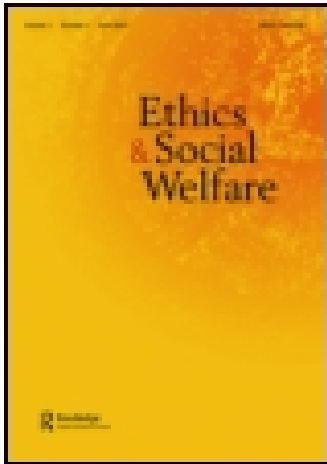


This article was downloaded by: [Dalhousie University]

On: 13 August 2015, At: 06:53

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: 5 Howick Place, London, SW1P 1WG



Ethics and Social Welfare

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/resw20>

Professional Privilege, Ethics and Pedagogy

Merlinda Weinberg

Published online: 31 Mar 2015.



CrossMark

[Click for updates](#)

To cite this article: Merlinda Weinberg (2015): Professional Privilege, Ethics and Pedagogy, Ethics and Social Welfare, DOI: [10.1080/17496535.2015.1024152](https://doi.org/10.1080/17496535.2015.1024152)

To link to this article: <http://dx.doi.org/10.1080/17496535.2015.1024152>

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms &

Conditions of access and use can be found at <http://www.tandfonline.com/page/terms-and-conditions>

Professional Privilege, Ethics and Pedagogy

Merlinda Weinberg

In the social sciences, the iconic definition of privilege is that of unearned advantage. Consequently, professionals in the social services may devote less attention to the examination of their own professional privilege since it has been earned. This article addresses ethical concerns about the earned privilege that accrues to professionals in the caring fields and the potential effects on service users. This paper will focus particularly on some of the pedagogical dimensions. The inherent paradox in socializing students into professional roles, which enhance privilege, while attempting to reduce the power differentials with service users, requires attention by teachers. How one might lessen the hierarchy that is created between the helper and service user as a result of that privilege will be explored. The paper will detail professional privilege and both constructive and problematic impacts on the helping relationship. The 'uneven' advantage of being able to set the standards of health and morality are also discussed. In the process, ethical trespass may result. We will explore this concept and its implications. Because, privilege contributes to social stratification between helpers and recipients, the final segment offers one educational strategy that can be used to potentially lessen the 'we-they' duality.

Keywords: privilege; pedagogy; ethics; trespass; profession; diversity

Introduction

While there has been much focus in critical theory on the power in the helping relationship, less attention has been devoted to the privilege that accrues from being a professional. Consequently, this paper will examine that privilege and will consider, in particular, some of the ethical dimensions. How one might lessen the hierarchy that is created between the helper and service user as a result of that privilege will also be addressed.

In the first portion of the paper, I detail professional privilege and its impact on the caring relationship. The distinctions between earned and unearned

Dr Merlinda Weinberg is a Faculty in the School of Social Work at Dalhousie University. Research interests include ethics in social work practice and professional identity. In 2008, she was nominated by the Social Sciences and Humanities Council of Canada as the top new researcher. Correspondence to: School of Social Work, Dalhousie University, 3201-1459 LeMarchant Street, P.O. Box 15000, Halifax, NS B3H 4R2, Canada. Email: Merlinda.weinberg@dal.ca

privilege are analysed and the intersecting nature of privilege is discussed. Some aspects of professional privilege are necessary in modern society, while others contribute to unfair advantage, points developed in this paper. The second section of the paper elaborates on the 'uneven' advantage of being able to set the standards by which one is evaluated in terms of health, normalcy and morality. In the process, ethical trespass may result. We will explore this concept and its implications. Because privilege contributes to social stratification between those who are helpers and those who are the recipients, the final segment of this piece offers one pedagogical strategy that can be used in the classroom to potentially lessen the 'we-they' duality of the helping relationship. I describe an exercise that focuses on professionals as service users themselves, and therefore not a species apart from those whom they serve. The paper is intended for educators in the caring professions, students and practitioners.

The Caring Professions and Privilege

An iconic description of privilege was fashioned by Peggy McIntosh (1998) in her article, 'White privilege: Unpacking the invisible knapsack'. Despite the focus on race, much of her analysis is useful in understanding the mechanisms of privilege more generally. However, her portrayal was particularly focused on *unearned* advantage that accrues to white individuals, strictly on the basis of their racial membership. Consequently, by McIntosh's definition, caring professionals might be exempt from the concerns she raised regarding privilege, since the privilege of professionals has been *earned* through the hard work of attending educational programmes, obtaining degrees and maintaining expertise through ongoing professional requirements such as continuing education or supervision. (I am distinguishing this use of 'professional privilege' from the legal sense of the term that implies being able to withhold evidence due to one's professional relationship.) While there is an important argument that those who are able to pursue professional careers may be more likely to have *unearned* privilege in other aspects of their lives, more of the focus in this article will be on the *earned* aspects of privilege that arise from membership in a profession.

