ARTICLES

A Case for an Expanded Framework of Ethics in Practice

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Using a case vignette as an illustration, an expanded framework for examining ethical issues in human service practice is proposed. The article argues that the helping relationship is multiply constructed through discursive fields, rather than being a given, and that the lens of ethics must be widened to understand both the highly contradictory nature of practice, with its accompanying paradoxes, and the broader structures that constrain and influence practitioners. The article draws on the centrality of the concept of *ethical trespass* to recognize the inevitability of some level of harm in the application of human service work, despite intention or skill. At the same time, investigating workers' uses of resistance to the dominant discourses is suggested as a means to edge toward the reduction of trespass.

Keywords: ethics, paradoxes, discourse, practice, resistance

THEORETICAL FRAMEWORK

In this article, I propose an expanded framework for examining ethical issues in human service practice. I argue that the helping relationship is multiply constructed through discursive formations rather than being a given, and that the lens of ethics must be widened to understand both the broader structures that constrain

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and influence practitioners and the highly contradictory nature of practice in which ethical decisions are enacted. By an ethical relationship, I am referring to "a nonviolative relationship to the Other … that assumes responsibility to guard the Other against the appropriation that would deny her[1] difference and singularity" (Cornell, 1992, p. 62).

One primary trend in social work ethics has been to apply codes of ethics to problematic situations to determine whether an individual has behaved "ethically." An ideal is laid out as a series of abstract principles in a code. In combination with good decision making (Congress, 2000) and a method for tracking harms (Robinson & Reeser, 2000), it is assumed that by applying the code, a worker will be able to avoid ethical breaches. This approach underscores a liberal humanist notion of the centrality of the practitioner as an autonomous individual and the utilization of rational cognitive processes. At the same time, this perspective deemphasizes or ignores local, historical, or contingent factors, including structural inequities in which practitioners operate (Rossiter, Prilleltensky, & Walsh-Bowers, 2000).

The tendency of individuals in the helping professions to take up the question of ethics from a standpoint of privileging abstract principles that are decontextualized, rule bound, and linear; to understand and resolve ethical dilemmas in a prescriptive fashion; seems like a limited tool for examining ethical problems in practice. Like Rhodes (1992) and Rossiter et al. (2000), I believe the focus on codes narrows the lens of ethics to a very small component of the work in the field, omitting much of what is both relevant and troublesome in the experience of practitioners. Orlie (1997, p. 195) explained that "code-oriented moralities tend to normalize principle because rather than continually questioning proper conduct, they express a desire to find the true ground of our being." Because this is not possible, they are inadequate and may lead to more rigid and doctrinaire stances in making sense of ethics, when what is required is the flexibility that would come from understanding the relevance of context in practice.

In addition, the individualized focus in codes of ethics scapegoats both clients and workers for profoundly complex systemic injustices and structural barriers. To understand that a situation arises due to one's positioning in broader social locations that are not solely of one's own making may reduce the need to deny and/or avoid examining possible wrongs and could decrease the emotional sting of these incidents, lessening distress and possible burnout. Also, emphasis on the worker–client dyad keeps from view the larger societal issues, such as class bias or the inadequacy of resources, issues that must be confronted to render a more just and civil social order.

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[1]Like Cornell, I will utilize the feminine form of pronouns as both a corrective to the dominant practice, which privileges men, but also because the field is dominated by women both as practitioners and clients. Also, in this case illustration, both the workers and the client were women.

I conducted a qualitative exploratory study with five front-line workers whose client[2] population was young single mothers and their children. The participants were all women who were seasoned practitioners working in a range of agencies in urban and rural settings in Ontario, Canada. In extensive one-to-one interviews, using the analytics of feminist poststructural theory and discourse analysis (Fairclough, 1992), I explored how workers constituted the helping relationship. I will offer a case vignette from this research as an illustration of a proposed enlarged notion of ethics in the human services. What will follow is in three segments: (a) the case example, (b) the worker's attempts to utilize traditional codes of ethics to guide her team's reflections on the problems that emerged, and (c) the main alternate concepts that I believe should be used to expand the concept of ethics in the field of practice.

