

MORALITY IN SOCIAL WORK

By

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Social work prides itself on being a profession that is based on values. We apply values to ourselves; that is, we have a code of professional ethics.¹ We apply values to society, with high expectations that society will attend to the well-being and rights of individuals and families; we usually refer to this set of values as “social justice.”

We also apply values to our clients, although unfortunately we often do this covertly because of a haunting concern that applying values entails disrespect for cultural differences and an infringement of individuality.

I will devote this lecture (1) to a discussion of the importance of moral concepts to social work, (2) to the Social Work Code of Ethics and its limitations, and (3) to the application of moral values to our clients. I will not say much about social justice in this lecture. I do that elsewhere.

Why “Morality”?

Although I could have called this lecture “values in social work,” I decided instead to call it “morality in social work.” I know that the term “morality” makes many people uncomfortable, but the fact of the matter is that the making of moral judgments is an inherent part of being human and of being a social worker.

I think that discomfort with the concept of “morality” reflects the fact that we live in an age when many people who have learned to respect personal and cultural differences are inclined to believe that all moral judgments are an illegitimate imposition of values by one person or culture on another.

This flawed perception has been reinforced by the over-identification of morality with sexual values. Many of us believe that sex between two consenting “adults” is nobody’s business but their own, and we resent moralistic efforts to control our sex lives.

In addition, in the political arena, the term “moral values” has come to be identified with conservative, especially Christian conservative views, about sexual life, family life, and religious life.

It is sad that morality's realm has become so circumscribed—sad that morality has come to seem incompatible with acceptance of others and with respect for their right to live life as they see fit.

Being moral is not fundamentally about the sorts of sexual acts one enjoys or about sexual fidelity or identity. And being moral is not about blind acceptance of the moral precepts of Christianity or any other religion. And being moral certainly does not mean being blind to the virtues of diverse cultures or rejecting the unique ways of non-conformists just because they are different.

Morality should not be understood as a behavioral straitjacket inherited from a time of hypocritical sexual, familial, and personal constraints.

- It should be understood as concern for human beings.
- It should be understood as seeking what is best for people.
- It should be understood as the standards and expectations we set for ourselves and for others.
- It should be understood as our striving to have good lives ourselves and to help others to have good lives.
- It should be understood as the obligations we have to ourselves, to our families, to our communities, to our nations, to our species, and to our planet.
- It should be understood as our obligations to people who are poor and estranged from mainstream society.
- It should be understood as determination to overcome racism.
- It should be understood as a complex set of expectations about what a society owes to its members and what its members owe to their society.
- It should be understood as our commitment to protect and to extend human rights.
- It should be understood as the obligations that nations have to each other and that rich nations have to the poor people of poor nations.
- And, I would argue—with the Dalai Lama—that ultimately being moral has everything to do with compassion,² with caring about others, with seeking to find a fit between what is good for ourselves and what is good for others.

We cannot afford to be afraid to make moral judgments. Refraining from judgment leaves the determination of the proper state of humanity to others. As John Dewey said, "While saints engage in introspection, burly sinners run the world."³

Although not all social workers are politically liberal, I worry that those of us who do not adequately acknowledge that our views are fundamentally moral views. As a result, we have ceded the moral high ground to religious conservatives, who are willing to speak openly about moral values.

Liberals generally, not just social workers, need to reclaim morality. We need to say that tolerating poverty is immoral. We need to say that having the most expensive and least effective health care system in the industrialized world is immoral. We need to say that providing low quality education to people who live in poor communities is immoral. We need to say that racial discrimination is immoral. We need to say that allowing 100s of millions of people to scrounge out an existence on incomes of less than \$1 a day is immoral.

Beyond that, social workers need to recognize the inherently moral dimension of our “primary mission”, which, according to the 1999 Edition of the Code of Ethics ⁴ is “to enhance human well-being.” Well-being (aka “*eudemonia*”) is historically a moral concept that emerged in the Western world first in Aristotle’s *Nichomachean Ethics*.⁵ In philosophy, Aristotle’s view of well-being as the development of personal characteristics that include moral judgment has evolved to what is now known as “virtue ethics”, a highly misleading term for profound insights into what makes a human life good. I will elaborate later. For the moment, I think it is important to understand that our duty as social workers to enhance human well-being is a profound responsibility that is not for the morally faint of heart.

Professional Ethics

Frederick Reamer, the guru of social work ethics, maintains that social work ethics has not just changed; it has *evolved*.⁶ He says “evolved” because he believes that social work ethics has advanced—i.e., gotten better—over time. He maintains that social work’s concern about ethics originally emphasized moral expectations of our clients, and he believes that it is progress that our concerns now focus on expectations of ourselves.

