	<p>Giving client voice</p> <p>Valuing client perspectives</p> <p>Educating client on program</p>

Strategies for Promoting Client Self-Determination: A Review of the Literature

Table 1 (part 2) *Descriptive Characteristics of the Reviewed Studies (N=12)*

Author	Client Population	Focus of study	Research methods used	Participants	Summary of Self-determination Strategies Reported in the Literature	Theme
5. Kennan, Brady, & Forkan (2019)	Child welfare clients	Strategies used by practitioners to implement Lundy's Model of participation with children in custody	<ul style="list-style-type: none"> Secondary data analysis of inspection reports Open-ended questions in a survey 	53 inspection reports 370 practitioners	Ways to give children voice <ul style="list-style-type: none"> Facilitating client participation in family welfare conferences Using forms and worksheet for children to communicate their views and preferences that are carefully considered in team conferences and decision-making Reciprocally sharing information and dialogue Allowing client to access their personal information and records and giving clear reasons if this is not possible 	Best Practice: Lundy Model
6. Kvarnström, Hedberg & Cedersund (2013)	Older adults in interprofessional settings	Perceptions of service user participation	Semi-structured interviews phenomenological study	15 professionals	<ul style="list-style-type: none"> Informing client of the agency's "menu," and services offered by respective professionals (p. 296) Providing information about rights and alternatives Giving clients the ability to select among alternatives or professionals in interprofessional teams Respecting right of service user to decline the offered service 	Educating client on program Giving client choice Right to say 'No'
7. Lukens, Solomon, & Sorenson (2013)	Mental health clients with severe mental illness	Examination of factors associated with practitioner's support for client autonomy and willingness to engage client in the shared decision making (SDM) process	Quantitative randomized factorial survey	87 social workers who responded to 5 practice vignettes that resulted in 435 vignettes analyzed in the study	<ul style="list-style-type: none"> 50% of the vignettes demonstrated support for client autonomy 70% of the vignettes showed willingness to engage client in the SDM process Social workers were twice as likely to support the use of SDM with persons with major depression than for clients with schizophrenia 	Best Practices: SDT and SDM
8. O'Donnell et al. (2015)	Older adults served in adult protective services	How senior caseworkers enforce protections of older adults experiencing abuse	Qualitative descriptive design, face-to-face semi-structured interviews	18 senior caseworkers	<ul style="list-style-type: none"> Assessing risks and wishes of client Supporting the client to lead the direction of the intervention Evaluating the outcomes of a case in relation to client's wishes and expectations (p. 1457) 	Giving client voice Giving client chance to lead Valuing client's perspectives

Table 1 (part 3) *Descriptive Characteristics of the Reviewed Studies (N=12)*

Author	Client Population	Focus of study	Research methods used	Participants	Summary of Self-determination Strategies Reported in the Literature	Theme
9. Österholm, Larsson & Olaison (2015)	Older adults with dementia	How case managers for people with dementia negotiated self-determination for their clients	Document review	Existing data from 15 assessment meetings	<ul style="list-style-type: none"> Asking persons with dementia closed questions to assess needs and wishes Consulting the relatives for information on identified client's needs and preferences Informing clients about the outcomes of consultations with relatives Allowing relatives to remind practitioner about client's previous preferences e.g., advance directives 	Giving client voice Engaging third parties Educating client on program Giving chance to lead
10. Nordh & Nedlund (2017)	Older adults with dementia	Experiences of care managers who assess need for people with dementia	Semi-structured open-ended guide "expert interviews" with care managers	19 care managers	Consulting with relatives and professionals while involving person with dementia as much as possible.	Engaging third parties (e.g., relatives, coworkers)
11. Salazar, Noell, Cole, Haggerty & Roe (2018)	Child welfare clients - youth aging out of foster care	Options for incorporating principles of self-determination in substance abuse prevention programming	In depth interviews	10 young adults with foster care experience, plus representatives from child welfare, higher education, nonprofits, and independent living programs	Ways to support autonomy <ul style="list-style-type: none"> Having youth take lead in program involvement Respecting youth's decisions Supporting youths in their own decision-making Involving youths in program decision making and evaluation 	Best Practice: SDT
12. Spitzmueller (2014)	Mental health clients in a community mental health agency	Conditions and routines of practice in a community health organization	Ethnography	28 frontline workers, agency administrators, support staff, field notes, agency documents	Organizational structure supporting client self-determination by being flexible so that "anybody can kind of plug in" p. 35. However, flexibility in the agency's structure can be curtailed by Medicaid policies requiring prior authorization of services.	Valuing client's perspectives

Strategies for promoting client self-determination

The findings revealed diverse strategies that practitioners are using to promote client self-determination. Further examination of the reported strategies revealed two main levels at which the identified strategies are enacted: (a) the worker-client interactions and (b) the organizational level.

Strategies at the worker-client level

Figure 2 shows specific strategies that were categorized as occurring at the worker-client level.

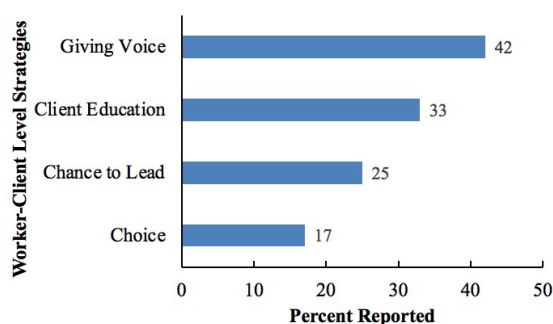


Figure 2: Worker-Client Level Strategies for Promoting Client Self-Determination

Giving clients voice involved actions such as “hearing patient perspectives and creating opportunities for patient knowledge to be heard in team discussions” (Kendall & Hugman, 2014). Additionally, clients were invited to communicate their views and wishes during assessments and during treatment through reciprocal information and dialogue, the use of worksheets and forms, and practitioners’ careful consideration given to clients’ verbal communication, behavior and demeanor (Clark, 1998; Kennan, Brady, & Forkan, 2019; O’Donnell, Treacy, Fealy, Lyons, & Lafferty, 2015; Österholm, Larsson & Olaison, 2015). Client education covered broad areas such as program components (Akbar, 2011), the menu of services provided by the agency and alternatives (Kvarnström, Hedberg, & Cedersund, 2012), education on reasoning for particular treatment decisions (Kendall & Hugman, 2014), and expected outcomes (Österholm et al., 2015).

Giving client choice occurred when practitioners informed clients of possible treatment

options allowable within their practice context for clients to choose, such as through the notion of structured choice in which parents were encouraged to choose facilities where they could receive the mandated trainings based on proximity, religious or cultural values (Akbar, 2011). Choice was also offered when clients were given information on their rights and alternatives with the ability to select among alternatives or professionals in inter-professional teams (Kvarnström et al., 2012). Giving clients a chance to lead their treatment allowed them to indicate aspects of the problem or situation that they want to prioritize, and the worker helped clients address those priorities first. The worker incorporated required activities and mandates later (Akbar, 2011), in a manner that left clients feeling empowered and supported in leading the direction of the intervention (O’Donnell et al., 2015). Clients also led the direction of the intervention when practitioners allowed them to update their preferences throughout the treatment stages (Österholm et al., 2015).

Strategies at the organizational level

Figure 3 shows four strategies that were classified as occurring at the organizational level.



Figure 3: Organizational Level Strategies for Promoting Client Self-Determination Strategies

Strategies at the organizational level included safeguards on clients’ right to say “No” (Kvarnström et al., 2012), using third-party protocols, following best practices, and valuing client perspectives. Third-party arrangements involved consultations with relatives and other professionals to document the client’s wishes and preferences in instances where the identified client

had significant limitations in their ability to fully participate in the self-determination process such as older adults with dementia or minors (Clark, 1998; Nordh & Nedlund, 2017; Österholm et al., 2015). Best practices reported in the articles were informed by models such as Self-Determination Theory's (SDT) concept of client autonomy (Dennis, McCallion, & Ferretti, 2012; Lukens et al., 2013; Salazar, Noell, Cole, Haggerty & Roe, 2018), Shared Decision Making (SDM) reported by Lukens et al. (2013), and the Lundy Model (Kennan et al., 2019). Use of SDT principles allowed practitioners to operationalize client self-determination beyond what the client wants (Dennis et al., 2012) as practitioners let clients lead, demonstrated respect for clients' decisions, supported clients in making their own decisions, and involved clients in program decision making and evaluation (Salazar et al., 2018). The strategies reported by Salazar et al. are consistent with Sheldon et al.'s (2008) recommendations for promoting client autonomy and giving consideration to clients' interests and values in the decision making process. Another study that reported use of client autonomy was conducted by Lukens et al. (2013), who analyzed 435 vignettes completed by social workers; they found that 50% demonstrated support for client autonomy. However, practitioners were more likely to support client autonomy in vignettes with male clients, clients were not using substances, clients not living in group homes, and clients with major depression or bipolar disorder compared to those with schizophrenia (Lukens et al.).

One study out of the twelve studies focused on shared decision making. In this study, Lukens et al. (2013) found that 70% of the vignettes completed by social workers in the study sample demonstrated a willingness to engage clients in the shared decision making process, but its application also varied depending on client diagnosis with those experiencing schizophrenia less likely to be engaged in the SDM process compared to other diagnoses. The Lundy Model of Participation was reported in the article by Kennan et al. (2019), who reviewed 53 child welfare reports and open-ended

responses from 370 practitioners and identified ways that children in care received space, voice, audience, and influence. Of direct importance to client self-determination is the concept of voice that was demonstrated by inviting children to participate in conferences in-person or through the use of forms and worksheets that the children completed prior to the meetings and gave to the practitioners for consideration during decision making.

The last strategy at the organizational level reported in the reviewed studies relates to agency commitment to valuing client perspectives that is demonstrated when mechanisms are developed and implemented agency wide to foster clients' participation in the decisions making process and evaluation of whether or not their expectations were met (Kendall & Hugman, 2014; O'Donnell et al., 2015). Agencies can also express commitment to promoting client self-determination by fostering organizational cultures that are responsive to unique client needs and are flexible so that "anybody can kind of plug in" (Spitzmueller, 2014, p. 35).

Discussion and Implications for Practice

This systematic literature review sought to identify strategies that social workers use to promote client self-determination. The reviewed studies reported strategies that fall under two main categories, (1) worker-client level and (2) organizational level. Strategies for promoting client self-determination at the worker-client level included giving clients voice reported in 42% of the studies, educating clients (33%), giving clients opportunities to lead (25%), and giving clients choice (17%). Strategies at the organizational level ranged from best practices involving integration of components of Self-Determination Theory, the Lundy Model, or Shared Decision Making (reported by 33% of practitioners), valuing of client perspectives through evaluations or maintain responsive organizational environments (25%), using third party protocols (25%) and honoring clients' right to turn down services (8%).

The first major finding is that all the reviewed studies described efforts to promote client self-determination that combined attention to clients' uncoerced expression of their preferences and intentional actions by practitioners such as engaging third parties. Consequently, descriptions that combined various aspects of both worker-client and organizational level strategies were reported in the reviewed studies, suggesting the need to view client self-determination as best promoted on a continuum with enhancing clients' individual capacities on one end to intentional manipulation of intervening variables in the broader environment that can facilitate or hinder clients' self-determination on the other end. The identified strategies at the worker-client and organizational levels can be useful in developing frameworks that could guide procedures for ensuring client self-determination in social work practice.

The second major finding is that giving clients voice was the most common strategy, which is consistent with Gambrill's (2013) recommendation that emphasized the importance of open dialogue between clients and practitioners to discuss client values, experiences and expectations in the client self-determination process. The social work assessment and diagnosis process remains an important point of entry into the client self-determination process (Kosko, 2013) as clients are encouraged to express their preferences and wishes. Social workers can use tailored agency forms and allowable media to facilitate continued expression of client voices regarding their care (Kennan et al., 2018).

The third major finding is that giving clients choice was the least common strategy, and this can be explained by the existence of factors that limit client choice and options such as funding requirements, health insurance policies, and program logistics (Rooney & Mirick, 2013; Wolfer et al., 2018). There is need for persistent advocacy and negotiation to expand options and opportunities to exercise choice for clients in spite of the restrictive contexts. This can be achieved by developing clear procedures at the agency level that outline how choice can be promoted and negotiated

for clients. A useful tool that can be adopted to guide agency practices is person-centered planning, a process that involves consultation with a team of individuals and professionals in clients' lives to support clients in articulating their preferences and sharing information that is used to formulate treatment goals and reviewed periodically to stay up to date with the clients' preferences (American Geriatrics Society Expert Panel on Person-Centered Care et al., 2016).

Organizational policies can be pivotal in the promotion of client self-determination when they provide clear guidelines on the client self-determination process, best practices, and protocols for engaging third parties. Self-Determination Theory (SDT), Shared Decision Making (SDM), and the Lundy Model of Participation have concepts that can be integrated into agency procedures to strengthen client self-determination. The SDT concept of client autonomy lends itself into activities that facilitate the self-determination process as observed in the study by Salazar et al. (2018). Whereas adoption of SDM equips clients with tools that explain clinical information and options available to them to aid in reaching informed decisions about their care (Elwyn et al., 2010, p. 971), SDT's concept of client autonomy ensures creation of a supportive environment where client perspectives and interests are considered. However, further research is needed to clarify integration of SDT, SDM, and the Lundy Model in efforts to enhance client self-determination.

Conclusion

Social workers have always championed the principle of client self-determination with varied implementation strategies to honor the unique needs of the diverse client groups. The reported systematic literature review has identified possible core elements, evolving best practices, and a multilevel framework for understanding and implementing client self-determination in social work practice. Key limitations of this research are that the studies reviewed in this project may not reflect the entire array of strategies used in social work practice. The client groups in the reviewed

studies do not represent the entire spectrum of populations served by social workers. Furthermore, the reported strategies were not evaluated for their effectiveness. Future research can examine the effectiveness of the identified strategies and their utility with populations not reflected in the articles reviewed for this study. Even if tools for promoting client self-determination are available, there are specific instances where self-determination is limited, such as when there are competing values or client choices are illegal (Barsky, 2019). Other factors external to the organization, such as cultural expectations, may shape an individual's participation in the self-determination process (Beckett & Maynard, 2005). Therefore, both agency administrators and practitioners play essential roles in collaborating and deliberating with their clients in the self-determination process.

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Transgender Theory for Contemporary Social Work Practice: A Question of Values and Ethics

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Abstract

Transgender theory was developed to explain the existence of transgender and gender diverse people and takes into account their lived experiences including how they interact within their environment. The transgender theory model centers gender fluidity over biology and views each individual as the expert on their own gender without suggesting pathology or deviance. This theory breaks away by spilling over the limited paradigm that queer theory and feminist theory have to offer. Contemporary transgender theory asserts all transgender and gender diverse identities are valid and moves toward adapting a cisgender dominant culture. Simply acknowledging that transgender and gender diverse people exist, has become not enough for today's society. Exploring the history of transgender theory provides clear evidence of this evolution and creates a trajectory for cisgender dominant society that moves closer to the same one the transgender community has for themselves. Learning culture competency practices can leave a clinician limited in truly understanding the needs of transgender and gender diverse people. Exploring one's value system and how this is applied within social work practice is needed to present a true affirming framework that upholds the guiding principles on gender identity and expression set forth in the NASW *Code of Ethics*.

Modern transgender theory hypothesizes that by pushing towards adopting a stronger understanding of intersectionality and marginalized gender identities, American culture will see a reduction in oppression and an increase in more opportunities for transgender and gender diverse people not only to survive, but to thrive.

