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Practising professional ethical wisdom: the role of ‘ethics work’ in the social welfare field

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Introduction

This chapter critically explores ‘professional ethical wisdom’ as the disposition to engage in judicious practical deliberation in workplace situations in which matters of harm, benefit, rights and responsibilities are at stake. This entails sensitivity to ethically salient features of situations; empathy with the feelings, values, desires and perspectives of others; the capacity to exercise moral imagination; and good judgement regarding the right course of action in the light of defensible reasons.

While the capacity to reason and make good judgments is important in professional ethics, this is often emphasised at the expense of the less visible work of moral perception, imagination and emotion. This chapter examines these aspects of professional ethical wisdom in the social welfare professions (which cover such fields as child protection, mental health, elderly care, disability services, youth justice, youth work and community development). In these fields, the relationship between service users and professional practitioners is sometimes uninvited or unwelcome. Professional workers often act as publicly accountable agents of the state, yet also develop relationships based on personal engagement with service users and may have a strong sense of vocation. How, then, do they develop as ethical practitioners, negotiate roles and responsibilities, and make difficult ethical judgements and decisions?

Drawing on a practice example of the experiences of a psychiatric social worker, the chapter introduces the concept of ‘ethics work’ as a feature of professional ethical wisdom.

The rough terrain of social welfare work

Before elaborating on what I mean by ‘professional ethical wisdom’, I will first introduce the social welfare professions and briefly describe the nature of their work.

Social welfare professions include social, youth and community work. Such professions work with people experiencing difficulties in their lives and employ processes or strategies of care, control, informal education, empowerment and social support. The core underpinning values of these practices include the promotion of social welfare, social justice and human rights. While they work with individuals and groups to improve the circumstances of their lives, they also have an explicit purpose to work for social change: to challenge inequality and injustice and promote fairness and the social participation of individuals and groups. The following global definition of social work illustrates how one of these professions frames its purpose:

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. (International Association of Schools of Social Work and International Federation of Social Workers, 2014)

Like others, the professional practices of social welfare have been subject in recent decades to increasing state regulation, managerial emphasis on reaching targets and measuring outcomes, privatisation of former public services, introduction of competition, emphasis on efficiency and profitability, and growing technicisation of practice (relying on protocols, proformas, manuals and checklists) (Harris, 2003; Banks, 2004; Harris and White, 2009; Banks, 2011). Austerity measures introduced in many countries have exacerbated these trends, adding to the push towards the greater independence of service users ('responsibilisation', see Juhila et al, 2017) and local community organisations and volunteers filling gaps in welfare services left by withdrawal of state provision.

As in the professional practice of teaching, there is a strong government agenda that defines and constrains the way work is done. However, there is more societal ambivalence towards social welfare professions, insofar as these work with people often regarded as undeserving and dangerous. As in the practice of health care, ethical problems are commonplace – relating to unmet needs, resource allocation and the difficulty of responding to service users' desires as opposed to doing what professional practitioners consider to be in their best interests or what the policies and procedures of governments and welfare agencies require or allow. Arguably the challenges are even more pressing and uncomfortable in the social welfare field, since the public interest is more overtly at stake in this work. Furthermore, the social solidarity embodied in public welfare systems that support people in times of need is increasingly in question, making the social justice mission of the social welfare professions even harder to retain.

The points just made suggest that social welfare work is a controversial or contested field. Honig's (1996, p. 259) concept of 'dilemmatic space' may be useful here. This is a term she uses to describe the ever-present conflicts that lie under the surface in social orders – conflicts that crystallise periodically in the form of dilemmas:

Rather than springing up ab initio, dilemmas are actually the eventful eruptions of a turbulence that is always there. They are the periodic crystallisations of incoherences and conflicts in social orders and their subjects. (Honig, 1996, p. 259)

The metaphor of a turbulent space (or 'terrain' as I have called it) has resonances with others in the literature on *phronesis* and/or professional judgement, such as Dunne's (1997) 'rough ground' (taken from Wittgenstein) and Schön's (1991) 'swampy lowlands'. Likewise, Saario (2014), expressing the response of mental health practitioners in Finland to audit regimes, uses the metaphor of the rough sea, and describes the professional work as 'tacking' (sailing against the wind, avoiding obstacles and difficulties). Whichever metaphor we use, however, the professional journey is fraught with challenges, and the ability of practitioners to navigate the turbulent context in which they work seems to require a range of human qualities such as mental agility, perceptual acuity, sensitivity to context, courage, commitment, good judgement, practical knowledge, collaborative working and appreciating the wider political context in which they operate. In philosophical and professional language such qualities have often been associated with practical wisdom (*phronesis*) and more specifically professional wisdom.

