

## Moral Practices in Social Work<sup>1</sup> The Possibility of Empowerment by Moralizing

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The knowledge circle *Demand-Oriented Method-Development* used in the Social Work Department of the Hogeschool van Amsterdam has a sub circle *Normative Professionalization*. In this circle we carry out research into social work as a moral practice. We focus on the primary task of social work: communication with clients. We look into the possibilities for narrative or dialogical methods in social work based on the 'good-life approach' in ethics and the ethics of care. We consider the good-life approach as the level in which other levels of moralizing are embedded. From a demand-oriented perspective this gives rise to an ambiguity. Some clients of social work themselves feel the need for practical reflection to deal with their questions and needs, but others, for example clients of probation services, often do not.

In this paper I will consider the appeal to morality as an instrument of empowerment in a demand-oriented environment. I will be concerned primarily with work among voluntary clients. Working with other clients social workers will often need to motivate or even to use disciplinary methods to influence the morals of the clients. The good-life approach may however function as a point of reference to a kind of moralizing that suits the needs of the client and at the same time furthers social cohesion.

### 1. The reticent approach among professionals towards the morality of the client

There is a certain reluctance among social workers to think about their work in moral or ethical terms. The reasons for that go back to the period after World War II, when social workers in the Netherlands, and probably everywhere in Europe, were confronted with the inconceivable traumas of war victims. Equipped mainly with the socializing, educational, civilizing and, essentially, moralizing skills of the pre-war period the workers stood empty-handed in dealing with war traumas and the immense task of reconstruction. That was one of the most important reasons for the introduction of social casework and community organization in the Netherlands, social casework being a method not so much for solving clients' problems, but for reinforcing their own problem-solving skills (De Jong 1975). The difference between social casework and earlier educational orientations is that social casework, through its focus on skills, is considered to involve less moralizing or even no moralizing at all.

With the temporary revival of neo-Marxism in the sixties and the early seventies this a-moralizing attitude was reinforced and intensified into an anti-moralistic approach. One of neo-Marxism's strongest criticisms of pre-war social work was the close relationship between its former educational and civilizing efforts and the exploitation of labour. In many cases the proof of decent citizenship was having an unqualified, low-paid unhealthy job to the enrichment of the employer. Social work was seen as a factor in the adjustment of people to an economic system of alienated labour (Michielse 1980). In the seventies and the eighties these criticisms were echoed by neo-structuralist theories on power not only as terror and exploitation, but as an invisible widespread all-embracing network of disciplinary strategies and tactics at every level of society. These

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'disciplines' were directed towards the normalizing of people by sorting and selecting them in accordance with their usefulness and aptness for specific tasks and functions in labour and community. The working of these disciplines had to be disclosed in a new kind of physics: the 'microphysics' of power (Foucault 1975). Even though these criticisms were based to a large extent on nineteenth and early twentieth century social abuses, they still in part explain the hesitation felt by social workers in our time to meddle with their clients' lives unless they demand for it and social workers' fixation on a clinical or 'methodical' approach.

Yet at the end of the eighties there was a change of thinking on moral education and social control. In most industries labour had lost its most flagrant degrading and alienating qualities. Criticism of the welfare state became wide-spread, not only because of the expanding costs, but also because of the calculating behaviour, and the diminishing solidarity and social responsibility it generated. However the effects of these criticisms were ambiguous and did not immediately involve a revival of moral reflection in social work. Why not?

It has been stated by many observers that since the eighties ideas about social work as a moral practice have been thwarted by the reassessment of the market principle and the consequently changing government policy concerning the welfare state. As late as December 2003 the *Netherlands Scientific Council for Government Policy (WRR)* concluded that social institutions, including organizations for social care, were hindered in the performance of their task because of the purely quantitative, efficiency-based quality control exerted by the government, including its one-sided emphasis on budgetary limits and performance agreements. Consequently not only has social work been reduced mainly to the performance of its primary task, psycho-social and social-educational care, but in addition this task has been reduced to the delivering of measurable results. The moral and normative aspects of care have been filtered out. The WRR concludes that as a consequence of government policy towards the welfare state the social professions no longer play a significant role in the upholding of values and norms in the community, contrary to the growing need for social control in an environment of increasing individualization, mobility, anonymity and organizational expansion.