I think that he is right that we are better able to help people as a profession when we do not insist that our clients fear God and behave in accordance with a variety of traditional values that are merely matters of social propriety. And we are better able to help people when we insist that the profession of social work is not the mere application of generous impulses on behalf of people who are suffering because of poverty, injustice, or physical or mental illness; social work involves the development and application of knowledge about human beings and human society.

The duties we have as social workers are elaborated to some extent in NASW’s *Code of Ethics*. Although the code is of very limited help in matters of moral conflict, but it does a good job of presenting the fundamental moral impulses of social work.

What is basic to being a professional social worker?

- Being professional rather than being an amateur, i.e., acting from a sense of responsibility, obligation, and expertise rather than acting from passion and personal inclination
- Acting in the client's interest rather than in one's own self-interest
- Acting from knowledge rather than from feeling
- Being bound by duties and prohibitions (ethics)

According to the *Code of Ethics*, social workers have:

- Ethical responsibilities to clients regarding "commitment to clients", "self-determination", "informed consent", "competence", "cultural competence and social diversity", "conflicts of interest", "privacy and confidentiality", "access to records," "sexual relationships," and more
- Ethical responsibilities to colleagues regarding mutual "respect," "confidentiality," "interdisciplinary collaboration," "consultation", "referral for services", "sexual relationships", "impairment of colleagues," "incompetence of colleagues," and more.
- Ethical responsibilities in practice settings regarding "supervision and consultation," "education and training," "performance evaluation," "client records," "billing," and more.
- Ethical responsibilities as professionals regarding "competence," "discrimination," "private conduct," "dishonesty, fraud, and deception," and more.
- Ethical responsibilities to the social work profession regarding "integrity of the profession" and "evaluation and research"
- Ethical responsibilities to the broader society regarding "social welfare," "public participation," "public emergencies," and "social and political action."

The Code acknowledges that there can be and are conflicts of duties in some situations. It also acknowledges that it has little to offer regarding how to resolve these conflicts.

For example, we are enjoined to respect autonomy of our clients and to seek human well-being.⁷ What should we do when respecting their autonomy will result in harm to our client or others, when, for example, clients express suicidal intentions or admit to brutalizing their children?

Or we are enjoined to seek both the well-being of our clients and the interests of the organizations for which we work. What should we do when these conflict, when, for example, the behavior of an adolescent in residential treatment disrupts the therapeutic process for other residents.

Or, we are enjoined to seek social justice as well as the well-being of clients, some of whom may be subtle perpetrators of social injustice such as those who benefit from economic or racial disparities, from segregation, or from failure to provide adequate pay or benefits to their employees.

Or, how are we to balance working for the well-being of a client, an organization, our society, or our nation with the obligations we have to ourselves and to our families?

Is there a way to resolve these conflicts, a conceptual mechanism that infallibly leads us to the correct answer? A number of efforts have been made to devise one,^{8,9,10} but I don't think any of them work for all situations.

Are we therefore ethically adrift? No. Most of us have been brought up with moral sense and an ability to engage in moral deliberation situation-by-situation. And, in practice we are rarely left alone with tough moral decisions. The organizations for which we work usually have structures through which tough decisions are made by a group. And, we also have an evolving code of professional ethics and a process in place for periodic changes that can address its limits.

No doubt these sources of professional, ethical decision making are imperfect. But the imperfection of our professional ethics is a far cry from a moral desert. We can and do make moral judgments about our professional behavior all the time.

Values For Our Clients

As I've already said, we social workers, unlike ministers and priests for example, are generally reluctant to apply values to our clients. Why? I think there are two primary reasons.

First, we are trained to respect individuality and autonomy. We should not impose our personal values on our clients but should help them to follow their own values.

Second, we live in an intellectual climate that recognizes the legitimacy of cultural differences. Values, that is, are regarded as culturally relative.¹¹ We need to take care not to impose the values of our culture on people who are from other cultures.

Are there any cross-cultural values, any values that are fundamental to being human, that are trans-cultural and trans-individual?

I will approach these questions in three ways—first, with a discussion of moral epistemology, second, with a discussion of types of moral theories, and third with an exploration of what constitutes good lives for human beings.

Moral Epistemology¹²

“Epistemology” means theory of knowledge. Moral epistemology refers to theories of moral knowledge.

