Social Work and Narrative Ethics

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Summary

Most accounts of social work values contain two central conceptual strands: social work ethics and anti-discriminatory practice. Within social work, relatively little attention has been paid to the potential of feminist approaches to ethics, grounded in identity to bring these two strands together. Narrative ethics is an approach which, like the feminist ethic of care, takes identity as its starting point and therefore has the potential to bridge these two distinctive approaches to social work values. However, in asserting the centrality of narrative in the construction of our identities, it moves beyond the feminist approach. Narrative approaches to ethics have been widely adopted in medicine. This paper explores their applicability to social work practice, particularly in the light of an increasing interest in narrative as a basis for practice intervention.

Keywords: ethics, narrative, values.

We are a story-telling lot, we social workers. The stories that service users tell us and our reinterpretations and retellings of them form the warp and weft of our working lives. Yet, despite these narratives, which bound and shape our professional experience, social work has, until recently, had little space for stories in the analysis of professional practice. However, as social work has turned to postmodern modes of analysis (Aldridge, 1996; McBeath and Webb, 1991; Pease and Fook, 1999; Walker, 2001), there has been a greater interest in the potential of narrative as a framework for analysis. The focus of this work has, however, first and foremost been with the use of narrative as a foundation for practice intervention (Milner, 2001; Parton and O’Byrne, 2000). Although such accounts of professional practice have identified the importance of the relationship between narrative and values, Parton and O’Byrne’s assertion that constructive
social work ‘far from denying the ethical and moral dimensions of the work … makes them central’ (2000, p. 178) being just one example, little has been done to investigate this link directly. It is notable that in other professions, this has not been the case. Both medicine (Tovey, 1998; Brody, 1994; Jones, 1997; Nelson, 1997) and, to a lesser extent, nursing (Cusveller, 1998; Hartrick Doane, 2002; Fagermoen, 1997) have seen a burgeoning of interest in the capacity of narrative to deliver new insights into professional ethics. My intention is to explore the undoubted potential of narrative to play a part in broadening our understanding of social work values and challenging some of our preconceptions about what social work ethics should look like.

The traditional values of social work

One starting place for such an exploration is to note two oddities about social work values as they are conventionally conceived. The first of these is to do with the dominant conceptual frameworks in this area. Most accounts of social work values contain two central conceptual strands, which are traditionally conceived of as complementary. On the one hand, we have what I would describe as social work ethics—a system of values grounded largely in Kantian and Utilitarian thinking and rooted in a principlist logic. On the other, we have anti-discriminatory and anti-oppressive practice, located loosely within the politics of identity and resistance—a value system in the genesis of which social work has played a key role.

These two strands lie together as slightly uneasy bedfellows, and a number of strategies have been adopted to bridge the gaps between them. One of these is the subsumption of anti-discriminatory practice under the rubric of an overriding principle of social justice or equality (Banks, 2001, p. 37; Wilmot, 1997). Clark’s idea of justice as social liberation is a good example (2000, p. 161). This does more than provide philosophical gravitas to a distinctively social work twist on values. It also generates coherence, locating social work values within an ethical grand narrative and accentuating commonality, not difference. One can see how this might fit into a larger project about the establishment of a social work professional identity, hence perhaps the BASW Code of Ethics’ inclusion of ‘strategies for overcoming structural disadvantage’ (BASW, 2002, p. 3) under the value of social justice. A value system based on external precepts, not the perceived internalism of identity, might carry greater force in this context. Certainly, Banks’ (2001) argument in relation to feminist ethics (ethics which are relational and in which identity is important) essentially works along these lines; the role of such value systems within professional ethics is to act as a counterweight to the rule-following technicist tendencies of principlism rather than an alternative.

A second strategy has been the attempt to bridge the gap between the two by appeal to particular concepts that are commonly held, and the assertion of their applicability to both areas. The principle of respect for persons and the linked
concept of self-determination have been invoked in this context (Clark, 2000, p. 50; Banks, 2001, pp. 132–3). A version of self-determination grounded in respect for difference would appear to have the potential to play an important part in such a bridging role. However, an interrogation of the ostensive fit between our two strands in relation to self-determination demonstrates some of the difficulties in this approach to constructing a coherent ethics for social work. When we look at how far this concept is culturally determined, we begin to question whether its axiomatic status within social work ethics is deserved.