Keywords: transgender, gender, LGBTQIA+, queer, theory

Introduction

The word transgender in transgender theory is meant to encompass many identities including transgender men, transgender women, gender queer, gender diverse, nonbinary, agender, bigender, genderfluid, genderless, polygender, two-spirit individuals, and many more. Intersex people may also identify as transgender or cisgender. Transgender is typically used as an umbrella term to mean anyone who self identifies or expresses themselves as something different than their sex assigned at birth (Bockting, 1999). It is important to note that labels such as transsexual and transvestite are outdated terms and were originally used in a binary manner (Vidal-Ortiz, 2008). However, these terms should not be used unless a person requests them. Other antiquated terms include "tranny," should never be used by cisgender people

to describe someone's gender identity (Merriam-Webster.com, 2020b). The only exception may be for other transgender people to communicate with each other with permission. The concept of gender transition is seen in the community as a lifelong process with no distinct – beginning, middle, or end stages. Terminology that means or implies absolutes, such as “transformation,” “transitioning,” “used to be,” or a combination of both male and female, should also be avoided unless person is referring to themselves or “socially transitioning.” Transgender theory is used to explain transgender identities and lived experience (Nagoshi & Brzuzy, 2010). A transgender person might prefer to focus on the experiential so they may identify as a man, woman, or person of transgender experience as opposed to a transgender woman. Both focus on separating gender from sexual orientation. However, some people prefer to say they are a person of transgender experience, as opposed to an identifier which is stated before their gender.

Origins of Life and Theory

Evidence of transgender life experiences have been found in texts that date back more than 4500 years ago to ancient Mesopotamia (Enki & Ninmah, 2019). In the United States in 1895 a self-identified group that emerged in New York and named themselves the Cercle Hermaphrodites was the first transgender advocacy group (Katz, 1976). Transgender theory developed from Roen in 2001, and included the idea that gender is fluid while still maintaining a binary system. Roen explored how the lived experience of transgender individuals were distinct from queer theory and that this was especially true when looking at the intersectionality of race. Transphobia, according to Roen (2001), was traced this back to the colonization of Black, Indigenous, and people of color (BIPOC) in the United States. Two-Spirit people have always existed in Native American families and have been regarded as a third gender—neither man nor woman. The term *two-spirit* is an umbrella term used to describe sexual orientation, gender identity, gender expression, and intersex people

of indigenous Native American descent (Indian Health Resources, 2019). Therefore, Roen linked the origins of transphobia intrinsically to the first colonization of the United States and continuing thereafter. Transgender theory written by Roen in the article “Transgender Theory and Embodiment: The Risk of Racial Marginalization” (2001) was true for the times as the ballroom culture of the 1920s became more mainstream in the 1990s and continued into the early 2000s. It was colonized by white powerhouses in the music industry such as Madonna. The embracing attitude the cisgender white male gay community demonstrated towards her rendition of “Vogue” was reminiscent and familiar to the transgender community and queer communities of color who had been pushed aside, just like Latinx and Black transgender trailblazers Silvia Rivera and Marsha P. Johnson were in the Stonewall Movement (Goodman, 2019; Brown, 2019).

Transgender theory derived from queer theory and feminist theory. It is the idea that each individual is the expert on their own gender, gender experience, and ultimately has autonomy over their own body. Within the social work field, sorting out which personal identities are fixed and which are not, has been a challenge. Oftentimes this can be where one's political views influence their social work practice. Yet, recognizing which are fixed and those that can be self-identified has provided empowerment to marginalized groups and individuals. Transgender theory goes beyond its basis of feminist theory and queer theory to look at gender fluidity, lived experiences, social constructs of gender, and the person being the expert on their own gender (Nagoshi & Brzuzy, 2010). In this theory, someone's identity should always be respected, but is not seen as permanent and can change at any time. Therefore, a conflict is posed with feminist theory and queer theory that would assume identities to be stagnant. Feminist theory challenged patriarchal dominance by believing that the male body is not stronger or more valuable than the female body. However, they were talking about cisgender people, and feminists started to wonder

if not upholding equity in all aspects was against its own moral compass (Becker, 1999). This also created a stark gender binary, which does not fit with many different transgender identities. Where feminist theory says – women are not inferior; transgender theory asks – how do you know they are women? While feminist theory worked to dispel ideas of a superior gender, queer theory emerged in contrast pushing against heteronormative ideals and assumptions. It was formed to view non-heteronormative identities and relationships as equally legitimate, instead of rebellious and deviant. However, queer theory leaves out viewing gender as different than sex assigned at birth, and a separately oppressed marginalized identity intersecting with sexual orientation.

In the mid-1960s, the full book *I Changed My Sex!* was written by Hedy Jo Star (1963). Then the most well-known book, often considered the first notable work, was Christine Jorgensen's 1967 autobiography. The book likely garnered great attention as it listed on its cover "Illustrated with 16 pages of photographs" (Jorgensen, 1967). While all of the earliest works began to describe the life experience of transgender individuals, they focused heavily on genitalia and surgery. One of the first scholarly works on transgender theory was "The Empire Strikes Back: A Posttranssexual Manifesto" by Sandy Stone (1987), a transgender woman. This was a response to Janice Raymond's book titled *The Transsexual Empire: The Making of the She-Male* (1979), where Raymond stated that transgender women and masculine presenting people that were assigned female at birth, existed to invade women-specific spaces and steal women's power. Raymond also implied they were not "real women." Stone's consequent article and response was seen as the one of the first times the lived experience of transgender women broke from feminist theory, thus leading to transgender theory (1987). One of the earliest known experiential accounts was *Man Into Women: The First Sex Change* by Lili Elbe by Niels Hoyer (1953). In 2002 Hird's writings on transgender and gender diverse people separated queer and feminist theory. It expanded the idea that transgender people

are not rebellious, and their gender identities are true and valid (Hird, 2002). This was formulated with the foundation set-forth by Kate Bornstein in her book, *Gender Outlaws* (2016), which stated that gender variance or fluidity is not intrinsically deviant, although society views it as such. Julia Serano then wrote *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity* (2007), a book that further questioned the mismatch of transgender and gender diverse identities with feminist theory by exploring the prevalence of objectification and misogyny towards transgender women. Shotwell and Sangrey expanded the understanding of transgender theory to mean, the lived experience of transgender people is different than that of cisgender individuals. In the article "Open Normativities: Gender, Disability and Collective Political Change" (2012), Shotwell clearly described how another theory is needed outside of queer theory and feminist theory because gender is a social construct. Understanding the socially constructed connotations of gender is integral to accepting the transgender experience. In agreement with Roen, this also clearly identified that gender identity is determined by the individual and can change over time (2001). Transgender theory emerged to cover a gap of gender-based assumptions that feminist and queer theory did not. While there are elements of both theories within transgender theory, they were built around assumptions of cisgender people with stagnant identities, and did not provide insight into the true lived experiences of transgender and gender diverse people. Therefore, transgender theory emerged to empower those in the community by fully recognizing the intersectionality of their identity, and how it relates to oppression (Nagoshi & Brzuzy, 2010).

Principles of Identity Permission

The principles of transgender theory are relatively simple—you are who you say you are, you exist, you are not invisible, you should not be subjected to the emotional labor of educating others, and you are the expert on your own body and life's experience. These practices do not rest

on outward appearance, nor are they determined by sexual orientation. Furthermore, someone also has the right to determine their appropriate pronouns and name, which may or may not be socially aligned with their gender expression. Transgender theory gives possession of identity and identifiers in a self-actualized model, allowing space where these can change over time and more than once, based life experiences. However, the principles of transgender theory are contrary to its history. In the United States, the intersex community has been conflated and combined with the transgender community since the first known demonstration of transgender activism, Cercle Hermaphroditos in 1895. This group represented intersex members in addition to transgender people (Katz, 1976).

Intersex people are born with genitals, gonads, and/or chromosomal patterns that do not fit the typical scientific measurements of male and female bodies. Previously referred to medically and socially as “hermaphrodites,” this term is no longer accepted in the community and does not properly give credence to the complexity of being biologically intersex which can present internally or externally (Griffiths, 2018). Intersex people make up an estimated 1.7% of the population (Hida, 2015). While intersex identities are commonly mocked or erased from society, some of the most notable intersex people include Olympic athletes who after undergoing mandatory testing due to their chromosomal patterns, were not allowed to participate in their correct classification for sports despite their previous accomplishments (Dunbar, 2019). All transgender people are not intersex, and all intersex people do not identify as transgender (Erickson-Schroth, 2014). Similarly, cisgender people may not know they are intersex or may not identify as such. Someone’s biology of their sex does not define their gender.

Gender is a social construct because society’s reaction is often determined by outward expression (Burdge, 2007). For example, when a baby is born if they wear a blue hat, and others are informed socially they are a “boy,” then likely most people will treat them as expected for someone

assigned male at birth. If when a baby is born they wear a pink hat, and others are informed socially they are a “girl,” then likely most people will treat them as expected for someone assigned female at birth (Erickson-Schroth, 2014). Intersex babies who present with unique appearing genitalia have historically been forced to have surgery (Caldwell, 2005), which is rooted in the homophobic belief is that it is essential for them to know their sex so they can know who they are not attracted to, thereby avoiding same gender relationships (Them, 2018). Transgender identities were historically confused with intersex ones and much of transgender theory rests in the medical model.

According to the World Professional Association for *Transgender Health (WPATH) Standards of Care* guidelines, transgender identities are diverse characteristics and not pathologies (Coleman, et al., 2012). Yet, transgender identities have been diagnosed by the American Psychiatric Association (APA) in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* since the 1980s (American Psychiatric Association, 1980). They first appeared as “Gender Identity Disorder of childhood” and “Transsexualism” (APA, 1980). In later editions this became “Gender Identity Disorder” (GID) (American Psychiatric Association, 1994). Including transgender identities in the *DSM* meant that the APA classified them as a mental illness, and many of the criterion were binary (American Psychiatric Association, 1980, 1987, 1994, 2000, 2013).

The *DSM-IV* listed the criterion for Gender Identity Disorder as “a strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex)” (American Psychiatric Association, 1994, p. 32). In children:

the disturbance is manifested by four (or more) of the following: repeatedly stated desire to be, or insistence that he or she is, the other sex; in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only

stereotypical masculine clothing; strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex; intense desire to participate in the stereotypical games and pastimes of the other sex; strong preference for playmates of the other sex (American Psychiatric Association, 1994, p. 32).

As well as:

a persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex; the disturbance is not concurrent with a physical intersex condition; and the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (American Psychiatric Association, 1994, p. 32).

In the *DSM-5* this was changed to be classified as “Gender Dysphoria.” The criterion for adults was:

having at least two of the following characteristics in the past six months – a marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics; a strong desire to be rid of one’s primary and/or secondary sex characteristics; a strong desire for the primary and/or secondary sex characteristics of the other gender; a strong desire to be of the other gender; a strong desire to be treated as the other gender; a strong conviction that one has the typical feelings and reactions of the other gender (American Psychiatric Association, 2013, p. 452).

Children with Gender Dysphoria would have

experienced at least six following characteristics accompanied by an “associated significant distress or impairment in function.” They are:

a strong desire to be of the other gender or an insistence that one is the other gender; a strong preference for wearing clothes typical of the opposite gender; a strong preference for cross-gender roles in make-believe play or fantasy play; a strong preference for the toys, games or activities stereotypically used or engaged in by the other gender; a strong preference for playmates of the other gender; a strong rejection of toys, games and activities typical of one’s assigned gender; a strong dislike of one’s sexual anatomy; a strong desire for the physical sex characteristics that match one’s experienced gender (American Psychiatric Association, 2013, p. 452).

The recognition of transgender identities in the *DSM* is problematic. On one hand it has allowed transgender and gender diverse people desiring medical interventions to have them provided by qualified professions and sometimes covered by health insurance (Erickson-Schroth, 2014). However, diagnosing individuals as transgender by design implies a condition with the goal to obtain alleviation of symptoms and be cured (Winters, 2006). Prior to the 5th edition of the *DSM*, the notable article “Transsexualism, Gender Identity Disorder and the DSM” was released, exploring this topic and ultimately calling for the removal of transgender identities within the book by noting modern advancements in society and culture (Drescher, 2010). The APA currently acknowledges on their website that gender dysphoria is not the same as gender nonconformity, and for children this can begin as early as ages 2 to 4 (American Psychiatric Association, 2020). While some people are relieved because this term no longer includes the

word “disorder,” it does not negate the fact that it is still there. Diagnoses in the *DSM* are seen by many as victim blaming transgender and gender diverse people for causing their own societal oppression because their thinking is disordered (Erickson-Schroth, 2014).

While transgender-related diagnoses were recently removed as a psychiatric diagnosis from the *DSM*, the medical model still uses them today (American Psychiatric Association, 2013). In order for transgender or gender diverse people to receive medical interventions they are often required to produce letters from their primary care doctor in addition to letters and psychological assessments from a qualified psychologist, counselor, and/or psychiatrist (Cavanaugh et al., 2016). It is still required by many states to have a letter from a doctor indicating completion of medical interventions to physically appear more like the gender opposite than the sex assigned on one’s birth certificate, in order to change personal documentation such as a name on their driver’s license (Lambda Legal, 2019). This is tremendously problematic for those who do not desire to have medical interventions, cannot due to health reasons, do not have access to providers, or the economic ability to afford such procedures. Not only do these requirements remove autonomy, but they are also a complete erasure of non-binary identities who may or may not desire surgery or medical interventions.

While the *DSM* places more of an emphasis on binary genders, there are some intersections where both agree that gender can be on a spectrum, or just unique to the person, and that there are more than just 2 genders (Bornstein, 2016). Unlike the medical model, transgender theory does not equate transgender and gender diverse people with trying to “pass” as cisgender people portrayed in the opposite sex than they were assigned at birth (Nagoshi & Brzuzy, 2010). It is important to consider that the goal to “pass” at times is more complicated than personal preference; it can be driven by concerns of safety, unemployment, obtaining healthcare, and more (Futty, 2010). Above all, the founding principle of transgender theory is being trusted about one’s

own identity. This is in contrast to the medical model of providers diagnosing people and the *DSM*, which were largely a construct of the cisgender patriarchy (Erickson-Schroth, 2014). Due to discrimination, unemployment rates of transgender people are extremely high (Leppel, 2016). Transgender people lack the same job, education, economic, workplace advancement, and social opportunities when compared with their cisgender peers (Grant et al., 2016). Transgender theory asserts that the principles and beliefs formulated by transgender and gender diverse people with lived experience, should hold more value than that of cisgender professionals.

Applications in Culture and Social Work Practice

As mainstream society in the United States moves to a more inclusive transgender lens recognizing that the assumed biology of one’s gender is not always accurate, nor is sex assigned at birth; different self-identified pronouns have started to make their way into popular culture. Most recently Webster’s dictionary has added singular “they,” as a pronoun (Knox, 2019). Although the acronyms LGBT, GLBT, or LGBTQ are known to many within the community from Stonewall until the present day, there has always been the sense that the “T” is often missing (Greer, 2018). Typically community and social programming, social spaces, gay bars, family groups, etc. are based around providing services for sexual minorities. However, the trans community has always been excluded or sidelined. Some of this derives from internalized ignorance where historically people who cross dressed in a feminine way were believed by society and identified themselves as gay or drag queens instead of transgender women or gender diverse people (Maxouris, 2019). Others will attribute this to the Stonewall Riots which were marked historically as a pivotal point in time for the U.S. gay rights movement (Canfield, 2019). While the Stonewall Riots were started by a transgender woman of color and gender non conforming lesbian, cisgender white gay men had the social privilege to earn enough money to fund the campaign for rights,

and typically take or are given credit for most of the progress. Every year LGBTQIA+ organizations hold big flashy fundraisers that are designed to bring in cisgender white gay and bisexual men and women as their donors. Popular organizations such as the Human Rights Campaign have been notorious for turning their back on the transgender community, which includes using transgender and gender diverse individuals in a tokenizing way (Greer, 2018).