There are three fundamental theories about how we know what is right and what is wrong, what is good and what is bad—moral intuition, moral calculation, and moral deliberation.

The theory of moral intuition is simply that human beings who have been morally well-educated or blessed by God with inherent knowledge are able to “intuit” what is right and what is wrong, what is good and what is bad. It is simply obvious to them.

This theory is, I think, a pretty good description of how we usually make moral decisions. We just know what is right and what is wrong. And there is usually agreement about intuitions among members of the same society or culture and to a significant extent even among different cultures.

Nevertheless, there are also differences among individuals, societies, and cultures. And theories of moral intuition don’t tell us about how to resolve these conflicts.

In addition, from time to time—not too frequently actually—we are in conflict with ourselves when we have more than one intuition about the same situation. I shouldn’t kill another person, but I should help people who are in danger. So maybe I should kill a person who is threatening the lives of others.

The second type of theory of moral knowledge is moral calculation. Such theories assume that right and wrong, good and bad relate to outcomes of human behavior. Actions that produce good outcomes are right; those that produce bad outcomes are wrong. These theories assume that it is possible to know—through a process of calculation—what the outcomes of our actions will be and thus to determine what is right to do and what is wrong.

This too is a good description of a way in which human beings decide what and what not to do. That is, we consider the consequences of our actions.

A major problem with this theory is that we cannot fully calculate the outcomes of our actions.

In addition, if we made moral decisions only on the basis of outcomes, we would find ourselves violating certain innate moral impulses. For example, if slavery of a very few people made everyone else far better off, we should still reject it.

The third theory of moral knowledge is that human beings develop a power of moral deliberation as they grow up and that they use this power to sort through a variety of possible choices when it is not obvious via intuition what to do.

This too strikes me as a good description of one of the ways in which we actually make moral decisions. And it also has its problems, since the outcome of deliberation will vary from person to person, society to society, and culture to culture.

In modern times (or maybe it's postmodern times), a lot of people are put off by the imperfections of each method of moral knowledge. I am not. It seems to me that human beings are generally pretty well equipped morally with powers of intuition, calculation, and deliberation. Unfortunately, people often choose to do things that they know are wrong or come up with elaborate rationales to make what is wrong seem right or they are caught up in communities and institutions that press them to do the wrong thing. But that does not mean they are without abilities to make reasonably sound moral judgments.

Theories of Morality¹³

In addition to these theories of moral epistemology, there is also a variety of theories of morality. They include:

- Deontology:¹⁴ This is the theory that morality is about fulfilling one's obligations, doing one's duty, and respecting fundamental human rights.
- Consequentialism (aka "utilitarianism"):¹⁵ This is the theory that being moral, being good, is about achieving (or trying to achieve) the best outcomes for the most people.
- "Virtue" ethics:¹⁶ This is the theory that having a good life depends on developing characteristics (aka "virtues") that enable one to live well. Compassion, the abilities to find pleasure in life, to have personally meaningful relationships, to engage in satisfying activities, to earn a living, to take responsibility, to determine what is in one's interests and in the interests of one's family, to participate in the life of one's community or nation, are among the virtues needed for a good life.

- Compassion: This is the theory that being good is being compassionate. It basically postulates that there is a compassionate state of mind and that, if one acts from that state of mind rather than self-interest or even communal or national interest, one will then do the right thing. Read the Dalai Lama's "Ethics for the New Millennium" for a very good example of this kind of theory.¹⁷
- Situation ethics:¹⁸ This theory postulates that many morally important situations are so different from any other situations that there are virtually no rules that apply to all of them, even though they seem quite similar. Being moral involves determining through a process of deliberation what the right thing to do is in this specific situation. (See, for example, Albert Johnson's excellent book on medical ethics.¹⁹)

What Is a Good Life?

What does all of this have to do with being a social worker? Well, we have an obligation to pursue the well-being of our clients. So, we need to figure out what that is.

Should we help our clients lead lives in which they accept and try to fulfill certain duties and obligations? Do our clients have moral responsibilities? Undoubtedly, care for their children, for example, and even though we and our clients may not see eye-to-eye about what those responsibilities are, we are likely to agree that they have responsibilities and should meet them.

Should we help our clients to anticipate and to care about the consequences of their acts both for themselves and for others? Again, even though we and our clients may disagree in our assessment of future consequences, helping our clients to develop the habit of thinking about consequences is surely something we should do.

Similarly, should we help our clients to develop the characteristics (virtues) that will enable them to have good lives? Should we try to help them to cultivate compassion? Should we help them develop the ability to deliberate in complex and conflictual moral situations?

