# Ethics Shock: Technology, Life Styles and Future Practice

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## Recommended Citation

ETHICS SHOCK:  TECHNOLOGY, LIFE STYLES AND FUTURE PRACTICE*

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"When you don't know where you are going, any road
will take you there."
                        Old Saying

     During the past ten years a new movement has developed in the United
States which has taken as its major emphasis the study of the future.  The
futureologists led by Kahn, Weiner, and Theobald[1], have projected a number
of alternatives for the United States.  The value of this movement has
been:  1) to alert the country to the fact that change is occurring at an
extremely rapid pace; 2) to provide a transdisciplinary view, not only
utilizing projections from various disciplines, but illustrating the multi-
plier effect that the combination of developments from many disciplines may
have on our society; and 3) to illustrate that we can, if we wish, and if
we act soon enough, influence the change.

     The purpose of this paper is to examine selected changes from the vast
visions of possible change, most likely to have impacts on society which
will have to be taken into account by social work.  How will these changes
influence our profession?  And, what techniques and approaches will our
profession have to construct in order to deal with the changes taking
place?  If we do not prepare, we too will find ourselves in shock - react-
ing on the spur of the moment, reeling without plan, purpose, professional
means or goals to guide us.  Weightless, we will drift, seeking a role in a

society which needs help, but in which we make no impact. Clearly this would constitute failure to meet our professional responsibilities. We shall conclude by examining the potential of the ethical code of the profession as a source of guidance in dealing with these dilemmas and questions. In evaluating the code we shall consider the extent to which it meets the standards set in other areas for achieving a cognitive base for action. We shall propose that steps be taken to make it more scientific.

1.    The Changing Quality of Life

Let us look first at the predictions in that broad area called "life styles." Currently in our country the fertility rate is below the replacement level because: 1) there are many more single women; 2) people are marrying at a later age; 3) more women and men are changing work styles; 4) people are more concerned with population problems; 5) abortions and abortion laws have been liberalized; 6) contraception has gained wider acceptance; and 7) not having children has come to be accepted.

The reduction of the importance of procreation has already had an important impact on human relations. Since 1960, the divorce rate has increased 80%. Marriage as an institution has been questioned by social critics including anthropoligist Margaret Mead and psychologist Carl Rogers. Numerous plans for alternative marriage, or non-marriage, contracts have been proposed; as divorce becomes more available or even an unnecessary formality, and as living together without marriage becomes normal, our concept of human sexual association may change. There will be many forms of marriage in the future, suggests Jessie Bernard,[2] because people will continue to seek permanent intimate relationships. But the existence of many options may create mental health hazards. As the major function of procreation is downgraded, and in fact, not having children rewarded, permanent human links may cease, and heterosexual relations decrease.

The increase of child care centers at work, university, shopping centers suggests that more and more child-raising may become a non-family venture. Since there is likely to be more restriction on child-bearing, and therefore fewer children, the "community's" interest in children will increase. They will be the community's children, for the community may have selected which family would have "its" children. Radical change in family life style seems inevitable, and the social work profession will have to be prepared to be helpful to people without the human resources provided by the family.

Although locally our population is stabilizing, we can't ignore the drastic prospects of a world population explosion. A population doubling every thirty-five years, food production which can't possibly keep up, and a world with diminishing energy resources. The Limits To Growth[3] does predict the end of our way of life if drastic steps are not taken. Population control is a major factor which must be dealt with. Yet, universally

the values of sub-groups immobilize most of the efforts to introduce the drastic steps that would be necessary to limit population.

It seems unlikely that the profession's concern with the poor will be made less problematic by the future. S. M. Miller in The Future of Inequality notes that "... the economy, if left to itself, will not lead to inequality reduction. Only deliberate public polity can lead to greater equality." The single most important factor will be a high employment rate. He points out, "... it is unlikely that the more well-to-do will support ... compensatory programs for the poor."[4] Poverty will still be here and the gaps between rich and poor may widen.

