

# Rethinking Client Self-determination in Social Work: A Christian Perspective as a Philosophical Foundation for Client Choice

*Terry A. Wolfer, David R. Hodge & Janessa Steele*

*Currently, the concept of client self-determination has near unquestioned support within the social work profession. However, this support for client self-determination tends to overlook some perennial tensions and has not yet taken seriously some emerging problems. To explore these issues, this paper summarizes several major justifications for client self-determination and describes several factors that challenge or undermine it. Against this background, the paper considers limitations of the concept from a Christian perspective and provides an alternate basis for respecting decisions by people, including social work clients. To construct this foundation, we draw on several streams of thought within the Christian tradition: critique of self-determination as a sacred concept, the paradoxical nature of our relationships with God, and reckoning with human vulnerability*

*“Some paradox of our natures leads us, when once we have made our fellow men the objects of our enlightened interest, to go on to make them the objects of our pity, then of our wisdom, [and] ultimately of our coercion” (Trilling, 1950, p. 221).*

CURRENTLY, THE CONCEPT OF CLIENT SELF-DETERMINATION HAS achieved broad, near unquestioned support within the social work profession (Hepworth, Rooney, Rooney, Strom-Gottfried & Larsen, 2010). As shown by its endorsement in professional codes of ethics, textbooks, and 'kitchen talk' between practitioners (Furlong, 2003b, p. 227), the concept of client self-determination has become part of social work orthodoxy. For that reason, "rethinking" client self-determination may seem unnecessary or even inappropriate.

In this paper, however, we argue contemporary strong support for client self-determination obscures some of the fundamental tensions inherent in the concept and represents something of an anomaly in social work history. As recently as the 1970s, the concept of client self-determination generated major controversy within the profession (Biestek & Gehrig, 1979; McDermott, 1975b), which helped to shape and invigorate social work theorizing and practice. Because of the profession's broad current support for client self-determination, we risk reducing the concept to a truism.

More recently, against this backdrop, a few authors have offered critiques from cross-cultural and empirical perspectives, and raised concerns about potential damage to clients by stressing the concept of self-determination. Some authors focus on the Western, enlightenment origins of client self-determination and especially challenge its individualistic assumptions (e.g., Ewalt & Mokua, 1995; Fan, 1997; Freedberg, 1989; Furlong, 2003b; Spicker, 1990). Others address the frequent discrepancies between normative and empirical descriptions of actual social work practice (e.g., Kassel & Kane, 1980; J. Rothman, 1989; J. Rothman, Smith, Nakashima, Paterson, & Mustin, 1996). Finally, some argue that pressing self-determination could traumatize some clients or even amount to peddling a myth (Carse, 2006; Ryan & Deci, 2006). From diverse perspectives, these critiques invite reconsideration of client self-determination.

In this paper, we seek to provide an initial contribution to a distinctly Christian perspective on the concept of client self-determination. While some scholars acknowledge the Jewish and Christian origins of the concept (e.g., Biestek, 1975; Fan, 1997; Horsburgh, 1987; Spicker, 1990), Jewish and Christian sources contribute relatively little to contemporary understandings. Indeed, some references to the concept's Christian origins are disparaging.

We will draw several ideas from Christian scripture and theology to explore the concept of client self-determination in a preliminary way. Though not achieved in the course of this paper, our eventual goal is a "thick" Christian discourse regarding client self-determination (Barrigar, 2005) that will inform and enrich our understanding of the concept and guide its application in professional practice, especially for Christians in social work. We believe this preliminary effort will clarify the continuing value of client self-determination, enrich our understanding of the concept,

and elaborate some of its conceptual and practical limitations for social work practice.

We begin by offering several definitions of client self-determination and briefly summarizing justifications for client self-determination. Subsequently, we focus on long-standing and emerging difficulties with the concept to provide background for discussing several theological concepts that seem relevant for Christians in social work.

### **Defining Self-Determination**

It may be helpful to start with the concept of autonomy before trying to define client self-determination. Autonomy is generally considered the more fundamental and philosophical concept, and self-determination its somewhat more concrete application. Merriam-Webster defines these two concepts as, respectively, “self-directing freedom and especially moral independence” and “free choice of one’s own acts or states without external compulsion” (Merriam-Webster, Inc., 2018). While the two concepts share the element of freedom, self-determination calls attention to an absence of external restraint or compulsion. Accordingly, an emphasis on self-determination in social work has often served to limit professionals’ imposition of their own values, beliefs, or behavioral expectations on their clients. By emphasizing self-determination, the profession has sought to limit its exploitation for purposes of social control.

Although many professions value client autonomy, social work stands out for its longstanding emphasis on the closely related concept of client self-determination. Autonomy depicts the individual as an independent moral agent while self-determination emphasizes the individual’s right to decide.

In social work literature, self-determination refers to the “capacity and right of individuals to affect the course of their lives” (Weick & Pope, 1988, p. 10). The ordinary meaning of the phrase seems obvious enough: “determination of oneself by oneself; or, paraphrasing it more freely, the making of one’s own choices and decisions, as opposed to submission to those made by others” (McDermott, 1975a, p. 127). More eloquently, Perlman defines it as “the expression of our innate drive to experience the self as cause, as master of one’s self” (Perlman, 1975, p. 79). Autonomy is necessary for self-determination, and thus the two concepts will at times be addressed together throughout the course of this paper.

These overlapping definitions hint at some of the justifications for the concept of client self-determination in social work. The significance of the concept of self-determination in social work practice can be further seen by its place in the National Association of Social Workers’ Code of Ethics as one of our first obligations to clients:

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others (National Association of Social Workers, 2017).

### **Related Terms**

At this point, it is also useful to clarify some related terms that help us understand both autonomy and self-determination. Particularly when used in a Western context, the term "autonomy" is at times understood to be interchangeable with "independence" or "individualism" (Ryan & Deci, 2006). In response to criticisms that we will address later in this paper, current research has been careful to make it clear that the concept of autonomy in self-determination does not mean a complete lack of influence from outside factors, nor does it mean unlimited choice; but rather a willingness and assent to a goal, whether it proceeds from individualist or collectivist processes of decision-making (Ryan & Deci, 2006). For the purposes of social work, then, self-determination could mean, not that clients make all their decisions independently, but that they feel supported and heard in treatment as part of the process (Deci & Ryan, 2002).