The domain of professional ethical wisdom

I shall now discuss what is meant by 'professional ethical wisdom', elaborating on the concept of 'wisdom' that I have in mind and explaining why I have qualified it with the terms 'ethical' and 'professional'.

First, I will consider the 'ethical' in 'professional ethical wisdom'. The concept of wisdom at work here has its origins in Aristotle's notion of '*phronesis*' (often translated as 'practical wisdom'), which he describes as 'a true and reasoned state of capacity to act with regard to the things which are good or bad for human beings' (Aristotle, 350 BCE/1954p. 142 [VI, 5, 1140b 4-6]). According to many interpretations of Aristotle, the ethical or moral is part of the meaning of '*phronesis*' (in this chapter I am using the terms 'moral' and 'ethical' interchangeably). For example, Hughes (2001, p. 86) describes practical wisdom as 'being good at thinking morally', and comments (op. cit, p. 85) that:

... Aristotle has in mind something which comes close to a moral use; as he puts it, to have practical wisdom is to be good at thinking about how to live a fulfilled and worthwhile life as a whole.

Aristotle offers conflicting accounts (and has certainly been interpreted in different ways) regarding whether practical wisdom involves both thinking about what counts as a fulfilled life (*qua end*) as well as how (by what means) this might be achieved in particular circumstances; or whether it is only concerned with deliberating on the means to ultimate fulfilment. Following Hughes, I subscribe to the first interpretation, which entails that practical wisdom is 'concerned with good actions, whose goodness is intrinsic to the actions themselves' (Hughes, 2001, p. 94).

If this chapter was to be faithful to these Aristotelian sources, then I should arguably use the term 'practical wisdom' rather than 'ethical wisdom', insofar as the

Aristotelian 'practical' clearly includes the ethical. However, in modern usage, 'practical' is not inevitably associated with the ethical and might also include the sphere of technical activity or skill that need not be significantly ethical. So I have used the adjective 'ethical' to make it clear that we are looking at wisdom practised in the ethical sphere, which covers matters relating to the promotion of human and ecological flourishing, concerning harms, benefits, rights and responsibilities.

Having considered why I have used the term 'ethical wisdom', the next question is why '*professional* ethical wisdom'? This is shorthand for 'ethical wisdom in professional life' and qualifies further the domain in which I am interested. In this regard, the main questions to be explored are those of: 'what counts as ethical wisdom?' and 'how is this deployed by professional workers in the context of their practice?' To be sure, the term 'professional wisdom' was introduced relatively recently into the literature on the professions, and is often used quite loosely. Sometimes the literature 'professional wisdom' has a definite ethical focus, and is rooted explicitly in the Aristotelian concept of *phronesis*. But there are other examples of literature that take a much broader concept of professional wisdom encompassing many domains of professional practice (not significantly focused on the ethical) and covering other types of expertise, competence and skills besides *phronesis*. This range of interpretations is apparent in an edited collection (Bondi *et al.*, 2011) and special issue of a journal (Clark *et al.*, 2009), both of which draw on an inter-disciplinary conference on professional wisdom held in Edinburgh in 2008. Again, in the introductory chapter to another edited volume on practical wisdom in professional practice, Kinsella and Pitman (2012, p. 2) refer to the 'slippery' nature of the concept of *phronesis*, and the 'diaspora of meanings' revealed by different contributors.

Still, what is largely common to this literature on professional wisdom is a worry about the increasing focus on technical rationality and managerial accountability in professional practices, which is limiting the scope to exercise discretionary judgement based on practitioners' expertise and values (Banks and Gallagher, 2009; Dunne, 2011; Kinsella and Pitman, 2012; Banks, 2013). As Kinsella and Pitman (2012, p. 2) remark, there is concern about what is missing from the official discourse on the nature of professional knowledge, 'a practical disjunction between the knowledge required for practice and ... current conceptions of what constitutes legitimate knowledge'. Responding to this concern cannot simply entail giving an account of Aristotle's concept of *phronesis* and applying it to twenty-first century professional life. As some commentators have pointed out, we do not live in Aristotle's world (Hughes, 2001, pp. 211-221; Ellet, 2012). However, *phronesis* seems a useful starting point, and some of the key features identified by Aristotle may provide a framework for the kind of knowledge we are seeking.