But what is a profession? One way of understanding a profession is to consider the traits that distinguish it, including a distinct knowledge base, extensive training, a set of advanced skills, ethical codes, regulation and registration and a commitment to altruism and the public good (Carr 1999; Cruess, Johnston, and Cruess 2004; Hugman 1996; Walton 2005). In exchange, professionals are granted autonomy and authority.

On these bases, since the inception of social work in particular, there have been debates about social work's professional status (Abrams and Curran 2004; Carr 1999; Hugman 1996), regarding both the amount of discretion and independence social workers actually have (Evans 2010; Lipsky 1980; Weinberg and Taylor 2014) and the profession's ability to be self-regulating in the context

of managerialism that has developed in most Euro-Western countries (Jones 1999; Leicht et al. 2009).

Nonetheless, I contend social workers are professionals and do exercise professional privilege. Given the complexity of knowledge in the modern era, like McIntosh (1998, 168) who argued that not all privileges are damaging, I believe having groups identified as professionals is a necessary safeguard for the public. The component of self-regulation just identified includes the establishment of standards of practice and bodies to provide oversight (such as professional associations or colleges). Thus, professional privilege inhibits others without the mandatory training and skill from plying the craft on unwitting citizens. Consistent standards and core expectations about professional practice contribute to protections for service users. Also, the component of ethical codes is designed to ensure that practitioners adopt discrete and specific moral values and intentions, which put the interests of service users before their own (Carr 1999). The need for these exclusions is one of the ways in which *earned* privilege is different from *unearned* privilege.

Notwithstanding the benefits, being a professional creates a fence that while it offers protections, also acts as a barrier to be scaled. In the process, entitlements accumulate which professionalization continues to shore up. Caring professionals, despite much attention to uncovering instances of privilege in others (based on class or race, as examples), often do not examine their own professional privilege. Ironically, I think the current focus on *unearned* privilege allows professionals to maintain their ‘innocence’ (Razack 1998) about their own privilege, at the price of service users.

The following are some of the advantages that come from being a professional that are the by-products of the same processes of professionalization that also protect the public. Pease (2010, 9) identified both the ‘invisibility of privilege’ and ‘the sense of entitlement that accompanies privilege’. He also recognized:

- the power of the privileged group to determine the social norm and
- the naturalization of privilege.

While not exhaustive, I have elaborated on his ideas and provided some additional benefits:

- the right to provide ‘help’ to those in need and to define what constitutes that help
- the right to be called a ‘professional’ with the status and authority that comes with that title
- the right to access for protected areas of employment and to career mobility of that profession
- the right and ability to create new knowledge which may be taken as ‘truth’
- the right to be viewed as credible
- the right to have one’s skills viewed as valuable to society
- the right to set the terms of the relationship with service users

- the right to decide what of the self is revealed
- the right to define standards for health and illness, normalcy and pathology, good and bad
- the right to influence the fate of others
- the right to bear witness to the narratives of others
- the right to be seen as the 'centre' while others are on the margins
- the right to see these advantages as entitlements or inevitable
- the right to influence the terms on which one is evaluated

One could argue that this list of examples of professional privilege represents the power of the professional. But I think privilege is the inherent advantage while power is acting on or utilizing that benefit. Given these advantages, two concepts of privilege that were not part of McIntosh's descriptors should be added to recognize the benefits of professional privilege. First, this type of advantage is 'not enjoyed by all' (Wordnet. A Lexical Database for English, n.d.) and second, results in prerogatives attached 'specifically to a position or an office' (Webster 1981, 1805).

At this point I wish to explore how the privilege of being a professional intersects (or not) with other privileges, earned or unearned. Individuals from privileged groups tend to have more resources and easier access to the educational opportunities that lead to becoming professionals. The likelihood of a professional being from a marginalized group (such as a person of colour) is diminished due to the racialized nature of Western society. For instance, by 2011, only three African Nova Scotians had ever graduated from the only medical school in the Maritime provinces in Canada (Boutilier 2011). And it was not until May of 2011 that the first black woman graduated from the school of dental hygiene in the province of Nova Scotia. Furthermore, oppressions do not simply accumulate in an additive way but intersect structurally, politically and in representational systems such as the media (Carastathis 2014). These diverse and infinite analytical categories of difference (such as gender, race, religion, etc.) operate to construct 'institutionalized practices and lived experiences' (Carastathis 2014, 307) and can lead to a matrix of domination (Collins 1990). However, the effects are always in flux, changing with time and place (Hulko 2009).

Similarly, intersectional *privilege* is shifting and situational. Context alters the privilege one has at hand. For instance, with a patient in a hospital, a social worker has intrinsic benefits in that relationship, but as the 'low man (or woman) on the totem pole' she¹ may have few advantages in relation to the physician who is the head of her team where she is employed. Another example is the entry of black women into the profession of social work in Britain. Policies of 'ethnic sensitivity' in the 1980s opened up opportunities for black women to become professionals. Simultaneously, these policies led to what was taken as an

1. I am using 'she' as a way to reduce the hegemony of the masculine pronoun and also because in social work, nursing and many of the caring professions, women predominate.