CASE VIGNETTE OF JILL
AND HER SON

Kristine,[3] a White worker in a rural agency serving pregnant and parenting young mothers, was running a drop-in prenatal nutrition program in conjunction with the public health department. Kristine was the participant in my study and the data that follows was taken from my interviews with her. There were two other main players in this vignette: a public health professional, Mary, and Jill, one of the clients of the joint program. Jill also had a son, a "very rambunctious 3-year-old." Mary, the public health professional, overheard Jill say to her son, "You're going to fly out that window in a minute if you don't stop jumping around." Mary perceived this statement as requiring her to alert the Children's Aid Society (CAS), the child welfare organization in Ontario mandated with the responsibility to protect children. Without consulting anyone, and unbeknownst to Jill or Kristine, Mary did contact the CAS. Jill discovered that Mary had informed the CAS about her parenting and approached Kristine, saying she was very uncomfortable continuing in the program with Mary present because Mary had not come to her to say that she had contacted the CAS.

Kristine attempted to facilitate a discussion between Mary and Jill. She argued that the incident was "impacting on [Jill] coming" to the program. Although at first Mary resisted, ultimately Mary agreed to a three-way meeting and Kristine attempted a "conflict resolution" between the public health professional, Mary, and the client, Jill. Kristine's perception was that Jill had "handled

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[2]I have settled on the term *client* as the most neutral and most commonly used term to refer to individuals on the receiving end of services by social workers.

[3]All names are pseudonyms.

[herself] very maturely" and "gently" and that the mediation had been effective. However, a week later, Mary's supervisor called the agency to state that Kristine had "harassed … and coerced" Mary and that because of her feelings about Kristine, Mary was refusing to continue her work in the joint program. Kristine's supervisor was out of town. The situation escalated, with the board of directors at first censuring Kristine and putting in writing that Kristine was not to have any contact with the public health worker. After the supervisor had returned to work and had supported Kristine's efforts, the board backed down, apologizing, and sanctioning Kristine's handling of the situation.

Because Mary, Mary's supervisor, and the board of directors of Kristine's own agency did not experience Kristine's interventions positively, Kristine was left feeling dismayed and personally blamed without adequate means to address what had occurred. She saw the situation that she found herself in as idiosyncratic and individualized. She said, "I spend so much time honestly paying attention to the code of ethics and making sure that I'm using them as guiding principles and I just was like, whoo, maybe I did do something wrong." In general, Kristine felt misunderstood and injured by this episode and talked about her attempts having "backfired." Kristine used the code of ethics in social work to attempt to make sense of what had transpired in this scenario, to justify her actions, and to ascertain whether she had violated any ethical principles. She told me that she, her supervisor, and her team had gone through the code of ethics and were satisfied that her behavior had been appropriate. She stated there was even a tenet about advocacy with other professionals, which was the stance she felt she had taken with the public health worker and her client. Although she was relieved that there was nothing in the code to suggest she had erred, being self-reflexive, she felt that perhaps there had been a failure on her part to sufficiently negotiate with the public health professional before a joint meeting with the client. Kristine expressed that, were she confronted with a similar situation again, she would take a professional aside and attempt to process the incident with that individual before attempting a mediation between the worker and the client.

I believe that the use of the code of ethics was a somewhat limited vehicle to examine the ethical complexities in this practice situation for Kristine. Because the lens of the codes was focused primarily on the relationship between worker and client, it omitted significant factors that operated in this case. Furthermore, a belief in applying the codes, as if truth were objective, only requiring clear thinking, fostered a belief on the part of Kristine that, by lucid judgment and careful conduct, she could act ethically and would be perceived by others as acting ethically. The individualized focus left her feeling individually and personally responsible for significant structural constraints.

Figure 1 illustrates the means Kristine used to attempt to resolve the dilemmas for the triad of individuals in this scenario.
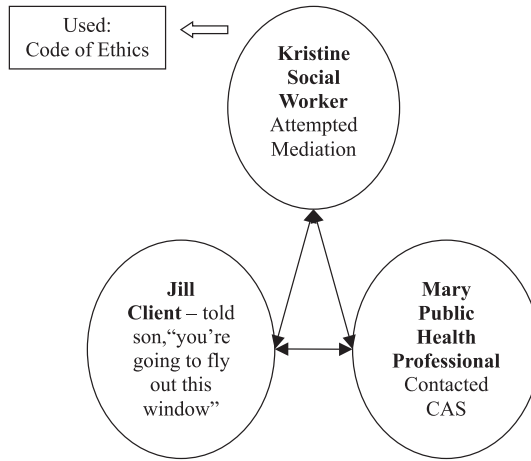
FIGURE 1   The means Kristine used to attempt to resolve the dilemmas in the case vignette.