In the LGBTQIA+ literature, the book *Ruby Fruit Jungle* was recognized as one of the first mainstream publications that debunked the idea of a flamboyant gay men and a butch lesbian, both with cisgender identities, as representatives for the community (Brown, 1973). It helped to recognize lesbian femmes and other identities in the queer movement for the first time in popular culture (Masad, 2016). Identifying that people who may “look” straight may not be, was an extremely bold move for the time given the police profiling of the queer community. Even in progressive places like New York City, police would check, sometimes violently and by using assault, that patrons of gay bars were wearing at least 3 items of clothing that match their sex assigned at birth or they would be arrested for illegal crossdressing prior to the Stonewall Era (Ryan, 2019). The paradox of fighting for identity recognition, while putting oneself in harm’s way, was a strategic move in supporting those within the LGBTQIA+ who had less social privileges. The publication of queer books into mainstream society like *Stone Butch Blues* by Leslie Fineberg (1993), were to affirm gender expression as it was made clear that certain identities were pushed out of the feminist movement. Susan Stryker also infused transgender identities into LGBTQIA+ culture starting with the publication *Gay bar by the Bay: A History of Queer Culture in the San Francisco Bay Area*. (Stryker et al., 1996) Then moving on to co-edit *Transgender History* (2008) and *The Transgender Studies Reader* (Stryker & Whittle, 2013). Popular transgender writer Jenny Finney Boylan, then contributed to the many accounts in the book *Sexual Metamorphosis: An Anthology of*

Transsexual Memoir, which depicted the lives of various gender diverse people in the same writings, outlining common threads and unique differences (Ames, 2005). A critically acclaimed personal account from Janet Mock in *Redefining Realness: My Path to Womanhood, Identity, Love & So Much More* (2015) brought into mainstream the awareness of what was known by the transgender and gender diverse community already – the political struggle and focus of transgender and gender diverse Black, Indigenous, and people of color (BIPOC) is extremely different than white transgender people. Then *Black on Both Sides: A Racial History of Trans Identity* shifted the paradigm again to explore Black transgender subjectivity, and the frequent exploration of transgender identities in literature through a white-dominated paradigm and medical model (Snorton, 2017). Even with this integration and the works of others, it is extremely important to recognize that oppression towards individuals, families, and partners is still popular and extremely problematic in the LGBTQIA+ community today.

Within the social services realm, in the book *Sexual Orientation and Gender Expression in Social Work Practice: Working with Gay, Lesbian, Bisexual & Transgender People* (Morrow & Messinger, 2006) claims it is the first such scholarly writing in the social work field to address issues pertaining specifically to bisexual individuals and transgender people, rather than making broad claims about the entire LGBT acronym collectively. In the same year Gerald Mallon wrote *The Handbook of Lesbian, Gay, Bisexual, and Transgender Public Health: A Practitioner’s Guide to Service* (2006), which also began to explore the topic, with Mallon being the first to focus on the specialized needs of transgender youth, in the chapter titled “Health Care Delivery and Public Health Related to LGBT Youth and Young Adults” (Hunter et al., 2006). These writings were the first to provide cisgender gatekeepers and social workers with a professional framework to incorporate transgender theory into practice.

In 2006 social services started to see this being solidified in practice when Jay Toole, a

self-proclaimed “butch” and gender nonconforming person, set fourth one of the first known policies allowing homeless people to self- identify before going into men’s or women’s shelters, including transgender people with binary identities (Duggan, 2011). Although prominent transgender and gender diverse people in social work were not common, transgender identities were not new to social work either. One of the first transgender people to have gender affirming surgery was a social worker. Karl M. Baer, born in 1885, had his journey of undoing gender affirming surgery in Berlin published in 1907 in the book *Aus den Mädchenjahren eines Mannes (Of a Man’s Maiden Years)*, which was later adapted into film (Funke, 2011). While there has been some movement of other social service agencies to allow people to self-identify their gender for substance abuse rehabilitation, in doctor’s offices, and in counseling, there has also been a strong pushback in other social realms. While smaller more grassroots trans-lead, transgender specific, organizations have emerged; they are difficult to sustain due to lack of funding which historically was always awarded to larger, more mainstream LGBTQIA+ organizations.

In 2008 the National Association of Social Workers (NASW) Delegate Assembly met and approved revisions to the *Code of Ethics*, which included not only sexual orientation but also gender identity (National Association of Social Workers, 2017). Section 1.05(c) Cultural Awareness and Social Diversity of the NASW *Code of Ethics* states:

Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability (National Association of Social Workers, 2008).

Additionally, this outlined protections not only for clients, but within the professional as well. Section 2.01(b) Social Workers’ Ethical Responsibilities to Colleagues, 2.01 Respect says:

Social workers should avoid unwarranted negative criticism of colleagues in verbal, written, and electronic communications with clients or other professionals. Unwarranted negative criticism may include demeaning comments that refer to a colleagues’ level of competency or to individuals’ attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability” (National Association of Social Workers, 2017).

Furthermore, Section 4.02 Discrimination the NASW *Code of Ethics* reads:

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability (National Association of Social Workers, 2017).

Lastly, Section 6.04 (d) Social and Political Action declares:

Social workers should act to prevent and eliminate domination of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex,

sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability (National Association of Social Workers, 2017).

These four notable additions into the NASW *Code of Ethics* covers both gender identity and expression in the social work profession for training, transgender and gender diverse social workers themselves, as well as micro and macro work with individual clients, large entities, and organizations (National Association of Social Workers, 2017). Similar to the 2011 standards set forth in the Department of Labor (DOL) *Policies on Gender Identity: Rights and Responsibilities*, gender identity was used to describe the gender identity someone has for themselves, while gender expression refers to how someone presents or expresses their own gender which may be perceived and may or may not align with their identity (United States Department of Labor, 2011). Perhaps as notable as including transgender and gender diverse identities in the NASW *Code of Ethics*, is the actions NASW has taken as an organization in solidarity with the transgender and gender diverse community. Such was the case in July 2017 when NASW called on President Trump to remove the plan to ban transgender service members from the military (NASW, 2017). Through inclusion in the *Code of Ethics* and supported by their voice, NASW has made a clear distinction that transgender and gender diverse affirmative practice also means serving as an ally. A similar call to action was made by the International Federation of Social Workers in 2014, clearly separating sexual orientation and gender identity, and calling for a “liberation’ movement seeking to eradicate systematic and cultural barriers to equal rights and to promote social inclusion for lesbian, gay, bisexual, transgender, and intersex (LGBTI) people” (International Federation of Social Workers, 2014).

Research on the transgender and gender diverse community has always been sparse and has been substantially impacted by demographic

measurements in psychology that still mostly only account of men and women who are presumed to be cisgender. This began to shift in the 1980s, however it is evident that categories inclusive of gender diversity are still missing from much of research today, as sociology continues to struggle with embracing the ethics of a society other than a homogenous cisgender one (Cameron & Stinson, 2019). While the beginning of transgender theory in social work practice focused on existence; most recent works of sociology focus on the Social Determinants of Health. Such as the 2019 study, “Patterns Of Healthcare Discrimination Among Transgender Help-Seekers,” which concluded that while discriminatory experiences are varied, overall transgender and gender diverse people with an additional marginalized identity are at greater risk for healthcare discrimination (Romanelli & Lindsey, 2019) A 2020 research study published in the *American Journal of Preventative Medicine* analyzed the development and use of a Trans-Inclusive Provider Scale to address such issues, noting its use for both individual practitioners and agencies. However, even before healthcare discrimination can occur or become operationalized, direct and overt denials of healthcare prevalence need to be acknowledged. Kattari and others also completed a study concluding that almost 8% of participants had been denied trans-specific healthcare, and more than 3% of transgender and gender diverse participants were refused general healthcare overall. They concluded that understanding the increased risk factors and lack of access to services for people with intersecting marginalized identities also played a significant role when taking a holistic view on how transgender and gender diverse people are treated in healthcare settings (Kattari et. al., 2020). As areas of research continue to expand and scales for measurement become more conclusive, Master of Social Work programs have also grown to bridge the gap between one’s personal values and upholding the NASW *Code of Ethics*, by implementing more course work centered around cultural humility and competency in practicing with clients who are transgender and gender diverse (Bragg et al., 2020).

Outside of practice, in mainstream society and culture the fight against adopting transgender theory has received some of its most notable support around the issues of youth, bathrooms, and particularly youth in school bathrooms. The most famous recently being the case of Gavin Grimm in Gloucester County, Virginia where the court ruled to allow a transgender boy access to the boys' restroom in public schools (Meyer & Keenan, 2018). Institutions such as jails and prisons still divide up inmates according to their sex assigned at birth, which often poses great danger to the individual. One common solution is to place transgender people in solitary confinement. However, this can result in poor physical and mental health outcomes, and a stronger likelihood for institutionalized abuse from authorities (Tarzwell, 2006). Such was the case for Layleen Polanco, a transgender woman of color, in 2019 who died at Rikers Island after being placed in solitary confinement when she had a known seizure disorder (Pagones, 2019). Recently there have also been far reaching legal actions taken against the trans community. Currently the U.S. Department of Defense has banned all people of transgender identities from enlisting in military service (Jackson & Kube, 2019). The Health and Human Services Department has proposed a rule that would change healthcare under the Affordable Care Act to not include transgender and gender diverse people (Tillett, 2019). On October 8, 2019, the U.S. Supreme Court heard arguments determining if the Title VII of the Civil Rights Act of 1964 could be applied to employment protections. This included the case of Harris Funeral Homes vs. Equal Employment Opportunities Commission, where Ms. Harris was fired from her place of employment after disclosing she was transgender (Johnson, 2019). These actions go against transgender theory and are discrimination in the belief that upholding one's sex assigned at birth to be the "true" gender.

In contrast, there has also been more positive representations of transgender and gender diverse people in the media. Research suggests that seeing people of marginalized identities represented in mainstream media, builds confidence in youth

with these identities by normalizing their existence (Ramasubramanian, 2011). Historically transgender people were depicted on television as crime victims, as doing sex work, and their roles were usually limited to crime drama shows. Opportunities for roles in TV, film, and theater were always designed for transgender actors and actresses to be cast exclusively in transgender or drag queen roles, while it was common for a cisgender person to play a transgender role as well. Even upbeat movies such as "To Wong Foo, Thanks for Everything! Julie Newmar," "Victor Victoria," and "Ms. Doubtfire" made mockeries of cross-dressing and transgender identities, with the ultimate message that this was a deceptive act where the cisgender person assumed their normative role in the end (Norton, 1997). Roles such as Laverne Cox in *Orange Is the New Black*, who became the first transgender person to be nominated for an Emmy award (Scipioni, 2019), and MJ Rodriguez who was the first transgender person to play a cisgender role on Broadway after playing the role of Angel, the transgender character in *Rent* for many years, are monumental (Voss, 2019). The TV show *Pose*, which consisted of the largest transgender cast in history continues to pave the way for gender affirmative media representations that are based around love, resiliency, and the real-life experiences of transgender and gender diverse people (Chen, 2017). Ironically despite advancements in social science and medicine, as well as media and pop culture, one may argue that the ultimate application of transgender theory will actually be when we include cisgender people. Thereby, instead of calling this transgender theory, it is simply adopted as grand unified model and called gender theory for everyone.

Evidence of the Need to Adapt Cisgender Society

Acceptance of scientific proof that there are more than two genders, both biologically and socially, has grown in the United States. Long gone are the days when transgender people are seen as a bizarre phenomenon covered in an insensitive story in tabloid magazines or provocative news

shows that play at 4am. Youth are coming out as transgender and gender diverse in increasing numbers. According to the U.S. Centers for Disease Control and Prevention nearly 2% of high school students now identify as transgender (Strauss, 2019). Being neuro diverse and gender diverse is an identity category that has recently expanded in recognition (Strang, et al., 2018). Soon to be parents are not learning the gender of their babies, and new parents are using “they” pronouns for their offspring until they can self-identify (Compton, 2018). Some cities and states have even allowed babies to be born with an X to identify their gender and have changed their laws to allow adults to change the gender on their driver’s license to X, instead of just M and F without a doctor’s note or medical assessment (Keneally, 2019).

Fortunately, many cisgender people no longer believe that transgender and gender diverse people face higher rates of depression and suicide because they feel bad about themselves or unsure of their identity. Research shows that the largest contributing factors is actually societal and family oppression (Nuttbrock et al., 2014). As society continues to recognize that individuals are experts on their own gender, parents are moving towards finding affirming and life-saving resources for their children instead of sending them to conversion therapy, religious camps, or starting them on unnecessary psychotropic medication (Fitzsimons, 2019). Places like the Gender and Family Project at Ackerman Institute for the Family (2020) and the Transkids Purple Rainbow Foundation (2019) empower youth, advocate for justice, and provide affirming counseling to transgender and gender diverse kids and parents. As of April 2019, 16 states have banned conversion therapy, recognizing that it is harmful, child abuse, and can have fatal consequences (Leins, 2019). Long gone are the days when Jazz Jennings stood bravely and confidently on Oprah, asserting her gender identity as a 5-year-old child, only to be questioned by grownups inappropriately and irresponsibly (Strohm, 2016). Mainstream media has developed a new standard of cultural competency for the transgender

community. For example, asking about surgery and the appearance someone else’s genitalia is seen as inappropriate for transgender people, just as it would be for cisgender people. Carefully crafted apologies, such as the one offered by Katie Couric to Laverne Cox, for having asked about the openly transgender celebrity’s private parts in a pre-taped interview, have become expected (Allen, 2017). Backlash for outing people as transgender has resulted in real life consequences such as the gay radio talk show host who outed his former *Survivor* cast mate, then was fired from his job (Variety Staff, 2017). The voyeurism of knowing someone’s birth name is no longer socially accepted. This was the case with IMDb, who was finally forced to only publish the correct names of transgender celebrities, after they agreed that publishing the birth names of transgender people without their consent was an invasion of privacy, despite resistance in doing so until August 2019 (Wong, 2019). News reporters like Janet Mock on MSNBC have normalized transgender people’s existence while entering a transgender perspective into every conversation being heard nightly in living rooms across the nation (Ennis, 2014).