### **Justifying Client Self-Determination in Social Work Practice**

Rothman (1989) identified several common justifications for the concept of self-determination in social work literature. These include self-determination as an ethical imperative, utilitarian practice tool, source of political and emotional liberation, and existential reality. Subsequent authors support these rationales and also argue that self-determination is a basic human need.

### **Ethical Imperative**

Self-determination is often presented as a general rule of action. For example, Rothman notes that many social workers consider self-determination "a basic human right that stands as a moral imperative on its own terms" (Rothman, 1989, p. 600). Similarly, Spicker (1990) asserts: "Self-determination is, first and foremost, an ethical principle" (p. 224). As an ethical imperative, the concept carries the notion of ought or obligation. Consistent with this perspective, McDermott (1975b) argues that self-determination:

Owes its status in social work to its importance in the hierarchy of values to which we, as an avowedly liberal society, subscribe. Far from being a mere means to any goal, the individual's right to make his own decisions and choices in matters affecting him, has long been regarded as one of the cornerstones of the moral framework to which democratic western societies are committed; a framework determining both the goals that may be justifiably pursued, and the means that may be chosen to attain them (pp. 1-2).

As mentioned in our definitions, the value of self-determination is also included in the profession's Code of Ethics (National Association of Social Workers, 2017) and thus is not optional for social workers. A failure to abide by this ethical imperative not only undermines social work's professional legitimacy in society, but also represents a potentially profound violation of our clients' rights. As Rothman notes, this "absolutist" perspective is commonly expressed in social work literature but, as we will see later, it also creates and heightens some tensions in practice.

### **Utilitarian Practice Tool**

In contrast, another common category of justifications for self-determination reflects a more utilitarian philosophy, i.e., client self-determination seems to "work." While endorsing the fundamental right of clients to exercise self-determination, social workers increasingly came to appreciate its pragmatic value in professional practice. Early on, Hollis recognized that "self-direction is a core principle through which the multiple objectives of casework can best be achieved" (Rothman, 1989, p. 600). Whittington (1975) elaborates on Hollis' insights:

As a therapeutic technique it promotes the desirability for the client to be an active participant in the treatment process. One of the reasons for encouraging such an attitude is that it forestalls or combats the client's tendency to become dependent on the worker. It also has other possible and therapeutically desirable results which may heighten the worker's influence in at least two ways. The more the client's active participation can be obtained, the more he commits himself to the 'movement' which the worker is trying to induce. Furthermore, the client has greater difficulty in mobilizing his resistance against a collaborative than a directive worker (pp. 88-89).

In short, self-determination fosters the client's active involvement in treatment and aids goal achievement. It reinforces the client's motivation, coping efforts, and willingness to collaborate, and may help to sustain treatment gains following termination (Hodge, 2011; Sue & Sue, 2013). Increasing client effort lessens or at least simplifies the effort required by the social worker. "The caseworker should in general refrain from exercising a controlling influence over his client's behavior because as a matter of fact this normally hinders rather than helps the achievement of the aims of casework" (Stalley, 1975, p. 100)

According to this utilitarian rationale for self-determination, even though some client goals may seem unrealistic or even risky to the social worker, that alone should not negate them. Clients have a right to fail because:

only through life itself can the client really try, test, and temper his abilities, his fantasies, and his goals. No amount of talking about 'heads' and 'walls' or testing the comparative strengths of heads and walls will have as real an impact on the client as his banging his actual head against a real wall. This is how all people grow, how they gain a more mature view of themselves and the world. They succeed and fail and through success and failure they learn (Soyer, 1975, p. 61).

In other words, actual experience may be a better, more efficient teacher than the social worker's counsel. Thus, respecting self-determination can ultimately benefit clients, even when their decisions seem ill-advised in the short run. Allowing clients to make their own decisions and fail may be more efficient than trying to convince them to do something else.

From this perspective, when social workers fail to consider client self-determination they undermine their professional effectiveness and efficiency. Not respecting self-determination often sparks resistance, jeopardizes motivation and commitment, and makes intervening slower and more difficult. It may even take away opportunities for clients to grow and develop.

### **Source of Political and Emotional Liberation**

Consistent with the social work profession's commitment to social justice, the concept of client self-determination has been periodically portrayed in social work history as "a tool for liberating and politicizing the masses" (Rothman, 1989, p. 601). Early in the past century, for example, social workers adopted Freudian theory partly because they saw it as a liberating force. Although that may seem counterintuitive now, these workers saw Freud's theory as a means of aiding "the id in its struggle with society" (Keith-Lucas, 1975, p. 46), a method of freeing people from the onerous constraints of law, morality, and culture.

Subsequently, during the Great Depression, social reformers “linked self-determination to political ideologies and the need for radical change in society” (Rothman, 1989, p. 601). More recently, modern and postmodern social movements have used the concept of client self-determination at group and community levels as a basis for social change (Brueggemann, 2002). Whether at the individual or group level, in each instance social workers have tried to honor client preferences and encourage their decisions, especially in the face of domination and oppression by mainstream society. As stated by Ryan and Deci (2000), this contributes to “the movement of history toward greater freedom and voice for citizens within cultures and governments” (p. 1).

In addition, the emphasis on client self-determination provides a counterweight for the profession itself, a way to offset power imbalances. Several writers have advocated for client self-determination as a general constraint on social work practice (Dominelli, 2002; Freedberg, 1989; Keith-Lucas, 1975; McDermott, 1975a; Newman et al., 2008; Thomas & Forbes, 1989) and a specific constraint on social service bureaucracies (Rothman, 1989). In both cases, “the main function of the principle of self-determination is to provide a moral restraint upon social workers in the pursuit of their professional aims” (McDermott, 1975a, p. 136). Such restraint is considered necessary given the reality of professional expertise and power. It is sometimes easy for social workers to unintentionally intimidate or influence clients because so many clients feel keen dependence upon practitioners, programs, resources, and policies.