EXPANDED ANALYTICAL TOOLS FOR ETHICS

Ethical Trespass

One could suggest that this was simply a case of poor communication, but I believe the structures of helping, in and of themselves, set the stage for the inevitability of ethical trespass. By *ethical trespass,* I am using a notion by Arendt (1958) elaborated by Orlie (1997). Orlie defined *ethical trespass* as "the harmful effects … that inevitably follow not from our intentions and malevolence but from our participation in social processes and identities" (p. 5). Trespass is the harm that follows from one's actions, sometimes unintended or unforeseen, because in action some options are opened, whereas others are foreclosed. Orlie perceives that all of us trespass, including but most especially, "the 'responsible,' well-behaved, predictable subjects of social order who reinforce and extend its patterns of rule" (p. 23). Social workers and public health nurses are those responsible subjects because, through their implementation of policies, legislation, and what they understand to be their professional duties, they determine what is acceptable and appropriate behavior, such as the mothering practices of Jill. By these determinations, patterns of rule are extended. The effects of one's actions impact differently on a multiplicity of individuals, having ripple effects beyond the immediate event. For example, in Mary attempting to protect the rambunctious 3-year-old by alerting the CAS, Jill's mothering capability was impugned, and Jill no longer wanted to continue in the program designed to provide education to improve her parenting skills. This led to

Kristine's attempt at conflict resolution, which left Mary feeling coerced and Kristine's good intentions in shatters. All three central figures in this vignette felt trespassed against: Jill, the mother of the child, because the CAS was contacted about her mothering practices; Mary, the public health worker, because she perceived the mediation as a harassment; and Kristine, my participant, because she was censured for her attempts to resolve the conflict.

What is the value of the concept of ethical trespass? I believe when workers feel individually responsible for harm, it is more difficult for them to acknowledge and confront the potential damage inherent in their positions, regardless of their behavior. This is particularly true in a culture that expects professionals to make accurate and appropriate judgments and in which they are held accountable for injury. There is an irony in using the concept of ethical trespass. Although all professionals must be held accountable for unintended harm, to understand trespass and the inescapability of this harm depersonalizes this issue by recognizing that all responsible and caring individuals are subject to trespass, regardless of intention or skill. Had Kristine been familiar with this concept, could it have provided emotional comfort to her and allowed her to be compassionate toward herself and possibly Mary, who was caught in the same conundrum?

Centrality of Paradoxes in Clinical Practice

Better communication with a colleague would not have resolved the inherent paradoxes in practice that unavoidably lead to ethical trespass. What are those paradoxes? One relates to judgment. Judgment is central to the positioning of human service workers, both to safeguard those who are the weakest in our society, as well as to determine the allocation of limited resources. At the same time, workers must be nonjudgmental to engage clients and avoid shaming them. This is a key principle of clinical practice (Miley, O'Melia, & DuBois, 2001). In the case of Jill, there was both a child and young mother. The importance of protecting the more vulnerable, in this case a 3-year-old, led to a judgment about the mother's competency by both the public health worker and my participant. This is an unavoidable and necessary component of the positioning of human service workers, leading to the ineluctable nature of ethical trespass. In this case, Kristine and Mary diverged in their judgments about the potential of harm to the child. Kristine said, "Maybe [Jill] was going to do it [i.e., is throw her child out the window], maybe she wasn't, I don't know." A judgment was implied when she labeled Mary's decision to contact the CAS as "the silliest reason I can ever think of to report to the CAS." By a recognition of this paradox, (judgment as intrinsic to the positioning of human service workers but problematic in the process of engagement), Kristine could have been assisted in understanding the complexity of "help," regardless of her good intentions or communication skills.