The movement of “Trans Lives Matter” started in 2012 and has spread through social media and community awareness. Transgender and gender diverse people have a long and painful history of being told and treated like their lives matter less than cisgender people due to society destabilizing ideas about their worth (Jons, 2015). Adding in intersectionality of ethnicity and race and these beliefs are upheld by oppression even further. In 2016 The National Center for Transgender Equality and National Gay & Lesbian Taskforce issued the report “Injustice at Every Turn: A Report on the National Transgender Discrimination Survey,” which stated that 1 in 12 transgender people nationally are murdered in their lifetime, and for transgender people of color the statistic is 1 in 8 (Grant et al., 2016). Conclusive reports suggest that a transgender or gender diverse woman is killed internationally every 29 hours (Vincent, 2017). The average life expectancy of a transgender

woman of color in the United States is 35 years, while that of a cisgender woman is 81 (Hale, 2018). Between October 1, 2018, and September 30, 2019, the annual Trans Day of Remembrance list reported 331 killings of transgender and gender diverse people internationally. Since the Trans Murder Monitoring project began in April 2009, 3,314 murders of transgender people have been reported in 74 countries (Wareham, 2019). In the United States, 90% of transgender and gender diverse people murdered are trans women of color or Native American transgender women (Trans Respect Versus Transphobia World Wide, 2019). Transgender and gender diverse murders are expected to be even higher since the media often misgenders transgender folks, and internationally transgender murders often go unreported. However, when reported in a way that affirms the person's identity increases, awareness about this epidemic grows (Jobe, 2013). Every year Transgender Day of Remembrance is a somber and very sad time for the community. Honoring transgender people in the way they lived their authentic lives is a big part of the day. The Obama Administration was the first to host a meeting at the White House to address how federal policy impacts transgender and gender diverse people in the U.S. (Dhanagom, 2011). Also, during the Obama Administration the White House acknowledged Transgender Day of Remembrance (Hardikar, 2014). November 20th is also known as International Transgender Day of Remembrance (Wareham, 2019). In 2017 the Province of Ontario passed Bill 74, titled the "Trans Day of Remembrance Act," requiring all members of the Assembly to pause on 10:29am each November 20 to honor and mourn the lives of transgender individuals who were lost that year or may have otherwise been forgotten (Legislative Assembly of Ontario, 2017). In the United States, we have started to see a few states ban the LGBTQ+ Panic Defense, such as California in 2014, Illinois in 2017, Rhode Island in 2018, and Nevada, Connecticut, Maine, Hawaii, and New York in 2019. This legal defense is used to justify violent crimes against LGBTQIA+ victims. This strategy is typically used in 3 ways:

defense of insanity or diminished capacity, defense of provocation, or defense of self-defense. Juries have acquitted individuals of murder charges, including as recently as 2018 and heinous crimes by using this defense to say that when they found out the victim was transgender, or even later on, they "panicked" and killed them (The LGBT Bar, 2019). Gender expression has been highly influenced by a web of punishments and rewards in society for those that have expressed their gender variance in any way. (Connell, 2002) When it becomes less socially acceptable to be transphobic and more socially acceptable to be affirming, the stage will be set to further dismantle systems of oppression. Transgender theory is not the hypothesis that transgender people exist. In 2017 it was estimated in the United States that 1 in every 250 adults, or about 1 million people identify as transgender. (Meerwijk, & Sevelius, 2017) Transgender theory is not a prediction that someday cisgender people will not exist and everyone will identify as gender diverse. It is not an assumption that transgender and gender diverse people want to fit in to dominant binary cisgender culture (Roen, 2001). It is the belief that even though present society is tailored for cisgender people and to be heteronormative, transgender identities and gender diverse people should not be erased. (Monro, 2000) It is also not the opposite of transphobia, since transphobia is a misnomer. Merriam Webster's dictionary defines a phobia as "an exaggerated usually inexplicable and illogical fear of a particular object, class of objects, or situation" (Merriam-Webster.com, 2020a). Transphobia is not only fear of transgender and gender diverse people, it is deliberate and hateful discriminatory actions towards them (Merriam-Webster.com, 2019). Modern transgender theory moves to validate transgender identities, while invalidating all discrimination and injustices towards transgender and gender diverse people. It is a system of beliefs that state transgender and gender diverse people are real, deserve love, should always be trusted as the expert on their own life experience, are entitled to the same human rights and protections as cisgender people, are not to blame for their own oppression, and

should have access to the same opportunities and privileges that cisgender people do. (Norton, 1997) This includes and accounts for understanding fully the intersectionality of identities that transgender and gender diverse people hold as well. (Shields, 2008) In social work practice this theory challenges one's personal value system to uphold ethical procedures that may be uncomfortable or new. It is no longer simply enough for providers to affirm a transgender or gender diverse person by using their correct name and correct pronoun privately in a session. Instead, clinicians may be asking themselves what is the professional or emotional cost of correcting a supervisor, a boss, a health insurance agent, or even a client's own family member, child or parent, on their transgender or gender diverse client's behalf without disclosing or discussing their identity. Knowing how to handle these situations in a way that does not do harm to the client or re-traumatize them is critical, and where to correct oneself when mistaken is key (National Center for Transgender Equality, 2016). Modern transgender theory proposes that discrimination and oppression occur when cisgender people use their disproportionate privilege to set in place or keep in place states of power and control, believing that actions of acceptance towards transgender and gender diverse people limit their self-preservation in dominant culture.

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Ethical Storytelling and Digital Narratives: Lessons Learned in Student-led Podcasts and Community Radio Partnerships

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Abstract

This paper explores the ethics of digital forms of narratives, storytelling, and relationship-building within social work and educational settings. We discuss the need for social workers to think intentionally about relationship-building, ethics, and informed consent when engaging in digital forms of narrative and storytelling. We draw from a study that engaged entry-level Bachelor of Social Work (BSW) students in creating their own podcasts. Although BSW students simultaneously developed social work skills, critical thinking, and an understanding of theory and community engagement, the process raised important questions about establishing relationships. We draw data from: 1) a focus group with our radio station partners, 2) a focus group with BSW students who created their own podcasts, and 3) individual interviews with

community partners who worked in collaboration with the students. As authors and researchers, we offer reflections on storytelling within podcasts and important considerations about the ethics of creating and disseminating digital narratives within social work praxis.

Keywords: podcasting, experiential teaching and learning, ethical digital narratives, critical social work

Introduction: Situating Podcasting Within a Genealogy of Digital Narratives in Social Work

Much of our social work practice is centered on how we relate to one another and how we exchange stories. In her work on narrative as

research and praxis, Shaw (2017) argues that social workers ought to engage with narrative inquiry in ways that center people's stories and give them as much control as possible over how their stories are told, cared for, and curated. While there is no one established way to employ a narrative approach, the unifying intent is to understand how storytellers make sense of events and actions in their lives (Riessman & Quinney, 2005). Building on various traditions, narrative inquiry focuses on how a person's stories offer meaning and personal interpretations of life experiences. Scholars have identified the strength of narrative methods in granting storytellers authority over the content and presentation of their stories by allowing them to be involved with the subjective accounts, interpretations, and assessments of their own experiences (Czarniawska-Joerges, 2004). On an analytical level, narrative inquiry encourages participants to articulate and assess fluid accounts of their experiences (Polkinghorne, 1996) and to situate stories within particular contexts and across time (Randall, 2012).

Certainly, within social work research, an emerging trend is the use of visual and creative modalities in research and practice that complement and enhance people's stories. Researchers have discussed digital storytelling (DST) as a form of narrative where life stories are reconstructed using a combination of text, photos, narration, and music, and are then edited through a computer (Benmayor, 2008; Kajder et al., 2005; Lenette et al., 2015). The outcome is a short multimedia story, designed and created by the storyteller and person producing the digital vignette, that combines a narrated audio story, video, and/or images (Benmayor, 2008; Kajder et al., 2005). Lenette et al. (2015) suggest that a central tenet of DST methodology is that it structures collaborative ethnographic dialogue between researcher and participant. However, it is important to note that DST is a specific research methodology with its own unique design principles. Thus, we use the term *digital narratives* as an umbrella term to include the different visual and oral modalities used to generate narratives for the purposes of research and digital/online dissemination.

A strength of digital narratives is that they allow people to engage with stories through mediums that are more accessible than scholarly journal articles, or other written formats. Of further importance to social work, recent research has also explored and applied visual documentation, such as the use of photovoice (Brotman et al., 2019) and art as catalysts for social change (Wehbi et al., 2017; Wehbi et al., 2018). For instance, Brotman et al. (2019), engaging with theories that integrate intersectionality and life course, utilize photovoice for the purposes of visually showcasing the structural barriers and lived experiences of older racialized immigrants as they settle and integrate into Canadian society. As a form of digital narrative, podcasting allows a storyteller's voice and emotions to be heard, and people can choose to listen to these stories on their own time and in their own way (Ferrer et al., 2019).

The opportunity for social work students, scholars, and practitioners to engage with stories in oral, visual, or written formats is a strength of digital narratives and storytelling, and this opportunity aligns with our desire to increase the accessibility of knowledge in all its forms. Often used in conjunction with liberatory or participatory methodologies (Fals-Borda & Rahman, 1991), innovative technologies represent exciting and new opportunities and ways in which social work researchers can amplify and co-present people's stories. The rapid acceleration of technology and digital media has meant that there are near-limitless opportunities for people to disseminate their stories. Social work in community development is increasingly relying on media literacy (often centered on client stories of both hardships/challenges and resistance/resilience) in funding strategies. Yet, as social workers (in both profit and non-profit sectors) and researchers make sense of new technology, ethical considerations are often absent from discussions about the creation and dissemination of digital narratives. In the age of digital media, it is imperative that social workers consider the ethics of digital forms of storytelling, especially in a neoliberal context where there are dangers inherent in knowledge (re)production. Social workers and researchers working with

novel methodologies that center on experience and stories should adhere to social work's ethical codes of conduct in both methodological, editorial and dissemination activities, particularly with regard to ownership and control of generated knowledge. Problematically, codes of conduct and ethical guidelines within the profession do not offer clear directives for engaging with novel methodologies such as digital narratives. Where guidelines on digital engagement between social workers and clients do exist, such as those published in the Canadian Association of Social Workers' (2014) *Social Media Use and Social Work Practice*, the focus is largely on negotiating boundaries between connecting with clients over social media and whether or not it is appropriate to write or post client testimonials on agency websites.

Centering the topic of ethical narrative inquiry, this article provides reflections on a pilot project wherein students collaborated with local community partners to create podcasts focused on key issues of social concern (see Ferrer et al., 2019). At its base, podcasting is defined as an audio-centric form of media which can include the processes of uploading digital audio, video, and/or text files to the internet, where they can be played or downloaded (Alam et al., 2016; Brown, 2011; Cartney, 2013). However, the definition of podcasting hides the significant potential it has in relationship-building, storytelling, and knowledge dissemination. In this article, we discuss podcasting as a form of digital narrative. Drawing from a Scholarship of Teaching and Learning (SOTL) grant at the University of Calgary, we offer some learning lessons and potential pitfalls from our own experiences in promoting innovative digital narrative methodologies such as podcasting, paying particular attention to processes of relationship-building and ensuring consent. We also offer conversation about the unlimited potential of engaging social work students with student-created podcasts and also raise important questions about creating digital narratives and ethical storytelling in an increasingly digital age.

The Increasing Presence and Relevance of Podcasts and Podcasting in Social Work

Though podcasting has been identified as a popular storytelling medium, there are limited studies that have examined its use as a pedagogical tool. Within postsecondary contexts, podcasting is most commonly used for course casting, a form of dissemination where instructors record and upload lecture materials for student consumption (Armstrong et al. 2009; Forbes, 2011). A limited number of studies have attempted to explore the potential impact of student-led podcasts on learning. For instance, in a study on the use of podcasting and learning outcomes, Alam et al. (2016) and Forbes (2011) concluded that students gain ethical skills and mastery over self-reflection, problem-solving, and formative assessment skills. Similarly, Armstrong et al. (2009) found that students also learn interpersonal and soft skills such as those related to teamwork, communication, organization, and research activities.

Within the field of social work and education, podcasts and podcasting are slowly gaining recognition and use. Academic and social work podcasting pioneer, Jonathan Singer (2019) wrote about the meaningful learning opportunities of podcasts within social work classrooms. Drawing from a quantitative survey, Singer (2019) found that social work podcast listeners appreciated the accessibility in subscribing to and (re)listening to podcast episodes multiple times. Other studies have highlighted how podcasts convey research and scholarly content in dynamic and nuanced ways (Gachago et al., 2016). As researchers, we have written about the potential of podcasting when students are the creators of their own content (see Ferrer et al., 2019). From 2017–2019 we piloted a project involving Bachelor of Social Work (BSW) students, CJSW 90.9 FM (a local campus radio station), and local community partners to develop a 6-episode series on social justice issues. The project sought to guide student learnings of theory and social work practice through the creation

of podcast episodes centered on homelessness, immigration, mental health, poverty, and disability issues. Through this experience, students learned about interviewing, engaging with community stakeholders, and working with the local campus radio station. One of our main findings was that student-led podcasts have considerable potential in developing BSW student capacity and relationship-building within classroom and community settings (Ferrer et al., 2019). Through this collaborative project, students began to develop their professional and generalist social work identities and started to engage critically and reflectively with a social justice issue through interviewing community partners and researching their campaigns and initiatives (Ferrer et al., 2019). Moreover, it was through the podcast creation process that students were able to explicitly connect structural barriers and issues embedded within social policies to the day-to-day experiences of service providers and community members (Ferrer et al., 2019). The pilot study also demonstrated the knowledge-mobilization potential of student-led podcasts, as episodes were shared and made available on our faculty's Soundcloud page. To date, the podcasts have been played over 3,000 times and continue to be used by the research team for knowledge mobilization and teaching activities. Our Soundcloud digital repository can be found at the following link: <https://soundcloud.com/ucalgary-social-work>.

Despite podcasting's potential for increasing collaboration, skill-building, and understanding of social justice issues, we did encounter ethical dilemmas that required our deeper reflection about the shortfalls of applying digital narratives through modalities like podcasting. Given the burgeoning interest and application in adopting new technologies and digital narratives in social work research and practice, we raise the following questions: *What are the ethical considerations that must be accounted for in digital narratives such as podcasting? How do we diffuse power so that our storytellers become co-producers and co-owners of their stories and digital podcasts?*

Critical Pedagogy Framework and Methodology

Drawing from a critical pedagogy framework, our pilot study sought to develop and foster critical consciousness and expanding worldviews for social change among entry-level social workers (Elias, 1997; Lorenzetti, 2013; Sagris, 2008; Saleebey & Scanlon, 2005). Centering critical consciousness meant challenging students to engage in a process of reflection that asked them to situate themselves, their relative privilege, and their positionality with the ultimate goal of social change (Lorenzetti, 2013). Sagris (2008) noted that this approach calls on students to “question all taken-for-granted values, ideas, norms, beliefs, etc. of [their] experience that are the given presuppositions comprising the dominant social paradigm” (p. 1).

Our engagement with critical pedagogy is centered on people's narratives and stories.

When people offer their stories, they offer a part of themselves, which comes with both potential personal risks and possible benefits. When we engage with people through their stories, we must do so with an ethic of care and responsibility—care for the gift that has been offered, and responsibility to ensure that the ways in which the stories are shared reflect the desires and intentions of the people who have offered to share them with us. This ethic of care extends beyond traditional ethical requirements and is built on what Held (2006) identified as “concern and mutual responsiveness to need on both the personal and wider social level” (p. 28). Our pilot project began with focused engagement with local community partners. This step was important because we wanted to model relationship-building to our students. The community organizations involved in our project included advocacy organizations specializing in 1) (im)migrant rights in Canada, 2) homelessness, 3) disability, 4) social justice among social workers and service providers, and 5) mental health. We then identified and developed a course syllabus for an entry level BSW course where students were taught critical theory and engaged pedagogical approaches (Agger, 1991). During the semester,

the BSW students in the course were introduced to the concept and process of critical reflexivity as it related to their own social locations. Students were also asked to discuss different forms and dynamics of oppression at personal, community, and structural levels, and to apply critical theories, models, and perspectives in social work throughout their work that semester.

CJSW 90.9 FM provided students with training on how to broadcast digital content and how to use podcasting equipment at the station. A dedicated CJSW 90.9 FM staff member was hired to create a digital and printed podcasting manual on how to operate a radio switch board and the editing software, Logic Pro. Students were instructed to visit the radio station and taught proper procedures on how to use station equipment and station protocols and memberships.

During the semester, student activities and assignments were structured so that students could develop their understanding of critical approaches and social work theories. Guest lectures by media literacy experts were also held throughout the semester to focus on 1) the ethics of broadcasting and storytelling, 2) scriptwriting 101, 3) narrative interviewing, and 4) connecting music with storytelling. Given the large class size (31 students), teams of five were created based on areas of interest: disability, aging, child welfare, homelessness, migration, and violence prevention. Once student teams were formed, each team was paired with a local community partner to conduct interviews and help structure their podcast episodes. Throughout the semester, students then began to record, edit and create their podcasts. Students were also encouraged to engage in active member checking, wherein they would meet with their community partners and discuss the production and editing of content. Each week, students were also given opportunities to share their process with the class. At the end of the semester, members of the radio station, our community partners, and the students were asked to participate in focus groups and individual interviews to discuss their process and assessment of the project. The proceeding findings

are drawn from one focus group with students (n=19), one focus group with CJSW staff members (n=4), and individual interviews with community partners (n=5).

Findings

The findings of this paper focus on the ethical concerns of creating and distributing digital narratives in general and podcasts specifically. Themes center on 1) developing relationships as in integral step of ethical storytelling when working with innovative methods and technologies, 2) ensuring a consent that extends past the interview, which includes the negotiation of ownership or co-ownership of stories; and 3) providing adequate resources, compensation, and honoraria for contributions shared by partners and participants.