While the WRR in the first place stresses the need for social control, there is a counter movement in the social professions themselves that lays stress upon the needs of the clients and the social workers themselves. From this perspective the social worker is seen as a moral actor who enters into a relationship of care with the client on the basis of involvement with the client (Gelauff 1995). However, the ins and outs of this moral involvement have still scarcely been scrutinized or exhaustively described. Some investigators emphasize the necessity of a narrative approach in social work to deal with the moral and existential aspects of the care needs of the clients. They expect these aspects to be of relevance to the enlargement of the autonomy or the problem dealing skills of the client.

Another debate which started in the nineties on the necessity of new forms of paternalism and undemanded intervention, challenged the professionals to rethink theoretically their attitude on behalf of marginalized people. It was considered unethical or immoral to let people down who seem to lack the skills to stand up for themselves (Kuyper en Van der Lans 1994, Henselmans 1993).

These diverse interpretations of morality and normativity in relation to social work over the course of time make it clear that we need to distinguish between different normative approaches in social work depending on the needs and the capabilities of the clients. In addition we need to differentiate between normative approaches based on society's expectations of social work as expressed by the political welfare programme and the call for social control. Finally we have to reckon with the moral rules and dilemmas of the social worker as expressed in professional ethics.

## 2. Morality in social work, a differentiated approach

This makes the problem of morality in social work a complicated one. According to the WRR social work like any social institution has a threefold task in the transfer of values and norms: in the domain of the communication with clients (primary task), in the domain of the conditions for suitable care and in the public domain.

In the domain of communication with clients, we can distinguish further between different levels of morality. On the first level, mostly known as professional ethics, the moral dilemmas of the professional are the centre of concern. These are written down in a professional code and focus on items like the autonomy of the client, privacy, discretion, third interests and so on. This level has been described in many studies and manuals on professional ethics.

The second level is about what we shall call the ethics of the client in distinction to his morals. On this level social workers have to deal with the problems and care needs of clients in a manner that links up with the way clients deal with problems within their own life world. We talk about ethics here because we suppose that clients have a more or less conscious and consistent way to deal with problems related to their world view. On this level a narrative approach seems to fit best. This holds also and even more when diversity is at stake: the worker has to be open to differences in world view between ethnic or cultural groups.

The third level concerns the morals of the client, morals being less explicit compared with ethics and primarily acquired by internalisation of social codes. For example in dealing with youngsters social workers have not only a helping and educative role but also, as in the case of guardianship, a socializing task. At least a part of this task concerns moral education.

The fourth level is also about the morals of the client and has to do with helping and the law. Here social work has, already in the case of guardianship, but particularly in working with offenders, a resocializing task, that also has a moralizing component.

The fifth level is again about the morals of the client. It is the level of undemanded intervention in working with drop outs and mentally disabled people. This is not only a problem of moral legitimisation (intervention or not?), but also a question of the extent to which clients can be morally empowered to cope with their situation.

This question returns at the sixth level, which is the last one in relation to the morals of the client. It has to do with mentally disabled people in residential care. An example may be instructive here. A social worker who sees herself confronted with a mentally disabled couple who express their desire to have a baby may consider this as an ethical dilemma: is she entitled to prevent them from having the baby or not (first level)? If she feels she is not, she might take it as a question of persuading the couple to use contraception. But even if she succeeds in persuading them to do so, she is still left with a problem of motivation. The decision to use contraception is not a momentary one, but one that has to be taken anew every day. It presupposes an inner conviction that having a child is a possibility that doesn't fit within the ideas of a good life of the client (second level). There remains however a question to what extent such a reflection on the good life is possible for those clients, if at all.