At the same time, a major impact on life styles is the demands of women for equal rights. This will influence marriage contracts, child rearing practices, the job market and certainly both men and women's image of themselves and all this can mean to culture and life in our country. For example, will there by anything considered a "women's profession?" Will women only search out women doctors? Will men stay at home and bring up the children, etc.? It will be important for "little boys to learn to lose to little girls" and for little girls to learn there are other ways to achieve fulfillment than through maternity.

It is also important to note that by 2001, fifty percent of the people in the United States may be over the age of fifty. There will be a shrinking of the youth base and functional age will become more important than chronological age. The roots of future social problems which will confront social workers will grow out of the changing Nature of the quality of life.

2.  The New Technologies

One of the most significant man-made technological developments, and one of the most awesome in recent history, has been the development of the computer. Its influence and its potential will touch almost all of us in many areas of our lives. We have all accepted its use to eliminate the paper work of banks, businesses and telecommunications. We have started to get concerned, however, about matters of confidentiality and how national and even international groups might misuse confidential material. A nationwide study of this problem has recently been completed.[5] It notes that confidentiality has not been misused as yet, but that this is a potential danger.

There is, however, a "wonderful world of computers" which is being used to monitor hospital patients, diagnose and treat ailments, counsel students and job applicants, interview psychiatric patients, search out information, build highways, fly planes, land rockets on the moon and even play monopoly.[6] Some of these developments, however, have displaced people

and created areas of unemployment. They tend to devalue human work and
depersonalize human relations. Our profession needs to be prepared to
offer people ways to achieve meaning and significance for themselves and
their activities.

No discussion of new technologies would be complete without some
exploration of potential developments in biology. Some scientists have
claimed that they are now able to tell the sex of the unborn child early
enough for the parents to decide whether or not they have a child of the
desired sex, but others are developing techniques which will permit you to
decide in advance which sex you prefer. The probable molding of future
people "to order" is not an impossibility through a number of processes.
Techniques to modify the I.Q., by either surgery or drugs, are in various
experimental stages. Gene control and modification is an area of concern
to mental health groups dealing with the retarded, the handicapped, and the
mentally ill. For example, note this statement of a new ethic for the
future by a former president of the American Association for the Advance-
ment of Science:

> No parent will in that future time have a right to
> burden society with a malformed or a mentally in-
> competent child.[7]

Control, however, is also of interest to groups interested in developing
elites, or warriors, or workers. Think of the high division of labor of
ants, for example, and project those possibilities onto planned human
engineering.

Some of the most controversial developments, however, are related to
the fact that sexual intercourse may no longer be necessary to have chil-
dren. Many types of plans to raise the fetus, with or without a mother, in
or out of the mother, with or without a father, are imaginable and are
already being attempted in various laboratories throughout the world, and
may be implemented within the next thirty years.[8] Asexual reproduction is
possible through cloning. Cloning permits the production of countless
numbers of identical individuals from the same parents. Thus says Time
Magazine "... the future could offer such phenomena as a police force
cloned from cells of J. Edgar Hoover."[9]

3.  Behavior Control

To the minds of many writers, social workers have been involved in
social control since they started using some of their counseling techniques
with people. This is certainly the position of Perry London, who in his
book, Behavior Control, argues that psychotherapy is a major effort at
behavior control.[10] Historians would add, no doubt, that the Charity
Organization Movement was the first scientific attempt on the part of

social workers to utilize behavior control techniques, prior to the development of non-directive counseling. London sees non-directive counseling as just one end of a continuum of control techniques with behavior modification further along the line, but part of the same stream.

We have generally favored "weak" controls, but "behavior modification" programs have favored stronger, more specific treatment, and the potential of the new "new technology" has opened new vistas in the area of "strong" controls. Although drugs have been used to modify individual behavior for centuries, new potentials for large scale control are suggested by psychologists such as Kenneth Clark, who proposed the use of drugs on our national leaders to "assure their positive use of power and reduce or block the possibility of their using power destructively."[11] The new potentials include: psychosurgery techniques which are seen as a generally irreversible attack on the human brain - bringing to mind the infamous lobotomies, but emerging in this new scientific guise. Peter Breggin, a Washington psychiatrist, in reference to psychosurgical practices, says:

> If America ever falls to totalitarianism, the dictator
> will be a behavioral scientist and the secret police will
> be armed with lobotomy and psychosurgery.[12]

Although psychosurgery is meeting with increased resistance, it may yet emerge through efforts of crime fighters. The recent controversy over the proposed brain surgery of a murderer-rapist in Detroit is a case in point.[13] But no less a therapist than Jerome Frank has advanced psychosurgery to control deviant behavior.[14] Our profession must find ways to evaluate every type of therapy if it is to meet its responsibility to offer effective, ethical, human services to people in the future.