Developing relationships in a good way

An inherent part of the project was establishing, developing, and maintaining relationships. At the outset, we as researchers had pre-established relationships with our community partners and the members of the radio station. Many relationships had been developed and cultivated over a number of years, and so our partners were willing to take part in the project despite not being familiar with podcasting. Although community partners understood the basic parameters of the project, some felt blindsided by what they perceived to be a “rawness” in some of the students. For instance, a few community partners discussed the challenge of getting students up to speed and modelling professional behavior such as attending meetings on time, valuing the contributions shared, and proper email communications. Some community partners were frustrated that their time was not being respected by the students because students had not prepared for the interviews. The following excerpt provides feedback from our community partners about helping students better recognize and respect their time. The community partner below alludes to the lack of preparation which exacerbated feelings of discomfort.

I would let [students] know that they need to be prepared. ... I think it will be better if there is a rough draft or a practice first: [for example] who is expected to ask next, and then ... an overview of what's going to happen; who's going to ask what topic. ... I think it will be much more lively and much more meaningful for everyone if we're all prepared. ... Actually, I was not comfortable [with my experience]. I think because it was new. Anything new, we're not comfortable, right? Maybe that's also part of making people comfortable is if they practice first ... I think that will make the discussion even livelier and free flowing because [during my interview] I was not comfortable, and I think the un-comfortability was a barrier for me. (Community Partner 1)

While some community partners felt that some of their assigned students were unprepared, others saw the potential in working collaboratively on a podcasting project and valued the opportunities to develop relationship-building skills.

One benefit and learning for myself... is that experience in speaking and how we talk... in a casual environment versus how we talk in maybe a more structured environment. ... How [this project] helped me grow and learn as a community organizer ... was having [students] ask questions about [our organization and campaign] and then having to talk about answers. ... We got to dig into language and how language can either dissolve stigma or it can increase stigma ... and it gave me a really good recognition to go back and [be] cognizant of the language that I'm using.

Anytime that I think anybody in the community, or any organization gets to work with students, we a hundred percent should take that opportunity and do [it]. I think that it's not only a way to support students who are up and coming in the field, but it's also a way for us as organizations [and] professionals to stay engaged with the learning and ... continuing to be evaluating our own practice. (Community Partner 2)

Relationship-building was a lesson that students, staff, and community partners collectively discussed as an essential component of the podcasting creation project from the outset. CJSW 90.9 FM members recognized that requiring an entire class to do a podcast meant there would be individuals who were not as invested in the process. For staff members, this represented a challenge given the community-driven approach it takes with its volunteers. One staff member in particular explained how the radio station had a strict policy where incoming volunteers would need to first volunteer at the station before touching or using the station's equipment. This allows the volunteer to learn the culture at the station but to also develop a sense of responsibility and shared capacity when using the equipment.

[The] students ... sidestepped some of the regular processes that CJSW does. ... In order for a volunteer to get [production and switchboard training], they need to have committed usually around five to seven hours to the station in some other way. ... So, with the students coming in ... they didn't follow some of the rules. ... At one point, some students came in and they threw their coats and bags in our lounge area and then went into the back room, and I had to be like, "Hey, can you not [do that] because

other people use this space.” ... I found myself getting prickly about it because well I don’t know who these people are. I don’t even know their names ... and they’re already having access to these rooms. That kind of bothers me. (CJSW Staff Member 1)

The station membership is built around trust. We get to know each other, we get to love each other, and we teach each other how to use the equipment, and we respect that equipment like it’s our own. And there’s a real community [relationship] that happens at CJSW that a lot of the students got to just bypass ... through the [pilot project]. (CJSW Staff Member 2)

The staff also emphasized the need for developing tighter, more consistent relationships with faculty and departments. The building of relationships may be evidenced in policies or formal agreements, and most of the dialogue around this topic related to the ethics of establishing and maintaining relationships with campus partners. On this topic, staff discussed the fact that they never saw the undergrad students after the podcasting assignment and project was over. Part of ethical relationship-building, according to CJSW staff, is not only developing formalized ways of initiating and engaging in community partnerships, but also ways of terminating relationships. Staff members were aware of the transient nature of student engagement given how the project was tied to the beginning and end of the semester (as well as course assignment deadlines). As such, CJSW staff discussed the need to have explicit conversations about how their relationships with students might end in some way that would give all parties a sense of closure. One staff member noted that, “with the undergrads, I haven’t seen them since [the end of the podcast project].”

For their part, students acknowledged the uneasiness of participating in a podcasting project where they are asked to learn a new skillset while navigating the pressures of completing course assignments. The demands of the semester, in addition to assignments from other courses, meant that students could not establish and cultivate the relationships that they normally might have. One student disclosed their group’s ongoing discomfort in working to develop a podcast that ethically and accurately represented their community partner, while also dealing with other course assignments:

I know for us we wanted to build really good relationships with the people that we were interviewing, but when we’re working with really strict, constricted deadlines it’s like: ‘We’re gonna do our interview and then see you never. We’ll let you know when the podcast is done because we don’t have time to have a greater relationship with you.’ That’s very conflicting for us because we feel like we’re doing that whole: ‘swoop in, gather our information, and then leaving and never coming back.’ (Student 1)

What is consent within digital narratives and storytelling? Disjunctures between broadcasting and social work ethics

A major source of frustration from students, staff, and community partners was the lack of an appropriate consent form that outlined 1) expectations of various stakeholders of the project, 2) the approximate time required to participate, and 3) explicit discussion about who would own the podcast content. In social work, students are taught the importance of honoring and respecting a person’s story and voice. However, many students and community partners critiqued the generic informed consent and video release form approved by the university’s research ethics board. Primarily, the institutional ethics release form did not adequately address some of the ethical dilemmas encountered over the course of interviewing and subsequent

broadcasting. For instance, students openly shared their discomfort in holding extensive conversations with community partners, then to have their podcasts air only portions of those conversations.

I know one challenge that we had was: ...we did two interviews. We discovered that one interview was ... better. The information that was discussed was more in line with what we were trying to do within our podcast, and we found that [with] the other interview, we weren't going to use as much. But then we had a bit of an ethical issue: we didn't want to offend the one person that came in and [spent] hours talking with us. (Student 2)

Other students also identified the inaccessibility of language embedded within informed consent forms approved by the university's research ethics board. Some students worked with community partners who felt that the informed consent was unnecessarily focused on institutional responsibilities, and not written in plain languages that partners might engage with. One student in particular spoke about the inaccessibility of the informed consent for partners who had visual or reading disabilities:

Just to be really honest, it screwed us up a little bit because we were given a community partner that [has membership of people] who experience [disabilities]. ... It really threw us for a loop to the point where we spent hours trying to rejig our podcast where we're not telling the stories that aren't our own, but we're still telling the story. We spent a significant amount of time and emotional capacity worrying about this, when this could have been easily resolved by having the plain language consent form in the first place. (Student 3)

Despite the challenges of having a generic informed consent form that was inaccessible and not written in plain language, many students discussed the important learning opportunity of having an ethics protocol that did address reciprocity within an interview setting:

We've faced some ethical challenges, but maybe one of the learnings or benefits from it [was that] I learned a lot about the consent process ... in much greater depth and detail that because I had to apply it and use it rather than just talking about it and learning about it in a lecture. I definitely have more knowledge about that than I did before. (Student 4)

The student emphasis on an informed consent form was an interesting point of disjuncture between social work, journalism, and broadcasting. In the latter fields, appropriate and sufficient consent is secondary to receiving and recording the story. One CJSW 90.9 FM staff member alluded to the fact that the issue of consent was not a central concern for staff:

One of the things I found so surprising and interesting was the difference in methodology from ... communications. ...What they get you ready for in the media world ... is: shoot first and ask questions later. Formality be damned; consent is out the window. ... It's: go in, ask the questions, be brutal, ruthless. And what I saw with the social work stance, it's [a] much more formal accommodation to identity intersections, and I just think there's so much to be gained from that kind of interdisciplinary work. ...When you mix the disciplines, you get to take the theory that you've learned, and see it applied on a different angle, so there's a lot of power theory that

crosses over when you're studying media and you're studying social work. But to see that reflected back through a different lens is practical." (CJSW Staff Member 2)

The discussion about informed consent generated important insights about power from staff, students, and community partners. CJSW staff were conscientious about power dynamics between themselves and students, and how projects centered on digital narratives or exchanges of stories need to have clear and explicit boundaries. Staff members also noted how some students felt an unnecessary sense of pressure because of perceptions that their grades were tied to the completion of their podcasts.

[This project] taught me ... a lot about power dynamics, and I think [the students] taught me that, actually. ... At the start they referred to me as almost like a boss or something like that and I said, "listen I'm not that." So I learned more how to ... be of help or support when needed but really it taught me that allowing people the dignity of their own experience can be both a very great learning experience but also challenging too. (CJSW Staff Member 3)

Resources, honoraria, and compensated labor

Our focus group with CJSW staff brought up the issue of finances, resources, and capacity. As a campus radio station, CJSW has limited funding and staff to run the day-to-day operations of the station. Thus, the podcasting study meant drawing labor and resources away from the station's existing operations.

When it got super busy, close to the deadline and [students] were just all coming in, suddenly our own volunteers didn't have access to the rooms because they got booked so

quickly. But we were able to quickly think on our feet, create some editing suites in the main office rather than in the production rooms. So, there was more places available for the social work undergrads to do editing. It became a little bit of extra work, but it was re-adjusting our own systems and processes to allow for that increased flow of people, basically. (CJSW Staff Member 1)

Although staff members were provided honoraria for their extra work, many felt that their labor, as well as the labor and contributions of community partners, was not compensated commensurate to the time they contributed to the project. One staff member in particular spoke about the undocumented emotional labor of supporting students going through the process of understanding people's stories.

[As supervisor] I had a lot of personal conversations with the practicum students, and I'm totally comfortable and okay with that. I really love that I'm a good listener and I think that's one of my best qualities— that I'm really curious about people. But ... just be wary ... that it's a lot of emotional labor. I talked to folks about some pretty heavy, heavy things. That's **way** outside of my job description. (CJSW Staff Member 3)

Staff also discussed the need to develop relationship and compensation protocols between researcher/educators, CJSW staff, community partners/storytellers, and students, especially knowing that podcast episodes can exist in perpetuity under the ownership of the researcher/university/institution. One staff member in particular spoke about the importance of honoring Indigenous ways of knowing and approaches to storytelling (whether orally or digitally) and the need to provide proper compensation to the storyteller.

You **have to have honorarium**. If you want to have any Indigenous knowledge and stuff like that, you're going to have to be ready to pay. Even outside of getting a grant to ... pay multiple students and multiple Elders to teach. ... I'll admit, it'll be pricier ... but that's important. ... That funding could span two years, and you keep on building on it. (CJSW Staff Member 4)

Discussion

The findings of this paper allude to the ethical concerns of the creation and (re)production of digital narratives in social work classrooms and within the field of social work. Although our discussion centers on podcasting, we raise broader questions about ethical storytelling and the need for relationship-building when engaging with digital narratives. The recent wave of enthusiasm within qualitative social work to engage in visual and creative modalities such as podcasting is on the rise (Ferrer et al., 2019; Singer, 2019). Researchers and practitioners are engaging with digital technologies in ways that center people's stories and experiences in the hopes of unravelling (in)visible social justice issues and amplifying people's experiences. While social work researchers should be encouraged to pursue these novel and innovative methods, we should also be cautioned to think about the ethics and challenges of storytelling in a digital age. In this section, we offer some ethical considerations that we grappled with as we shifted towards integrating podcasting and digital narratives into our pedagogical and research approaches. We frame our discussion in the form of three lessons: 1) building relationships by addressing power, 2) reconceptualizing consent through the creation of an informed consent form that acknowledges the ethical tensions of ownership when producing digital stories and narratives, and 3) committing to appropriate compensation and acknowledging that stories are fluid and warrant constant revisiting.

Lesson 1: Addressing power, the potential for appropriation, and giving up control

One of main lessons from this project centered on recognizing the appropriative nature of research and digital narratives that focus on storytelling. Within a narrative interview setting the storyteller and the person receiving and amplifying the story co-construct the storytelling process. The latter analyzes and co-constructs the story by representing and presenting it through knowledge-dissemination activities (whether creating a podcast or writing a paper). Though member checking should ensure that information is credible, there is no consensus on how to ensure digital stories are accurately (re)produced. The issue of representation and the subsequent danger of appropriation/co-option is extended even further when we consider that digital artifacts can exist in perpetuity online.

Understanding this disparate power imbalance is a critical starting point for ethical storytelling. As researchers and social workers who value people's stories as being intimate parts of themselves, we ought to pause before publishing final research texts or sharing experiences through digital narratives; we ought to carefully consider how we lose control over how the stories are cared for once they are released to the wider public. While we embrace the responsibility of ensuring that the stories being told reflect the experiences and intentions of the storyteller, we are also cognizant that once they are "out there" we cannot control how they are consumed and interpreted. Shaw (2015) described returning to the literature on relational methodologies to help her work through this tension and wrote, "once I accepted that my responsibility was to my research participants, and to presenting their stories in a way that made sense to both them and me, I was able to accept that I did not need to (nor could I) control the ways that our stories might be interpreted by future readers" (p. 264).

The difficulty of giving up control over how stories are interpreted once they are publicly shared reflects both our commitment to honoring experiences that have been shared, and our desire to

uphold the reasons why someone decided to share their story with us in the first place. If research and storytelling is done ethically and well, only the stories that the storyteller desires to share with a wider audience are told, and it becomes the responsibility of the researcher to ensure that the ways those stories are shared reflect these desires. To this end, we believe that storytellers must have as much control as possible over reviewing and amending their stories before they are published. During our podcasting project, community members who offered their stories to social work students were given an opportunity to review and comment on the podcasts before they were published. Something we did not spend much time on during our project but intend to focus on more in the future, is ensuring that interviewers and interviewees take time to discuss the implications of making their co-constructed stories publicly available.

We identify two possible concerns that should be discussed with people before their stories are publicly shared in digital mediums. Firstly, once a story is made public, there is little control over how it is copied, saved, and shared. Second, once a story is published, those who engage with it will form their own subjective opinions about the experiences that have been shared and of the person whose story is told. Given that there is little control over how published stories are shared or interpreted, it is important that a conversation occurs about the implications of this loss of control. If a storyteller has any concerns about this loss of control, we support them being able to withdraw their story before it is published, though hopefully these conversations would be had before a story is even shared in an interview. We also acknowledge that there are many reasons why a person may want their stories to be told, and it is through publishing them that we honor their experiences.

Once it is confirmed that a person wants their story to be published, addressing the potential for that story to be misinterpreted or misused is important. Words can be taken out of context and are always interpreted through the subjective viewpoint of the consumer (reader, listener, or viewer). The responsibility of a digital narrative

creator or podcast host is to set the context of the story alongside the storyteller's experience. Attending to multiple potential audiences means that the context should be explained as if the host is talking to someone with no knowledge on the topic. For example, in a podcast episode on the stories of temporary foreign workers in Canada, the student podcast host shared the history and racialization of (im)migration in Canada (Ferrer et al., 2019). This information was necessary in order to nuance and contextualize the stories shared by the community partners who disclosed personal stories about their precarity and lived experiences. Of course, even the most thorough background explanation on a topic cannot account for the different ways that an audience might interpret a story, but we see this as a strength rather than as a limitation. Adding multiple layers of understanding to a topic can deepen conversations and create opportunities to engage in dialogue about the complexities of a story. Our responsibility is not always to provide a clear and definitive statement about an experience, but to amplify stories of experiences in ways that resonate with the people who have lived them (Shaw, 2015).

Lesson 2: Creation of a consent form in the absence of institutional templates

Despite the disjunctures that exist between journalism and social work, it is crucial that digital narrative methodologies incorporate a comprehensive informed consent that indicates and establishes the ways in which relationship-building is expected to occur. This includes ways of approaching potential storytellers, and perhaps a discussion about the frequency of engagement, as well as an exchange of relationality where the student learns about the organizational structures and mores of the community partners. This discussion would also promote ways in which students can introduce themselves to their informants and interviewees and establish a starting point for relationship building, relationality, and accountability. The creation of an informed consent process for digital narratives would ideally be established and supported institutionally. Although our study complied and adhered to our institutional research ethics, it focused mainly on

the parameters of our research, and not necessarily the relationship building that exists during and after the creation of our podcasts. In the absence of institutional templates or direction, researchers and social work practitioners are strongly encouraged to implement more robustly empathetic consent processes themselves. We argue that there should be two consent forms based on an ethical storytelling oath: one for the storyteller, and one for the researcher/student.

