Critical Approaches to Ethics in Social Work: Kaleidoscope not bleach[1]

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This paper explores what constitutes ethics from a critical perspective in an environment of neoliberalism and managerialism. Starting with an explanation of the current socio-political climate and how it exacerbates the dilemmas of operating ethically, the components of a critical ethics are outlined. These include being situated and political, relational and processual, questioning authority, and recognising the potential to unintentionally harm. An argument is put forward to show how this approach to ethics differs from the traditional approach used in the helping professions.

The challenges and resistances of operating under current circumstances are addressed using illustrations from one social worker that worked in palliative care and was part of a Canadian empirical study. The worker's practice was a complex blend of emotional support, critical challenge and instrumental assistance; maintaining her own personal and professional values whilst finding common ground with her clients. Advocating for structural change, being personally self-reflexive, and perceiving ethics in a contextual fashion were steps taken to both mitigate harm and practice critically.

Introduction

In the current neoliberal environment for most of the Euro-Western world, the values of the marketplace have become the *sine qua non* not just in the private sector, but for non-profit organisations as well (Clarke 2004: 128; Banks 2011: 11). The bottom line and efficiencies have trumped concerns about social inequality and the needs of the most vulnerable. This dominant orientation is antithetical to many of social work's values, which put the wellbeing of service users as a primary principle informing the profession. For *critical* social workers, the dissonance in values is even more pronounced. Critical social work is grounded in a worldview (Campbell and Baikie 2012) that starts from the premise that our current society is unjust, that all practice is political, and therefore practitioners must incorporate action to critique and transform society to bring greater equity towards the marginalised (Finn and Jacobson 2003: 58).

Resource inadequacies, standardised work practices, and extensive documentation of neoliberalism leave professionals struggling with how to behave competently and ethically for their clients. The traditional perspective on ethics focuses on linear processes, using codes of ethics and decision-making models; assuming that universal principles and clear thinking can avoid ethical lapses. But a critical approach posits that being ethical is not about 'eliminating moral uncertainty' (Kendall and Hugman 2013: 315). It is about trying to make the best choice amongst an array of options that may fail to avoid unintended harms (Weinberg and Campbell 2014). It is a process rather than an end point; requiring broadening what should be part of ethical consideration, querying the taken-for-granted, taking into account multiple perspectives, recognising the centrality of power and the potential of social work to be oppressive.

Despite the challenges to practising ethically in this environment, research indicates that resistance is possible (e.g. Wallace and Pease 2011: 139). We will look at the practice of Celeste (a pseudonym), a senior social worker in the health field in Canada, who was a participant in a research study on ethics in practice. Her work illustrates both her perception of the difficulties in the present climate and her attempts to conduct herself ethically from a critical framework.

Challenges

The underlying primary value of neoliberalism is profit. However, according to Celeste, while 'we might be efficient … I don't think we're being as effective'. In part that is because the emphasis is on working faster, seeing more clients for shorter periods of time, and with an

emphasis on assessment and plugging people into pre-packaged programs (Harlow 2003: 33). On-going help has been attenuated to a residual model of welfare that provides support only as a last resort (Chappell 2014: 22) while resources have been severely cut.

Concomitant with that ideology is a focus on *managerialism*, namely, that better management will occur by bringing in the methods and procedures of the for-profit sector into non-profit organisations (Clarke 2004: 117). Social workers are more subject to controls, with performance indicators and excessive documentation. As a consequence, workers may become technicians with limited autonomy whose functions non-professionals can perform (Rogowski 2011: 159). According to Celeste this trend 'deskills the social workers' away from being 'autonomous agents'. According to her, it is the 'bleaching' of social work. Instead of an emphasis on social justice and the needed transformation of society, social work's voice has been 'diminished' due to the 'willingness to play ball with … the big funders, [which has] compromised [the profession] ... And that in turn compromises families, individuals, communities'.

Additionally, there is an emphasis on individualised accountability; what Celeste described as the system 'not taking the responsibility of the burden'. This problem is coupled with the constant threat of liability or censure from licensing bodies that imply, 'we're going to punish you if you make a mistake'. At the same time, workers are increasingly isolated. She argued, there are 'no mechanisms that allow for the professions to sit down like in the old days. We would sit down and we'd say … we've got a dilemma … None of that [happens now], because we're so stripped down'.

Critical Ethics

Situated and political

The outcomes of neoliberalism and managerialism have ethical implications. 'Neo-liberal economic ideology is based upon the belief that exchange within the market economy offers an ethical basis for all action' (Ellison 2007: 332). Critical social workers recognise that this is a very troubling perspective on the type of society they wish to create, since critical ethics includes an understanding of the significance of *context* as the very ground upon which one must consider what is right and good. Ethics is about the 'the kind of lives people ought to live' (Code 2002: 168). And politics are about the 'kinds of societies or communities that ought to exist' (Code 2002: 168). How society is constructed directly influences the kind of lives that are available to people, particularly those who are most at risk.