A less dramatic approach, but perhaps even more ominous are the experiments with brain implants. Aggressiveness can be reduced and these hostile actions controlled by oneself through a portable console unit, or by others through radio control. But aggressiveness can be induced as well. We could signal people to be aggressive or brave, and we could control large groups of people through programs monitored by computers. Although these experiments have generally been limited to lower forms of animal life, some trials have been attempted on humans.

It is also possible, of course, to have self-stimulating electrodes, these have even been used to control epileptic attacks and sleeping sickness. One can easily imagine people in the future, says Rosenfeld "... wearing self-stimulating electrodes which might render the wearer sexually potent at any time; might put him into a sleep or keep him awake; ... that might curb his appetite; ... that might relieve him of pain; that might give him courage..."[15]

4. The Pursuit of Ethical Practice

Let us pursue the implications of some of these changes for our pro-
fession and test our own value choices.  A great many of our clients will
be:

1.  Aged people who will feel their life is non-productive.
2.  Women who feel role-less.  They will be childless and husband-
    less.  They will have been educated away from maternity, but with
    computer technology there may not be meaningful jobs for them
    either.
3.  Men whose roles are modified by changes in women's roles and
    computer technology.
4.  Those who cannot subordinate their individual ego to the group
    ego in ways required by the community's depersonalizing and de-
    humanizing "strong" controls.
5.  Isolated persons who have no family or group.  This will form the
    greatest number of our clients and it will call for the develop-
    ment of many more group treatment techniques, and temporary
    communities like those already being introduced, i.e., gestalt,
    reality therapy, transactional analysis, and synanon.
6.  Those in need of genetic counseling.

Let us briefly look at some of the ethical decisions that may create
some "shock" for us in the future.  If we were to make decisions based on
our current level of practice, and our current professional ethical code,
how would we respond to the following?

-   Having to carry out your welfare agency's policies, forbidding a
    family to have more than two children.
-   Helping a volunteer agency board determine a policy as to whether
    embryos should be implanted in an unmarried mother or a lesbian
    who wants to have a child.
-   Counseling young people into "specified" positions because that
    is a government priority for the next ten years.
-   Deciding whether to recommend electrode implants for a parolee
    who does not seem to be responding to more traditional therapeu-
    tic approaches.

How can our profession prepare itself for intelligent professional actions
in a world which may have values very much different from those we now hold
dear?

An ethical code serves as a guide to practice based on the values and
the knowledge of a particular profession.  Although there is always some
balance between the decisions we make based on our professional values and
knowledge and our feelings, the stronger the knowledge base, the more that
knowledge is likely to influence our decision and our ethical code.

An examination of the NASW's critique and guide to the Social Worker's Code of Ethics illustrates how "flexible" a beginning profession's attempts to insure client protection may be. It cloaks a minimal amount of knowledge in yards of velvet value statements. A lawyer, Robert C. Oberbilling, at an institute on technology and social work, expressed concern with "the failure of social workers to develop a comprehensive code of professional responsibility." He was aware of our code and adds,

> The profession of social work has yet to discipline itself as to its ethical responsibilities ... For example, it would be unethical for me to accept employment by a board of a legal aid society that in fact attempts to direct how I should practice law on behalf of my client.[16]

The ethics of legal practice are clear because they are spelled out in specific terms which make possible clear judgments in concrete cases.

Two problems related to ethical decision making will plague us in the future: 1) the discrepancy between the development of our values and the development of our knowledge; and 2) the discrepancy between our professional values and those of the broader society.