Aristotle distinguishes *phronesis* (practical wisdom) that is context-dependent and involves deliberation informed by moral or other values from both *episteme* (theoretical wisdom) that is universal and independent of context and *techné* (productive wisdom) that is context-dependent but directed towards the instrumental production of various useful goods. In developing his account of professional wisdom, Dunne (2011, p. 17) outlines the following key features of *phronesis*, based on Book 6 of the *Nicomachean Ethics*, which I have re-organised as a list, largely using Dunne's own words, as follows:

- Its role as an action-orienting form of knowledge;
- Its irreducibly experiential nature;
- Its entanglement with character;
- Its non-confinement to generalised propositional knowledge;
- Its need to embrace the particulars of relevant action-situations within its grasp of universals;
- Its ability to engage in the kind of deliberative process that can yield concrete, context-sensitive judgments.

The essence of Aristotle's concept of *phronesis* lies in its role in ordering the moral virtues (such as justice, courage and trustworthiness). A person of practical wisdom has a general disposition towards virtuous action; and practical wisdom is required to balance and unify diverse virtues: for example, to judge when courage is required as opposed to generosity, or at what point in this or that situation courage becomes foolhardiness. As Aristotle (350BCE/1954, p. 158 [1144b29-1145a11]) himself observes:

It is clear then, from what has been said, that it is not possible to be good in the strict sense without practical wisdom, or practically wise without moral virtue.

The role of professional ethical wisdom

Drawing on both Aristotle's account of *phronesis* and recent specialised literature on professional wisdom or *phronesis* in professional life, I will now briefly identify what I consider to be some important features relevant to the ethical concerns of the social welfare professions. Based on the account just given, professional ethical wisdom may be described as involving both reason and emotion; a grasp of both universal and particular features of situations; and deliberation on both ends and means. In the context of social welfare work which, as described earlier, has a social justice mission and is often located in welfare (state) systems, it seems important to develop a concept of *phronesis* that also takes account of power and the political context of the work. Here the work of Flyvberg (2001), Kemmis (2012) and others is useful in calling attention to the importance of understanding the workings of power and emphasising the role of *praxis* - as informed, committed action. Simmons (2012) takes this further by introducing the notion of 'anti-hegemonic phronetics', involving the deconstruction of dominant ideologies that serve to marginalise and oppress people. Flyvberg's development of Aristotle's *phronesis* to include a Foucauldian analysis of relations of power means that a 'phronetic' approach includes asking questions about how power operates: 'who gains and who loses, by which mechanisms of power?' (Flyvberg, 2001, p. 145).

Taking these features together, the concept of professional ethical wisdom in social welfare work may refer to a capacity to:

- Think about and frame both universal questions, such as 'what counts as a good life for human beings?' and more profession-specific questions, such as 'what counts as just or fair social welfare?'

- Appreciate the ethical complexity of many aspects of professional life; identify and attend to workplace issues of moral salience; place these in a larger political context of power relations; understand these issues from different perspectives and imagine alternatives.
- Appreciate and show concern for the emotions and perspectives of others; express emotions appropriate to professional concerns – such as compassion or righteous indignation.
- Deliberate about and judge what may best contribute to the general social good or welfare in a diverse range of circumstances and what is the role of social welfare professions in promoting such welfare.
- Act justly, with honesty, courage, care, trustworthiness and professional integrity.

All this draws on a conception of ethics in professional life that challenges many traditional principle-based conceptions of ethics (rational problem-solving through applying abstract principles to particular cases) and managerial conceptions of ethics (focused on following prescribed rules and procedures). By comparison, these latter conceptions of ethics may be regarded as more narrowly defined. Principle-based approaches tend to view professional ethics as about decision-making in difficult cases (ethics as decision-making, or ‘traditional ethics’), while managerial approaches tend to construe professional ethics as conformity to strict ‘top-down’ rules (ethics as regulation or ‘new managerial ethics’) (see Banks, 2011). By contrast, the present account of ethics in professional life is broader and more open-ended; it is embedded and embodied in the complex particularities of daily practice, requiring more context-sensitive deliberation and judgement (ethics as embedded, or ‘everyday ethics’) (see Banks 2016). Table 1 summarises the key features of these different approaches to ethics, while acknowledging that these are artificial distinctions and that they key features identified as characterising each approach are not mutually exclusive.