‘ethnic minority’, a process of Othering (Lewis 2000). (By ‘Othering’ I am referring to the understanding in the social sciences that what we take to be the ‘self’ is constructed in part through differentiation from other people and that those Others are viewed in some way as inferior to oneself.) The professional privilege for this group of black women was complicated and thorny—shifting and situational—sometimes resulting in control of other black people and contributing to the construction of the Other, sometimes being subordinated to the privilege and power of managers, men and white professionals.

These examples speak to the fact that one’s subjectivity is complex and multifaceted with no single aspect of difference always salient. By subjectivity, I am referring to a post-structural term that rejects the liberal humanist notion of a unified and fixed self. Instead subjectivity refers to ‘individuality and self-awareness—the condition of being a subject—but understand in this usage that subjects are dynamic and multiple, always positioned in relation to particular discourses and practices and produced by these’ (Henriques et al. 1984, 3). All professionals are also members of other social categories, some of which are dominant (such as being male) while others are not (such as being a lesbian or having a disability). So while one may have privilege based on being a professional, that same individual can be disadvantaged on the basis of some other aspect of their social identity. Consequently, one is ‘only privileged in relation to the targeted group’ (Goodman 2001, 23), which in this case is that of service users. An intersectional model of privilege and oppression is necessary to take into account the shifting terrain.

The Ethical Dimensions of Privilege

Having described the multifaceted nature of professional privilege, in this section of the paper, I will now expand on some of the privileges listed above, examining and highlighting their ethical dimensions. Both the implications for professionals themselves and on those who are served will be addressed. I will start with the last bulleted advantage in the list above, namely, the right to influence the terms on which one is evaluated, including assessments of ethical behaviour. One of the unique aspects of the professions is that professional groups have the privilege of identifying the terms of what constitutes ‘ethics’ in their professions. In fact, that process of developing a code of ethics is viewed as a component that contributes to a profession being defined as such (see above). All the caring professions are normative professions, i.e. establish and adhere to particular standards of behaviour. The primary approach to the development of those norms in the modern era has been a theoretical-juridical model (Walker 1998) that is manifest through linear, universal, abstract principles found in the codes of ethics. The caring professions in the Euro-Western world such as social work, medicine, nursing or psychology, all have codes of ethics (AMA, n.d.; APA, n.d.; CASW 2005; CNA 2008; NASW 2008). A code of ethics is ‘usually a written document produced by a professional association, occupational regulatory body

or other professional body with the stated aim of guiding the practitioners who are members, protecting service users and safeguarding the reputation of the profession' (Banks 2004, 108). Through these documents, the profession defines what will constitute ethical behaviour and the underlying ethical principles which professionals are expected to follow. Being able to set the terms of what constitutes ethical behaviour enhances the likelihood of an additional aspect of the Webster definition of privilege, namely, 'special enjoyment of a good or exemption from evil or burden' (Webster 1981, 1805). If one can set the terms, it is more likely that one will meet the test of those terms, certainly a benefit or privilege of being a professional.

However, in the same way we looked at the intersectional aspects of privilege generally, not every caring professional is positioned in the same way to create those principles by which the profession determines what is ethical and what is not. A clear example of this arises when one looks at the concept of dual relationships and the potential of boundary violations that are identified in many codes of ethics in the caring professions (AMA, n.d.; ANZASW 2008; APA, n.d.; CASW 2005; CNA 2008; NASW 2008). The likelihood that a caring professional will know her client or patient and has had other types of relationships, outside of that of 'helper', goes up dramatically when one looks at communities such as the GLBTQ community, First Nations communities, or rural communities. Yet in general, the codes that establish the norms are written from the dominant perspectives of urban, white and middle-class individuals. In a study that I conducted on ethics in practice in the field of social work, one front-line Indigenous practitioner suggested that ethical practice in her community required her to be involved in other aspects of service users' lives in order to be seen as credible and to reduce the fear of engaging with the child welfare system. Dual relationships were *necessary* for ethical practice, rather than to be avoided, despite the dominant perspective on dual relationships outlined in the codes.

Here is an instance where her privilege as a professional and her potential disadvantage as a First Nations person intersect. Will her Association sanction her for breaches to the codes of ethics? Or will she be praised as a leader and a visionary in her community? My argument here is that we can never assume privilege for those who are professionals without also taking into account that privilege, like oppression, is intersectional and contextual, changing over time. An individual in one situation may be privileged but in another, that same person may be disadvantaged in being viewed as ethical.

Up until this point, I have been addressing the ethical impacts on professionals and the differential effects based on professional diversity. But now I wish to turn to the ethical repercussions on those who are provided service. A primary concern for McIntosh (1998) was the process by which privilege maintains dominance and reinforces the hierarchical nature of modern society. And professional privilege does indeed sustain the advantage to some over others and, consequently, does preserve social stratification.