There are other key paradoxes in the helping relationship. One paradox that is fundamental in human service work is that usually there is more than one client in a case. The implication of this structure is that what may meet the needs of one may not for another. In this case vignette, protecting a "rambunctious" 3-year-old by contacting the CAS may be punitive toward the mother. Workers are often on the horns of that dilemma. Also workers in social service settings are caught in a mix of caring and control, given their mandated responsibilities to abide by legislation that may be seen as punishing by clients. This additional quandary underlay the conflict that resulted from Mary getting in touch with the CAS to fulfill her statutory responsibilities as she understood them, even if it injured her relationship with Jill. A related paradox is that the "good" client is one who is open about aspects of her life. However in the act of disclosing, she makes herself more vulnerable to be seen as inadequate (such as Jill was by making the remark about her son), leading to the increased potential to be disciplined in some way (such as having the CAS contacted). However, the client who does not reveal can be perceived as resistant and therefore also at risk for punishment. The worker is caught in this bind too, knowing her task is to uncover, but also aware that these revelations increase her potential power, which could be viewed as injurious by the client or result in unintended harm. Kristine identified that in "being a professional … there's a power issue … I am privy to information [that] maybe she [the client] hasn't shared with anyone else or that no one else knows and now it's in my hands."

Discursive Fields

How did Kristine and Mary arrive at their diverging judgments about Jill's behavior? I think that the concept of discursive fields is useful in answering this question and would provide a valuable means to enlarge an understanding of ethics in practice. By *discursive field,* I am referring to the organizing logic that workers utilize to give some coherent shape to understanding their work and their world. *Discourse* refers to "structures of knowledge and systematic ways of carving out reality" (Chambon, Irving, & Epstein, 1999, p. 272) that compete to give meaning to a particular concept or concepts that influence the possibility of how social institutions, processes, and relationships are organized. By their formation, things are accomplished, regulated, enabled, and ordered, as well as constrained, delimited, and limited. I envision discursive fields as being within a permeable dome under which discourses from the broader world circulate for an individual and from which an individual draws to make sense of her world.

The significance of this concept is to argue that "helping relationships" are not objective, concrete phenomena but are constructed through complex concepts that both arise from and become discourse. Therefore approaches to ethics that begin from the standpoint of objective knowledge "out there" do not have a means to take into account the subtle and divergent ways that practitioners make sense of the help-

ing relationship, their clients, and their own subject positions as workers, nor do these approaches to ethics have the wealth of resources available in an analysis of discourse for making sense of what constitutes ethical dilemmas for an individual.

Neither the creation of dilemmas nor their resolution can be understood outside of a concept of discursive fields. One of the essential elements in Kristine's discursive field about the helping relationship was her understanding of judgment. Frequently, in our interviews, she spoke about not wanting to judge her clients. In fact, for her, good practice was contingent on being nonjudgmental as a primary stance with clients. Kristine articulated, "I think that I've become … a good social worker because I have been able to see past the labels and judgments of people." In her explanation of the events that occurred in the case of Jill, she framed her struggle by saying that Mary "had made [Jill] feel really judged."

At the same time, she believed it was possible to "be nonjudgmental and still challenge people around their own thinking." In those situations in which Kristine felt judgment was required, she believed the manner in which those judgments should be enacted was with transparency and openness. She stated,

> as a professional … I always talk to women, unless I'm afraid of them running away or of sexual abuse. I always tell women that I have a concern, I'm going to consult with CAS, and I will come clean with them. They don't have to like it but I let them know, before, if I can.

She went on to state that "it's only fair. I mean it's [their] life that I'm affecting and I want them to know that I … did it [contacted the child welfare authorities] out of concern even though it doesn't feel like it for them." This was not the approach that Mary had taken with Jill. I would speculate that Mary's discursive field about good practice would probably be quite different and she might put a lower priority on being nonjudgmental or frank as elements in her discursive field. In part, the dilemma for Kristine about this case arose from her differing stance about what constituted "good" practice from that enacted by Mary, the public health nurse. The creation of Kristine's dilemma arose from a discursive construction of the "good" practitioner and how one should deal with judgment in the helping relationship.