Table 1: Traditional, everyday and new managerial ethics

Traditional professional ethics	Everyday ethics in professional life	New managerial ethics
Ethics as decision-making	Ethics as embedded & embodied	Ethics as regulation
<i>Conduct</i> - focus on actions	<i>Character</i> - e.g. courage, integrity	<i>Competencies</i> - to do a specific job
<i>Codes of ethics</i> - focus on principles	<i>Commitment</i> – motivation for professional practice	<i>Conformity</i> - to managerial prescriptions
Cases – abstracted from context	<i>Context</i> – structures of power, politics & personal relationships	<i>Categories</i> – filling in forms, box-ticking

Core values – focus on respect, rights

Core values – focus on care, social justice

Core values – focus on fairness, good outcomes

According to the embedded ‘everyday ethics’ approach, ethics concerns more than decision-making and/or rule-following. It also concerns the characters of the people who have to make the decisions, the relationships people have with others and the special and local circumstances in which such decisions are made. It is about everyday, routine actions, thoughts and emotions as well as explicit, difficult dilemmas and decisions. It is about being and operating in the turbulent sea of professional life - ‘tacking’ as Saario (2014) describes it – which, if we continue the sailing metaphor, requires local movements of muscles to balance, and tacit knowledge of how to lean to one side or another, in addition to explicit decisions about when and whether to change course. On this account, the ethical is so intimately interwoven with the practical that it is hard to identify in situ. As Frank (2012, p. 64) comments: ‘Practical wisdom becomes visible only at moments of confrontation when something significant is at stake’. Alternatively, using the metaphor of the dilemmatic space, only when the ever-present hidden contradictions come to the surface as identifiable conflicts are the ethical dimensions of a situation apparent. They may then be named and framed in terms of rights, responsibilities, harms, benefits, fair treatment and so on. This occurs ‘internally’ through processes of reflection and deliberation, and externally through dialogue with others or written accounts. So, professional ethical wisdom as a faculty or disposition needs to be ever at work – though it may not be consciously or visibly identifiable to oneself or others.

Making professional ethical wisdom visible: the role of ethics work

In advocating ‘everyday ethics’ and stressing the importance of social justice and an analysis of power, I am clearly situating my approach to *phronesis* as a project in the social sciences as much as in philosophy. Over many years, I have collected accounts of self-identified ethical difficulties from social welfare practitioners through interviews (Banks, 2004; Banks and Williams, 2005) and written case studies (Banks and Nørhr, 2012). In response to requests for verbal or written accounts of ethically challenging issues, problems or dilemmas, practitioners have provided post hoc narratives from their own perspectives for particular purposes (research interviews or case studies). This has disadvantages, in that the stories are inevitably selective: practitioners may depict themselves in a particular light (as heroine, victim) and give partial or embellished accounts of how they thought, felt or acted. Still, this may not be a serious limitation in the context of a search for insights into the nature of professional ethical wisdom in practice. For how practitioners construct their stories may tell us much about their processes of ethical reflection and deliberation. Indeed, the format of interviews and written case studies has advantages in that practitioners themselves engage in a process of ‘reflection on action’, which involves abstracting what they regard as ethically significant in the situations they are describing. It overcomes the problem of outside observers attempting to identify the ethical dimensions in everyday practice.

This collection of accounts gave me the opportunity to explore what social welfare practitioners were reporting themselves as doing, thinking and feeling when they encountered ethical difficulties in their practice. It is clear that they had to work hard, both at the time, and afterwards – rationally, emotionally, practically – to create accounts depicting the situations and themselves in a certain light. This led me to introduce the concept of ‘ethics work’ (Banks, 2013, 2016), as a way of describing the practice of ethics in everyday professional life. ‘Ethics work’ may be regarded as an adaptation of the philosophical concept of *phronesis* for more professional and sociological purposes. The term ‘work’ here is used in much the same sense as in ‘emotion work’ (Hochschild, 1979, 1983; Rietti, 2009) or ‘identity work’ (Sveningsson and Alvesson, 2003; Watson, 2007; Aronson and Smith, 2011). It refers to how people construct and perform identities or engender, manage and perform emotions. Often associated with social interactionism or social constructionism, ‘emotion work’ and ‘identity work’ include the moves people make psychologically, conversationally and bodily to perform or achieve a particular persona or state of mind (see Goffman, 1969). Along similar lines, I describe ‘ethics work’ as:

... the effort people put into seeing ethical aspects of situations, developing themselves as good practitioners, working out the right course of action and justifying who they are and what they have done. This ‘work’ is complex and can be discussed and explained by breaking it down into a number of overlapping elements. (Banks, 2013, p. 600)