Lesson 3: Revisiting story and storyteller

One of our major realizations over the course of the study was the static nature of story within podcasts and digital narratives. Once stories are told, exchanged, analyzed, and presented, they are pinned within a particular time frame and are therefore rendered static and fixed. A question that constantly re-emerged was whether digital narratives, especially those created for the purposes of podcast broadcasting and knowledge mobilization, can be later re-told differently or updated. After engaging in numerous knowledge-mobilization activities centered on podcast sharing and broadcasting, we have come to the realization that researchers have tremendous power in updating, adding to, and removing stories once they are made available on the internet (through repositories such as a university-affiliated Soundcloud or via faculty profiles or websites). To circumvent this power differential, we propose some of the following guiding questions that should be considered when working with digital narratives:

1. What is the purpose of the digital narrative?
2. What are my ethical responsibilities in sharing these digital stories?
3. How do I benefit from this sharing? How does my participant and storyteller benefit from this sharing and knowledge mobilization?
4. Who is my intended audience? Who is the intended audience of my participant/storyteller?

5. How long will these stories be made accessible to the broader community (outside of my academic circles)? How long will the digital narratives be available on the internet?
6. How do participants own their stories?
7. Will there be opportunities for participants and collaborators to retell stories, or remove their stories from the internet? How do I ensure that my storytellers can retell or withdraw their stories after one year? Five years? Ten years?

Conclusion

Our podcast project showcased the potential of technology and the emergence of digital narratives and how both can facilitate understanding in social work teaching and learning (Ferrer et al., 2019). Indeed, the proliferation of digital technologies and online dissemination strategies have opened up possibilities for sharing different approaches to clinical, community-based, and critically engaged social work practices in ways that are immediate and readily accessible. Moreover, researchers have begun to consider how digital forms of narratives and storytelling can be used to interpret and make sense of data. For instance, data-driven storytelling has emerged as an approach to present visual data and data visualizations (Lee et al., 2015). In this regard, social workers can certainly draw and learn from disciplines that actively engage with digital media and other forms of digital dissemination. Media activism, for instance, is a form of advocacy that focuses on creating alternative media and technology for purposes of mobilizing social and political movements and redressing forms of inequality and oppression by challenging institutional discourses (Gillett, 2003; Stephansen, 2017). Though digital narratives can be used as tools for the purposes of media activism and structural change, there are considerable ethical questions that arise about podcasting specifically and the uses of innovative technology in general. Reflecting on our pilot project, we offer a number of ethical principles that we commit ourselves to, as social work researchers

and practitioners who desire to engage with the digital world in ways that align with our personal and professional ethics of relational accountability, accessibility of knowledge, and social justice.

Based on the three themes identified in our findings (developing relationships in a good way, reconceptualizing consent, and committing to appropriate compensation), we considered some of the ethical decisions that we encountered, and some of the logistical implications of such decisions. We invite social work scholars who are also committed to critical pedagogies and relational accountability, to comment on, amend, and add to these thoughts. We have numbered the following ethical principles solely to assist in the identification of each, not because we believe that there is an inherent hierarchy in how they are presented.

Research participants and people who share their stories with the public ought to be compensated for their time. Honoraria should never be less than what an aspirational minimum wage is for the region where an interview is conducted and should be more whenever possible.

Regardless of format (written, podcast, photovoice, documentary), participants should be offered the opportunity to review and amend their story before it is published.

Prior to publication, interviewers must facilitate a discussion with the interviewee about how and where their digital narrative will be available, and about what control they will have—if any—over its availability online.

Students who are expected to engage with community partners as a part of a class must be prepared to explicitly indicate expected time commitments and forms of compensation; students should also practice their interviewing and recording techniques to ensure that community partners' time will be honored and respected.

The researcher or student must revisit the story and storyteller (see lesson 3) at regular intervals to seek permission in continuing to broadcast the digital narrative. The researcher and student must be explicit and transparent about where and how the podcast or digital narrative will be shared and disseminated.

Research participants should maintain the right to own, use, and disseminate their stories in any way they see fit. Researchers have access rights only to what is outlined in the consent form. A consent form does not constitute ownership for the researcher.

Although this article provides a starting point for discussion on the ethical parameters of student-led podcasting, one major limitation is its limited engagement and assessment of podcasting and digital forms of narrative within narrative ethics. According to Phelan (2013), narrative ethics examines the interplay between stories, storytelling, and moral values. In writing about narrative care, Baldwin (2015) argues for a narrative ethics that is not only concerned with story and how stories are told, but one that is “personal, experiential, concrete and communicative” (p. 188). As such, narrative ethics requires a higher degree of reflexivity and attention to how stories are shaped by the storyteller's language, themes, tropes, and characterizations (Baldwin, 2015), and by what Jones (2014) calls “meticulous structuring of an argument in its entirety so that competing positions and stories are considered” (p. S33). Future studies might examine more specifically how narrative devices such as emplotment, genre, voice and the relationship between storytellers, readers, and life stories are shaped and mediated by digital modalities.

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Reflective Equilibrium in Social Work Ethics: An Essential Concept

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Abstract

In recent years, scholarly discussions of ethical challenges in social work, ethics concepts and theories, and decision-making frameworks have proliferated. These discussions prominently feature theories of normative ethics (particularly deontology, teleology, utilitarianism), virtue ethics, communitarian ethics, and the ethics of care. Curiously, one prominent ethics concept that has been central to ethics discussions in other professions has not been featured at all in the social work literature: reflective equilibrium. Reflective equilibrium refers to a process by which individuals attempt to figure out how they know whether something is morally right or not and whether their beliefs about what is moral are consistent with one another. This article provides an overview of the concept of reflective equilibrium, identifies its core elements, and discusses its compelling relevance to social work ethics.

Keywords: Reflective equilibrium, ethical theory, ethical dilemmas, ethical decision making, social work values

Introduction

Professional ethics has been a serious subject of scholarly inquiry in social work, especially since the late 1970s. A comprehensive review of the profession's literature clearly

indicates that discussions of ethical dilemmas and ethical decision-making frameworks first emerged about ten years after the inauguration of the broader field of applied and professional ethics (also known as practical ethics), primarily in health care professions. Since then, a number of social work ethics scholars, representing diverse nations, have written extensively on the nature of ethical challenges in the profession (Banks, 2012; Barsky, 2019; Hugman & Carter, 2016; Reamer, 2018). Discussions address ethical challenges in clinical social work, agency administration and management, advocacy, public policy, and research and evaluation.

A significant number of publications on social work ethics have highlighted the relevance of core ethics theories. Chief among them are theories of normative ethics (particularly deontology, teleology, utilitarianism), virtue ethics, communitarian ethics, and the ethics of care (Banks, 2012; Barsky, 2019; Hugman & Carter, 2016; Reamer, 1993, 2018). Authors' goals typically have been to apply these ethics concepts and theories to the real-life dilemmas that social workers face in direct and macro practice. Examples include ethical decisions social workers encounter related to exceptions to clients' confidentiality rights; the limits of clients' right to self-determination; termination of services; professional-client boundaries; conflicts of interest; allocation of scarce or limited resources;

compliance with laws and agency policies; impaired practitioners; and whistleblowing.

Curiously, one prominent ethics concept that, for decades, has been central to ethics discussions in other professions has not been featured at all in the social work literature: reflective equilibrium (Daniels 1979, 1996; Rawls, 1999; Scanlon, 1998, 2014).¹ Social work is particularly well suited to draw on reflective equilibrium in the profession's ongoing efforts to enhance practitioners' ability to address ethical issues that arise in practice.

The Philosophical Context

The term *reflective equilibrium* was coined in the 1970s by famed moral philosopher John Rawls in his classic work *A Theory of Justice*. Reflective equilibrium refers to a process by which individuals attempt to figure out how they know whether something is morally right and whether their beliefs about what is moral are consistent with one another (Altehenger, Gaus, & Menges, 2015; Schroeter, 2004; van der Burg & van Willigenburg, 1998). Rawls argued that people have a sort of moral intuition, an internal belief about whether something is right or wrong.

The concept of reflective equilibrium assumes that, at times, people's judgments about what is morally just conflict and need to be reconciled. This is what leads to the process of reflective equilibrium, which entails adjusting our basic beliefs until they are in "equilibrium." For example, a social worker may have a fundamental commitment to honoring clients' right to self-determination, consistent with language in the *NASW Code of Ethics* (2017): "Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals" (standard 1.02). However, reflective equilibrium is required when this central social work value conflicts with another core social work value: prevent harm. That is, in some instances, clients' decisions and actions, rooted in their right to self-determination, may lead to harm. As the *NASW Code of Ethics* clarifies, "social workers may limit clients' right

to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others" (standard 1.02).

In an update to his *A Theory of Justice*, Rawls (1999) introduced an important distinction between "narrow" and "wide" reflective equilibrium (Daniels, 2016). A narrow approach to reflective equilibrium occurs when social workers focus solely on particular cases and ethical principles that apply to these cases without, simultaneously, subjecting this analysis to alternative ethical theories or approaches. Imagine, for example, a social worker employed in an outpatient mental health program that serves adolescent clients. The social worker's client is a 16-year-old who struggles with clinical depression and anxiety. During the course of their work together, the teen discloses to the social worker confidentially that he has developed a substance use disorder in his efforts to cope with his symptoms. The social worker is able to arrange referral of the client to a specialized program at the mental health center that uses state-of-the-art clinical interventions with adolescents who have been diagnosed with co-occurring disorders. The program is funded entirely with a federal grant; the teen's parents' insurance would not be required for him to receive services. The social worker explains the program to the teen, who is eager to enroll. However, the teen refuses to permit the social worker to inform his parents of his substance use disorder; the teen explains that he is afraid of his parents' reaction.

Assuming the social worker has exhausted all reasonable clinical efforts to help the teen disclose this information to his parents, the social worker must make an ethical choice between honoring the teen's confidentiality and his parents' right to know about services that the agency is providing to their child. If the social worker opts to apply only a teleological-utilitarian perspective to her analysis—according to which the morally right course of action is determined by the goodness of the consequences for the parties involved—without juxtaposing this approach with other ethical theories and perspectives—such as a deontological,

virtue ethics, or ethics of care approach—the social worker would be applying a narrow view of reflective equilibrium.

In contrast, if the social workers systematically applies multiple reputable and widely recognized ethical theories and perspectives, keeping in mind their respective strengths and limitations, the social worker would be applying a wide view of reflective equilibrium. Thus, under wide reflective equilibrium social workers are willing to test their moral beliefs against various ethical theories and perspectives. In the interest of fairness, as viewed by Rawls, practitioners should broaden the field of relevant moral perspectives to include an account of the conditions under which it would be fair for reasonable people to choose among competing ethical principles (Daniels, 1999; Rawls, 2016).

In principle, the process of reflective equilibrium may help social workers come to a conclusion about what they ought to do when they had not at all been sure earlier (Berkey, 2016; Haslett, 1987; Kelly & McGrath, 2010; Little, 1984). Using this approach, social workers would test specific ethics-related beliefs they hold (for example, about exceptions to clients' right to confidentiality and self-determination, or about how best to promote equality of opportunity and allocate scarce resources) against other beliefs they hold, looking for ways in which some of these beliefs support others, seeking coherence among the widest set of beliefs, and revising and refining them at all levels when challenges to some arise from others (Daniels, 1996; Nichols, 2010). Ideally, reflective equilibrium results in consistency among our moral judgments, sound explanations for our moral conclusions, simplicity and parsimony in the ethical principles that guide judgment, and intuitive acceptability (Kappel, 2006; Strong, 2010).

This is a perspective that has been highlighted in professional ethics education literature, although, to date, not in social work (Arras, 2007; Benatar, 2007; Lawlor, 2007). According to van den Hoven and Kole's (2015) explicit application of reflective equilibrium to professional ethics education, the method encourages students and practitioners

to carefully consider both moral and non-moral "ingredients" in the process of moral reasoning, assumes that these ingredients are all revisable during the process, and assumes that a moral judgment concerning any given case scenario will be justified if it offers the strongest possible coherence of a given set of diverse ingredients.

[T]he method assumes that no element introduced in the process of moral deliberation is sacrosanct and non-revisable. Thus, one's initial considered judgements (also regularly considered as "intuitions") may not survive further scrutiny in the light of other factors that are introduced, such as general principles, morally relevant facts and background theories. Yet, it may also be the case that a principle has to be adjusted in the light of one's considered judgements. Moral deliberation thus becomes a dynamic dialectical interplay of diverse factors (pp. 148, 149).

Reflective Equilibrium in Social Work

For more than a century, social workers have wrestled with conflicts among core ethics precepts that, within Rawls's framework, require reflective equilibrium. In clinical social work, for example, practitioners sometimes balance clients' confidentiality rights with their duty to obey a subpoena of their clinical records. This occurred in a case that eventually reached the U.S. Supreme Court. Mary Lu Redmond, an Illinois police officer, shot and killed Ricky Allen, claiming to have done so in order to prevent him from stabbing another person. Allen's family sued her in federal court for use of excessive force. When Redmond entered counseling after the shooting with social worker Karen Beyer, Allen's family attempted to obtain information about the counseling sessions as part of their lawsuit against Redmond. Although Redmond and her social

worker, Beyer, refused to submit testimony about her sessions, believing Redmond was protected by psychotherapist-client privilege, the court found that the Federal Rules of Evidence did not establish that right to confidentiality and told the jury that it could draw negative conclusions from the therapist's refusal to testify.

In this case, the social worker had to manage a conflict between her duty to protect her client's privacy with a legal demand that she disclose her confidential case record. Using the language of reflective equilibrium, social worker Beyer had to use her moral intuition to determine what is ethically right and wrong. What takes moral precedence: The social worker's moral duty to protect her client's privacy or her duty to comply with a lawfully issued court order?

In another case, a social worker worked in a residential shelter that served women who are victims of domestic (interpersonal) violence. One of the social worker's clients was a 32-year-old woman who was admitted to the shelter, along with her 4-year-old daughter, after her husband pushed the client down a set of stairs during an intense argument. During their counseling sessions, the social worker and client spent considerable time discussing the couple's relationship dynamics and circumstances associated with the client's partner's abusive behavior. During one counseling session, the client said to the social worker, "I know, deep down, that he is a good man who loves me. He only hurts me when he's had too much to drink. When I left this time, he promised to get help with his drinking problem. I love him and I really do think he means it this time. I think I'm going to give him another chance."

Based on her extensive experience working with victims of interpersonal violence and her familiarity with her client's unique circumstances, the social worker had serious concerns about her client's decision to return to her husband so soon after their altercation and before the husband completed a substance use disorder treatment program. The social worker did her best to help her client think carefully about her decision, but felt caught between her wish to respect her client's

wishes and her wish to persuade her client to delay her return to her husband. That is, the social worker faced an ethical choice between respecting her client's right to self-determination and her duty to prevent harm to her client.

Social work administrators also encounter conflicts of moral duty that require reflective equilibrium. In one case, a social worker, who was the associate director of a prominent family service agency, discovered that the agency's director had authorized a significant amount of fraudulent billing for services allegedly provided to the agency's clients. According to the social worker, the agency director authorized billings of more than \$1 million for services provided by unlicensed staffers that, by law, should have been provided by licensed practitioners in order to be billable. Upon discovering the fraud, the social worker met with the agency director in an effort to resolve the problem in a way that would ensure the agency's financial stability. The agency director denied having engaged in fraud and rebuffed the social worker's efforts to address the allegations. The social worker faced an ethical choice between disclosing the fraud, which would likely threaten the agency's survival, or remaining quiet to enable the agency to serve its vulnerable clientele.