From this perspective, social workers who do not promote client self-determination will instead contribute to social control. They do so by actively implementing, or even passively allowing, undesirable, unnecessary, or unjust policies and practices in their work with clients. This implementation is not necessarily conscious, but is often a byproduct of the power differential that exists between social workers and their clients.

Furthermore, countertransference biases represent an ever-present threat in clinical settings (Hodge, 2015). Unresolved issues can result in practitioners unconsciously working through personal hurts in therapeutic relationships. Vulnerable clients may not possess the skills or personal awareness to realize what is occurring or to deal with the resulting clinical dynamics. Honoring client self-determination helps to safeguard, at least minimally, against such biases.

### **Existential Reality**

Following Keith-Lucas, Rothman (1989) suggests client self-determination can also be considered an existential reality. “It is not a right; it is a fact. Certain kinds of decision cannot be made by anyone other than the person

about whom they are made” (Keith-Lucas, 1975, p. 49). Some of the most fundamental decisions in the helping process—to take help or not, to get well or remain ill, to grow or regress—fall in this category and profoundly influence how a client will respond to professional services (Keith-Lucas, 1975, p. 50). Thus, certain uses of the term ‘self-determination’ merely recognize that there are areas of clients’ emotional or cognitive lives that are their own personal reserve (Hodge, 2015). In appreciating this, “professionals are not respecting a right, but acknowledging a reality within which meaningful helping activity must take place” (Keith-Lucas 1975, p. 2).

In short, some decisions can only come from clients. This perspective reflects something more than an ethical, practical, or emancipatory approach. It recognizes the capacity to decide as an essential part of human experience. If they fail to recognize this reality, social workers may attempt to make decisions that clients simply do not endorse and will not accept. Such attempts represent a violation of clients’ subjective realities.

### **Universal Human Need**

Finally, Ryan and Deci (2006), prolific writers on Self-Determination Theory, describe self-determination and autonomy as a basic human need, “a central characteristic of healthy functioning” (p. 1565). They assert that this need is felt cross-culturally and comprehensively, and is necessary for mental health, though in each cultural context decision-making will look different. Others agree, and frame this need similarly to Ryan and Deci’s understanding of self-determination that requires human interdependence (Carse, 2006; Nagel, 2010). Some insist that for self-determination to fulfill a basic psychological need, it requires relatedness to other people in the self-determining process (Bartholomew et. al., 2011).

This idea of interrelatedness and interdependence requires interaction with others, and thus some interpersonal vulnerability to allow others to influence the decision-making process without surrendering autonomy. Carse (2006) sees this interdependent vulnerability as inherently necessary for human flourishing as well:

While our flourishing can be imperiled by our vulnerability, it also *requires us to be vulnerable*... Being open, receptive, flexible and tender, being emotionally invested in relationships or committed to undertakings, being capable of nurturing and being nurtured, of loving and growing are necessary to realizing some of the most profound “goods” of human life (p. 35).

For these authors, true and full agency not only includes, but requires participation as an interdependent and vulnerable existence with others.

These five conceptual justifications for client self-determination entail differing obligations on the part of social workers. For example, believing that clients have an inherent right to self-determination suggests a greater sense of obligation than believing that respecting client self-determination will generally yield greater success in practice. Some practical difficulties in practice highlight these differences.

### **Long-standing Substantive Difficulties with Client Self-Determination**

Despite the broad support for client self-determination within social work, several difficulties have long been recognized, and others have emerged more recently. Indeed, some believe these difficulties are so great that the concept has little continuing relevance for the actual practice of social work (Spicker, 1990). In this section, we briefly summarize several perennial difficulties Rothman (1989) identified, including: limited client capacity to decide, external restrictions on choice, and competing values and professional considerations. We also explore the implications of scientific determinism.

#### **Limited Client Capacity to Decide**

While most social workers agree their clients have a right to self-determination, they frequently encounter significant limitations in their clients' abilities to exercise that right. As a result, not all clients appear able to assume full responsibility for self-direction (Rothman, 1989). In their study of how the concept of client self-determination has evolved in social work, Biestek and Gehrig (1979) found:

A persistent question throughout fifty years was the relevance of self-determination to some categories of clients. In the early decades the question referred to the aged, children, clients in correctional settings, and to public assistance clients. Later the reference was to the multi-problem client, the nonvoluntary client, the retarded or mentally ill client, and the institutionalized patient (pp. 182-183).

Subsequently, some writers have identified other, more subtle individual characteristics rather than client categories as potentially undermining the decision-making ability required for self-determination. These include "different amounts of experience, astuteness, physical or mental wherewithal, emotional maturity, and ability to cope with frustration or disruption resulting from ill-conceived actions" (Rothman, 1989, p. 602). In these and other ways, efforts to permit and encourage self-determination

have often run into apparent limitations in the internal capacities of clients for decision-making.

However, not all limitations originate in clients themselves, as social work's person-in-environment perspective has helped clarify (Hepworth et al., 2010). Many clients have limited capacity to decide because of contextual factors such as their social networks and socio-economic resources (Bernstein, 1975; Thomas & Forbes, 1989). For example, clients have differential access to educational and social services, and these resources influence the nature of their preferences and of their preparation for decision-making.

Beyond the obstacles posed by internal or external conditions, many clients exhibit ambivalence and confusion in their decision-making. Such factors may be at the root of their problems in living, or at least heightened at the time of seeking or being referred for help.

Suppose we help a person do what he wants to do today, but tomorrow he wants the opposite. How do we know what he wants? . . . Ambivalence turns one straight path into at least two, going in different—sometimes opposite—directions (Bernstein, 1975, p. 34).

Furthermore, some clients have difficulty articulating or even knowing what they want. For these and other reasons, client self-determination is often not a straightforward process, involving both the decision-making and communicating capacities of clients. In fact, social workers often help their clients at just this point (Hodge, 2015). By helping clients to sort out their multiple and sometimes conflicting needs and desires, social workers can help clients to chart their course and set goals. But this work inevitably introduces some influence by social workers, as their values implicitly shape and inform clients' choices (Tjeltveit, 1999).