Evidence that self-determination may mean different things for different service users comes from a variety of sources. As Husband points out, ‘in non-European cultures the self evident primacy of the individual in relation to the collective cannot be assumed’ (Husband, 1995, p. 97). Casteel’s work on informed consent amongst indigenous northern peoples, which suggests that within an oral culture, decisions about autonomy are constructed through narrative and dialogic processes, with fables, tales and allegories used to present moral conflicts, is a further example (Casteel, 1998). Ewalt and Mokuau (1995) also challenge self-determination as a universal value, arguing that its interpretation rests upon a northern European/American understanding of autonomy, which ignores the relationship between the individual and her or his social world. For Pacific peoples and, they argue, black Americans, self-direction might be about an individual strengthening connections with family and community. This leads Shardlow to ask in his review of Ewalt and Mokuau’s work ‘how one term … can cover two apparently self-contradictory ideas and still be a useful notion’ (Shardlow, 1997, p. 973). The work of Graham (1999), Bar-On (1999) and Midgely (1992) raises similar questions. One can see how, in the face of this, the edifice of social work values might begin to crumble a little.

This leads me onto my second oddity. There is a corpus of work on ethics, which at first sight appears to offer a critique and an alternative to traditional accounts of social work values—a field of study we might loosely define as ‘the feminist ethics of care’. This approach brings into the public ethical sphere considerations conventionally considered to be part of our private relational moral world. Its context is the praxis of caring. Given social work’s slightly unusual and ambiguous professional position, straddling the public and the private, it is strange that such an approach should have had, with a few notable exceptions (Parton, 2003; Banks, 2001, 2003), such a limited impact on thinking about social work values. This strangeness is compounded by the fact that since the publication of Gilligan’s In a Different Voice in 1982 (Gilligan, 1982), an important and complex body of work in this area has developed (Larrabee, 1993; Tronto, 1993b). As with anti-discriminatory practice, the politics of identity are the starting place for this version of ethics. Building on Gilligan’s initial argument, itself drawn from a critique of a gendered understanding of moral development (Kohlberg, 1981), feminist ethicists have argued that our moral identities are located in and constructed through our caring relations with others. These relations, characterized by reciprocity, are inherently interactive and our moral development and identity consequently situated within a set of social practices. Conventional ethics are, on the other hand, infused with an atomistic
perspective on the moral subject, for whom moral decision making relies upon the application of an independent gaze, separated from social contexts. A central difficulty with such universalist ethical systems based on principle is that they are infused with both gendered and cultural assumptions and that they, therefore, ought to be understood in part as cultural constructs.

Stories, however, were our starting point and what I want to do now is to show how our discussions thus far lead us to narrative. Beginning with an examination of the nature of narrative itself, I want to then move on to look at a common difficulty with the two approaches we have looked at so far—traditional principlism and the feminist ethics of care—a difficulty that drives us in the direction of narrative.

**Narrative and story**

What do we mean by narrative? In the ‘ethics boom’ (Davis, 1999 in Banks, 2003, p. 1) which recent years have witnessed, narrative has become a powerful corrective to traditional principlism in medical ethics. ‘Bioethics is now witnessing an explosion of interest in narrative and storytelling’ (Arras, 1997, p. 66). So it is to the narrative literature in bioethics that we turn in order to explore the nature of narrative and to identify its key elements. How has narrative been understood within this literature? Many bioethicists’ attempts to define narrative are deliberately loose and consequently inclusive and have, as a starting point, a simple equation between narrative and story (Hunter, 1991; Murray, 1997). However, I am not sure this takes us much further forward in our understanding of narrative. A better starting point, upon which there is general agreement, is that within narrative, there is ‘an emphasis on the temporal ordering of events that are associated with change of some kind’ (Hyden, 1997, p. 50). We might build further on this initial description and say that narrative is constructed of parts that relate to one another and are emplotted, i.e. the parts relate to each other causally—what Somers (1994) calls ‘causal emplotment’. ‘Causal emplotment’ is not about the chronological ordering of events, although narratives have to begin and end somewhere, but the transformation of events into episodes, which relate to each other in a meaningful way. Plot for Somers is the ‘logic or syntax of narrative’. Narrative here is more than a representational form but a discursive concept encompassing temporal and situational variance (Potter and Wetherell, 1987). We tell different stories at different times to different audiences.