Power is at the heart of political belief and action that shape particular societies. Power relations influence what is taken as 'truth,' including dominant values; contribute to the creation of societal structures that effect the distribution of resources; and confer identities on individuals, such as 'mentally ill' (Foucault 1984). Critical ethics involves examining unequal power arrangements and the consequences of difference. It means taking an expanded view of the nature of the problems, seeing socio-economic and political components as fundamental to the construction of problems, and therefore to the ethical resolution of those difficulties.

Questioning authority and taken-for-granted discourses

Because the current dominant discourses are based on values that diverge from many social work ideals, social workers need to question and upend those discourses and practices that keep unfair systems in place. Conventional forms of ethics have tended to narrow the range of what is considered 'ethics', ironically, encouraging a compliant following of principles, rather than oppositional questioning of those values and norms (Weinberg and Campbell 2014: 39). Additionally, what individuals take to be ethical concerns usually *precedes* their use of codes and is influenced by workers' notions of help, the client, their responsibilities, agency expectations, their own personal values and history, as just some discursive factors considered. Thus, interrogating those discourses is essential.

The constitution of binaries at the heart of Euro-Western discourses is a problematic component that can be contested. One such binary is to view social workers as victims of neoliberalism. But the profession participates in and contributes to the construction of neoliberal values. Focusing on linear methods for determining ethics; professional colleges as primarily being sites of discipline for 'unethical' practitioners rather than bodies to help instruct and support; and accepting the methods of managerialism rather than fighting them are part of that bleaching process.

Social work has always struggled with its status and legitimacy as a profession (Weinberg 2010: 35), which contributes to the impulse to go with majority perspectives. Celeste contended, 'our voices have gone quiet, [in order] to become part of the mainstream'. For example, Celeste's hospital's priorities were in sync with the dominant neoliberal orientation towards economies and outputs as the criteria for determining services. She believed it was an 'illusion' that the services social workers were providing in her setting were 'costing too much'. She maintained that this position needed to be 'challenged'. Celeste articulated, 'We have to be prepared to … speak

truth to power, ask for certain things and advocate for certain things'.

Relational and Processual

Critical ethics is a *process* of dialogue and negotiation between worker, clients and institutional representatives. It is not a product with the 'correct' answer that can be ascertained by a cognitive, top-down approach. Rather, it is bottom-up, involving multiple players and hearing their voices. Celeste referred to this social work as a 'kaleidoscope', suggesting, 'every time you turn it, it changes into a different picture and we're constantly looking at all the components of that picture'. Taking into account multiple perspectives, especially those most silenced, is an important element since knowledge is always partial, and connected to one's historical and social location (Harding 2004: 3). Thus, one's view is always limited. Coming from positions in the centre, social workers are less likely to understand the standpoint of those who are not. Celeste elaborated, 'We have to have a perspective from the margins to … see the whole view'.

Recognising the possibility of doing harm/ Need for self-reflexivity

Part of the power that workers exercise is the societal mandate to make judgements about clients' capacities and to determine the distribution of resources. Despite one's best intentions, a social worker may be inaccurate in those evaluations. But even when accurate, those judgements have consequences beyond the individuals involved. Partly that is because what may be good for one person may be harmful for another. For instance, while a worker might believe it is better to support a partner's wish to keep a patient alive, that may be injurious for the patient in excruciating pain with a dismal prognosis. Furthermore, those evaluations reinforce norms of what is taken as 'healthy', 'acceptable', or 'deserving'. And social workers can never know the full consequences of their actions. This is the concept of ethical trespass, namely, 'the harmful effects ... that inevitably follow not from our intentions and malevolence but from our participation in social processes and identities' (Orlie 1997: 5). Ethical practice necessitates being aware of the possibility of iatrogenic effects with clients and our contribution to the problematic values of neoliberalism. 'We could be part and parcel of what induces harm', suggested Celeste.

Consequently, critical ethics involves self-reflexive processes and an attitude of humility. It requires problematising the power of the professional and continually asking:

- What am I missing? Whose voices are absent?
- Whose 'truth' is being believed? Who benefits from this?
- Can I look at what is viewed as 'problematic' or 'pathological' as someone's unique ways of trying to cope? How do those behaviours serve him/her?
- What is the connection between those behaviours and broader structural inequalities?
- Is my approach consistent with my preferred self (Weinberg 2007: 215)? If not, what is interfering and are there ways for me to overcome these blocks?
- Am I stuck in binaries? Can I conceive of a both/ and approach to this situation?
- How am I using my power to benefit those most in need? Are there damaging effects to my exercise of power?