In this light, I identified six – later seven – elements or dimensions of ethics work as follows (taken from Banks, 2016, p. 37):

1. **Framing work** – identifying and focusing on the ethically salient features of a situation; placing oneself and the situations encountered in political and social contexts; negotiating/co-constructing frames with others (including service users and colleagues).
2. **Role work** – playing a role in relation to others (advocate, carer, critic); taking a position (partial/impartial; close/distant); negotiating roles; responding to role expectations.
3. **Emotion work** – being caring, compassionate and empathic; managing emotions; building trust; responding to emotions of others.
4. **Identity work** – working on one’s ethical self; creating an identity as an ethically good professional; negotiating professional identity; maintaining professional integrity.
5. **Reason work** – making and justifying moral judgements and decisions; deliberation with others on ethical evaluations and tactics; working out strategies for ethical action.
6. **Relationship work** – engaging in dialogue with others; working on relationships through emotion, identity and reason work (dialogue work)
7. **Performance work** – making visible aspects of this work to others; demonstrating oneself at work (accountability work).

A more detailed account of each dimension is given in Banks (2016).

Illustrating ethics work: a psychiatric social worker’s experience

In order to illustrate the concept of ethics work, I will focus on just one account by a psychiatric social worker of her relationship with and responsibilities towards a particular service user she encountered in her work in a hospital. Before summarising the social worker's account, it is important to put this case in context. The case is from the USA. As in many countries, psychiatric services in the USA tend to be under-resourced and low prestige. Drugs are often used, since 'talking therapies' or other alternative forms of treatment are usually more costly, time-consuming or less readily available. If people are regarded as a danger to themselves or others they can be compulsorily committed to hospital for observation or treatment. In hospitals, social workers work alongside health care staff and may belong to multi-disciplinary teams, often led by consultant physicians. I will here briefly summarise the social worker's much longer account, which was written in the first person and can be found in Banks and Nøhr (2012, pp.77-79). In what follows, names have been changed:

Marian worked as a psychiatric social worker in a 30-bed hospital unit in rural Virginia, USA. She gave an account of her work with a man named Carson, who was committed as an involuntary patient (under a Commitment Order) due to bizarre behaviour in the community and at work, and aggressive behaviour when first admitted to hospital under a Temporary Detention Order. A Commitment Order requires the patient to remain hospitalised until discharged by a psychiatrist.

Carson was a 40-year old man, who was bright, well-educated and worked for a prestigious company. He had a history of bipolar disorder and had been hospitalised previously. He maintained he was creative and high spirited rather than bizarre. Carson agreed to take Lithium (a mood stabilising drug used to treat bipolar disorder) as he felt it was a natural salt his body lacked. But he refused any other medication, including anti-psychotic drugs, due to side effects experienced previously.

The psychiatrist felt Carson would benefit from an additional mood stabilising drug (Depakote) and a low dose of a neuroleptic, and asked Marian to convince Carson to take these additional medications. Otherwise an Order to Treat would be invoked. Marian was reluctant to take on this responsibility, as she felt Carson should be allowed to make his own decisions. She describes her 'dilemma' about what role to take with Carson, her differences of opinion with the health care staff, the uncomfortable atmosphere in the Unit as Carson threatened legal action and engaged the support of other patients.

Marian worked with Carson in the face of his insulting behaviour and advocated with the psychiatrist for Carson's right to decide on medication. Carson did agree to take Depakote (but not the neuroleptic), and after a week or so his condition had improved and he was discharged. For several weeks he sent hostile letters about his treatment by hospital staff, singling out Marian and sending her insulting notes. Marian reports that she was saddened to hear that he had died several years later after an encounter with the police in relation to involuntary hospitalisation.

Framing

Marian frames this situation as a dilemma for her, making this comment in her written account:

The *Order to Treat* was a dilemma for me as a social worker in this hospital setting. It seemed to me that a client should have the last say about whether he or she takes a medication. If the client refuses the prescribed medication, then a member of the nursing staff gives the medication by injection while the client is restrained.

Yet, as she adds later:

I questioned whether he [Carson] could make an informed decision considering his unstable mood state.

She identified client self-determination as a key issue, yet felt other staff did not view the situation in this way:

This flew in the face of my professional values of self-determination. I had always been passionate about client self-determination. I noticed that the other staff had little of my own conflict about this situation with Carson and clearly saw him as 'crazy' and in desperate need of medication.