Just as different countries react differently to technological change, due to their different levels of development, cultural heritages and their different needs and capabilities, so too professions will vary in their ability to accept and utilize technological innovations. The difference in the speed with which the medical profession has utilized computer techniques, contrasts sharply with that of the social work profession. A number of medical journals have been available related to computer use in medicine for years and they offer some observations of value to us. For example, within the allied medical professions, attitudes toward computer use is different for nurses and doctors, students and interns. Age seems to be a factor, but it is important to note that acceptance or rejection of the potential technology is not so much related to its usefulness as it is to the attitudes of groups which might make potential use of the innovation.

People's attitudes are reflected in their values; and values are reflected in choices. A profession must order its values in relation to the choices that are open to it. If my decision as to what techniques to use in helping people is restricted to either non-directive counseling or assertive approaches, the ordering is simpler than if it is opened to include behavior modification, gestalt, drug therapy and psychosurgery. In the latter case, I need not only reorder my priorities, but I must have a systematic way to explore and to come to terms with my own values and the profession's values given these new options.

Not only will our values influence what choices we accept, but the choice will depend on the foreseeable consequences of those choices. For that reason, not only must the profession assume a systematic approach to evolving its ethical code, but it must involve itself in long range planning and assessment. It cannot develop a code based on the current values and professional level. Experiences with technological change suggest that new innovations, if accepted, tend to replace earlier techniques entirely. This may mean that new methods of social change are already replacing our more traditional ways of helping.

The Social Work Code of Ethics evolved from accumulations of practice wisdom tied to the Rousseauian tradition of perfectability of man through reconstruction of the environment. The Code gives unqualified support to personal autonomy and reflects our humanistic disposition to view self determination as a paradigmatic law. Social work theoreticians mirror this orientation and at times our practice even carries out this belief. But there are also practice models within the social work profession based on a Hobbsian belief that man needs to be controlled and his personal autonomy limited as individual choice could be destructive to the individual and/or society.

These two philosophies, Rousseau vs. Hobbs, or Autonomy vs. Control, provide philosophically extreme models of social work. A dialectical tension between self determination and the collective good exists within the organizational structures of society in which social work functions are carried on. For although the profession is committed to respect the autonomy of its clients, child welfare workers will recommend removal of a child from parents who abuse and neglect their children; in correction systems, probation officers (often social workers) clearly limit the autonomy of the client; in public assistance programs, social workers prescribe specific behaviors for clients; in mental health settings, social workers limit many of the choices of the clients. In each of these settings, for good or for evil, social workers' ethical decisions have been based on what they thought, believed or felt, or on what the agency thought or believed was for the good of the client, agency, or society.

These decisions come out of practice wisdom, political expediency, and human uncertainty. The discomfort and anxiety associated with these ethical dilemmas frequently pushes social workers to becoming more zealous agents of social control. On the other end of the pole, social workers have encouraged individualistic behavior, creating problems for the social institutions and individual clients which are parallel to the state of ambiguity within the social worker. As we move into the future, ethical dilemmas involving conflicts between individual autonomy and social good will become increasingly exacerbating as the situations we confront become more complex.

Opportunities for choice in <u>specific</u> areas may become limited.  In "The Tragedy of the Commons," Garret Hardin shows how free choice in the use of a "commons" leads to its destruction.

> As a rational being, each herdsman seeks to maximize
> his gain.[17]

As an egoist I think if I can add one more cow to the ten I already graze on the commons, I tend to gain all the profits I already enjoy plus one.  Since the negative effects of overgrazing are shared by all, the negative utility for me in the short run is only an indiscernible fraction of that damage done to the commons by my one extra cow.  I still enjoy a temporary net gain.