Those who argue for the conceptual centrality of narrative in our understanding of the social world, however, make a more substantial claim on the concept’s behalf. Perhaps most importantly, they argue for the ontological significance of narrative, for the part it has to play in shaping our identity. Giddens’ work on modern subjectivity is interesting in this context (Giddens, 1990, 1991). In late-modern society, without uniformly accepted traditions or values to shape our identity, the construction of the self has become a reflexive project, in which
people actively fashion their own identities in the face of new social practices and in turn, through this process, shape those practices. Building our identity is a ‘biographical project’ in which we reflectively produce a ‘narrative of the self’ (Bagguley, 1999, p. 70). It is through the interplay of emplotted stories that people construct their notions of the self, which leads us to the argument that ‘the identity concept has become subordinate to narrative’ (Hyden, 1997, p. 52).

Social work ethics have traditionally relied upon a particular sort of moral typography, within which we can trace the threads running between moral principles generated by a certain ethical perspective and the beliefs and actions of social workers. There are some problems with these accounts of social work values. They are strongly reductive. They suggest that the study of social work values is less about the behaviour and discursive practice of social workers and more about the extent to which these practices are a cipher, the interpretation of which allows us access to the value world, ‘some empyrean world of moral truth’, as Arras (1997, p. 72) puts it. Advocates of such ethical approaches are aware of this difficulty. Their response has been to warn against this tendency to reify values ‘to treat as inert objects what should be understood as the ongoing accomplishments of skilled and knowledgeable persons imbued with a moral sense’ (Clark, 2000, p. 31). I would argue that reification is not just a pitfall to be avoided, but an inherent danger in essentialist and universalist ethics.

In *After Virtue*, MacIntyre (1985) offers a potent illustration of the impact of this problem. *After Virtue* presents an argument for an ethics grounded in virtue rather than one which is principle based. The starting place for this argument is the problematization of argument from moral principle. MacIntyre presents us with a series of ethical problems, which he attempts to resolve using moral principles. However, this attempt at resolution merely serves to demonstrate the inadequacies of using principles in this way, for it offers us no guide to choosing between competing approaches. MacIntyre’s account demonstrates how the collapse of an ethical dilemma into underlying principles can sometimes seem to take us further from, rather than closer to, its resolution.

This difficulty with principlism has led to a resurgence of interest in casuistry within recent moral philosophy, perhaps most importantly in Jonsen and Toulmin’s *The Abuse of Casuistry*, which reasserted the importance of the case in moral reasoning (Jonsen and Toulmin, 1988). This has been of particular importance in medical ethics where, as with social work, thinking about moral issues has tended in practice to work in ‘reverse’, originating in the specifics of particular professional encounters and moving from these to abstract principles (Jones, 1997). This growth of interest in abductive reasoning in medicine comes principally from a dissatisfaction with the limited importance accorded to the case in an ethical paradigm dominated by the ‘four principles’ approach (Beauchamp, 1994; Beauchamp and Childress, 1994). What this reinvigorated casuistry gives us is an interest in stories and cases, but it does not take this out of the traditional frame of principlism. Jonsen and Toulmin’s argument is that we cannot ignore the case. There needs to be an interplay between case and principle and it is in this interplay that we move towards the resolution of moral questions.
As such, it acknowledges the realities of professional practitioners faced with dilemmas. However, its challenge to principlism is limited in that it works within a principlist logic.

At first sight, the problems with universal principles seem to impact upon conventional principlist ethics and not the feminist ethics of care. However, my intention is to argue that the feminist ethics of care are not immune to this difficulty. The most potent critique of this branch of moral reasoning, to which a number of commentators have drawn attention (Parton, 2003; Bowden, 1997; Somers, 1994; Brody, 1994; Tronto, 1993a), has centred upon its essentialist leanings. Although ‘path breaking’ (Somers, 1994) in its challenge to the alleged objectivity of principlist accounts, its approach, it is argued, oversimplifies identity by locating it within a single essentialist category of ‘woman’, itself grounded in biological sex or in socialized gender. This ‘naturalising tendency of the ethic’ (Bowden, 1997, p. 8) can fail to recognize the oppressive conditions in which women’s caring may take place and not address challenges to that oppression. In its reliance on a ‘totalising fiction’ where one category—gender—over-determines other equally salient cross-cutting differences (perhaps the most important of which is race) (Tronto, 1993a; Stack, 1986), it does not always address the complexity and contingency of identity. ‘The very real challenge of caring ethics to the moral reductions produced by conventional ethical theories is frequently lost in accounts that tend to reaffirm caring itself as yet another universal and unitary moral concept’ (Bowden, 1997, p. 2). Parton warns of this tendency to see elements of difference ‘simply in terms of essentialist binary opposites’ (Parton, 2003, p. 11). However, despite Parton’s caveat, the feminist ethics of care do often draw upon universal categories, which are historically, situationally and temporally invariant. As Somers argues, ‘to assume that simply because in some places and in some times women appear to be more morally relational than men in their sense of agency does not in any way support the more general conclusion that all women are more morally relational than men’ (Somers, 1994, p. 611).

