GATHER THE PEOPLE
Community and Faith-Based Organizing and Development Resources
www.gatherthepeople.org

CLIENT MORAL-COMPASS IN SOCIAL WORK

By Rabbi Moshe ben Asher, Ph.D.

The importance of individual moral sensibility to achieving healthy social life can hardly be overstated. Lustig (2017a) proposes, with particular relevance to social work, that four major American crises—the healthcare crisis, the Social Security crisis, the opioid crisis, and the depression crisis—have a shared provenance: "The systemic confusion and conflation of *pleasure* with *happiness*," whose characteristics he contrasts:

Pleasure	*Happiness*
Short lived	Long lived
Visceral	Ethereal
Taking	Giving
Experienced alone	Experienced with others
Achievable with substances	Not achievable with substances
Extremes lead to addiction	No potential for addiction
Dopamine [neurotransmitter]	Serotonin [neurotransmitter]

Lustig (2017b) cautions that, ". . . the more pleasure you seek, the more unhappy you get and the more likelihood you will slide into addiction or depression." The simple explanation is that *pleasure*-producing activities, powered in their effects by morally unrestrained sensuality and materialism, routinely lead to addictions that are self-destructive and harmful to others in one's marriage, family, community, commerce, and nation (the last two, given the economic and national security consequences of metabolic syndrome diseases).

The harmful effects of the widespread decline of moral sensibility (Norman 2017) are multiplied by ubiquitous commercially driven rationalizations that promote unrestrained pleasure-seeking (Gustafson 2001; Waide 1987). Some of the more blatant corporate messaging includes: "Do what feels good!" (Coke), "If it feels good, do it!" (Burger King), "Freedom of expression—it's what it's all about" (Botox Cosmetic), "You can never have too much fun" (Apple), and "When you have passion, you have everything" (Don Julio Tequila).

The corporate consolidations giving rise to Big Food, Big Pharma, Big Chem, Big Porn, and Big Tech have led to market domination by a handful of massive companies across many sectors of the American economy. Through near-total control of information-media, marketing, and manufacturing, they have addicted a large segment of the public to products that afford immediate pleasure, including sugar (Avena 2008; Wiss 2018), alcohol and drugs (DeWeerdt 2019; Van Zee 2009), pornography (de Alarćon 2019; Love 2015), and electronic devices (Shoukat 2019; Hou 2019). Simultaneously, they have created persistent compelling distractions (Dekimpe 1995) from the long-term consequences of abandoning moral boundaries.

The societal consequences may remain largely out of mind because, in the age of sophisticated information technology, the Internet, and mobile personal computing, which now dominate our social life, the cultural acceptance of amoral autonomy as the highest good, rationalizes doing what is pleasurable for oneself regardless of costs to oneself and others. This propensity emerges in infancy and becomes hard-wired in toddlerhood. Self-entitlement to the *pleasure* of physique, position, privileges, possessions, and power, displace potential sources of *happiness*, in particular healthy family, community, productivity, and democracy, the benefits of *moral-spiritual* boundaries.

Assessment of Spirituality

By the time we finish our professional education for social work and receive a degree, we should know to familiarize ourselves with the spiritual and religious forces in the lives of our clients, as well as the dangers of "religion-blind" and "spirituality-blind" practice, which ". . . frequently risk imposing culturally incompetent 'secular' or 'rationalist' interventions on service users, who may have very different needs and actual wishes" (Gilligan 2006, 634).

The social work approach to "spirituality" emphasizes the practitioner's "cultural competence," which is

necessary but not sufficient. It is not enough to understand clients' spiritual and religious beliefs and practices if we ignore their moral character, regarding it as beyond the legitimate scope of social work, despite its harmful consequences. This self-defeating posture has been a part of training social workers, wherein the trainers note that ". . . the client's [spiritual] position must be accepted and not judged" (Darrell 2017), even though family therapists have recognized for decades that the potential of therapy is limited if the drivers of moral decisions are not plumbed but merely accepted "non-judgmentally" (Stander 1994).