Even taking these complexities of decision-making into account, however, research finds that a level of self-determination and participation in choosing one's own preferences is important for the wellbeing of all clients (Bacon et al., 2011). In fact, for some authors, the processes described above—both receiving assistance in making decisions and having opportunities to change one's mind—are important facets of the self-determining ability (Carse, 2006; Ryan & Deci, 2006).

### **External Constraints**

In addition to their decision-making capacities, clients face a variety of external factors that limit their choices in concrete ways. Like all citizens, clients must operate within constraints established by social norms, law, and public policy (Rothman, 1989). They also face the consequences of how,

for good or ill, their decisions may affect others, and such knowledge may constrain their choices. Such factors function to limit options in families, group settings, and residential facilities.

Further, there may be obstacles to client self-determination in agency function. The organizational context for practice inevitably sets limits of various kinds:

Each social agency, whether public or private, has been established to perform a more or less specifically defined function in the community. To achieve its purpose the agency has the right and the need to establish limitations to its services. These boundaries are incorporated into agency function and are concretely expressed in rules, standards, eligibility requirements, and kinds of services offered (Biestek, 1975, p. 31).

Accordingly, clients cannot expect particular services within certain settings. They may desire Buddhist, Christian, Islamic, or secular services from a given agency, but that particular agency may not be equipped to provide such services (Canda & Furman, 2010). Similarly, clients may not qualify for particular services, may not get as much treatment as they desire, or the type of therapy they want, and so on.

### **Competing Values and Professional Considerations**

Social workers routinely operate in the context of multiple, competing values. Some of these values belong to social workers, their clients, and the multiple communities of which each is part (Sue & Sue, 2013). To the extent that individual social workers and their clients hold membership in diverse cultural groups and communities, they must contend with disparate values. Values appreciated and emphasized by one person or group may be less important for or even opposed by others (Hodge, 2015). For example, many social workers value justice, equality, efficacy, efficiency, competence, and rationality in problem solving (Rothman, 1989, p. 605). Some of these values will be at cross-purposes, so that maximizing one value directly conflicts with another (Sherwood, 1998). A specific example occurs in relation to client self-determination:

The counterpart to criticism of practitioners as being too directive and controlling is denunciation of their lack of action in situations calling for professional responsibility and assertiveness. It is said this downplaying of responsibility may result in harm to clients and others (Rothman, 1989, p. 605).

Thus, social workers must always balance initiative and restraint or passivity and flexibility in their relations with clients.

Perhaps less obvious but more troubling, social workers must confront a basic contradiction in their roles as client advocate and as the intermediate agent of the broader society in which their clients are disenfranchised. As Freedberg (1989) observes:

Day-to-day contact with clients involves confronting an inherent dilemma in the philosophy of self-determination: To deliver necessary services to the community, the agency (an instrument of that community) and its agents (social workers) must maintain control of the services and to that extent also maintain control of the clients (p. 33).

If social workers cannot actually maintain control of clients, in some involuntary and residential settings they certainly exercise considerable power on behalf of the community. For example, they may need to make judgments about their clients' threat to self or others which will be considered in courts of law.

Furthermore, beyond whatever formal role they have as agents of the community, social workers themselves tend to identify more with those in power than with their clients.

This identification [is] understandable, given that social work is sanctioned institutionally by the class whose economic contributions legitimate its function. In this context, a truly democratic relationship between worker and client, based on democratic values of self-determination and individuation, is impossible insofar as social workers are the representatives of a society that has disenfranchised clients (Freedberg, 1989, p. 37).

In summary, some value conflicts related to self-determination are inherent in the social work role. The power differential that exists between clients and social workers, as societal representatives, serves to constrain clients' choices. In addition to the more apparent situation- or client-specific conflicts reviewed above, this professional-status of social workers also threatens client self-determination.

### **Emerging Challenges and Threats**

In addition to these perennial difficulties, recent developments in American society and the social work profession have posed new challenges and threats to the concept of client self-determination. These include: scientific determinism, empirically based practice with its attendant emphasis on

outcomes, growing paternalism and use of authority, diminished resources, non-Western cultural perspectives, excessive freedom, potential client harm, and the argument that coercion is inevitable. Coming, as they do, from differing perspectives, these difficulties reflect a mixed bag of conflicting claims. We find that even in the wake of literature that continues to promote self-determination theory, these objections to self-determination have not been resolved (Ryan and Deci, 2006).

### **Scientific Determinism**

Throughout its history, but especially in the past few decades, the social work profession has sought to be more scientific (Poppo & Leightner, 2011). An increasing emphasis and reliance upon scientific research brings with it a tendency to adopt the deterministic perspectives associated with the scientific project. “Conventional notions of determinism and causality guide virtually all behavioral science theory and research as well as prescribed treatments. With few exceptions, behavioral scientists limit themselves to studying past events in attempting to understand the present” (Slife & Williams, 1995, p. 96). They do so to achieve predictability, a key goal of science. While individual scientists may acknowledge non-deterministic influences on behavior, including their own behavior, their research provides limited evidence of it (Howard & Conway, 1986). As Slife and Williams (1995) conclude, “It is difficult to overestimate the importance of determinism in the behavioral sciences” (p. 94).

We contend this growing reliance on science, at least as traditionally operationalized, raises the possibility that determinism will tend to usurp a more humanistic perspective in the profession’s understanding of human behavior that “seeks to re-establish the focus of social work as empowering and liberating rather than problem-solving in character” (Payne, 2014). To be clear, determinism is not always problematic: operating from deterministic assumptions, scientists have generated considerable understanding of human systems and behavior. It becomes problematic, however, to the extent it obscures human agency and volition (Rychlak, 1979). Practically speaking, increasing adoption of deterministic explanations (of, e.g., poverty, violence, mental illness) may undermine the concept of client self-determination in social work practice.

### **Evidence-based Practice and Emphasis on Outcomes**

The growing influence of science in social work may be most evident in relation to the increased emphasis on evidence-based practice. As noted above, deterministic assumptions tend to guide prescribed treatments (Webb, 2001). Ideally, improved information about intervention effectiveness will

safeguard clients by directing practitioners away from ineffective or even harmful interventions and toward more effective and efficient interventions. Furthermore, the evidence-based practice movement notes the importance of client preference in the decision-making process (APA Presidential Task Force on Evidence-based Practice, 2006; McNeece & Thyer, 2004).