Ethics and identity

All of this suggests that we need other ways of understanding the links between ethics and identity and this is where the argument for narrative ethics begins. One way of understanding identity, which is not constructed around fixed universal category, is through narrative. What narrative gives us is a framework for understanding identity, which, in the move away from essentialism, offers scope for a less rigid and fixed account of the concept. Identity grounded in narrativity is able to incorporate the multiply constructed and particularist qualities of modern subjectivity. It addresses the complexity of identity formation and its variability over time. It is the story that we make of our life that brings together the diverse sources of our identity and gives them coherence for us.
Adshead (2002) illustrates her argument for the relevance of an ethic of care to ethical reasoning in psychiatry and the limitations of an approach based on principles, with a case example. Mr C has been injured in a road traffic accident at the age of ten. He remains disabled some ten years later. His mother cares for him at home. Mr C is very passive, allowing his mother to carry out tasks for him that he is ‘well able to do physically’. Mr C is also reluctant to go out and socialize. His mother supports him in this. Attempts to change his situation by those responsible for his care are met with verbal aggression from his mother and ‘benign sabotage’ by Mr C himself.

A principlist analysis of this situation would revolve around issues of self-determination and autonomy, central to which would be the question of who determines Mr C’s best interest. The ethical challenge for a social work practitioner in this case would be to judge the balance between the rights of Mr C to determine his own future and the duty to pursue his best interest.

Adshead uses this case as an illustration of some of the weaknesses of principle based approaches to autonomy and self-determination, questioning how far a principlist analysis can take us. She argues that identifying the importance of the principle of self-determination here does not, in itself, provide us with a guide to ethical action. For, as Banks points out, ‘self-determination can mean all things to all people’ (Banks, 2001, p. 29). The case illustrates how complex the notion of autonomy is, for ‘those who are made vulnerable by physical or mental disability, actually need connections with others to act freely’ (Adshead, 2002, p. 59). To start to resolve the dilemmas presented by this case, the principlist has to provide some further analysis of the relationship between Mr C and his mother. However, principlism does not provide us with any guide as to how we go about this task. A feminist approach gives us some of the tools we need for this analysis. It suggests that Mr C’s mother’s identity and caring role are intimately linked and it is through understanding this that we begin to unravel the moral complexities of this situation.

The ethics of care offer a powerful way of addressing the matrix of dependent relationships in this case. Narrative, however, offers us something further. First, as with feminist approaches, it provides us with tools for analysis which go beyond the abstraction of ethical principles, and which are grounded in identity. The focus here is, however, on narrative rather than gender. A narrative analysis of Mr C’s case might focus on the stories within the family around transitions to adulthood and the part culture, gender and class play in shaping these. Mr C’s mother, having constructed for herself a life narrative in which her caring role is central, is now confronted with her son being potentially more autonomous. Both mother and son’s understanding of autonomy will be a dynamic one, which will probably change over time, as both build new stories which fit changing circumstances.

Second, it helps to bring together ethics and practice. It shows how through a narratively orientated approach to practice, we might begin to address the ethical issues raised by the case. It thus starts to put flesh on the bones of Parton and O’Byrne’s assertion of the centrality of the moral dimensions of social work in narratively sensitive practice (2000, p. 178).
A narrative ethics for social work

So, what would a narrative ethics for social work look like? Arras’s work (1997) on the use of narrative in bioethics suggests three possibly interlinked approaches. One way a concern with narrative might take us is towards a neo-Aristotelean virtue ethics for social work. This approach towards social work ethics, incorporating features of narrativity, has recently been the subject of increased attention, most notably in McBeath and Webb’s (2002) work, but also in Banks (2001, 2003). However, it is interesting that narrative has not played a central part in this recent revival of interest, despite the fact that MacIntyre’s (1985) work—a key source of the revival—is very narratively orientated. He uses stories not merely as rhetorical devices to illustrate his argument, but as the foundation and justification of his project. That project itself centres on an ethical histography tracing the development of fundamental moral narratives, foundation stories, the engagement with which is central to living a virtuous life.