Also, key in Kristine's discursive field was the code of ethics on which she drew to assess what had transpired in this scenario, to justify her behavior, as well as to try and resolve the dilemma that arose. By choosing this discourse as primary in her field, other possible approaches to ethics were not in view, whereas the individualized and privatized elements of ethical relations were highlighted.

Structural Complexities and Inequalities

A fourth component that would enhance an understanding of ethics would be to emphasize both the structural complexities and institutional requirements in which the helping relationship occurs. For example, workers have obligations to their

agency and to other professionals that transcend or compete with those toward their clients. Kristine identified a structural dilemma: maintaining a united front with her coworker so as not to undermine the work of a colleague, versus protecting and advocating for a client whom she felt was being unjustly treated. Kristine talked about her struggle in the following exchange:

K: It's sometimes very difficult for me to … maintain this team approach … wanting to validate their [the client's] feelings about feeling disrespected [by a coworker] without giving away too much of my own feeling. Like, "yeah, you're right, that was a disrespectful thing to say" and somehow making it a "me and her" against the rest of the professionals involved.

M: … and why don't you want to do that?

K: … because it's not going to be helpful. I mean, she still needs to have the support of … the public health nurse …

Finding the balance in alliances is an especially complicated challenge given the classed and raced aspects of social service work and the level of surveillance to which clients are subject. By identifying the structural dimensions of practice as part of a study of ethics, an examination of the priorities and values of the broader society toward both the have-nots and those who attempt to serve them would be fostered. Although a middle-class mother might threaten to throw her child out the window in frustration, there is a significantly decreased likelihood that a helping professional would overhear such a remark and view it as cause to contact the CAS. But impoverished mothers are more likely to come under the scrutiny of helping professionals because they more often must turn to human service agencies to meet even basic needs. According to Kristine, Jill lamented, "I feel like [Mary is] watching my every move." Kristine was aware of the likelihood that these observations would be stigmatizing. She stated, "so much of the world looks down on young moms." I think it is also possible that, if Kristine had had such a structural analysis about class and surveillance as part of her discursive field of what constituted ethics, it might have supplemented the one drawn on in the code of ethics about advocacy and might have made Kristine feel more comfortable about her decision to support Jill at the expense of providing a united front with Mary.

In addition, this case vignette illustrates the pressure on Kristine from other players in organizations: her board of directors, as well as the public health department. Kristine felt sullied in terms of her professional reputation, stating, "to call me unprofessional … it just … blew me away." In answer to my question about why the term *unprofessional* was so emotionally charged for her, Kristine answered, "it's a small community agency … we're constantly having to fight for funding." The implication was that her actions had consequences beyond that of the client. She was aware of the threat to the viability of her agency, if as a representative, she was perceived of as unprofessional. In an environment that operates from a "politics of scarcity" (Bakker, 1996, p. 5), there are fewer resources but more demands weighing on

workers, particularly for those individuals to be seen as supporting those goals of an agency that will ensure its continued existence, even when those goals might differ from those of a particular client. This adds one more dimension to the likelihood of trespass and the possibility of ethical dilemmas.

Resistance

The final dimension that I would highlight is the utility of examining workers' resistances in practice. By resistance, I am applying a Foucauldian understanding of *resistance* as "the odd term in relations of power; they are inscribed in the latter as an irreducible opposite" (Foucault, 1976/1978, p. 96). Resistances can inch toward trespass reduction when they question taken-for-granted notions, focus on social justice and on the elimination of inequity, and lead to action on those injustices. Resistances can subvert and redirect power, representing the possibility of human agency to transform society. Exploring workers' resistances offers one way to shake up the normative understandings of help. When the power in the helping relationship is acknowledged and seen as potentially problematic, workers may move toward more ethical relations. Kristine's awareness of her power in the relationship and her struggle to use it to protect rather than harm was crucial. When, as an explanation for her approach to contacting the CAS, Kristine said that "it's only fair … it's her life I'm affecting," she was demonstrating her recognition of the power imbalance in the helping relationship and her problematization of that disparity. Her mediation between Mary and Jill (albeit unsuccessful) was a resistance to the status quo and an attempt to shift the balance of power. I believe that Kristine's empathy about making the program a safe place for Jill, and her use of power to advocate for this client, were efforts to move toward an ethical relationship.