Also, social workers engaged in community organizing, advocacy, and policy practice encounter circumstances requiring reflective equilibrium. In one case, a social worker was employed by an agency that provides community-based outreach services to people who struggle with homelessness. Many of the agency's clients spend time standing at street intersections with signs that ask automobile drivers for money. The local city council passed an ordinance prohibiting people from soliciting money in this way. The social worker, several agency colleagues, and a number of clients were enraged that the city council imposed this ban, especially when the council permitted representatives of other organizations to solicit money at street intersections (for example, firefighters raising money for charity, members of a local baseball little league raising money to cover expenses). The social worker and

her associates had to make an ethical decision about whether to comply with the ordinance or to encourage people struggling with homelessness to continue to solicit at street intersections, along with the social worker and her agency colleagues, as a form of protest that could lead to arrest by the police.

In another case calling for reflective equilibrium, a social worker served as a policy advisor for the administrator of a federal agency that entered into contracts with private agencies throughout the U.S. to provide social services to people who are detained at U.S. borders. The administrator, a political appointee who was recently assigned to her position, announced her intention to award three large contracts to for-profit corporations that would provide housing and social services to detainees in a locked facility. The social worker had grave misgivings about awarding these contracts to for-profit agencies, all of which are listed on national stock exchanges. The social worker was profoundly concerned about the ways in which these corporations might limit the delivery of high-quality services to detainees because of their incentive to maximize profits. The social worker's efforts to convince the administrator of the federal agency that contracting with for-profit corporations would likely compromise the quality of services were in vain. The social worker had to make an ethical decision about whether to resign her position or continue in her job, which enabled her to make significant contributions to address the needs of a variety of vulnerable populations.

The Process of Reflective Equilibrium

Reflective equilibrium can be carried out independently or with other individuals, such as professional colleagues (Daniels, 2016). Social workers in private or independent practice can consult colleagues who are part of a peer consultation group. Social workers who are employed in agencies can consult informally or formally with colleagues and team members. Such consultation is consistent with the mandate in the *NASW Code of Ethics* (2017) for social workers who encounter complex

ethical dilemmas: "For additional guidance social workers should . . . seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based or social work organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel."

As part of the reflective equilibrium process, social workers in many settings can seek out the services of what has become known as an ethics consultant. Ethics consultants in social work can assume various roles, depending on their employment setting and responsibilities (Aulisio, Arnold, & Youngner, 2003; Reamer, 2018). These roles include those of professional colleague, educator, mediator, and advocate. As a professional colleague, the ethics consultant's mission is to provide a social worker with a thoughtful reaction to ethical issues or dilemmas, examining them through alternative conceptual lenses. This consultation may be relatively informal and may consist of little more than a focused discussion of complex issues that the consultant examines from a variety of angles.

An ethics consultant can also be an effective educator in an effort to facilitate reflective equilibrium. Many ethics consultants provide in-service training to agency staff about ethical issues they encounter. Through lectures, case illustrations, and group discussions, the ethics consultant can enhance staffers' ability to recognize and address ethical issues in practice. The consultant may acquaint staff with common ethical challenges and prevailing views on ethically appropriate responses. The consultant can also present staff with an overview of various models of ethical decision-making that can be used in practice.

In some organizations in which social workers practice, such as medical centers and residential treatment programs, ethics consultants can facilitate what have become known as ethics grand rounds. Ethics grand rounds provide an opportunity for participants to learn as a group how to identify, analyze, and manage ethical challenges that may be encountered in their practice. Ethics grand rounds often feature challenging cases thus

providing a rich opportunity for participants to engage in reflective equilibrium.

An ethics consultant can also assist with mediation when there are disagreements about the most appropriate course of action. As a mediator, the ethics consultant can facilitate reflective equilibrium by helping to resolve differences of opinion among parties who have a vested interest in a particular case's outcome.

To carry out these various roles and promote reflective equilibrium, ethics consultants need various skills. They must have a firm grasp of key concepts related to ethical theory and the field of practical and professional ethics, particularly related to conceptual frameworks used for analyzing ethical issues and making ethical decisions. Also, consultants must have refined interpersonal skills that enable them to negotiate agreements or mediate ethics-related disputes. Social workers with solid clinical skills may be particularly well equipped in this respect.

In addition, ethics consultants must be able to communicate effectively as trainers for groups of professionals and be able to model appropriate ethical decision-making and reflective equilibrium. Finally, ethics consultants must understand the complex relationship between ethical issues and social work practice issues (that is, ethical issues that arise related to the delivery of services to individuals, couples, families, groups, organizations, communities, and in policy arenas).

In some settings—for example, medical centers and behavioral health organizations—social workers can consult with formal ethics committees as part of the reflective equilibrium process. This is an important resource that provides a quintessential example of a way that social workers can promote reflective equilibrium. Many agencies have developed ethics committees to help professional staff make difficult ethical decisions. The concept of ethics committees (often known as institutional ethics committees) first emerged in 1976, when the New Jersey Supreme Court ruled that hospital patient Karen Ann Quinlan's family and physicians should consult an ethics committee to help them

decide whether to remove Quinlan from life-support technology. Quinlan fell into a coma after an evening during which she took tranquilizers and drank alcoholic beverages. A year later, she was taken off a respirator that was helping her to breathe. Quinlan's parents asked that the respirator be disconnected and that their daughter be allowed to die "with grace and dignity," because there was no hope she would recover. The parents filed a lawsuit against the hospital after doctors caring for Quinlan refused a private request by the parents to let her die.

Ethics committees typically include representatives from various disciplines and positions, such as nursing, medicine, social work, the clergy, and agency administration. (There is some debate about whether an agency's attorney should be on an ethics committee because of lawyers' unique obligation to protect their clients' interests first and foremost.)

Some ethics committees include an ethicist—either an agency employee (for instance, in large teaching hospitals) or an outside consultant—who has formal training in applied and professional ethics, moral philosophy, and ethics consultation. Some ethicists are trained philosophers or theologians with a special interest in professional ethics, and some are members of a human services profession (such as nursing, social work, or medicine) who have supplemental education related to ethics.

Many ethics committees provide agency staff with case-related consultation services and nonbinding advice, particularly when staff members or clients want assistance thinking through difficult ethical decisions. For example, in hospital settings ethics committees may offer consultation and nonbinding advice on issues related to termination of life-support technology, the use of aggressive care with terminally ill patients, patients' right to refuse treatment, and patients' eligibility for organ transplantation. In a community mental health setting, ethics committees may offer consultation and advice related to staff members' ethical decisions about boundary issues and dual relationships, conflicts of

interest, confidentiality, privacy, informed consent, termination of services to noncompliant clients, use of technology to provide services to clients remotely, and impaired colleagues.

Although ethics committees are not always able to provide definitive advice or guidance about complex ethical issues, they can offer colleagues and clients a forum for organized, focused, explicit, and principled exploration of ethical dilemmas. Consistent with the goal of reflective equilibrium, this can provide participants with a greater understanding of the issues and options they face and enhance the quality of their decision making.

Many ethics committees also serve other functions that can promote reflective equilibrium. Some are responsible for reviewing existing ethics-related policies and suggesting revisions, sometimes in response to controversial case-related issues that arise in the organization. For example, an ethics committee in a family service agency may review agency policies and guidelines related to complicated confidentiality issues (such as disclosure of confidential information to the parents of clients who are minors, disclosure of information about deceased clients, and disclosure of information in response to subpoenas or informal requests from law enforcement officials). An ethics committee in a community mental health center may review and suggest revisions of the agency's policies concerning the termination of services to clients who do not comply with treatment recommendations.

Ethics committees also draft new ethics-related policies and procedures for more formal review and approval by agency administrators and boards of directors. Thoughtful, clearly reasoned policies and procedures can facilitate reflective equilibrium. For example, in a program that serves clients who have serious substance use disorders, the ethics committee may draft new guidelines concerning hiring former clients as staff members. An ethics committee in a nursing home may draft new guidelines concerning consensual sexual relationships among residents, and an ethics committee in a residential treatment program for

children with serious special needs may draft new guidelines concerning the handling of gifts given to staff by the children's parents.

Ethics committees also sponsor ethics-related training and education for agency staff, and this is another way for social workers and colleagues to promote reflective equilibrium. These efforts may include continuing education seminars for practitioners and various types of in-service training on a range of ethics-related topics. Ethics committees may help develop the training and education curriculum, develop teaching material, and recruit presenters.

Social workers should not assume that ethics committees function as final arbiters or judges of what is ethically right or wrong. That is not a realistic expectation when social workers and others access ethics committees as part of the reflective equilibrium process. Although ethics committees are sometimes approached about relatively simple ethical matters, more typically they are asked to consult on remarkably difficult and controversial issues that resisted easy resolution by line staff and their supervisors before reaching the ethics committees. In such instances, as one may expect, ethics committee members themselves may disagree about what is ethically appropriate.

This is not a design flaw in ethics committees or even a serious limitation in the reflective equilibrium process. Rather, we should expect constructive differences of opinion on committees that, by design, are expected to examine and facilitate discussion of truly complex and controversial issues. What ethics committees offer is a rich and disciplined opportunity for social workers and others to wrestle with hard moral choices and challenges that sometimes emerge in professional life.

Reflective Equilibrium Applied: A Case Example

Two social workers employed in a mental health center were contacted by a police detective following a school shooting in which three students were killed and five others injured. The detective

showed the social workers, with whom she met jointly, a photograph of a 17-year-old suspect who was the social workers' client. One social worker had provided weekly mental health counseling to the teen. The second social worker, a substance use disorder specialist, provided supplemental substance use counseling to the teen twice a month in a separate program funded by the federal government (SAMHSA). The principal of the school had told the detective that the school had referred the teen for counseling to address issues related to depression and substance use. The detective asked the social workers when they had last seen the student and asked them to summarize their assessment of the student's mental health challenges.

Both social workers wanted to protect the student's privacy, but understood why the detective wanted information about the adolescent, who was a fugitive. Each of these social workers faced an ethical choice that required balancing their adolescent client's confidentiality rights with the detective's request for information to assist in the investigation of an extremely serious crime.

The social workers followed social work ethics standards related to disclosure of confidential information and, initially, informed the detective that they could not confirm or deny that the teen was their client. The practitioners immediately contacted their supervisor and the agency's risk management official to discuss the detective's request and related confidentiality issues. The risk management official reached out to a local ethics consultant and also referred the case to the agency's ethics committee for an emergency consultation. The chair of the agency's ethics committee, the ethics consultant, the social workers, their supervisor, and the risk management official conferred with each other on a secure video call. After the group reviewed the facts in the case, the ethics consultant suggested that the group needed to review the relevance of several guidelines: the *NASW Code of Ethics* (2017), two federal laws (HIPAA and 42 CFR Part 2: Confidentiality of Substance Use Disorder Patient Records), the state law governing disclosure of confidential health care information, and the agency's confidentiality policies.

After much discussion, the group agreed that the social worker who had provided weekly mental health counseling to the teen was governed by HIPAA, while the social worker who provided substance use disorder counseling was governed by HIPAA *and* the much stricter federal regulation 42 CFR Part 2. HIPAA would permit disclosure by a social worker to law enforcement without consent "to respond to a request for PHI [protected health information] for purposes of identifying or locating a suspect, fugitive, material witness or missing person." Further, both state law, agency policy, and the *NASW Code of Ethics* (2017, standard 1.07[c]) would permit, although not require, disclosure without consent to prevent imminent, serious, and foreseeable harm. However, the ethics consultant pointed out, the social worker governed by 42 CFR Part 2 (because the agency receives federal funds and the program in which she works explicitly diagnoses and treats substance use disorders) would *not* be permitted to disclose confidential information unless a judge reviewed the request and authorized disclosure under criteria spelled out explicitly in sections 2.63 and 2.65 of the regulation, which balance clients' privacy rights with law enforcement officials' interest in investigating an "extremely serious" crime.

Out of an abundance of caution, the risk management official consulted with a health care attorney who specializes in negligence, malpractice, and risk management. The attorney concurred with the ethics consultant's opinion concerning which social worker was and which social worker was not permitted to disclose information to the detective. Both the ethics consultant and the attorney reminded the risk management official that the social worker who was permitted to disclose information without consent—under HIPAA, state law, agency policy, and the *NASW Code of Ethics* (2017)—should limit the disclosure to details that are directly related to the investigation, consistent with the *NASW Code of Ethics* standard that states, "in all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly

relevant to the purpose for which the disclosure is made should be revealed” (standard 1.07[c]).

About four weeks later, the ethics consultant, attorney, the two social workers, ethics committee chair, and the head of risk management conducted a two-hour ethics grand rounds session for all clinical staff, supervisors, and administrators to review what happened in this case and identify lessons learned. The ethics consultant used this opportunity to provide an overview of the ways in which this case could be examined using prominent ethics concepts and theories (including deontological, teleological, virtue ethics, and ethics of care perspectives). Overall, the group’s approach to this case exemplified reflective equilibrium, in that it provided the social workers and colleagues an opportunity to come to a conclusion about what they ought to do when they had not at all been sure earlier; consider alternative ethics perspectives and theories; and draw on relevant ethical and legal standards.

Conclusion

Scholarly discussions of social work ethics have flourished since the 1980s. Today’s practitioners have access to an ever-increasing array of publications on the subjects of social work values, ethical dilemmas involving conflicts among professional duties and obligations, ethical decision-making frameworks, and ethics-related risk management challenges.

During the past four decades, social work ethics scholars have drawn fruitfully on a range of influential ethical theories, especially those reflecting deontological, teleological (utilitarian), virtue ethics, and ethics of care perspectives. A notable omission is discussion of reflective equilibrium, which has been featured prominently in the professional ethics literature outside of social work.

Social workers can take several steps to enhance reflective equilibrium in their work settings. These include becoming familiar with relevant ethics concepts and theories; ethical standards; ethically related practice standards, laws, regulations, and agency policies; and consultation options, including use of formal ethics consultants, ethics grand rounds, and ethics

committees. Metaphorically speaking, the social worker who carefully and systematically considers the information produced by these steps serves as a fulcrum—in physics, a pivot point around which a lever turns, or something that is in the center of a situation or activity—during the process of reflective equilibrium.

Reflective equilibrium, which entails the systematic application of available ethics theories and frameworks to case-specific circumstances, is particularly compatible with social work’s values. Like social work, reflective equilibrium encourages a systems approach, interpersonal dialogue, rigorous examination of alternative perspectives, and values-based decision making. It deserves a prominent place at the social work table.

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Endnote

¹The author conducted a comprehensive literature search and did not identify any publications that explicitly apply reflective equilibrium to social work.

Forum: BREXIT: How did we get here and where are we going?

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The following is preliminary briefing note I prepared for local community activists.

How we got here

The development of the European Union (EU) was only one of several 20th C initiatives designed to foster international relations in response to changing geopolitical forces

De-colonialization

Gradual independence achieved by colonies led to the demise of empires. The response of the British Empire was the establishment in 1926 of the British Commonwealth of Nations, formalised in 1931, formally constituted in 1949 and known today as the Commonwealth

WWI 1914–1918 & WWII 1939–1945

Attempts to maintain international peace and security led to the establishment of the ineffective League of Nations in 1920 after the end of WWI. This was replaced by the United Nations in 1945 after WWII and continues today

Growth of the Cold War Between the USA & USSR After WWII

The North Atlantic Treaty Organisation (NATO) treaty was signed in 1949 between 30 European and North American countries as an intergovernmental military alliance and continues today

Birth of European cooperation after WWII to support reconstruction & provide a buffer zone for the USA in cold war politics

1951 Treaty of Paris set up the European Coal and Steel Community (ECSC) between Germany, France, Italy, Netherlands & Luxembourg

1957 Treaty of Rome set up the European Atomic Energy Community (Euratom) and the European Economic Community (EEC [Common Market])

1972 European Communities Act was the UK Act of Parliament that ratified UK membership of the 3 European Communities (ECSC, Euratom, EEC). The Treaty of Accession was signed by Ted Heath, Prime Minister (PM) as the Conservative Government was in power. Membership was hotly debated in the UK General Election (GE) of 1974. Under Harold Wilson the Labour Party gained a majority to form the government in part because

of a manifesto commitment to renegotiate the terms and hold a referendum.