Hardin relates this clearly to population control but also shows how man's egotistic approach can only be regulated "by mutual coercion mutually agreed on."  The freedom to breed freely, for example, cannot be permitted if we hope to maintain a life of dignity for the future.  The ethical problem for social workers is clear:  Can we support the right of choice for the number of children people want to have, or will we be guided by the good of the group?  Hardin writes:

> To couple the concept of freedom to breed with the belief
> that everyone born has an equal right to the commons is
> to lock the world in a tragic choice of action.[18]

These ethical problems are on the horizon; conflicts between confidentiality and the need to share information; conflicts between autonomy and the need to control individual behavior; conflicts between free choice and the need to limit the use of resources.  How do we choose?  Can we protect individual autonomy, or are we to become agents of strong social control?  Or is our thrust properly towards maintaining the stance that each individual must have the right to decide individually how many children they will have, whether they will use what drugs, whether their confidences will be kept, and even whether they live or die.  Von Neuman and Morgenstern state that it is not mathematically possible to maximize for two or more variables at the same time.  We cannot maximize both individual autonomy and social utility.  We must seek one, the other, or the proper common ground between individual rights and the social needs.  Before we prematurely make a judgment, let us consider how we would view a worker who has referred a young man to a "gay liberation" group in 1940, 1960, now, and 1984.  Hardin has also argued that how we view the morality of an act is a function of the state of the social system at the time.

We are already experiencing ethical shock in our profession in a very specific way.  Our <u>Code</u> is not an adequate instrument for making the best decisions in situations emerging from forces of technological and social

change. Certainly it has functioned as a guideline for social work in the past, but it will not serve us in our future. The future will demand from social workers a more scientific stance towards decision making. As the world changes our old ways of coping or understanding need to change as well.

Dilemmas require hard analytical work. Behavior modification for some social workers is an anathema to the ethic of self determination, but seen by others as helpful to the individual and very beneficial to the community. The decision to use a particular therapy requires a scientific method of analysis. The scientific mode requires us to examine dilemmas from an objective, rather than ideological framework. This is not to say that we suspend our values, rather it is to suggest that we engage in ethical decision-making in a way that produces the "most correct" answer. Behavior modification then needs to be investigated by the profession in a hard scientific way, so that we can decide if it can be incorporated in an ethical practice model. As Robert Louis Stevenson said, "The truth that is suppressed by friends is the readiest weapon of the enemy."

The history of science, as interpreted by Kuhn, reveals that a new scientific paradigm is built when the older paradigm is unable to deal with the anomalies confronting it.[19] At this point in history, a struggle ensues between the holders of the older paradigm and those of the new. The "traditionalists" continue to try to make the anomalies fit into the old paradigm, while the revolutionaries are using empirical ways to demonstrate the validity of the new model. Eventually, the traditional paradigm is dropped, and the scientists then accept the new paradigm. This is called revolutionary science.

Our code of ethics can, in a loose way, be perceived as a paradigm for ethical decision making. It is a weak guide because it is dated, ambiguous, lacks a statistical base, and does not give explicit guides for decisions relating to individual autonomy vs. collective good. Thus we are continually faced with situations which we must view as anomalous if we are to continue to look to the Code for guidance. The prospects of the future confront us with the prospects of even more anomalies for which traditional social work ethics no longer are adequate. Can a Code which cannot deal with present anomalies possibly deal with those of the future?

The pieces of the puzzle do not fit together any longer. Social work research consistently points out our lack of success in treatment and this implies we are faced with a new set of phenomena which our traditional paradigm cannot incorporate, our practice does not perform. The future is upon us, and our social work scientists need to recognize and accept that our old paradigm is no longer functioning and is incapable of dealing with new problems.

Kuhn suggests that it is the young people, or those new to the profession, that are instrumental in changing and developing the new paradigm.  Perhaps some of the social work profession is viable and lively enough to engage in new social alterations.  If our resistance impedes us rather than causes us to ask questions, hard questions, we shall no longer have a valid profession.

## Never Do One Thing

Hardin maintains we must take a systems view of our life and activities on this "spaceship earth."  Decisions that are made must be weighed in terms of the survival of our spaceship.  If we take the matter of "choice to breed" for example, in a time when there is evidence that the population increase is a realistic danger to humanity, there cannot be a right to have as many children as you want.  At a time when it was important to have population growth there was no limit that needed to be set.  If we look at abortions as another example, we see that it may be indeed ethical to permit abortions at a time when the population is too large; and indeed, unethical when there is a threat of extinction.  The concept proclaimed by the Women's Liberation Movement, for example, that "A woman should have the right to do what she wants with her body" is obviously only true under certain situations.  What policies best suit our actual situation need to be considered in light of the individual's needs and the context of these in the total community environment.