There are, however, some difficulties with this approach. I am not clear how this version of an ethics grounded in narrative takes us away from a culturally specific or gendered ethics. Perhaps because of this, McBeath and Webb are dismissive of what they see as a ubiquitous “ethics” of anti-discrimination … pitched at a low level of critical analysis’ yet ‘given the status of higher order moral thinking’ (McBeath and Webb, 2002, p. 1019). There is also a rigidity about this approach for professional ethics. It appears to privilege one type of narrative as against another, and allow little room for the narratives of service users, for example, to enter our moral discourse. This is also reflected in the model of moral education envisaged by this approach, with the neophyte practitioner learning about values through modelling an experienced practitioner (Hope et al., 2003, p. 10) and so discovering what it is to be a good social worker. Although this approach has strengths, it also has the potential to limit the scope for critical reflection in professional development. These difficulties lie at the heart of Houston’s (2003) critique of McBeath and Webb’s work. Houston suggests that an alliance of virtue ethics with Habermasian discourse ethics, embedding moral thinking in the critical and interactive hermeneutics of discourse, would make it a more useful and applicable approach for social work, where moral decisions arise from dialogue.

Second, we might view narrative as a supplement to an essentially priniciplist ethics slotting into an approach where principles retain a central place as an ethical framework, but where the privileged position attributed to reasoning from them would be challenged. Doing social work ethics here would demand what a number of commentators (Charon, 1995; Montello, 1997; Arras, 1997) have described as narrative competence—a sensitivity to story. Narrative ethics would be a species of what Murrary calls ‘moral methodology’ (1997, p. 47). This approach draws our attention to the aridity of ethical arguments, which do not take account of narrative. It places great importance on moral stories in the development of our understanding of and critical reflection on morality in personal
and professional contexts. However, as with casuistry, which this approaches strongly resembles, ‘it is not a fundamental challenge to an ethic driven by principles and theories’ (Arras, p. 70).

Our third approach explicitly rejects principlism. Its fundamental contention is that our moral knowledge is narratively shaped. ‘Human actions acquire their moral meaning within narrative constructs’ (Montello, 1997, p. 187). The narrative elements here are not ‘adornments’ (Murray, 1997), but central to the endeavour of ethical reasoning.

A key consequence of this shift from decisional to relational ethics is that it ‘acknowledges the primacy of the patient’s story over abstract theories or principles’ (Jones, 1997, p. 1245) and the particular and local nature of our ethical activity. These local narratives relate to what Somers calls ‘public narratives’—those ‘attached to cultural and institutional formations larger than the single individual’ (Somers, 1994, p. 619). Hall’s work, where he traces the contours of the public narratives of blame and moral character in relation to child abuse, is an interesting example of this (Hall, 1997). An additional dimension is provided by meta-narratives in which many of our broader theoretical concepts are embedded. The progressive ‘master-narrative’ of the enlightenment, of the growth in individual autonomy and the power of rational gaze, from which we draw the social work principle of respect for person, might be just such a narrative. So this version of narrative ethics does not necessarily ignore traditional moral philosophy but recasts it and no longer gives it primacy over the local.

What would the adoption of an approach to social work values that was more attentive to narrative give us? A brief consideration of dilemmas around choice might provide a sense of this. Dilemmas are often seen as providing special insights into the moral issues that underlie practice (Rhodes, 1986). Social workers commonly face the issue of when to restrict the choices of service users. Conventionally, these dilemmas around self-determination are conceived as being about principles in conflict or tension—classically the Kantian categorical imperative notion of respect for persons with principles of utility (Downie and Telfer, 1980).

One way of getting a critical perspective on this approach is to think about what we do in practice when faced with a dilemma of choice. What we are actually presented with are a series of intersecting stories about a situation. These stories look to both the future and the past, and offer competing outcomes based on different histories. We work with the stories, juxtaposing different accounts—the user’s, the worker’s, the manager’s—looking for commonalities, points where the stories coincide, placing one story within another, the history and outcome for an immediate choice played out within the larger narrative of a service user’s life. We tend to look at the movie as well as the snapshot. The return to first principles is only one part of our decision-making process.