There has been considerable critique about the self-serving aspects of professionalization (Abrams and Curran 2004; Addelson 1994; Edelman 1988; Margolin 1997; Randall and Kindiak 2008; Weinberg 2010; Weiss-Gal and Welbourne 2008). One perspective is that the process of professionalization is primarily a means to maintain and consolidate one's privilege and power in capitalist societies. This aspect of professionalization is problematic since oppression is supported and maintained when advantaged groups increase their own privilege (Goodman 2001), even when that privilege is earned. Addelson (1994) states, 'serving the "public good and need" usually includes measures that protect the monopoly and authority of the professionals themselves' (141). Edelman (1988, 20) argues that construction of social problems in particular ways provides a rationale for giving some group (in this case some discipline in the helping professions), the necessary 'authority, status, profits, and financial support while denying these benefits to competing claimants', i.e. those of other professional groups or those without the professional credentials, such as service users. Margolin writes about the inherent oppression in the profession of social work specifically. He states, 'What matters is that the whole client-social worker drama is ordered with reference to one group's efficacy and superiority' (1997, 69). And he goes on to suggest, 'They [social workers] thoroughly convince themselves of the irrelevance of their own class interests. They convince themselves that their actions are motivated by compassion and fairness, and not by their professional and political affiliations' (1997, 74).

What are the ethical implications of professionalization and those advantages that are amassed? One of the core principles reoccurring in the codes of ethics of the caring professions is that of *justice* (ANZASW 2008; APA, n.d.; CASW 2005; CNA 2008; Hugman 2005; NASW 2008). And privilege, whether earned or not, is the antithesis of social justice, since to have advantage, by its very definition, is not fair since it places one in a favourable position over others. And fairness is one definition of justice (Webster 1981, 1228). One thrust of the caring professions, especially social work, has been a concern for *distributive* justice, namely, the allocation of goods in our society and the perpetuation of systems that maintain an unfair distribution. And much effort has gone into rebalancing that distribution. But ironically, professional privilege does contribute to the accrual of advantage of certain social and material goods (such as those listed above) at the expense of those who are not part of those groups.

Besides the ethical effects of the accretion of goods for professionals, there is another significant consequence to professionalization for clients/patients. Earlier I spoke about the establishment of norms on professionals themselves. The creation of standards of behaviours and norms extends beyond the codes and the actions of professionals, to that of the general populous. The caring professions inadvertently set benchmarks through their determinations of what constitutes health and illness, or functional and dysfunctional behaviour. This is one of the most significant privileges accorded to these professionals (again, identified above). As a society, what we take for granted as 'health' or 'normalcy' or 'goodness', as examples, are crafted by those whom we have

bestowed with privilege, power and authority to set the terms, specifically caring professionals. For instance, by the helping professional's decision that an elderly individual is not competent to return home after a stroke but must be moved to an assisted living facility, the notion of what constitutes 'competence' is reinforced, having consequences not only for that individual but for others as well.

A political scientist, Melissa Orlie (1997), has written a compelling book entitled '*Living Ethically. Acting Politically*'. She suggests that the foundations in modern, non-totalitarian societies are inherently unstable (20), because there is no divine or sovereign power to which we adhere to determine morality. Thus 'good and evil are ... expressions of passions, matters of opinion, not knowledge' (19). Thus, all citizens unintentionally are involved in determining what is taken as ethical and appropriate behaviour but Orlie (1997) argues, it is particularly 'the "responsible", well-behaved, predictable subjects of social order who reinforce and extend its patterns of rule' (23). As a by-product, ethical trespass may result. 'Ethical trespass' first coined by Hannah Arendt (a political philosopher) and elaborated by Orlie (1997), refers to the 'harmful effects ... that inevitably follow not from our intentions and malevolence but from our participation in social processes and identities' (5). She is arguing that harm occurs, without wilful plan, due, in part, to the setting of terms for what constitutes 'normal' or 'healthy', or 'good'. Furthermore, her reasoning is that those with privilege are the most likely to trespass because it is those groups, such as caring professionals, who determine what is seen as common sense and ethical regarding health and functionality.

What are some examples of this phenomenon? When a decision is made to give an operating room to one patient, the definition of 'need' in a hospital hierarchy is reinforced and another individual may have to wait, potentially with negative consequences. When an 84-year-old is deemed unsuitable for dialysis, a norm is buttressed which may lead unintentionally to ageism. When a mother is evaluated as not providing sufficient care and her child is apprehended, what is taken to be appropriate mothering is reinforced when perhaps structural explanations might have been more accurate and in fact her mothering was indeed adequate to raise a healthy child had there been societal support for enough material resources. And that mother may be viewed not just as unable to parent, but as a bad individual as well. Consequently, one of the most damning effects of privilege is the potential to trespass ethically against the very individuals a professional is attempting to assist.