Critical Stances in Response to Challenges

Despite the hurdles, some workers continue to respond with anti-oppressive approaches to practice. Celeste believed that rather than the health care system being as oriented towards a 'disease model', it should work to 'humanise systems'. The following examples from Celeste illustrate attempts to do this.

Situated and political

Celeste was 'trying to bring reform into the centre of healthcare', seeing the interconnection between the personal and political. In times of austerity, a major hospital concern is that of very ill patients 'blocking' beds, since hospital stays are expensive. Early on in Celeste's setting, an interdisciplinary approach was less normative, and pain management was poor. Because she was not allowed to assess and treat for pain, she developed links to staff in the hospital by arguing, 'give me somebody who knows pain management … and I'll get this person out of this bed very quickly with a good discharge plan so they won't come back'. Due to her interventions, the standard was changed, because now her hospital 'consistently [attempts] to do pain management as … pre-surgical planning for cancer patients.' It was win-win: patients had better pain management and were able to be discharged sooner.

Harm and self-reflexivity

Regarding another problem, Celeste held that 'eighty five percent of the health care budget' was being used to extend people's lives 'unnaturally', but 'not their quality of life'. This development has led to an ethical dispute arising in the Global North about euthanasia and doctor-assisted death. At the time of the interview with Celeste, doctor-assisted death was unlawful in Canada and it was 'illegal for any healthcare professional to talk to a client about euthanasia or suicide'. Nonetheless, according

to Celeste, 'all [her clients had] a wish to die'. While this subject is too complex (Cholbi and Varelius 2015; Rehmann-Sutter et al. 2015) to address here, Celeste's ethical struggle will be highlighted.

Celeste was clear on her principles 'against euthanasia'. Nevertheless, she had a patient who admitted that he had 'already started trying to kill' himself through 'not taking treatment' and by the 'withdrawal of fluids'. Celeste said, 'I don't want to support [him] in that decision but I don't want to abandon [him]'. However, she also expressed, 'my values don't matter in this, my values are that "I'm going to stay with you and abide by you"'. How does one resolve values differences when one's personal ethics, professional values, and clients' needs and desires collide? In part, Celeste did this by normalising the client's wish to die, while educating him about legal issues and the suffering of passive suicide (see below). Her key goals were to reduce harm whilst maintaining her own values.

Relational and processual

Celeste's work centred on respectful dialogue, and involved the family and broader systems. There had been a previous death of a younger family member and the patient said, 'I don't want to live like this anymore, I'm draining my family'. Celeste asked the patient, 'how is your family going to manage that if you ask for a cessation of fluids'? Celeste's concern was that he would 'get into a terrible state and put the family in a terrible state', including by going into 'delirium'. She believed passive euthanasia was 'not a pleasant experience'.

Without her participation, Celeste heard that a pro-euthanasia group had covertly given the patient 'misinformation' that encouraged his actions. This group kept its 'identity … hidden'. While Celeste worried about the accuracy of information being provided by the pro-euthanasia group, she personally was unable to counsel clients about assisted death. Celeste believed, given the illegality of assisted suicide, some social workers would cease involvement with a family due to workers' fears of supporting illegal activity and their resolve to distance themselves from a pro-euthanasia group. Instead, her position was, 'try and open up the system and say … these are my boundaries'. Consequently, Celeste engaged in a complicated tightrope walk to both protect the client and herself. She stated, 'I would have to get them [the family] to ask the questions of [the pro-euthanasia group] so they'd be fully informed. There was no way that I was talking to them [the family] about suicide, but I was helping them negotiate a way from harm'.

Furthermore, she said, that clients 'feel very alone because they know if they involve a family member … that person can then be investigated for assisted suicide'. She worked with clients and their families around 'consensus', 'transparency, open communication, [and] … hypotheses' regarding 'what would happen' if the patient went the route of passive euthanasia. For instance, she posed hypothetical questions such as, 'how is your family going to manage that if you ask for water or fluids'?

Questioning authority and employing advocacy

In her hospital, it was an 'automatic referral' to the psychiatry unit if someone was suicidal. But she resisted that recommendation. She believed that these patients' needs were better met in a palliative care unit. However, her contention was that these patients 'fell between the cracks'. She reasoned that the patient was 'not going to get into a psych unit because they [were] dying' and the psychiatry unit could not meet their medical needs. But … they [were] also not going to get into a palliative care unit because … they [had been] diagnosed with a psych history'.