In this process of trying on choices and looking at how a particular story fits, our reasoning may not be strictly analytic. Analogy may be an important tool. Seeking new meanings may need emotional engagement and identification (Brody, 1994). Epiphanic understanding may replace logical process (Hawkins, 1997).
Returning at this point to the two oddities with which I started, a value system with a more narrative focus offers us the potential to address some of the inconsistencies that hamper our current understanding of values. It gives us the potential to draw together some of the disparate threads of the social work value system within a more coherent conceptual framework. It achieves this by locating discussions of social work values within a narratively constructed framework of identity—a framework into which the crucial insights of the feminist ethics of care and the politics of identity, so central in anti-discriminatory practice, can be incorporated. In fact, Somers argues that we can only understand the complexities of identity through the glass of narrative:

A narrative identity approach assumes that social action can only be intelligible if we recognise that people are guided to act by structural and cultural relationships in which they are embedded and by the stories through which they constitute their identity (Somers, 1994, p. 624).

An examination of one specific area of resource allocation—access to rehabilitation programmes for drug and alcohol users—illustrates this point. Typically, the ethical principles that inform such resource allocation decisions are utilitarian ones of justice and fairness. Technologies of need and risk assessment are applied to ensure equity of resource allocation in circumstances where such resources are quite tightly rationed. Social workers will attempt to use assessment tools that rank need and score risk. Standard rules may exist designed to ensure equity. These may be as simple as a rule that allows any individual access to rehabilitation only every two years, unless some overriding risk dictates otherwise.

One of the challenges for social workers carrying out this work is that service users’ moral concerns may well fall outside the encapsulated ethical world of the social services department. Those moving away from dependency are going through a process of constructing a new identity—a process in which certain sorts of narrative play an important part. One of the most powerful of these narratives is the epiphanic narrative of a particular point—a fulcrum around which one’s life changes, a moment when the alcohol user realizes their life needs to be different. In many of the public narratives of dependency, e.g. those of Alcoholics Anonymous or the 12 step programme (Edwards, 1982; Tournier, 1979), this theme is central. This narrative of recovery is highly moral. It is about leading a new good life, about moral restitution and renewal. Narrative provides a vehicle here for understanding ethical complexity. There is often a moral dissonance between these narratives and the principle based understanding which governs the equitable distribution of resources. I am not advocating a wholesale abandonment of equity here, although the moral infallibility of this system rests upon an assumption that risk is not exaggerated by social workers in order to manage an inflexible system of resource allocation (Evans and Harris, 2004). How should a social worker respond when faced with this dissonance? We might, in keeping with Banks (2002, p. 157), ‘think about arguing for more resources for social services users’. What a narrative approach to ethics provides us with are new grounds for this argument. Narrative
approaches can bring to the debate these redemptive stories of recovery and thereby ground it in practice and take it beyond the narrow confines of utility.

Autobiographical accounts of illness have been influential in the development of narrative ethics in medicine (Frank, 1995; Jones, 1999, p. 253). Richard Selzer, in his account of falling ill (Selzer, 1994), questions the adequacy of his professional voice as a vehicle for the narrative of his own illness. Christopher Newell (1998) discusses the influence of his own disability on his understanding his power as a doctor in relation to that of his patients. These accounts do two things, both of which seem important for social work. They make us question:

... the dominant principlist approach to bioethics that says that the voice worth listening to is the one which expresses itself in terms of certain abstract ethical concepts (Brody, 1997, p. 23).

Within social work ethics, the perspectives of service users are largely absent. Narrative approaches to ethics offer the possibility of a place for service users’ stories in ethics—a field of ethical discussion the parameters of which are not fixed by the professionals. One of the greatest strengths of the narrative approach is that it recognizes competing ethical considerations. Through this recognition, we might open up social work ethics to narratives of resistance and open up social work values to what Parton calls ‘generative discourses’, which:

... provide ways of talking and writing that simultaneously challenge existing traditions of understanding and at the same time offer new possibilities for action and change (Parton, 2003, p. 9).

Second, such accounts emphasize the importance of reflexivity and lived experience in the development of our systems of values—concepts that have long been seen as central in anti-discriminatory and anti-oppressive practice.