The second domain of transfer of values and norms is the domain of the conditions for suitable care. Professionals need to guard the maintenance of the moral conditions that make social care possible. That means that social workers should not be impressed in advance by government measures curtailing their work according to criteria of cost-efficiency, but use their expertise as fieldworkers to inform the decision makers about the inadmissible consequences of some measures and resist the execution of these measures. This can be seen as the moral responsibility of the professional.

The third domain of transfer of values and norms is the public domain. Social work should by the way it manifests itself in the community contribute to the furthering of social behaviour and the expansion of public morality in other institutions. In other words, in dealing with other institutions social workers should display model behaviour (like vice versa the other institutions in relation to their counterparts).

In the light of these different views on the needs of the clients of social work on the one hand and the expectations of the social community in respect to social work on the other hand the question should be asked to what extent these views are in keeping with the users' needs, views and expectations. In other words: in what measure and how, from a moral perspective, is demand orientation possible in social work?

### 3. Morality and demand-orientation in social work

From the point of view of ethics, social work is a complex, multi-layered programme, that has to do with the differences in moral and social capabilities, and motivation of the clients. Voluntary clients of social work are most susceptible to the narrative approach that considers the moral and existential aspects of their lives in dealing with problems. But users do not always come into contact with social work voluntarily. Initiative can be taken by the client, but also by others, for example parents, teachers, the law court or even social workers themselves as in the case of outreaching casework. Nevertheless even then many clients know what their problems are and are looking anxiously for a way out. A responsive social worker then may help them to work through their troubles. Other clients however, though they may need help objectively, may be unaware of it themselves or do not know where and how to ask for help, or, as in the case of residential care, are placed in a new situation without realizing what to expect. In the case of resocialization-programmes they may even be reluctant to accept help. So, except for voluntary users, there is no point in expecting users always to have clearly articulated demands, needs or expectations, let alone the moral aspects thereof. This does not mean that the social worker should not be oriented towards the clients' needs, but simply that part of her job is to help the client to articulate these needs.

Another difficulty from the point of view of demand-orientation is that in the case of offenders and, sometimes, but to a lesser degree, of pupils of guardianship, the socialization or resocialization programmes, including transfer of values and norms, are imposed. Demand-orientation here, if possible at all, risks foundering on the client's indifference, resistance or calculated co-operation. Indeed two different kinds of programmes, based on opposite principles, claim to produce results here: on the one side the family group conference, that is focused on reintegration by shaming of especially younger offenders in a trusted environment (Weijers 2002, Pagee 2003), on the other side strong behaviourist training programmes, like the Glenn Mills Programme, based on rigid discipline and sanctions within a group of offenders, focused on bringing about mutual responsibility among the members of the group. But it would be wrong to speak of demand-orientation in these cases.

Professional ethics takes the client as a free citizen as the starting point, but the main concern of social work is the growing group of marginalized people, up to 12 % of the total population, who because of the reduction of the welfare state get or stay unemployed and remain dependent on a diminishing social security: elderly people, drop outs, addicts, disabled people, and illegal immigrants, many of whom have difficulty keeping their head above water.

The moral answer to those problems from social workers varies from the narrative approach in the case of voluntary clients to the rigid control model like the supervision of the execution of community services in the case of offenders. In between there is a

variety of mingled approaches, where social workers besides adopting methodological interventions also pay attention to the story of the clients, inclusive of its moral and existential aspects.

Nevertheless in the professional ethics programmes emphasis is laid mainly on the dilemmas of the workers from the perspective of the autonomy of the client. In addition sometimes religious or ideological viewpoints are exposed. For the rest moral problems implicitly are, for reasons mentioned earlier, considered rather from a psychological or sociological or even a methodological viewpoint than from an ethical one. There remains the question of whether, from a demand-orientated point of view, there is not more which ethics can provide in dealing with the needs of the clients.