Social workers, nonetheless, often limit their appraisal of a client's spirituality and religiosity to whether they function as potential sources of therapeutic strength. This approach may unwittingly overlook that faith-life without moral sensibility makes possible a lifetime of self-serving excuses for harmful behavior.

I'm reminded of my first unambiguous view of the disconnection between claimed spirituality and moral action in a professional setting, which was demonstrated many years ago by the director of a youth outreach program, where I was working as a volunteer. The director would arrive at staff meetings and announce that he had "prayed very hard" about what he was going to do. Then he would reveal an immoral or unethical decision, such as his intention to fire a staff member without having identified any shortcomings in that person's evaluations. Without apparent self-consciousness, he often spoke of himself as a very spiritual person.

The most egregious publicized examples in this vein, particularly disturbing to me as a rabbi, are the minority of clergy of all faiths who have been implicated in child sexual abuse, following decades of posturing as spiritual guides and teachers of religion.

Social workers may not recognize that declarations of spirituality and religiosity, of themselves, tell us nothing about a client's covert moral insensibility and more subtle harmful immoral behavior. The disconnection between claimed faith-life and behavioral morality may exist because problematic behavior often occurs in the absence of any consciousness of consequences for oneself and others. The behavior in question may also be regarded as "personal" to oneself, as with pornography addiction, but which nevertheless is highly damaging to the addict and others (Dines 2010; Kuhn 2014; Steffens 2006; Stewart 2012; Tarrant 2016). The behavior may be rooted in the client's limbic-system history of insecure attachment, strengthened by the previously noted ubiquitous commercial messaging to do whatever feels good.

Clients may go through counseling or therapy, appear to resolve thoughts, feelings, and behavior, but never bring into consciousness or unravel the particulars of their long-lived, often unconscious moral insensibility. Unlike others who have had the benefits of secure attachment in infancy and thus a mostly unhindered capacity for empathy and socio-emotional bonding, those lacking empathy and moral sensibility may also have an unwitting, lifelong tendency to meet their needs by using others instrumentally—in effect, treating them as objects, to be exploited more or less. A client may act without meaningful comprehension of emotional and practical consequences, even though the behavior in question may vaguely be understood intellectually and admitted as "wrong." One of the familiar examples of these circumstances is marital infidelity, which social workers, with some success, treat as relationship or family-systems problems or as the disorder of one or both members of the couple; but in any case, the unfaithful partner repeats the same infidelity in an ongoing absence or perversion of morality.

Cross-Cultural Moral Values

The justification usually given for the exclusion of client-morality as a focus of social work has been that morality is culturally relative. Although we repeatedly witness the devastating effects of immorality, the widely accepted guidelines for social work practice still caution us to avoid prioritizing a client's *morality* when considering mental and emotional disorders and problematic behavior, and when developing a treatment plan. In my experience of social work counselors and therapists over more than a half-century (as their client, student-trainee and teacher), the morality of their clients was never an essential element of their theories or methods.

However, there is good evidence to conclude that moral values are far from culturally idiosyncratic. Certainly, morality may be defined as one's sui generis beliefs about right and wrong, and there is a diversity of moral beliefs, some of which seemingly are not related to any standard of reason or even relevance to human welfare. Yet my professional experience in several different settings has repeatedly led me to conclude that moral ideations and actions of diverse individuals in the United States more often than not traverse cultural boundaries, and that even our contemporary politicized morality is no exception.

Working openly as a rabbi with Christian clients at a Samaritan counseling center, the agency director and I agreed that the religious and cultural differences between the clients and I had virtually no effect on our therapeutic relationships.

My work as a prison chaplain included, ironically, occasional attendance by Muslim and Christian inmates at the Jewish worship services I conducted, which many confided to me were helpful to them.

My faith-based community organizing also revealed extensive cultural crossover on issues with moral implications, but in a different context (ben Asher 1992; 2001). During initial community organizing membership drives, parish and congregation members are often surprised to learn that within their churches, disparate ethnic and racial groups, which historically have been isolated from each other, discover that when relating one-to-one and in small groups, they have much more in common than they ever imagined. In one

Catholic church, Anglos, Latinx, and Vietnamese were compartmentalized in their church's internal organizations. But in workshops they discovered that, when reflecting together on their beliefs about the action prompted by their faith, they had the same hopes and dreams for themselves and their children, the same concerns about schools, drugs, and gangs in the larger community, the same beliefs about parental responsibility and the obligations of public officials, and the same desire to work responsibly for needed reforms.