On its face, this movement seems beneficial for clients. However, outcome-oriented and competency-based practice requisites may encourage social workers to take greater initiative and to retain greater control in professional practice, despite the cited importance of client preference.

As the knowledge base of the profession has increased, practitioners' ability to take better-informed and more reliable initiatives has grown. They are increasingly being held accountable by the community and managed care policies to deal resolutely with serious and disturbing problems. These changing circumstances call for a firm hand in carrying out professional responsibilities (Rothman, Smith, Nakashima, Paterson, & Mustin, 1996, p. 396).

In other words, current practice realities tend to exacerbate the perennial tension between initiative and restraint mentioned above. Indeed, empirical research indicates that social workers exert greater authority in practice than professional rhetoric suggests. As Rothman et al. (1996) conclude: "Directive intervention seems to be a well-kept secret of social work practice" (p. 404).

On balance, the emphasis on evidence-based practice and outcomes likely heightens the demands of professional practice in mostly positive ways. Nevertheless, the underlying philosophical principles that animate the evidence-based practice movement may also foster increasingly prescriptive program procedures and policies, as well as reinforce a self-protective occupational culture (Thomas & Forbes, 1989). One unfortunate result is a more technical approach to intervention: "doing things to or for people rather than with them" (Thomas & Forbes, 1989, p. 143).

### **Inadequate Resources**

While the profession is amassing evidence about what works, unrelated social trends continually introduce new social problems. Resources must be reallocated for changing priorities, and the research base and available interventions may be unable to keep up. For these and other more political reasons, available resources seldom match the need. Inadequate resources create additional pressure on helping professionals. They must achieve as much as possible with limited resources, on both micro and macro levels.

In the context of relatively abundant resources, social workers and social programs may allow their clients greater access, more intervention options, greater flexibility in implementation, longer periods of intervention, and more generous benefits overall. Conversely, diminished resources typically force professionals to limit and selectively target resources, reinforcing the role of social workers as experts (Rothman, Smith, Nakashima, Paterson, & Mustin, 1996). Such conditions pressure social service organizations and individual social workers to more actively target and limit service provision.

Further, accountability puts pressure on organizations and workers to make judicious use of their resources. "With a 'backs against the wall' mentality, the temptation, at all levels, is to err on the side of caution and defensiveness, with the professionals protecting themselves more adequately than their clients' rights" (Thomas & Forbes, 1989, p. 145).

### **Paternalism and Use of Authority**

Encouraged by perceptions of diminished resources and increasing professional expertise, social workers and their organizations may be more inclined to use their authority and power on behalf of clients. "Belief in their [own] authority, expertise and professional values can lead workers to assume, too readily, the incompetence of clients to direct their own help" (Thomas & Forbes, 1989, p. 137). In fact, various writers have noted the creeping paternalism of politically conservative approaches to social programs (e.g., Thomas & Forbes, 1989) as policy makers attempt to shape and reinforce desirable behaviors through social policy. Interestingly, many of these critiques mirror similar critiques of politically liberal approaches (Rothman, 1978). Indeed, it appears that program critics are more sensitive to the paternalistic aspects of programs than proponents (Rothman, Smith, Nakashima, Paterson, & Mustin, 1996).

In relation to paternalism, Salzberger (1979) tries to distinguish between (appropriate) influence and (inappropriate) manipulation by focusing on the client's individual desires. He argues, "Casework involves intervention that may on occasion depart from a client's express[ed] desires. Therapeutic strategies become manipulative, however, when the caseworker attempts to apply universal criteria to the client's situation" (p. 400). For example, Salzberger suggests that such universal criteria include "the best course of action," "the most rational plan," or "the plan most likely to succeed." In any case, the social worker is left making decisions on behalf of the client and justifying this intervention with reference to external criteria.

Interestingly, some thinkers have cast fresh light on the concept of paternalism as it relates to issues of autonomy. Conly (2012) posits that human decision-making capabilities are in fact so flawed and changeable

that outside interference is at times necessary. Though this concept and its potential abuses might make social workers squirm, it may also adequately express the uncomfortable position social workers often find themselves in as both experts in their field and agents of empowerment for others.

### **Non-Western Cultural Perspectives**

While the profession pursues empirically-based practice grounded in a Western scientific perspective, the increasing variety and growth of immigrant groups in the United States raises another, more radical challenge for the concept of self-determination. For some cultural groups, the very notion of self-determination, in an individualist sense, is problematic (Hodge, 2005; Ryan and Deci, 2006). "Separation from external influences in one's decision-making is so highly valued in the United States that autonomy is considered to be a benchmark of one's maturity. However, self-determination without consideration of group-oriented values is discordant with non-Western and some Western orientations" (Ewalt & Mokua, 1995, p. 168).

To expose the basic differences in decision-making orientation, Fan (1997) suggests these questions: 1) Who decides? 2) On what basis? and 3) For what value?

Other things being equal, the Western principle of autonomy demands self-determination, assumes a subjective conception of the good and promotes the value of individual independence, whilst the East Asian principle of autonomy requires family-determination, presupposes an objective conception of the good and upholds the value of harmonious dependence. They differ from each other in the most general sense and basic moral requirement (Fan, 1997, p. 309).

But note this is not simply a matter of alternate surface values. This alternate perspective includes alternate decision-making processes as well. In other words, there are not only differences about 'what' but also 'how' to decide.

Lest we overlook how fundamental the difference is, Fan (1997) provides an example that puts the issue in sharp contrast:

For Western people, the issues of life, disease and death are too important to be left with others, even if they are members of one's family. For East Asian people, however, these issues are too important to be left only with oneself, even if one is competent. Since one can make mistakes about one's goods or long-term interests, one needs to share one's decision-making with one's intimates. Moreover, since one

must live one's life with others together, especially in close connection with one's family members, one needs to rely upon them to take care of one's interests when in sickness, as one in turn does the same thing for them when they are in need (p. 319).

Working respectfully with clients who operate from this perspective may require serious engagement of their family members, and considerable patience in sorting through any apparent differences that exist (Sue & Sue, 2013).