Confidentiality presents ethical dilemmas.  At what point is the secret between therapist and client too dangerous to withhold?  We have seen patients confide a desire to kill who go out and kill a few people a week later.  Or consider the case of the adolescent, confiding to the therapist that he intends to kill himself; what are our guidelines to be?

A test run with a case should be of help here.  A young man tells a social worker that he is thinking about committing suicide.  He originally asked the social worker if he could depend upon him to keep this information confidential.  The social worker, perceiving the young man under stress, agreed.  Now then, should the worker seeking consultation share the information with his supervisor?  One possibility, of course, may be to talk in general terms about a Mr. X.  Shall the social worker notify the client's family?  The counsellor at the school that he is attending?

We might turn to the Code for help.  In the Code, Principle 1:

> I regard my first obligation to the individual
> or group served, which includes action for improving
> social conditions

is clustered with Principle 4:

I respect the privacy of the people I serve

and Principle 5:

I use in a professional manner information
gained in professional relationships.

One difficulty involved is in deciding which principle is more correct
under what circumstances.  How does the worker know which principle super-
sedes the other?  Or for that matter, what are the true meanings of the
principle?  Would it be unethical to be "unethical" in an attempt to save
his life?  In this case we might be more concerned with good practice, but
what is it?

## A Framework

What we need is a framework for ethical decision making related to
good practice.  It might naturally start with many of the principles on
which our profession is founded but would include a number of other basic
items as well.  One might be Frankel's suggestion that " ... a decision is
responsible when the man or the group that makes it has to answer for it to
those who are directly or indirectly involved."[20]  That helps the profession-
al understand what part he is playing in the system.  It helps pinpoint his
accountability as well as his utility.  This basic concept might also help
us recognize our interrelatedness on spaceship earth.  There are no deci-
sions that we make that do not influence countless others.

Another basic ingredient of our ethical framework might be the analy-
sis of hundreds of practice incidents in which there were ethical questions
or decision involved.  These would serve as codified "real life" data which
describe not only the practice but the results of the decision.  Through
this collection of evidence we might have some measure to assess the "best"
ethical decisions for specific issues.  At least it will give us some clues
as to probability of success based on precedents.  A computer could handle
the processing of this data for us.  With this type of information we would
be in a position to know what risk of suicide is taken in preserving confi-
dentiality and what the likelihood of prevention is through a breach of
confidentiality.  For we would have a rich cognitive base for comparison.
We could even present this evidence to our clients so that they can be
helped to make better decisions.

This is what ethical decision making means - submitting the problem to
the tests of scientific reality.  This means maximizing the number and
variety of cases that we have available to us for comparison with the case
being decided.  It also means maximizing the number and variety of persons
who agree in decisions of the type we are making.  It means taking into

account all the evidence available, and seeking support for our decision
from ethical theory. We could make an immediate improvement in the social
worker's code of ethics by rooting it in discussions of actual cases that
seem to fit the principles of the code well, and cases that are problem-
atic, given the code. The NASW's critique of the Code discusses only
typical cases. It's cases are undocumented and not capable of reexamina-
tion. Needless to say, the process of grounding the principles of the Code
in actual cases would require modification of the code, and discussion of
the hierarchical ordering of the principles in cases of conflict. These
two steps, modification and hierarchical ordering, would be first steps
toward a Code adequate for actual cases because it was tested out against
actual cases. Systematic long term reevaluation and reconstruction of the
Code and of ethical practice would require the participation of every
member of the profession. Problematic cases would have to be made avail-
able to the best critical evaluation the profession can offer. For this to
happen, social workers would have to take responsibility for upgrading the
quality of their reporting to their professional community. The future
imperative is to raise the level of our commitment by raising the cognitive
status of our ethical processes.

Doubts may be held about the capability of the profession to use its
knowledge of values to influence the direction of social change in a posi-
tive way. The ability of a profession to do this is enhanced by a strong
knowledge basis. The medical profession has been successful in lobbying
for mass innoculations and other public health measures partly because
their proposals had solid cognitive backing.