A Pedagogical Strategy

While there is no way to eliminate ethical trespass, or more generally the privileges of being a professional, what can be done to lessen the effects? This is an ethical concern and a responsibility for educators in the caring professions. How does one sensitize students to the complexities and ramifications of professional privilege?

This is especially complicated territory since, as I have articulated earlier, not all privilege is injurious and indeed some of the privilege of professionalization protects those who are clients or patients. There is a growing list of works that outline strategies for undoing privilege. I will not attempt to catalogue all those tactics here, rather referring readers to a few resources (Curry-Stevens 2007; Fook and Gardner 2007; Heldke 1998; Mullaly 2010; Orlie 1997; Pease 2010; Trifonas 2003; Washburn 2007). However, I will voice a few thoughts as context for the experiential exercise that concludes this paper.

One of the difficult tasks of educating students in an emancipatory direction is to socialize budding professionals to see themselves as having some particular knowledge or skill that is for the service of others without at the same time having those learners buy into a sense of superiority and dominance. How to avoid educating students to become professionals without then having them assume that their position is natural or that service users should be passive recipients of their expertise? One way this has been handled in critical circles is to move away from the language of expertise and to speak about the process of help as co-constructed, with service users being the experts in their own lives (De Jong and Berg 2001; Lowe 2004). Professionals are encouraged to take a stance of 'not knowing' with service users.

At the same time, while I recognize the importance of working towards more mutuality in the caring process, namely, recognizing and supporting the very real understanding and abilities that service users bring to the process, if professional schools are not educating to develop expertise, why do we need the rigorous process that professional education entails? In fact, the very definition of a profession outlined above suggests that to be a professional means to have mastered a complex body of knowledge and skills. Despite this conundrum, I believe we can educate students of professional programmes to view their training as a privilege, rather than an entitlement. Educators need to keep visible the perils that privilege engenders, especially if it remains unexamined. One should highlight throughout one's work as an educator the complexities of privilege and power that come from being professionals.

While underscoring the dilemmas of professional privilege generally, what follows is an experiential exercise I have used with undergraduate social work students to complicate the binary of 'helper' and 'helped' specifically. The potential distancing or superiority that can arise from being the professional in a relationship can possibly be undone by the contradiction of their positioning as users of professional assistance for themselves and their own families. I elicit this contradiction in the exercise described below, utilized in a full-year course on advanced practice in social work.

There are two main objectives for the lesson. The first is, through experiential learning, for students to realize that service providers are not a separate species from those who use services, as a means to reduce the Othering of service users. And in the caring relationship, due to professionals' knowledge as experts and the societal mandate to make evaluations, there is the potential to pathologize those one is working with and to view service users as abnormal and/or alien

(Pease 2010), a process of treating clients as the 'Other'. As many writers have discussed, contravening the binaries of identity is a key component in social justice education (Bell 1997). One way to decrease one's sense of superiority and entitlement is to provide a direct lesson that all of us at some points in our lives are in fact those service users—'we' (those who are the providers) are not separate from 'they' (those who access the services). 'Embracing the ambiguity' (Boyer and Zembylas 2003, 125) of our positions as both helper and helped has a powerful impact on students.

The other objective in the teaching exercise is to reinforce what characteristics of helping contribute to the continuing marginalization and/or reduction of the gap between 'us' and 'them' by the quality of relational strategies and techniques adopted by service providers.

As I suggested above, the process of recognizing service users as the experts in their own lives can potentially reduce the belief in professionals as knowing all, one aspect of privilege. And educators can teach students about the very real knowledge and skill that service users bring to the helping relationship through their lived experiences.

To recognize the expertise in the narratives of those who are the consumers requires providing space to actually hear first voice accounts of service users. But how does one do that without exoticizing the Other or contributing to the process of distancing that is an element in professional privilege? In exploring a method of accomplishing that in the academy, I wanted to avoid what is known in our faculty as 'cultural tourism' when a service user is brought into the classroom to tell their story. In a situation such as that, there is the potential that a process of Othering might be continued with the client being gawked at, seen in some way as lesser, or different than those who provide the service. I am also concerned about breaking down the divide of professionals as the centre while service users are on the margins.

I begin by saying we are not separate from the service users with whom we work. We are they. I continue that I assume many of the students in the classroom have already had experiences of being on the other side of the fence as users of social and health services. I state that I want to give an opportunity to hear the incidents of having been service users, both positive and negative. I ask students to privately connect with me if they have a story they would be willing to share. In those discussions, I focus on their experience of being a service user and how the provider attempted to help them. We explore whether the practitioner was effective or not, and the student's explanations for that evaluation. While I identify that the classroom rules about confidentiality will apply, I caution that I cannot guarantee that classmates will abide by this. I inquire given that possibility, are they still interested in presenting and, if so, how much time do they think they would like for narrating their vignette? I also assess whether this material is too 'raw' or in some way might be inappropriate to share with the class, although up until this point I have never suggested that a student not recount their tale. Also, by doing this groundwork, I determine if I have enough class material for this exercise. I think students find these

preparations helpful in beginning to think about how they would like to relate their experience. Often as a consequence of our earlier discussions, they come to class with notes to assist them with their anecdote.