1975 First national referendum in the UK. 65% turnout: 67% voted Remain; 33% Leave.

Subsequently other amendments were agreed in the following years aiming to strengthen economic, social, and political ties between European Countries the most significant being:

1992 The Maastricht Treaty on European Union that attempted to negotiate tensions between members states seeking closer integration and those wishing to retain greater national control.

It has been argued that at the end of WWII there was an unprecedented social pact between labour and capital in European countries devastated by war. This led to some form of nationalisation necessary to rebuild and the provision of mandatory universal welfare services provided by the state of which the UK is the most notable example. On the other hand, the European project that began in 1951 has been driven by specific economic and institutional interests and from the 1980s onwards has increasingly pushed state assistance towards targeted populations and away from universalism. Following the global financial collapse of 2008 popular support for the EU project has fallen all over Europe

https://www.researchgate.net/publication/330227871_The_1945_European_Social_Pact

Brexit 2016–2020

Both the Conservative and Labour parties have had internal divisions about membership of the ‘Common Market’ since the UK first joined in 1972. Sovereignty and the free movement of labour have been frequently raised as problems.

In broad terms the right wing of the Conservative Party has been against the increasingly stringent social, employment, judicial and environmental protections required of member states. The left wing of the Labour Party, on the other hand, has been against the dominant neo-liberal economic restraints within which member states have had to conduct their economies.

The Conservative PM, David Cameron, was first elected in 2010. The Conservatives gained a majority largely because the global financial collapse of 2008 was blamed by many on the incumbent Labour government. Cameron promised to hold a referendum on EU membership if the Conservatives were re-elected in the GE in 2015. They were re-elected but Cameron resigned as PM after the referendum of 2016 and decision to leave the EU. Internally the Conservative party appointed Theresa May as PM and later Boris Johnson who finally faced the electorate as PM in 2019 GE that was won by the Conservatives on the manifesto of ‘Get Brexit Done’

Of course, the geopolitical context in the 21st C differs from that which led to the inception of the EU. The fall of the USSR, growing economic strength of China, and increasing importance of the Middle East in global politics alters the potential role of Europe. In addition, it has been argued that euro-scepticism became a dominant and powerful right-wing project funded by elites that manipulated a range of citizen dissatisfactions not rooted entirely in EU membership.

<https://www.theguardian.com/commentisfree/2020/dec/09/brexit-grassroots-movement-elitist-takeover-2016-referendum>

<https://blogs.lse.ac.uk/brexit/2017/07/31/the-referendums-of-1975-and-2016-illustrate-the-continuity-and-change-in-british-euroscepticism/>

Where are we going—immediate consequences

A simple guide

<https://www.aljazeera.com/news/2020/12/28/brexit-from-fishing-quotas-to-free-movement-ending-10>

At first glance deal overall

Better than no deal but leaves worker's rights and environmental protections at serious risk of erosion

<https://www.ippr.org/research/publications/the-brexiteu-uk-trade-deal-a-first-analysis>

The economy, customs, and trade

Most commentators anticipate an economic contraction compounded by the impact of the pandemic

<https://www.bloomberg.com/news/articles/2020-12-25/u-k-investing-class-sounds-warning-as-post-brexite-reality-bites>

Free movement of labour has ceased with consequences for the service sector that currently form 80% of the UK economy. Professional qualifications obtained in the UK will no longer be valid in the EU

<https://ukandeu.ac.uk/the-brexite-deal-and-services/>

Automobile industry—Better than no deal but there are still substantial costs from the mandatory documentation required and the long-term tariff implications regarding electric cars

<https://cardealermagazine.co.uk/publish/comment-the-brexite-trade-deal-and-what-it-means-for-the-uk-automotive-industry/211920>

Northern Ireland—NI will maintain an open border with Eire consequently the customs barrier will be between Great Britain and NI

<https://commonslibrary.parliament.uk/research-briefings/cbp-9102/>

Although some suppliers do not anticipate food shortages others have argued this is inevitable

<https://theconversation.com/brexite-deal-or-no-deal-food-bills-are-about-to-get-a-lot-more-expensive-152327>

Post—parcels to the EU will now require a customs declaration

<https://www.manchestereveningnews.co.uk/news/uk-news/post-office-parcel-warning-eu-19532915>

Justice, data, and security

The UK (apart from NI) will no longer be subject to the European Court of Justice; will lose automatic right to key databases and Europol, and

social media users will now be subject to US rules on privacy

<https://www.bbc.co.uk/news/55252388>

<https://www.bbc.co.uk/news/business-55328376>

<https://www.lawgazette.co.uk/commentary-and-opinion/brexite-trade-deal-its-good-and-bad-for-lawyers/5106867.article>

Travel and holidays

British travellers will face longer queues at passport control and must have at least 6 months left on their current passport for it to be valid. New passports will be blue.

Stays are limited to up to one 90-day period in 180 days

European Health Insurance Cards (EHIC) are valid until they expire and although a new scheme is promised this has not yet been developed

Mobile roaming charges will increase

Driving abroad requires you take your logbook, driver's licence, and a green card from your insurers

Pet travel—pets now require an Animal Health Certificate (AHC) from a vet no more than 10 days before travel and will last for 4 months. Pets must be microchipped

Duty free shopping will change—increased limits on alcohol and tobacco, no duty-free electronics, clothing etc

<https://www.bbc.co.uk/news/uk-46627083>

Studying abroad

Erasmus scheme for students to study in the EU has closed apart from Northern Island. Another scheme (Turing) proposed but not yet developed

<https://www.schengenvisa.info.com/news/uk-students-will-no-longer-be-able-to-participate-in-erasmus-programme/>

Book Review

Congress, E. P., Takooshian, H., & Asper, A. (Eds.). (2020). [*Behavioral science in the global arena: Addressing timely issues at the United Nations and beyond \(Vol. I\)*](#). Information Age Publishing.

Reviewed by J. Porter Lillis, Ph.D.
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Published just as the United Nations turned 75 in 2020, “UN75,” this edited book addresses the many roles that behavioral scientists play in the UN’s work, as well as the acute needs that still must be met. The book focuses on the work of psychology and social work at the international level. The essays are the work of both active professionals and students, and the text was designed to be accessible to professionals, undergraduate and graduate students, as well as those who may not know anything about UN issues.

The book is broken down into five sections, and within each section is a small number of very short chapters (4, 4, 2, 3, 2 respectively). The sections include Serving Current Populations, Upholding Social Justice, Promoting Harmony, Improving Human Health, and Supporting Environmental Health. Each chapter ends with a glossary of key terms, study questions for class text use, notes, and references. Each section and chapter are not the exhaustive descriptions of issues addressed, rather the book uniquely shows specifically how social work and psychology are used to approach each of the issues and exactly which of the UN’s 17 Sustainable Development Goals (SDG) are being addressed. Each chapter is a concise description of a single aspect of the issue, with primary ideas or concepts reviewed, and which SDGs are addressed by psychology and social work.

This text does exactly what it sets out to do; it illustrates the important roles that the behavioral sciences of social work and psychology actively

play in addressing global issues and is a great snapshot of national and international opportunities and needs for behavioral scientists. The shift from thinking about individual cases to considering policy at a national and international level makes this an interesting text for students. By illustrating the many opportunities that are possible for behavioral scientists and showing how many of the current problems under study are universal in nature and require international cooperation, students are shown a bigger picture and the empirical approaches to solving those problems.

If you would like to submit a book for review, please contact [Laura Gibson](#), book review editor.

Book Review

Currie, E. (2020). [*A peculiar indifference: The neglected toll of violence on Black America*](#). MacMillan.

Reviewed by Peggy Proudfoot Harman, MSW, Ph.D., LICSW
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Imagine living in a world where violence is always present in your own home or right next door and the noise of gunshots provides a continuing reminder that violence is “an essentially uncontrollable fact of life” (p. 57). W.E.B. Du Bois provided the inspiration for the title of Currie’s work by writing that there is notable avoidance about the need to address violence in the African American community (p.16). *A Peculiar Indifference* is an incredible work for those involved in social justice causes or who are enraged when watching news reports of fellow Americans who are entrusted to uphold the “law” and kill fellow Americans (who are mostly unarmed, often are experiencing mental illness, are poor, and are more often than not from the Black community) (p.8). Currie combines an overview of years of social research grounded in a myriad of public health, criminology and psychology and contextualized through the eyes of literary scholars such as Du Bois who studied and wrote about life in Black America throughout the 20th century. Currie maintains that writers such as Du Bois, Myrdal, and Clark have similar thinking in that, “all of them acknowledged the seriousness of the problem of violence in the black communities [sic] but also firmly connected it to the destructive impact of the specific history of racial oppression in America—a uniquely severe system of economic and political disadvantage that has inflicted pervasive harm on community life and personality” (p.13).

Using a growing body of research on violence in Black communities, Currie analyzes the development of “structural disadvantages.” Currie

breaks down precisely what the term structural disadvantages in these communities looks like on several different dimensions, including the larger political systems of the United States, the smaller dimensions of community systems, and the smaller but equally important dimension of the behavior of the individual within the system (p.9). Currie is a master at highlighting research that demonstrates the connection between poverty, marginalization, neglect, and the suffering that these structural disadvantages create for a majority of African Americans in these communities. Currie points out the racial and economic roots of racial violence and disparities and connects the dots between the continual stress of violence, poor health, and disability as highlighted in community research. Currie not only discusses racial disparities with regard to the political and economic aspects, but he also discusses the excessive use of guns in these communities and how guns and violence have become a rite of passage for young Black men whom he maintains have normalized violent behavior. Currie maintains that, “many who are killed begin the fast journey to death by using violence as a response to stressors” (p.5).

Of particular interest was Currie’s discussion of James Garbarino’s work from the 1980s in a Chicago public housing development focused on restrictions that mothers placed on their children as a result of living in a dangerous neighborhood. In addition to keeping their children from playing outside, mothers developed a very “punitive style of discipline (including physical assault) in an

effort to keep the child from falling under negative influences” (p.52). Currie goes on to explain that the mothers in this study used physical assault on the children and insisted that it was used as a way of teaching their children survival - to be tough in a very tough world. As a former mitigation specialist and investigator for the Federal Public Defender Capital Habeas Unit (CHU), I witnessed this kind of parenting as reported by several mothers of clients who were sentenced to death row. One particular case comes to mind of a young man who turned to the gang as a young teen to help support his family. This young man was also engaging in the gang as a part of his normal day-to-day life and identity and was highly aggressive, much like the children in Ng-Mak’s study (p.67). The young man’s parents insisted that they loved their son very much but also engaged in corporal punishment toward him throughout his life. Of particular interest in this investigation was the numerous times the client was taken to the emergency room as a young teen—at least three times during one year for broken bones that the youth claimed happened accidentally at school.

The research covered in this work is outstanding and helps to breakdown statistics to highlight the epidemic of violence in the African American community caused by a long history of economic and political injustice. Currie makes it abundantly clear that there is a solution to the “systematic racial inequalities” (p.7) that have plagued communities and served to perpetuate racial inequalities. Solutions to these issues include investing resources in the criminal justice system, reviewing the records of older prisoners who pose no threat to the community and releasing them, and public investment in social programs, among others (p.213). Currie admits that these are not new ideas, but as research has shown, interventions within each dimension or system in tandem with one another presents the most promising ameliorations of the epidemic of violence.

Currie helps us better understand issues facing many African American communities and is relentless regarding the research pointing to the historic marginalization, which has been created by American institutions as a form of social control. I am recommending this book as required reading in our MSW program’s Family and Community Violence course. Numerous and important studies highlighted in this work in context of the works of prolific literary scholars on the topic are invaluable to social workers in every aspect of social work.

Currie discusses the “racial invariance” thesis that indicates if White people lived under the same structural conditions as Black people, they would experience the same level of violence. The trouble, as outlined by Currie is that Black and White people are “almost never in the same structural conditions” and that we need a “highly deprived white [sic] community as compared with a highly deprived black [sic] one. (p. 146). Currie talks about the “near impossibility” of finding a comparable White community—to which I automatically thought of “Appalachia.” Three pages later Currie discusses a study by Krivo and Peterson using a comparable sample from a White community in Columbus, Ohio. Currie talks about the White population who lives on certain tracts of land in Columbus and states “even in Columbus with its close proximity to Appalachia, one of the heartlands of white poverty in America” [sic] the white community was not as ‘dire’ or as ‘violent’ as its comparable black [sic] community (p.149). It is not an easy task for an Appalachian social worker and college teacher to review the work of a Pulitzer Prize finalist; however, even though my upbringing was in the “heartland of White poverty” I have a great appreciation for a scholar of Currie’s acumen. Currie breaks down the history of the creation of violent communities and makes excellent recommendations for working on the creation of a great Republic dreamt of in the beginning of our democracy. As Currie quotes W.E.B. Du Bois “If in the heyday of the greatest of the world’s civilizations, it is possible for one

people...to slowly murder another by economic and social exclusion....if the consummation of such a crime be possible in the twentieth century, then our civilization is vain, and the republic is a mockery and a farce” (p.231).

If you would like to submit a book for review, please contact [Laura Gibson](#), book review editor.

Book Review

Goodwin, M. (2020). [*Policing the womb: Invisible women and the criminalization of motherhood*](#). Cambridge University Press.

Reviewed by J. Porter Lillis, Ph.D.
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Michele Goodwin, chancellor's professor of law at the University of California, Irvine, has written a powerful and salient text on the creeping criminalization of women's bodies, in particular, through fetal protection laws. She reviews how old laws designed to protect children are applied to unborn fetuses and how new laws that prioritize fetal well-being over that of the mother are created.

Professor Goodwin "...weighs the social, economic, and health costs associated with punitive state policies that effectively harm all pregnant women and their interests" (p. xi). The book is an excellent, thoroughly researched text, particularly in respect to case law and case histories. This text does better than just presenting the law, it also provides the personal vignettes and stories of the women impacted by these laws. These personal stories are most often missing in discussion of law, its enforcement, and its impact.

The issue is not just about abortion rights, although the book presents an excellent summary of the history and case law surrounding them. Abortion rights are just one facet of laws that ostensibly are about protecting women's health, but these laws often actually endanger women's health when followed to their logical conclusions if fetal health takes priority over the mother's health. The case is made and the history is presented to explain how politicization of women's reproductive health has influenced law, disproportionately impacting poor and minority populations. Professor Goodwin argues that these initial low SES and minority

victims were just the metaphorical "canaries in the coal mine" and that these overreaching laws can also impact all women, regardless of SES and race.

The book proposes that political pressure prioritizes fetal health over the mother's health, which criminalizes much of the behavior of gravid women. These restrictive laws create the potential for not allowing for proper medical care for the mother and criminalize natural outcomes such as accidents, still births, and behaviors. Professor Goodwin suggests that these harsh and punitive laws destroy the fiduciary relationship between women, their physicians, and the medical system. The laws are such that medical personnel become reporting parties, some even working with law enforcement, violating doctor-patient trust in ways that attorney-client privilege would never allow. The reason: "For the most part, male legislators control women's reproductive health care access in the United States" (p. 76). The book also points out how the politicization of control of women's bodies extends beyond our national borders. Decisions to provide economic aid are politically driven; provision of such aid can be tied to how the aid is used for women's reproductive rights in those countries.

After a concise review of the history of states' attempts to regulate women's bodies, Professor Goodwin provides future directions with a Reproductive Justice New Deal or Bill of Rights. The extensive research and exhaustive citations and a rich bibliography make this a perfect text for courses and a fantastic reference for the study of issues involving

Book review: *Policing the womb: Invisible women and the criminalization of motherhood*

law and women's rights. The author points out that women are almost always left out of discussions of incarceration and criminality. This book adds to these discussions by detailing how women, and pregnant women in particular, can be made and labeled criminals through state policy making when women's health care is informed by politics.

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