#### **4. The one-dimensionality of demand-orientation**

While in professional ethics the dominant concern for a long period has been focused on the legitimisation of choices, decisions and actions on the part of the social worker, in philosophical ethics in the meantime there has been growing attention for some relatively neglected, but worthy old themes of practical philosophy like virtue ethics and art of living that may be of interest also to the client of social work. The vitality of such themes has been proved in the meantime by the emergence of flourishing philosophical consulting practices, the success of a university for Humanistics, the realization of a philosophical magazine and the revival of philosophical debate. Even though these branches of philosophy are practical or ethical, their concern is not the legitimisation of choice and action, but to develop by exercise the moral dispositions, moral attitudes or moral perceptions that allow one to react and act 'rightly' in a more or less spontaneous fashion in morally demanding situations and to develop the resilience needed to cope with misfortune.

The difference with the scientific viewpoint is that this ethical viewpoint always refers to the free choice of the client, even when the possibility of free choice is denied theoretically, while the scientific or methodological viewpoint, being the viewpoint of the expert, is often indifferent to this theme. Ethics in the expanded sense as mentioned here is always dialogical and in a way lacks the expertise of the specialist. It provides any person with the conceptual tools for autonomous articulation of and reflection on his situation.

The question of demand-orientation not only suggests that the client always knows clearly how to define his problems, needs and demands, but also that to every problem, need and demand there is one solution or answer. It should be noted here however, that every meaningful statement is ambiguous and leaves open the possibility of a multiplicity of reactions, questions and answers. Every specific articulation opens only one of these possibilities and closes the others at least for a while. Kunneman stipulates that by consequence a specific reaction of an expert on the basis of his expertise monopolises the possible articulations within his expert-model. What surpasses this model cannot be considered anymore.

It is suggested here that ethics by its non-expert approach can be helpful to the social worker to support the articulation of needs and the self-reflection and enlarge the resilience of the client. Ethics in this sense may contribute to the empowerment of the client. That is not to say that social workers do not in fact already use ethical tools in their relationships with clients. The question is in what measure this use can be reinforced.

This consideration is not only relevant in so far as there are different types of ethical problems and reflection, such as the previously mentioned action, dispositional and good-life perspectives. It is also relevant because different kinds of normative intervention may

be expected, such as punishment and reward, the dilemma method, moral coaching, exercise (competence-training), reflection and the Socratic dialogue. Alignment with the client requires responsiveness to the many aspects of his problem or question. The client does not always know himself what he wants, so the social worker has to help him articulate his situation or his needs and should have the competencies needed for that. Also the moral ones.

## 5. The articulation of moral and existential aspects of problems

We can also restate the problem in terms of moral competencies. In some (or many?) cases clients need moral competencies to deal with their situation and their problems. The social worker needs moral competencies to support clients in developing their moral competence. The way to enlarge the client's competencies differs depending on the original motivation and capabilities of the client. These can be represented in a triangle, the angles of which stand for the voluntary client, the client by law and the 'client with possibilities'. The competencies needed by the social worker to deal with the needs of these different groups of clients can be described on at least two axes. On the horizontal axis the worker should be competent with respect to the narrative approach, including the susceptibility to the moral and existential aspects of the story of the client, a responsive approach, the fine-tuning of the possibilities of the client, and the disciplinary approach, the influence on the behaviour of the client. On the vertical axis the worker should be competent with respect to the reinforcement of contextual factors that influence the morals of the client or able to change the relevant factors to the better of the client or to the better of the community. This includes the so-called 'civilizing offensive', in earlier times for instance in the housing projects. Of course this latter approach has an important depreciating political-ideological connotation. However in the Netherlands the idea of a 'civilizing offensive' has recently been reinstated by an investigator of the WRR (Van den Brink 2004).

In this paper I shall work out only one of these approaches, that seems to be promising and comprehensive but appears to be the least elaborated in the context of social work. I mean the narrative approach and specially the moral aspects of it. The possibilities of this approach have been and are anew being the main concern of practical philosophy, here to be understood in terms of virtue ethics, good life ethics and existential reflection. There are several reasons to explore this approach for social work: It links up with a manner of speech social workers probably already use, but rather in methodological and sometimes in therapeutical terms. Using this manner of speech in an ethical or moral way opens the opportunity for worker and client to adopt a more systematic way of reflecting on the moral and existential aspects of life without claiming expertise or exposing the habitus of the expert. It links up with the narrative of the client. That is not to say that clients always think of their life consciously in moral or existential terms. But they may have at least some implicit ideas on these themes that can be made explicit by providing them with adequate concepts while giving them feedback.