The arguments against narrative ethics are twofold. First, there are those that centre on its relativism and the consequent difficulty narrativism has in informing our moral choices. Second, we have the lack of generalizability of the narrative approach. Social work has always embraced moral pluralism, even if limited to the choice between a Kantian or Utilitarian approach. I have already argued, as MacIntyre (1985) does, that reasoning from principle does not necessarily equip us with the moral methodology to decide between the competing claims presented by dilemmas. However, we need to resist the rather trite argument that one person’s relativism is another’s pluralism. The difficulties the relativist charge presents for narrative ethics seem more substantial than this. They come down to a more specific claim that narrative ethics embrace what we might call personal relativism, where moral issues cannot be resolved because every voice and every story counts equally and is given equal weight. I would argue that this is a misreading of narrative ethics. It is an approach where every voice does not count equally, but demands equal attention. It is through our interpretation and interaction with moral stories, rather than our weighing them in the balance, that we make ethical decisions. The adoption of a narrative approach to ethics does not necessarily mean all our ethical decisions will have different outcomes (McCarthy, 2003; Brody, 1994).
It is the path to a decision rather than the decision itself which is distinctive about narrative ethics.

The charge that it is difficult to generalize from ethical thinking grounded in narrative is more difficult to refute, particularly if that thinking is not buttressed by principlism or virtue. The adoption of a narrative approach to ethics may mean sacrificing generalizability for a localized temporal moral sphere much closer to our lived experience and the abandonment of the anchor of grand ethical narratives for something much closer to Ricoeur’s ‘petit recit’ (Ricoeur, 1984). However, in doing this, we gain a richer immediate moral world of far greater complexity. This may be a choice worth making. Perhaps for these reasons, we do need to shrink our moral worlds and a grand coherence, which transcends the local, may be beyond the scope of professional ethics. The increasing acknowledgement in professional codes of ethics of local cultural diversity (Hugman, 2003) might be an indicator of this.

Conclusion

My experience as a social worker has confounded the expectations with which I started my career: that professional knowledge, experience and confidence would bring clarity and resolution to the ethical dilemmas which social work constantly presented. Through that experience, my own personal and professional story, I have increasingly come to recognize that we cannot ignore the stories that shape our professional lives and that our current structures for ethical thinking fail to convey the richness and complexity of real decision making.

In illustrating the reductive nature of principlism, I used the metaphor of a thread running from any given moral decision to a series of universal principles. A number of writers on narrative ethics have invoked the metaphor of the tapestry to help explain the process of moral thinking within a narrative conceptual frame (Arras, 1997; Murray, 1997; Bowden, 1997, p. 36). This metaphorical difference is an excellent illustration of how these approaches diverge. Murray (1997) uses the idea of tapestry to illustrate how moral conceptions of childhood are constructed through the interplay of intersecting moral narratives. He argues that ‘moral views are woven into the most intimate and important details of people’s lives’ and that moral decision making is about ‘figuring out what sort of web supports the judgement in this case’. The metaphor ‘also alerts us to look for worn and ugly threads that originate in images that we would like to remove from the tapestry’ (Murray, 1997, p. 54). This moves the idea of moral sensibility away from the universalism of the categorical imperative or pursuit of the good life into a localized, temporal and changing sphere, much closer to our experience of the moral world.

The increasing bureaucratization and Taylorization of social work practice in recent years has been well documented and the source of much recent debate (Jones, 2001; Jordan, 2000). Social work’s professional autonomy has diminished in the face of increasingly rule bound practice. The sense of unease with
our professional identities generated by these developments has been compounded by the blurring and breakdown of professional boundaries that have accompanied recent reconfigured inter-professional working arrangements. In the face of such change, we tend to cling to values and see them as central in defining what we are about as professionals (Bisman, 2004).

However, as McBeath and Webb (2002) importantly point out, social work interactions are patterned but not highly predictable. Our current narrow understanding of these values can seem less than adequate in these conditions of uncertainty, and almost to mimic what we think a professional ethics should look like. It is interesting that in medicine, there has been the professional confidence to embrace a greater diversity of thinking around ethics in which narrative approaches have been particularly prominent. The alliance of narrative approaches to practice (Hunter, 1991; Jones, 1999; Greenhalgh and Hurwitz, 1999) and to values has served to strengthen both. Social work needs to learn from this and to begin to consider approaches to values that meet the needs of a changing professional project.

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