Emphasizing the contextual, group-relevant aspects of self-determination for clients from non-Western cultures has implications for social work beyond client decision-making. "In eschewing relatedness, the Western view of the self as autonomous is exposed as no more than an historically and culturally specific 'indigenous psychology' or, put even more simply, is an ideological category" (Furlong, 2003a, p. 10). Taking seriously such alternate perspectives suggests important questions about the social work project in modern, liberal democratic societies. For example, Furlong (2003b) asks: "might we as clinicians, therapists, and case workers risk attenuating our clients' current relationships, and their future prospects for quality connection, if we pursue the goal of self-determination over zealously?" (p. 177).

As such questions suggest, increasing multiculturalism poses an implicit challenge to the notion of self-determination as populations that prioritize communal decision-making over individual decision-making proliferate in North America. Interestingly, increased cross-cultural experience helps to expose what may be a deeper American problem from a different angle.

### **Misinterpretation of Self-Determination as Individualism**

Less a criticism of self-determination theory itself and more of the discourse surrounding it, multiple authors are concerned about terminology leading to a misrepresentation of the concept (Deci & Ryan, 2002; Carse, 2006). As mentioned above, when the notion of self-determination is presented in a Western context, we can be tempted to make self-determination and autonomy almost interchangeable words. However, this Westernized understanding of the meaning of self-determination has staunch challengers. For some authors, for self-determination to be truly whole and beneficial, it must include shared experience and ability to depend on others in decision-making: "A form of 'control'... is realized, not in simple self-determination or brute independence, but in a renewed sense of empowerment through processes of shared exploration" (Carse, 2006, p. 45).

According to Carse (2006), a prime failing in writings about self-determination is that it sometimes leaves out this communal factor.

Others would agree, and see no conflict between the idea of autonomy and interdependence:

Philosophical traditions thus have been concerned with the kind of autonomy we do have: autonomy as the reflective endorsement of one's actions, grounded in the congruence between actions and one's abiding values, interests, and priorities. In addition, these traditions make clear that autonomy is not independence. One can be autonomously or heteronomously dependent, interdependent, or independent (Deci & Ryan, 2002, p. 221).

Indeed, Ryan and Deci provide some helpful ways of defining the concept of self-determination that include a broader network of supportive relationships, writing that self-determination as "regulation by the self" is not incompatible with more communal cultures (Ryan & Deci, 2006, p. 1557). Rather, they focus on willingness and wholehearted assent rather than independence from others' input:

For an act to be autonomous it must be endorsed by the self, fully identified with and "owned" ...to be autonomous there must be some relative unity underlying one's actions; they must be congruent and endorsed by the whole self. Finally... autonomy is not defined by the absence of external influences but rather by one's assent to such influences or inputs. Autonomy is thus not equivalent to independence (p. 1561).

Elsewhere, they write that "autonomy refers to being the perceived origin or source of one's own behavior.... Autonomy concerns acting from interest and integrated values" (Deci & Ryan, 2002).

Finally, these authors offer the following sharp and comprehensive response to these misunderstandings:

Autonomy is a fundamental human need... independence is not a universal need; having many options is not a basic need, nor is it even always edifying; nonconscious determination can undermine autonomous functioning, but it need not; and autonomous functions still require a brain (Ryan & Deci, 2006, p. 1580).

### **Excessive Self-determination**

Schwartz (2000) turns the cultural argument back on American society itself, questioning an inherent flaw. He argues that

When self-determination is carried to extremes, it leads not to freedom of choice but to tyranny of choice.... Unconstrained freedom leads to paralysis and becomes a kind of self-defeating tyranny. It is self-determination within significant constraints—within rules of some sort—that leads to well-being, to optimal functioning. The task for a future psychology of optimal functioning is to identify which constraints on self-determination are the crucial ones (p. 80-81).

Without a doubt, social work clients are less likely to experience excessive freedom than other Americans, given their more limited educational opportunities, material resources, and social position. For them, it seems entirely appropriate that we continue to seek increased freedom. Nevertheless, Schwartz (2000) raises an important issue for our consideration. What are the ideals toward which we strive? And what, if any, are the unintended costs of the perception of unbounded human choice? According to Ryan and Deci (2006), the American ideal of completely unconstrained choice amounts to a straw man. The idea that choice is ever completely unconstrained is an artificial construct, and belief in this possibility leads us to misunderstand self-determination.

### **Potential for Client Harm**

The above authors have also criticized the emphasis on self-determination because of the potential risks it seems to hold for vulnerable clients (Carse, 2006; Nagel, 2010; Ryan & Deci, 2006). Their criticism includes the concern that when trauma is involved, self-determination can exacerbate survivors' problems. Traumatic events can be extremely isolating. Encouraging autonomous decision-making at certain points can increase survivor's isolation by compounding their sense of alienation and guilt, as described here:

In efforts to sustain the myth of self-determination and control to which we are so attached, victims are frequently blamed for the violation they endured.... A parallel tendency accompanies attempts to account for illness by appeal to bad choices in diet or lifestyle, to view the ill as "defective," irresponsible choosers. And when we ourselves are wedded to society's dominant "scripts" of responsible agency, or invested in an identity tied to control, independence, or self-sufficiency... we are susceptible to shame, humiliation, even horror.... The terrorized aftermath of violent assault is notoriously burdened by shame on the part of the survivor (Carse, 2006, p. 39).

Others allude to the possible “tyranny” of decision-making in similar cases (Ryan & Deci, 2006).

Authors concerned about the issue of client harm also contend the whole idea of self-determination is flawed because it is simply too burdensome (Nagel, 2010). The increased number of options available for any given choice, particularly in Western societies, and the vast array of necessary decision-making moments every day holds, can be crippling rather than empowering.

When combined with staunch individualism and independence, the problem worsens. This leads to the final concern on this point: that interdependence is requisite for human flourishing, and clients could be deprived of the opportunity to form necessary supportive relationships if too much focus is given to self-determination (Carse, 2006).