Ethics as understood above is a means of empowerment. It is not moralizing in a normalizing way, because in principle it only offers to the clients concepts and ways of thinking about their own life and hints for exercising, leaving it open to them to put them aside. There is a good deal of evidence in history that shows the power of this kind of ethical reflection.

It might be objected that this approach is suitable only for voluntary and intellectually-gifted clients. There is however no evidence for that. It is more likely that sensitive and responsive social worker can elicit moral reflection within clients on just the level the client can handle. The psychology of moral development, that, it's true, concentrates more on dealing with ethical dilemmas than on moral attitude and the good life, points in the same direction.

## 6. The narrative structure of virtue ethics; virtue ethics as a basic structure for life stories

Virtue ethics is hot. An originally American education programme, the virtues-project, meanwhile is imitated by similar projects in other countries, also in the Netherlands ([www.virtuesproject.com](http://www.virtuesproject.com), [www.virtuesproject.nl](http://www.virtuesproject.nl)). The nucleus of the project is a list of 52 virtues, one for every week of the year. Even though I would like to stress the importance of having a language of virtues at one's disposal, I am not sure if the listing of virtues will not have exactly the disciplinary effect which virtue ethics enables us to avoid. I will plea therefore for a virtue ethics on the basis of the four cardinal virtues supplied with the elementary virtues known as the care ethics in the context of life stories.

The point of departure is the Aristotelian idea that morals have to do with the actualization of human potentials. People are not born as ready made pieces of work, but as unfinished raw material with an open destination. What they are potentially they are not yet actually. To become actually what they are potentially they have to define their own destination and to undertake something to complete it. This idea can be considered as the general structure of a life story, a story of the good life for a specific person. It is clear beforehand that this also implies a restriction on the reach of virtue ethics: it surely not only depends on the personal potentialities of people alone what they can actualize. Social circumstances play an important and sometimes decisive role. It is perhaps unnecessary to stress that the task of social work is only partly a moral one. Where people don't have control of their circumstances the interventions of social workers should be directed towards these circumstances. Aristotle already stressed the role of the state in creating the possibilities for a good life. But that does not mean that the moral viewpoint should be neglected. Without personal strength clients cannot even think of surpassing their situation.

Even if circumstances co-operate, the actualization of potentialities is not self-evident. The path of life is full of pitfalls and not every actualization of potentialities leads to happiness. Sticking to the actualization of just potentials requires a stable attitude to life. And that is exactly what is meant by virtue.

Virtue means willpower as well as the orientation of the will towards the moral good. In particular four special virtues help people to choose and reach their destination on the path of life: prudence, courage, moderation and justice. These are called the cardinal virtues. *Prudence* is the practical insight that is needed to stick to a chosen destination in life under all kinds of circumstances. *Courage* and *perseverance* is needed to withstand adversity and opposition and keep the right orientation. *Moderation* or *self-restraint* is needed not to be carried away by passions or let the passions go their own way. *Justice* is needed to prevent one's own destination in life being achieved at the expense of others.

Especially in considering moderation it should be added that virtue ethics is not directed against the passions, but to a prudent dealing with passions. Passions can be so overwhelming that people lose their head and get astray from their path of life. But a total negation of the passions would be a denial of human nature, not only with respect to pleasure, but also with respect to pain. As regards the latter for instance it would testify to harshness and injustice not to show distress or pity at the misfortune of our beloved. As to the passions virtue is the just middle, that is to say, the middle between two extremes. The just middle differs by person and by the situation. To find the middle is the most difficult aspect of virtue and requires a great deal of reflection and exercise. It requires moreover a great deal of exercise to put it into practice.