It seems obvious to me that all of this is at the heart of the vocation of social work.

Essential Values for a Good Life

Social work is, in this sense, built on the assumption that there are certain values which are essential to having a good life. What are they?

When I ask students this question, they are usually perplexed at first, but gradually they come up with an answer or two and then the ideas flow. Happiness, love, family, physical and mental health, adequate income, education, satisfying work, contributing to one's community, appreciating arts, developing one's abilities, meaningfulness, a spiritual sense of transcendence, and more.

Given these ideas about what a good life is, does it seem so awful to work to help our clients have good lives? Does it seem that we would be "imposing" our values on them? Are there any of these values that seem to violate their autonomy and individuality? Any that seem culture-bound?

Diagnosis as covert moral judgment

One of the ways in which social workers, especially clinical social workers, are able to avoid the realization that they are applying values to their clients is by thinking of their problems as mental disorders that can be identified through an empirical process of diagnosis.^{20, 21}

But think about this from the perspective of "virtue ethics". As I've said, this is the perspective that having a good life depends on having certain human characteristics such as compassion, a sense of responsibility, an ability to deliberate, an ability to take pleasure in life, having personally satisfying relationships, engagement in satisfying activities, health, and mental health. From this perspective, having a mental disorder is a kind of failure to have a good life, and making a psychiatric diagnosis is making a kind of moral judgment. Simply stated, depression is not good. Anxiety is not good. Schizophrenia is very bad.

What Makes It Hard To Accept Applying Moral Values to Our Clients?

As compassionate, caring human beings and especially as clinicians, recognizing that we make moral judgments about our clients is difficult for a number of reasons.

One is that we fail to distinguish between making a judgment and being judgmental.

A second is that there is significant tension between applying values and respecting autonomy and diversity. It's a tough tightrope.

A third is recognizing the distinction between applying values and imposing values.

A fourth is the tension between taking a stance of understanding and compassion on the one hand and holding people responsible for their actions on the other.

But that it is difficult to straddle the compassionate and the moral, does not mean that morality is not as much at the heart of social work as compassion is.

Conclusion: In this lecture I have tried to make the case that there are significant moral dimensions (1) to our behavior as professional social workers and (2) to our efforts to promote the well-being of our clients. In a subsequent lecture, I will discuss issues regarding the concept of social justice as a central goal of social work.

¹ [NASW Code of Ethics](#) (1999)

² Dalai Lama (1999). [Ethics for the New Millenium](#).

³ Dewey, J. *Reconstruction in Philosophy*

⁴ [NASW Code of Ethics](#) (1999)

⁵ Aristotle, Nichomachean Ethics

⁶ Reamer, F. (1998) [Evolution of Social Work Ethics | Social Work | Oxford Academic \(oup.com\)](#)

⁷ Sasson, S. (2000) "[Beneficence versus Respect for Autonomy](#): An Ethical Dilemma in Social Work Practice *Journal of Gerontological Social Work*.

⁸ McGowan, B. G., & M. Mattison. (2003). Professional values and ethics. In M. Mattaini, ed., *Foundations of Social Work Practice*, 3rd ed., pp. 48 - 72. Washington, DC: NASW Press.

⁹ Congress, E. *Social Work Values And Ethics: Identifying And Resolving Professional Dilemmas*, (selected case studies).Wadsworth Publishing, 1999.

¹⁰ Marsh, J, "To Thine Own Ethics Code Be True", *Social Work*, 48(1) January 2003.

¹¹ [Cultural relativism - Wikipedia](#)

¹² [Moral Epistemology - Philosophy - Oxford Bibliographies](#)

¹³ [Moral Theory \(Stanford Encyclopedia of Philosophy\)](#)

¹⁴ [Deontological Ethics \(Stanford Encyclopedia of Philosophy\)](#)

¹⁵ [Consequentialism \(Stanford Encyclopedia of Philosophy\)](#)

¹⁶ [Virtue Ethics \(Stanford Encyclopedia of Philosophy\)](#)

¹⁷ Dalai Lama op.cit.

¹⁸ [Situational ethics - Wikipedia](#)

¹⁹ Jonsen, Albert, et al. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine (4th Edition)*, Introduction, McGraw Hill, New York, 1998.

²⁰ [DSM-IV: Diagnostic and Statistical Manual of Mental Disorders | JAMA | JAMA Network](#)

²¹ [ICD - ICD-9-CM - International Classification of Diseases, Ninth Revision, Clinical Modification \(cdc.gov\)](#)