Autonomy and self-determination in the above instances are not only false interpretations of human experience, but also potentially harmful. States of suffering often cause people to experience loss of autonomous experience or the ability to be self-determining, such as in the instance of trauma survivors (Carse, 2006). If people are essentially self-determining rather than vulnerable, then it is easier for them to believe they are somehow at fault for trauma or for preventing it.

### **Coercion is an Existential Reality**

Almost a mirror image of the assertion that self-determination is an existential reality, is the argument that it is a myth. In other words, self-determination is an impossibility because all behavior is determined by factors outside of our control (Carse, 2006; Ryan, Legate, Niemiec, & Deci, 2012). Because of external factors, Carse states that self-determination is neither existentially nor experientially real, but rather that human growth and flourishing most often occurs out of vulnerability.

At present, the problems we have noted have not yet coalesced to disrupt or seriously threaten the social work profession’s broad support for client self-determination. We suggest, however, that these problems may grow, eventually forcing social workers to question both their philosophical and practical commitments to client self-determination. Furthermore, this brief review suggests some reasons for not treating client self-determination as absolute or sacred. If readers agree, then we may have created some space for reconsidering the concept of client self-determination and for seeking alternate justifications from a different philosophical or theological perspective.

### **The Paradox of Self-Determination**

The arguments for and against self-determination are varied and ongoing. Interestingly, some research indicates that the arguments may not be so opposed after all.

Ryan and Deci (2006) suggest that uneasiness with self-determination rises from a misunderstanding of what it means. They state that rather than falling on one side or another in the debate, it can be important to balance human vulnerability and self-determination and hold the two ideas in tension as co-existing realities (Ryan et al., 2012). They also strive to clarify another definitional problem touched on above: the notion that self-determination requires actions completely independent from any cause. They assert that self-determination is important for human beings to function well, and it makes them better prepared to deal with traumatic events in their lives.

Likewise, Nagel (2010) encourages social workers to support self-determination but without turning it into a “moral obsession,” as is sometimes the temptation in social work. Instead, Nagel encourages a focus on mutuality in decision-making that will benefit the client. In fact, Ryan et al. (2012) argue, “Some kinds of free will may not be worth having” (p. 218). They go on to state:

The most popular attacks on free will and self-regulation from social psychologists should not disturb anyone who is listening carefully, because the concepts they knock down are not consistent with practical living (p. 218).

By this, they mean that to execute self-determination and be autonomous does not require the individual to be the only cause of decision-making. They, like Carse (2006), do not see a problem with a self-determining person in the context of societal and cultural influences. The two are not mutually exclusive.

### **The Complexity of Self-Determination**

As demonstrated above, the arguments for and against the concept of self-determination and its application have spanned numerous decades. Several scholars have argued that self-determination can be best understood by embracing these complexities. For instance, rather than attempting to ascertain whether humans are self-determining or not, Ryan and Deci (2006) suggest it can be helpful to balance self-determination with human limitation and hold the two ideas in tension as co-existing realities (Ryan et al., 2012). In short, to have self-determination does not mean a person can decide without influence.

Through use of perspectives that express the complexity of self-determination and what it means to be human, we can find some building blocks for a Christian understanding of the concept that keeps theology and ethics in mind.

### **The Sanctity of Self-Determination in Social Work**

Sociologist Christian Smith says that American sociology is driven by a “sacred project.” Smith (2014) utilizes Emile Durkheim’s definition of the word “sacred”: “Things set apart from the profane and forbidden to be violated” (p. 1). He argues that sociology is guided by values and concepts that are held in highest regard, to the point that they are revered as sacred, even though few sociologists might actually identify them as sacred.

The same might be said of the profession of social work. Though many secular social workers may not identify them as such, certain aspects of the profession have achieved sacred, unquestioned status. Self-determination may be one such concept. The idea that human beings should be self-determining and autonomous is not neutral. Rather, it is laden with beliefs and values about the nature of humanity and how things should be. Smith (2014) asserts that setting a high value on self-determination is itself part of a system of values and beliefs that is part of a larger “secular salvation story” (p. 20).

There may be something to be gained from understanding our own profession in this manner. For social workers who self-identify as Christian, it allows them to draw parallels with their own faith and thus increases the meaningfulness of their professional work. As Smith (2014) states, “American sociology’s sacred project’s emphasis on human autonomy, self-direction, and agency parallels Christianity’s teachings on humanity’s absolute ontological distinction from God, capacity for meaningful free will, and the moral responsibility to make righteous and obedient choices” (p. 19).

However, there are also risks to this approach as well. If our social work values are indisputable, there is no room left for limitations or meaningful critique. When considering self-determination, the lack of constructive engagement may lead to a less helpful application of the concept in practice settings. Viewing the concept of self-determination as a sacred ideal may miss some important points about our humanity. Consequently, developing a more complex understanding of self-determination may be warranted.

### **Theological and Philosophical Complexity**

Persons of faith throughout history have identified a paradox in the human condition that aligns with the tensions in our discussion of self-determination. More specifically, human beings are at once decision-making

agents as well as subject to external forces guiding their lives, including God (Ramachandra, 2008). The concept of autonomy discussed in this paper does not fully fit our lived experience as human beings, nor does a strict adherence to the belief in absolute autonomy seem to fit our need for interdependent relationships with others. Many persons of faith have argued that true freedom is found in a relationship with God, which is a relationship that puts certain demands and limits on human beings (Wuthnow, 2007). Yet, they contend this posture of submission is where flourishing and wholeness is found.

Yet even one's relationship with God must arguably also include autonomous qualities to be authentic. As Ramachandra states, "coercion does not lead to genuine faith" (p. 165). This principle can be applied to human decision-making in general, and it gives us a window into why no matter what the cultural context, or how many options a person has access to, it is rather full assent to a decision that seems to matter. People need to believe in their decisions to be satisfied with them, no matter what the context.

Ramachandra (2008) anticipates Smith (2014) in his complex application of human freedom and his understanding of it as ultimately a moral issue:

There is no nonmoral conception of liberty. Negative freedom (freedom from coercion) is only intelligible in the context of the prior question, What do we want freedom for? If liberty merely means freedom from intentional coercion, then a primitive society with very few laws and meager economic resources would be more free than a modern society. This would be absurd. Laws and other social institutions serve some conception held within a particular society about what are the important human purposes that need to be protected and realized, and these involve deep moral judgments. (p. 165)

In other words, true freedom involves the ability to devote oneself to some purpose, which ultimately will impose its own constraints on a person. To be truly free is, paradoxically, to also be ruled by something.