There is always a question of whether these ethics are relevant to people in our times. Aristotelian or in general Grecian ethics were meant in the first place for heroes and citizens. The Greek word for virtue is *arete*, which means bravery or excellence in fights. Aristotelian ethics instructed the male citizen how to develop and exercise the qualities that he needed as a participant in the government of the city. It was not directed to women and slaves. But I see no reason why we should not, with an adaptation as to the addressed, use the general idea behind these ethics in our own time if it is so helpful to construct and reflect on our own narratives and to surpass our helplessness, weakness and indolence.

There is however a good reason why we should not be content with only the idea of the cardinal virtues in regard to the construction of narratives. Deduced in essence from a context of fight and adapted to political affairs, the cardinal virtues are essentially an inner or ego directed type of ethics. That is to say that the main concern of this ethic is the 'taming' of extreme positions. In relation to other people its main characteristic is justice. But justice is seen as distributive fairness, which means that I'm virtuous when I don't claim more than my share and let others have theirs.

There is however another type of virtue that is not so much concerned with justice as with responsibility. This type of virtue is exposed in the context of care ethics. Contemporary care ethics was originally developed as a reaction to the one-sidedness of the ethics of rights as used in the moral development inventory of the Kohlberg-group in developmental psychology, which was mainly inspired by Kantian procedural universalistic ethics. Some aspects of the criticisms coming from care ethics seem to be relevant also with respect to the Aristotelian ethics. While the cardinal virtues are rather inner directed, the care virtues are other directed.

The main concepts used in care ethics in fact refer to another four virtues. These are: attentiveness, responsibility, competence and responsiveness.

*Attentiveness* has been defined by Tronto as the capacity for attention that is crucial to genuinely human interaction. It is the capacity to suspend one's own goals, ambitions and concerns to be able to show interest and to be attentive to others.

**Responsibility is a virtue that has been described first from the negative: it is not the need to conform to formal rules or obligations. Responsibility is on the one hand embedded in implicit practices such as the care of parents for their children, on the other hand the giving of care where we recognize the need for caring and there is no other way the need will be met.**

*Competence* is a moral virtue: intending to provide care and accepting responsibility for it without being able to provide care means in the end that the need for care is not met.

*Responsiveness* can be seen from two perspectives, that of the care giver and that of the care receiver. Receiving care means that we recognize that during large parts or periods in our life we are not or not entirely autonomous and self-supporting. When we are dependent on care, we are in a condition of vulnerability and inequality. Responsiveness means here that we can deal with our vulnerability and inequality. Responsiveness from the viewpoint of the caregiver means that we can handle the vulnerability and inequality of the care receiver with respect. It includes empathy without assuming that the other is exactly like the self: it concerns precisely the otherness of the other.

The precarious character of the virtue responsiveness makes it clear that with respect to the care virtues, just like cardinal virtues we should focus on the just middle. As courage is the just middle between cowardice and audacity, so care in general is the just middle between neglect and meddlesomeness. Everyone knows the terror of the nurse who talks to and handles an elderly woman in care as if she were a child.

In social work care ethics is primarily embraced as the ethics of the social worker herself. In the inquiries of Gilligan however, one of the original authors on current care ethics, the principles of care ethics arise from the analysis of the stories of women as they could have been told to the social worker. In other words: care virtues have also to do with the ethics of the clients of social work. Just like the cardinal virtues they can be seen as elements in the narrative structure of a life story. For example responsibility is a virtue that people, especially women, often show without recognizing it or being recognized for it in terms of a moral strength. Attentiveness of the social worker to such elements in the stories of clients enables her to help clients to articulate their moral strength.

## **Conclusion**

It is claimed here that virtue ethics offers a structure for the moral aspects of narratives and helps people to articulate their strength and overcome their weaknesses. It is not claimed that virtue ethics is a solution to all or even a great deal of psycho-social problems. The perspective of social work on psycho-social problems is threefold: they have an objective, factual component, that has to do with labour, income, debts, housing, and so on, a social/normative component, that has to do with networks, subculture, rules, values, norms, and so on, and a subjective component, part of which has to do with moral disposition as described above. Articulation of the moral disposition of clients may contribute to their personal and social empowerment and as such to social cohesion.

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