It would be possible to decide that, because trespass is inevitable, there is no point in doing anything. The significance of an emphasis on resistances is to shift away from that nihilistic conclusion. Although identifying *which* principles to apply will always be inadequate because in that choice some things are excluded and others rigidified, I think it is important to offer some standards in a field that is grounded in flesh-and-blood work. Because human service workers are involved in an *applied* social science, I believe this identification is a necessary aspect of ethics, notwithstanding the paradox. These principles include recognizing the inevitability of harm while valuing difference and supporting interdependence.

CONCLUSION

I believe cynicism, self-hatred, and despair have accompanied the trend toward theories of social reproduction in the human services, particularly in social work (e.g., Margolin, 1997). I do not think our society would be better off without help-

ing professionals, despite the flaws. The value of looking at how to reduce trespass is to gesture toward an attitude of humility but also to hope in the potential of moving toward nonviolative relationships in the human services. Adding the concepts of ethical trespass, discursive fields, the inevitability of paradoxes with their attendant harms, and resistance exhorts practitioners toward self-reflection, doubt, and compassion while offering some belief in the possibility of edging toward more ethical work, despite the irreconcilable realities and the highly contradictory positioning of practitioners. Figure 2 offers a portrait of an expanded concept of ethics in practice that could have been applied to the scenario of Kristine, Mary, and Jill.

In my last interview with Kristine, when I asked for one thing she would do to change the field, she responded, "I just think that … you need to know what your values are before you do any kind of social work." Beyond the personal self-reflection of values suggested by Kristine or the standard utilization of codes, I believe it is necessary to recognize the ineluctable nature of trespass, in part due to the intrin-
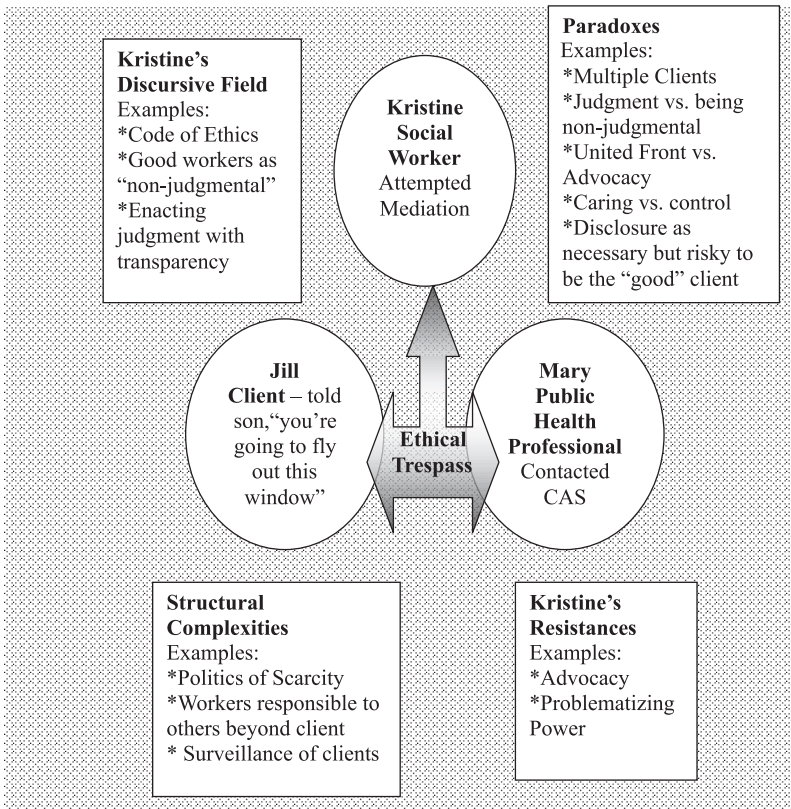

FIGURE 2   An expanded concept of ethics in practice.

sic paradoxes in practice. At the same time, by critiquing the liberal humanist trend that focuses on the individualized relationship of the worker and client, and broadening the lens to an emphasis on structural and institutional inequities, as well as discursive production, I believe human service workers can move closer to ethical relations with clients.

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