Two thinkers who have written on the tensions between these concepts, and how they may work together, are St. Augustine and Soren Kierkegaard. Both recognized the two concepts as paradoxical in nature, but scripturally based and simultaneously true interpretations of the complex character of people and of God. For Augustine, this was notable in the ways in which he saw humans and the divine working together in salvation (Stalnaker, 2004). For Kierkegaard, these two concepts could not be separated and needed to be embraced together in paradox for a robust and whole view of the Christian faith (Chapa, 2016).

These insights can help shed light on the tensions that might be present when we consider the concept of self-determination as it impacts our own lives and those of our clients. In the same way that theologians have understood that God is both sovereign and offers freedom, it is possible to view the human condition as requiring a holistic view of self-determination: not one that is caught up in individualism or isolation, but that requires human fellowship and partnership in decision-making. This view posits that human beings often make a series of winding decisions.

Some scholars do see a need for a more complex understanding of self-determination and associated concepts (Heller et al., 2011; Messer, 2015). They believe that the issue of self-determination has been over-simplified. Messer (2015) states new findings in neuroscience suggest an understanding of absolute self-determination does not align with the way our brains actually work. There is, he writes:

Neuroscientific evidence that human beings' freedom of choice and action may be constrained in hitherto unsuspected ways by aspects of human neurobiology. We might instinctively feel troubled by evidence of hidden constraints on our freedom. However, Christians who hold the theological view of freedom, responsibility and sin . . . should be remarkably untroubled by such claims. . . . [T]he freedom that matters most to Christians is the freedom to orient oneself fundamentally to the good. That freedom is compromised not by our creaturely finitude, but by our sinfulness, our fallen condition: the radical alienation from God that we are both born into and perpetuate through our own willing and choosing. Perhaps, therefore, some of the constraints on freedom mapped by neuroscience can be understood theologically as ways in which individual, corporate or structural sin compromises our freedom to orient ourselves to the good (pp. 168-169).

Room for exceptions is allowed within the profession when it comes to self-determination—for instance, when working with clients who must be hospitalized against their will. However, beyond these exceptions it is often honored as an absolute, and the complexities described above tend to be rejected. When we talk about the complexity of self-determination, we are not talking about the exceptions, or considerations for how to apply the concept differently throughout life stages, as some do (Heller et al., 2011).

### **Human Vulnerability and Self-Determination**

What, then, is the path forward? Govorun (2011) describes Hauerwas' idea that "ethics should be re-united with theology and the practical life of the Church and as a result Christian ethics should go beyond self-sufficiency" (para. 7). Christians in social work might adopt a similar conceptual stance and suggest a holistic view of self-determination that is also united with theology and practical life.

Christians can echo the critiques of self-determination provided by Nagel (2010), Carse (2006), and Ryan and Deci (2006) in the sections above, affirming the notion that freedom and human flourishing are found in the context of supportive relationships that guide and protect the decision-making capabilities of individuals. Nagel encourages readers to support self-determination without turning it into a "moral obsession," as is sometimes the temptation in social work. Instead, Nagel encourages a focus on mutuality in decision-making that will benefit clients.

According to Henson (2014), though, these sorts of relationships do not always come naturally to us and vulnerability can be uncomfortable. "Men and women naturally eschew the thought of being a burden on another. Yet," quoting Hauerwas, "it is only by recognizing that in fact we are inescapably a burden that we face the reality and opportunity of living truthfully.' We place burdens on one another time and again" (p. 18).

### **Conclusion**

Bernstein (1960) asks whether self-determination is "King or Citizen in the realm of values?" He concludes that "While self-determination is not supreme, it is supremely important. Only through the rich utilization of this concept can we fully honor the human-worth value" (p. 8). He also argues that to "richly utilize" the concept, it must remain in its place as citizen and not a king. Similarly, it is important to leave space for critical examination and nuance in applying this important social work value.

Govorun (2011) writes along the same lines:

If moral norms become self-sufficient in a person's life they may turn into a fetish replacing the genuine goals of Christian life. In this case a Christian becomes a Pharisee for whom the observance of ethical prescriptions substitutes the living communion with God and openness to God's grace. Ethical norms can and must play an auxiliary role helping a person on his way to perfection. They should lead him to the goal of Christian life without replacing these goals (para. 7).

Heeding such warnings can facilitate the practice of another important social work value: self-awareness. Applying this value fosters the ability to examine one's own biases, be aware of personal beliefs, and critique one's views (Hodge, 2016). In this paper, we seek an honest look at self-determination for what it arguably is—a value in the profession's sacred story that has more complexity, nuance, and potential pitfalls than is frequently assumed.

The depth and complexity associated with the concept of self-determination can enrich the experience and practice of Christians in social work. In the context of the Christian story, people are broken and vulnerable but possess a fundamental right to be respected as bearers of God's image (Hoekema, 1986). As such, practitioners who ascribe to this story are called to walk alongside people assisting them with dignity and respect as God's image-bearers. A Christian understanding of self-determination provides practitioners with solid philosophical ground to demonstrate human interdependence, vulnerability, dignity, and responsibility to one another. ❖

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**Terry A. Wolfer**, MSW, PhD, Professor and PhD Program Coordinator,  
College of Social Work, University of South Carolina, Columbia, SC  
29208. E-mail: [terry.wolfer@sc.edu](mailto:terry.wolfer@sc.edu)

**David R. Hodge, Ph.D.**, is Professor of Social Work, Arizona State University and Senior Nonresident Fellow at the University of Pennsylvania's Program for Research on Religion and Urban Civil Society, 411 N. Central Avenue, Suite 750, Phoenix, AZ, 85004. Email: davidhodge@asu.edu

**Janessa Steele, BA**, is an MSW student, College of Social Work, University of South Carolina, Columbia, SC, 29208. Phone: (616) 617-1333. Email: janessasteel@gmail.com

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