Role work

Marian questions the role she should take in this case, particularly whether she should be put in the position of persuading Carson to accept medication:

My dilemma was whether it was my responsibility to inform him of the potential benefits of the additional medications and let him make an informed decision.

She felt that she had taken on the role of advocate for him and later, when Carson sent insulting letters singling her out for criticism, she comments:

I believed that I had advocated on his behalf with the psychiatrist for his right to refuse the additional medications. I had spent a great amount of time with him.

Emotion work

Marian clearly felt strongly about the situation and talks about being 'passionate' about self-determination. At the time when she was in the midst of working with Carson about whether or not to accept the additional medication, she seemed worn down by the situation:

I became tired of Carson accusing me of being a 'lackey for the system' and found myself wishing he would simply be quiet.

Later, when receiving Carson's insulting letters, she comments that she felt 'muddled and irritated'. Marian does not recount the details of how she handled her emotions,

but from the way she tells her story and her brief references to feelings and emotions, it appears she found it a challenging case that taxed her emotionally as well as rationally.

Identity work

Marian's account of this case does not reveal a great deal of overt identity work. However, she is clearly conscious of maintaining a positive professional identity as a social worker – speaking of the dilemma 'for me as a social worker' and of 'my professional values of self-determination'. She also distinguishes herself from health care staff, who did not share her concerns about this case.

Reason work

In considering an appropriate course of action about whether she should inform Carson concerning the benefits of medications and let him make an informed decision, Marian mentions questioning 'whether he could make an informed decision given his unstable mood state'. It therefore seems that she did much work with Carson to enable him to make an informed decision, although she does not give precise details of her discussions with him. Likewise, in advocating on his behalf with the psychiatrist, she would have been offering reasons for her advice that Carson be allowed to refuse medication.

Relationship work

Her relationship with Carson is at the heart of Marian's account – though she does not go into the precise details of this. After her account of the period when the Unit was uncomfortable with Carson's threat of legal action, she also says:

Meanwhile, the psychiatrist believed that I was being 'sucked in' by Carson since I expressed reluctance to carry out her recommendations for medication compliance.

Marian had to gain the trust of Carson – to try to engage him in rational conversation about the medication – in the face of his accusations that she was a 'lackey of the system'. Marian does not give much detail of her relationships with other staff, or precisely how she handled the power relations with the psychiatrist.

Performance work

Marian does not explicitly describe how she performed as an ethically concerned social worker to her colleagues, and as a caring advocate to Carson. However, it would seem from what she writes that she was working hard at this in order that her professional position and views might be taken seriously: as she says, 'I believed I had advocated on his behalf'; and 'I had spent a great amount of time with him'.

Marian concludes by reflecting on the significance of her experience of working with Carson and relates what happened to him several years later:

My experience working with Carson has been one of those cases I have often referred back to both in reflection and as part of my teaching. My reactions to working with him have illustrated for me that some of our most uncomfortable practice experiences can actually be our most fertile learning opportunities. I was extremely saddened several years later to learn of Carson's death. He died after a physical encounter with police that occurred during a screening, once again, for involuntary hospitalization.

In this passage, she exhibits the qualities of a reflective, caring social worker, who is able to learn from challenging experiences. She presents herself as feeling appropriate emotion (sadness) in relation to the death of a service user with whom she had a close, albeit difficult, relationship.

It is noteworthy that Marian does not reflect in any depth on the power relations of the situation, nor the institutional and legal structures that shape her practice. This is probably because she takes these for granted as background prevailing conditions, and has focused her account on what she sees as the ethical issues in this case.

Concluding comments

This chapter has utilized Aristotle's concept of *phronesis*, along with more recent developments of this notion in relation to professional life (professional wisdom), as a starting point for exploring the ethical dimensions of social welfare work. I have deployed the concept of 'ethics work' as a more specific, sociological take on professional ethical wisdom and sought to illustrate such work by reference to a psychiatric social worker's account of her practice with a service user and her professional relationship with colleagues.

One of the contemporary challenges addressed by the concept of professional ethical wisdom is the increasing technicisation of professional practice. The dominant managerialist discourse renders invisible the ethics work that practitioners undertake in their everyday work - contributing to a humane practice based on a social justice mission. It is important that this work is recognized and valued. This involves deconstruction of current powerful discourses, reaffirmation of the inherently ethical nature of social work practice and cultivation of communities of practitioners with collective commitments to professional ethical wisdom and capacities to undertake the everyday ethics work this entails.

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