When the members of that church came together in an area-wide campaign with members of non-Christian religious communities, they found that they also had much more in common with them than they had previously imagined, despite their different cultures and faith traditions. They were soon working together in a *faith-based* campaign that required large amounts of time, energy, and spirit. In the first meeting of the campaign's steering committee, there was an aura of wonder and celebration, because previously distanced people of diverse faiths and cultures were working together for improvements in the larger community. This should not be surprising, since the world's major religions, and many of the minor ones, teach their followers to welcome and, presumably, get to know the stranger (AFSC n.d.).

The same quality of cross-cultural interaction occurred in my locality-based organizing, when members of different racial and ethnic groups from low-income, working-class, and middle-class neighborhoods came together to tackle problems they had in common. In addition to their cultural diversity, their religious affiliations were with a myriad of faith traditions.

In my macro social work, virtually everyone discovered, to their surprise and delight, that their beliefs about right and wrong, their moral sensibilities, were widely shared. My conclusion was that cultural boundaries are far less rigid than media sensationalism suggests and far less embattled than divisive politicians might want the public to believe. Au contraire, at the extreme, murder, torture, enslavement, and other forms of physical, social, political, and economic oppression are overwhelmingly believed to be morally evil, including where they are de rigueur. But even unexceptional immoral behavior, such as stealing, violating promises, betraying trust, lying, abusing verbally, and gossiping are also widely condemned across cultural boundaries. So we ought not to mistake personal or institutional pressure to submit to such behavior as popular endorsement of its moral legitimacy within a culture.

Consider that the prevalent de facto and de jure discrimination and violence against women, especially but not exclusively in second and third-world nations (Johnson 2008), may be openly endorsed and imposed by ruling classes of men, and embedded in male-dominated culture (Adegbeye 2020; Parker 2017). Of course, any suggestion that discrimination against women can make a claim of morality to be honored by social work, given the devastating consequences for women, is disabused by (1) the profession's Code of Ethics (NASW 2017), which calls for ". . . respect [for] the inherent dignity and worth of the person"; and (2) the United Nations Universal Declaration of Human Rights (United Nations 1948), which declares in the first Article: "All human beings are born free and equal in dignity and rights." Women robbed of their dignity and rights, suffering discrimination of one kind or another, undoubtedly agree overwhelmingly that their own oppression is not moral.

Notwithstanding universal moral values, it's obvious that cultural differences in the particular ways values are expressed can be volatile, creating distrust and distance, even open hostility, aggression, and violence. These differences often arise (1) from different moral beliefs about sexual activity, such as whether premarital sex is considered immoral or within an individual's freedom of choice (Graham 2016); and (2) from how animals are regarded—whether permitted or not for consumption, considered only as domestic pets or as working breeds, or treated as sacred (Szücs 2012). Yet even with cultural value-conflicts, there is sufficient evidence and reason to conclude that it is still practicable and productive, within the canons of social work, to include in our professional practice the primary treatment objective of fostering client moral sensibility.

Fostering Moral Sensibility

The caveat for social workers who choose to help clients develop moral sensibility, literally the ability to sense and make conscious decisions about their behavioral moral choices and their consequences, is that accomplishing this objective depends on several enabling conditions:

- Social workers who are culturally competent to deal with a diversity of cultural backgrounds and faith traditions. There is nothing new in this requirement. It has been recognized for decades and extensive social work education and training resources have been developed to meet this requirement.
- Social workers who have a morally-indeterminate treatment model that does not impose any system of morality but is purposively designed to focus the client's attention on self-assessment of his or her specific choices and their consequences and desirability.
- Treatment is framed, using Socratic questioning, within the context of *universal* moral values and standards, which serve as a *foundation of faith*, making it possible for clients to see that happiness is achieved by internalizing a well-developed moral compass to successfully negotiate day-to-day challenges.