During the class, the stage is set when I suggest that we are all service users at one point or another and most of us have already been clients or patients. I go on to state that it is very courageous for students to risk volunteering and opening themselves up by relating their stories. I articulate that I expect more than the usual rules about confidentiality to apply because, given the sensitivity of this material, I would ask that students not even discuss anything that transpires with classmates that have been in attendance once the class is finished. I state that each presenter will have the choice about whether or not they take questions, but that even if they agree, they should know they can 'pass' at any time or decide when they would like to stop the discussion. I ask for no questions or interruptions until the student has ended his/her story. This introduction sets the tone of seriousness and respect that I wish to convey before students begin their narratives. There are two aspects to the stories students relate. In the first, they discuss their experience of being clients or patients. In the second, they relate whether they felt the provider was helpful or not, and an explanation as to why they felt as they did. When students have completed their vignette/s, I ask of each speaker if he or she is open to questions.

When all the students have finished presenting, I ask all the learners in the class, going around the room, to state what they have taken away from this experience. The input from peers is very confirming and validating to those who have shared their experiences. I find the go-around is very powerful for students to draw links about privilege. Equally important, it works to reduce the we/they divide not only for both service users but also between those who presented and those who did not, since frequently, during the go-around, students who did *not* present make associations with their own experiences of having been service users that had not been shared with the class. Finally, the stories illustrate, with 'real' material, the differences between effective and ineffective help, an important component in my particular course on advanced practice and a significant learning opportunity for nascent professionals.

In informal feedback I have received from students who have done this exercise, learners have suggested that it was one of the most meaningful and useful experiences in which they have engaged. I believe that since the experiences are narrated by their friends and colleagues the distance between helper and helped is narrowed, contributing to a reduction of the hierarchy that the privilege of professionalism erects. I have had students in the go-around say variations of the following line: 'From doing this exercise, I realized I'm no different from the clients I am working with'.

Several conditions are necessary to undertake this experiential exercise. I believe education to undo internalized domination and raise consciousness is most effective when cognitive learning is tied to the emotional labour of discomfort (Boylor and Zembylas 2003). But to do affective work in the classroom requires a climate of trust (Adams 1997) because it involves significant risk on

the part of the students, both in terms of revealing intimate details about themselves and sharing material that in general is stigmatized in Euro-Western society. At the same time, I believe that ‘safety’ is somewhat problematic as a term to describe the environment, since shaking up basic assumptions and beliefs is a key component of critical education (Kumashiro 2000). When students come to me and say they are confused and distressed by what they are learning, I applaud and suggest that this may be a sign that they are really grappling with material. If they were not having their basic premises, beliefs and assumptions challenged, what would be the point of their education? Furthermore, an understanding must be created that ‘getting it wrong’ is an ongoing part of an encounter with the Other. This is due to the nature of the exchange which always has an element of uncertainty because it is a process of becoming for *both parties*, both caring professional and service user, not just the service user (Jeffery 2009). Thus trust rather than safety is the intended environment.

Another condition for success with this exercise is that the instructor be viewed as credible—when that individual’s words and actions match, s/he operates from a place of compassion, s/he is knowledgeable about the issues of privilege and oppression but where s/he can also maintain discipline in the classroom (Goodman 2001). Additionally, teachers must be self-reflexive about their own issues of privilege and oppression (Banks 2009; Clifford 2009) and know their own counter-transference responses to material that may arise. I have only utilized this exercise towards the end of a course when I have been able to assess the emotional climate for those who might volunteer and where there have been clear parameters about confidentiality that I have judged have been adhered to during the term. I do *not* use this exercise when a class dynamic is problematic—such as when there have been scapegoats or powerful negative subgroups or problematic alliances.

I would like to add a caveat about the use of experience on which this exercise draws (Jeffery 2009). Experience is discursively constructed. One needs to ask, why was this narrative expressed in this way? What was accomplished by this telling? Experience should not be taken as given or ‘truth’. Otherwise, the risk with this particular exercise is that those who have had experiences being service users will be valorized and another binary created, those who “‘get it” because [they have] lived it’ and those who do not (Jeffery 2009, 74). In the classroom, continually reinforcing that subjectivity is fluid and always being created in process is a necessary corollary to this exercise. Similarly, the need for self-effacement about the potential to ‘get it wrong’ or to trespass are an ongoing reality to the nature of doing caring work, a lesson continually reinforced in my classes. This is an important antidote to essentializing certainties about service users or professionals.