Perhaps a good beginning is to urge social work educators to take
seriously the teaching of ethics. The purpose of teaching ethics would
include the socialization of students to the profession, learning the best
values and providing students with methodological tools embedded in scien-
tific methodology. Ethics needs to have the same status as courses in
human behavior, social practice, or social welfare. Ethics needs to be
moved off the esoteric shelf into the pragmatic world of active scholarship
and professional responsibility.

Some fear that scientific ethical decision making would replace our
value of humanity. The contrary is true. Scientific decision making is
truly humanistic. It permits us to make decisions that are genuinely
ethical, and permits the client to make real choices. It truly licenses us
to serve humanity in the best professional manner. (There is no relation-
ship between a more scientific approach to ethical decisions and a hasty
introduction of semi-scientific results from the social sciences into
social practice.)

The future professional will not only have to develop an effective
ethical code, but he will have the additional task of advocating his code

in the face of growing technological advances and pressures to adopt these advances in his practice with people. Only the achievement of clear ethical agreements in the social work profession can hold welfare decision-makers accountable when they are under the pressures of political expediency and technological change.


## Footnotes


[1] See for example Alvin Toffler, The Futurists, New York, Random House, 1972 and Robert Theobald, Futures Conditional, New York, Bobbs-Merrill, 1972.

[2] Jessie Bernard, The Future of Marriage, New York, World Publishing Company.

[3] Donella H. Meadows, Dennis L. Meadows, et al., The Limits To Growth, New York, Universal Books, 1972.

[4] S. M. Miller and Pamela A. Roby, The Future of Inequality, New York, Basic Books, 1970.

[5] Alan F. Westin and Michael A. Baker, Databanks in a Free Society, New York, Quadrangle Books, 1972.

[6] For an exploration of computer use in social work, see Paul Abels, "Can Computers Do Social Work?" Social Work, September 1972.

[7] The New Biologies, p. 37.

[8] See for example, Leon R. Kass, "Making Babies - The New Biology and the 'Old Morality,'" The Public Interest.

[9] Time Magazine, April 19, 1971, p. 45.

[10] Perry London, Behavior Control, New York, Harper and Row, 1969.

[11] Psychology Today, January 1972, p. 84.

[12] Behavior Today, March 5, 1973, Vol. 4, No. 10, p. 1.

[13] New York Times, January 22, 1973.

[14] See H. D. Graham, Interpretations in Violence, Milton S. Eisenhower Symposium, Baltimore, John Hopkins Press, 1971.

15 The Futurist, August 1971, Henry Clark "Physio-Chemical Control of the Mind," p. 161.

16 Robert C. Oberbilling, "Legal Aspects of Computerized Human Services," Sixth Annual University of Iowa Institute. School of Social Work, April 26, 1973.

17 Garret Hardin, "The Tragedy of the Commons," Science Vol. 162, December 13, 1968.

18 Ibid.

19 Thomas Kuhn, The Structure of Scientific Revolution, Chicago, University of Chicago Press, 1962.

20 Charles Frankel, The Case for Modern Man, New York, Harper and Row, 1955, p. 203.

LETTERS TO THE EDITOR (Continued from page 109)

The grants economy concept thus combines in a brilliant form political and psychological dimensions which need to be understood in analyzing social welfare. A battery of statistical and econometric tools may be used. Those who are interested in the issue of coercion and social control have a new handle.

So far as the "self-interest" concept is concerned, the use of this as an explanatory device has long been discarded by economists. However, as Keynes once pointed out, our thinking tends to be dominated by the ideas of long-defunct economic thinkers.

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1. For a collection of articles explaining the approach, see The American Economist, Vol. XVI, No.1 (Spring 1972). A series of publications are being published by Sage, the first of which is: Kenneth E. Boulding and Martin Pfaff, Redistribution to the Rich and the Poor: The Grants Economics of Income Distribution. (Belmont, California, Wadsworth, 1972).

x Solid lines represent tangibles; broken lines intangibles.

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