Her solution included not accepting the institutional policy that created an unworkable binary regarding patients that sought euthanasia. For example, in a different case from the one discussed above, Celeste advocated first by going to the bioethics department for support and then back to hospital personnel. She was able to convince staff to provide a bed in palliative care while that patient attempted suicide even though she was 'not actively dying', since the hospital had not been able to manage her pain and she was 'suffering terribly'. Ultimately, 'it was the very first case' where the hospital 'continued to provide care, not assisting her in her death, but not prolonging her life'.

Conclusion

The pressures of neoliberalism make it difficult to practice from a position of critical ethics. Examples from Celeste illustrate that despite these challenges, it is feasible to maintain the connection between personal troubles and broader structural constraints, continuing to move towards a more equitable society. Her practice was a complex blend of emotional support, critical challenge and instrumental assistance; maintaining her own personal and professional values whilst finding common ground with her clients. Questioning authority; advocating for structural change; being self-reflexive; attempting to mitigate harm; and viewing practice and ethics as contextual, political, and processual are all steps that support social justice while maintaining one's critical ethical stance.

References

Banks, S. 2011 'Ethics in an age of austerity: Social work and the evolving new public management', *Journal of Social Intervention,* 20, 2: 5-23.

Campbell, C. and Baikie, G. 2012 'Beginning at the beginning: An exploration of critical social work', *Critical Social Work*, 13: 1.
Chappell, R. 2014 *Social Welfare in Canada* (5th edn), Nelson Education. Toronto.
Cholbi, M. and Varelius, J. (eds) 2015 *New Directions in the Ethics of Assisted Suicide and Euthanasia*, Springer International, New York.
Clarke, J. 2004 *Changing Welfare, Changing States: New directions in social policy*, SAGE, London,
Code, L. 2002 'Narratives of responsibility and agency: Reading Margaret Walker's Moral Understandings', *Hypatia*, 17, 1: 156-173.
Ellison, M. 2007 'Contested terrains within the neo-liberal project', *Equal Opportunities International*, 26, 4: 331-351.
Finn, J. and Jacobson, M. 2003 'Just practice', *Journal of Social Work Education*, 39, 1: 57-78.
Foucault, M. 1984 'On the genealogy of ethics: An overview of work in progress', in P. Rabinow (ed.) *The Foucault Reader*, Pantheon Books, New York.
Harding, S. 2004 'Introduction: Standpoint theory as a site of political, philosophic and scientific debate', in S. Harding (ed.) *The feminist Standpoint Theory Reader: Intellectual and political controversies*, Routledge, New York.
Harlow, E. 2003 'New managerialism, social service departments and social work practice today', *Practice: Social Work in Action*, 15, 2: 29-44.
Kendall, S. and Hugman, R. 2013 'Social work and the ethics of involuntary treatment for Anorexia Nervosa: A postmodern approach', *Ethics and Social Welfare*, 7, 4: 310-325.
Orlie, M. 1997 *Living Ethically. Acting politically*, Cornell University Press, Ithaca.
Rehmann-Sutter, C. Gudat, H. and Ohnsorge, K. 2015 *The Patient's Wish to Die: Research, ethics, and palliative care*, Oxford University Press, Oxford.
Rogowski, S. 2011 'Managers, managerialism and social work with children and families: The deformation of a profession?' *Practice: Social Work in Action*, 23, 3: 157-167.
Wallace, J. and Pease, B. 2011 'Neoliberalism and Australian social work. Accommodation or resistance?', *Journal of Social Work*, 11: 132-142.
Weinberg, M. 2007 'Ethical "use of self." The complexity of multiple selves in clinical practice', in D. Mandell (ed.) *Revisiting the Use of Self: Questioning Professional Identities*, Canadian Scholars Press, Toronto.
Weinberg, M. 2010 'The social construction of social work ethics: Politicizing and broadening the lens', *Journal of Progressive Human Services*, 21 (1), 32-44.
Weinberg, M. and Campbell, C. 2014 'From codes to contextual collaborations. Shifting the thinking about ethics in social work', *Journal of Progressive Human Services*, 25: 37-49.

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End Notes

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Blinding Narcissusn

"During a warm winter rain ... the basins
.....of her collarbones collected water."
— Jeffrey Eugenides, *The Virgin Suicides*

Days move only as flesh
in an unending game of controlled skin.

you travel with weight against the temples,
pressing the eyes into focus —

death is inevitable at this point
in love with an unrecognisable figure whose
glamour is not terrible, truly.

you do look quite ill, of course.

a spectre surveying rooms of strangers wherever you go
once the vulnerability of breath is
transfixed.

there is no need to worry.

the same voice that is nowhere and follows
will whisper that everything will be fine
that life is best understood
beneath the drive of catastrophe —

when you faint this time
you can hold yourself
and let the water break against your eyes.

there was always safety in a reflection

the river of mirrors
fasting the blood in false cycles.

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