Conclusion

While not all professionals are positioned similarly with privilege, as a group, they walk a tightrope of advantage that both not only benefits service users but

also carries the potential for harm. Caring professionals inadvertently contribute to the definition of those who seek help as ‘Other’, as well as to the norms of health and morality. The implications of those constructions can never be fully known since like pollen in the winds, those determinations are both flowers and weeds that will land where they will, outside of the designs of human beings. This is an ethical trespass by caring professionals that requires humility and constant attempts to undo privilege. One small measure that could contribute to the undoing of that privilege is recognition of the faulty dualism of helper and helped through the suggested experiential exercise.

Acknowledgement

Many thanks to Dr Carolyn Campbell for critiquing an earlier draft of this paper.

Disclosure statement

No potential conflict of interest was reported by the author.

Funding

This work was supported by the Social Sciences and Humanities Research Council of Canada [grant number 410-2009-0101].

References

- Abrams, L. S., and L. Curran. 2004. “Between Women: Gender and Social Work in Historical Perspective.” *Social Service Review* 78 (3): 429–446. doi:10.1086/421920.
- Adams, M. 1997. “Pedagogical Frameworks for Social Justice Education.” In *Teaching for Diversity and Social Justice. A Sourcebook*, edited by M. Adams, L. A. Bell, and P. Griffin, 30–43. New York: Routledge.
- Addelson, K. P. 1994. *Moral Passages. Toward a Collectivist Moral Theory*. New York: Routledge.
- AMA (American Medical Association). n.d. *AMA’s Code of Medical Ethics*. Accessed January 16, 2014. <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>.
- ANZASW (Aotearoa New Zealand Association of Social Workers). 2008. *Code of Ethics*. Canterbury: ANZASW National Office.
- APA (American Psychological Association). n.d. *Ethical Principles of Psychologists and Code of Conduct*. Accessed January 16, 2014. <http://www.apa.org/ethics/code/index.aspx>.
- Banks, S. 2004. *Ethics, Accountability and the Social Professions*. New York: Palgrave.
- Banks, S. 2009. “From Professional Ethics to Ethics in Professional Life: Implications for Learning, Teaching and Study.” *Ethics and Social Welfare* 3 (1): 55–63.
- Bell, L. A. 1997. “Theoretical Foundations for Social Justice Education.” In *Teaching for Diversity and Social Justice. A Sourcebook*, edited by M. Adams, L. A. Bell, and P. Griffin, 3–15. New York: Routledge.
- Boutilier, A. 2011. “CCPA Keeps Chipping Away at O’Neill Study.” *Metronews*, May 12, 2.

- Boyer, M., and M. Zembylas. 2003. "Discomforting Truths: The Emotional Terrain of Understanding Difference." In *Pedagogies of Difference*, edited by P. P. Trifonas, 110–135. New York: Routledge.
- Carastathis, A. 2014. "The Concept of Intersectionality in Feminist Theory." *Philosophy Compass* 9 (5): 304–314. doi:10.1111/phc3.12129.
- Carr, D. 1999. "Professional Education and Professional Ethics." *Journal of Applied Philosophy* 16 (1): 33–46. doi:10.1111/1468-5930.00106.
- CASW (Canadian Association of Social Workers). 2005. *Guidelines for Ethical Practice*. Accessed January 16, 2014. <http://www.casw-acts.ca/>.
- Clifford, D. 2009. "Re-claiming Anti-oppressive Values in Professional Education." *Ethics and Social Welfare* 3 (1): 69–76.
- CNA (Canadian Nurses Association). 2008. *Code of Ethics for Registered Nurses*. Centennial Edition. Accessed January 16, 2014. http://www.cnanurses.ca/CNA/practice/ethics/code/default_e.aspx.
- Collins, P. H. 1990. *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment*. Boston: Unwin Hyman.
- Cruess, S. R., S. Johnston, and R. L. Cruess. 2004. "'Profession': A Working Definition for Medical Educators." *Teaching and Learning in Medicine* 16 (1): 74–76. doi:10.1207/s15328015t1601_15.
- Curry-Stevens, A. 2007. "New Forms of Transformative Education: Pedagogy for the Privileged." *Journal of Transformative Education* 5 (1): 33–58. doi:10.1177/1541344607299394.
- De Jong, P., and I. K. Berg. 2001. "Co-Constructing Cooperation with Mandated Clients." *Social Work* 46 (4): 361–374. doi:10.1093/sw/46.4.361.
- Edelman, M. 1988. *Constructing the Political Spectacle*. Chicago: Chicago University Press.
- Evans, A. 2010. *Professional Discretion in Welfare Services. Beyond Street-Level Bureaucracy*. Burlington, VT: Ashgate.
- Fook, J., and F. Gardner. 2007. *Practising Critical Reflection. A Handbook*. Maidenhead: Open University Press.
- Goodman, D. J. 2001. *Promoting Diversity and Social Justice*. Thousand Oaks, CA: Sage.
- Heldke, L. 1998. "On Becoming a Responsible Traitor. A Primer." In *Daring to Do Good. Essays in Feminist Ethico-Politics*, edited by B.-A. Bar On and A. Ferguson, 87–99. New York: Routledge.
- Henriques, J., W. Hollway, C. Urwin, C. Venn, and V. Walkerdine. 1984. *Changing the Subject. Psychology, Social Regulation and Subjectivity*. New York: Routledge.
- Hugman, R. 1996. "Professionalization in Social Work: The Challenge of Diversity." *International Social Work* 39 (2): 131–147. doi:10.1177/002087289603900203.
- Hugman, R. 2005. *New Approaches in Ethics for the Caring Professions*. New York: Palgrave MacMillan.
- Hulko, W. 2009. "The Time- and Context-Contingent Nature of Intersectionality and Interlocking Oppressions." *Affilia* 24 (1): 44–55. doi:10.1177/0886109908326814.
- Jeffery, D. 2009. "Encountering Strangers: Teaching Difference in the Social Work Classroom." In *"I thought Pocahontas was a Movie"*, edited by C. Schick and J. McNinch, 65–78. Regina: Canadian Plains Research Centre Press.
- Jones, C. 1999. "Social Work: Regulation and Managerialism." In *Professionals and the New Managerialism in the Public Sector*, edited by M. Exworthy and S. Halford, 37–49. Buckingham: Open University Press.
- Kumashiro, K. K. 2000. "Toward a Theory of Anti-oppressive Education." *Review of Educational Research* 70 (1): 25–53. doi:10.3102/00346543070001025.
- Leicht, K. T., T. Walter, I. Sainsaulieu, and S. Davies. 2009. "New Public Management and New Professionalism across Nations and Contexts." *Current Sociology* 57 (4): 581–605. doi:10.1177/0011392109104355.

- Lewis, G. 2000. *'Race', Gender and Social Welfare. Encounters in a Postcolonial Society*. Cambridge: Polity Press.
- Lipsky, M. 1980. *Street-level Bureaucracy. Dilemmas of the Individual in Public Service*. New York, NY: Russell Sage Foundation.
- Lowe, R. 2004. *Family Therapy. A Constructive Framework*. London: Sage.
- Margolin, L. 1997. *Under the Cover of Kindness. The Invention of Social Work*. London: University Press of Virginia.
- McIntosh, P. 1998. "White Privilege: Unpacking the Invisible Knapsack." In *"Race, Class and Gender in the United States"*, edited by P. S. Rothenberg. 4th ed., 165–169. New York: St. Martin's Press.
- Mullaly, B. 2010. *Challenging Oppression and Confronting Privilege*. 2nd ed. Don Mills, ON: Oxford University Press.
- NASW (National Association of Social Work). 2008. *Code of Ethics*. Accessed March 12, 2015. <http://www.socialworkers.org/pubs/code/code.asp>.
- Orlie, M. A. 1997. *Living Ethically. Acting Politically*. Ithaca: Cornell University Press.
- Pease, B. 2010. *Undoing Privilege*. London: Zed Books.
- Randall, G. E., and D. H. Kindiak. 2008. "Deprofessionalization or Postprofessionalization? Reflections on the State of Social Work as a Profession." *Social Work in Health Care* 47 (4): 341–354. doi:10.1080/00981380802173855.
- Razack, S. 1998. *Looking White People in the Eye*. Toronto: University of Toronto Press.
- Trifonas, P. P., ed. 2003. *Pedagogies of Difference. Rethinking Education for Social Change*. New York: RoutledgeFalmer.
- Walker, M. U. 1998. *Moral Understandings. A Feminist Study in Ethics*. New York: Routledge.
- Walton, R. 2005. "Social Work as a Social Institution." *British Journal of Social Work* 35 (5): 587–607. doi:10.1093/bjsw/bch299.
- Washburn, A. M. 2007. "Helping Us See and Act: Pedagogy for the Privileged." *Journal of Transformative Education* 5: 3–7. doi:10.1177/1541344607300230.
- Webster's Third New International Dictionary and Seven Languages Dictionary. Unabridged*. 1981. Toronto: Encyclopaedia Britannica/G. and C. Merriam Co.
- Weinberg, M. 2010. "The Social Construction of Social Work Ethics: Politicizing and Broadening the Lens." *Journal of Progressive Human Services* 21 (1): 32–44. doi:10.1080/10428231003781774.
- Weinberg, M., and S. Taylor. 2014. "'Rogue' Social Workers: The Problem with Rules for Ethical Behaviour." *Critical Social Work* 15 (1): 74–86.
- Weiss-Gal, I., and P. Welbourne. 2008. "The Professionalisation of Social Work: A Cross-national Exploration." *International Journal of Social Welfare* 17 (4): 281–290. doi:10.1111/j.1468-2397.2008.00574.x.
- Wordnet. A Lexical Database for English*. n.d. Princeton University. Accessed January 30, 2014. <http://wordnetweb.princeton.edu/perl/webwn?s=privilege&sub=Search+WordNet&o2=&o0=1&o8=1&o1=1&o7=&o5=&o9=&o6=&o3=&o4=&h=>