Cultural competence is essential if social work practice is to foster the moral sensibility of clients. It's fortunate that barriers to effective cross-cultural counseling have been reasonably well-understood for nearly a half-century (Sue 1977). But still problematic are the

culturally based inhibitions to revealing intimate aspects of one's life to a stranger.

For instance, the value of self-control among Americans of Asian background highlights the importance of sensitivity to clients' ". . . potential discomfort or inexperience with sharing personal problems with a professional counselor. . ." (Wang 2010). While a social worker's cultural sensitivity is essential to eliciting in-depth self-disclosure, differences in the ethnicity of the client and counselor may in fact have little influence on self-disclosure by clients of Asian background. On the other hand, the potential for loss of face is likely to be crucial in that regard, so ". . . one [successful practice] pathway . . . may involve counselors learning face-saving strategies and skill sets to help manage and/or restore face, which, in turn, may facilitate self-disclosure in treatment" (Zane 2014, 71-72). For example, counseling may communicate that in almost all moral systems, "Self-development is itself considered a mandatory obligation" (Eckensberger 2008, 28).

In Eastern cultures, prevention of anti-social behavior relies much more on the initiative of groups rather than individuals. Western and Eastern cultures are distinctively different in that moral identity in the former stresses "individuality oriented morality" while the latter "considers a highly moral person to be societally oriented" (Jia 2017). The difference can potentially work as an insurmountable bar to exploring moral sensibility with some clients. But with many others the effect may be mitigated, because clients of Chinese background, for example, respond well to counseling (1) that is guided by an "active and directive" therapist, (2) that emphasizes their own responsibilities in their treatment, (3) that is non-judgmental, (4) that helps them to understand the perspectives of others, and (5) that helps them to consider how they feel about others who are involved in their lives (Ng 2013).

Morally-indeterminate treatment recognizes a justified social work caution in regard to concentrating on client-morality, based on predictable pitfalls when a social worker's personal moral bias is introduced into practice, which is a beneficial residual of the era in the profession's history when a primary concern was the morality of clients (Reamer 2014, 167). The practice then was based on the belief that the immorality of clients was the cause of their poverty, a class-based and self-righteous affectation that was jettisoned early-on with the growth of the settlement house and Progressive movements. And, of course, not even in religiously based human services is it productive or ethically appropriate to offer help conditioned on the practitioner's personal morality.

But the current accepted social work principle that the morality of clients should remain exclusively within the jurisdiction of clergy, appears ill-advised when carefully examined, operating as a needless treatment handicap when applied in an increasingly depersonalized, amoral society. We would regard it as absurd if lawyers were bound by a convention that required they not use knowledge of psychology and sociology in their defense of a client. We would regard it as absurd if clergy rejected the use of social work knowledge in their pastoral counseling. As social workers we would be at a huge disadvantage if we disallowed knowledge of the political, economic, and social forces on the lives of our clients. It's unthinkable that we would try to help a client suffering from alcoholism while ignoring the client's lack of education and chronic unemployment. Similarly, ignoring a client's lack of moral sensibility and internalized system of morality or moral compass has substantial effects on the outcomes of social work.

We are far less helpful than possible when we ignore that the morality of clients can play a pivotal role in their problematic attitudes and actions. Treatment that disregards a client's lack of positive internalized morality potentially leaves untreated a source of significant dysfunction, which can emerge repeatedly with harmful effects long after a "successful" course of social work has ended.

Morally-Indeterminate Treatment

The treatment approach proposed here eschews conventional religiosity and spirituality. The social worker's role is not to propose or encourage what the client should believe or do in the future, but rather to create a framework through which the client, based on self-reflection and past experience, becomes increasingly morally conscious, self-identifying possible choices and future consequences of actions. This approach, gauged to inculcate moral compass does not seek to impose a particular definition of moral responsibility in matters of sex, diet, relationships, work, etc. It is, instead, morally indeterminate, designed to help clients connect their behavior to outcomes that *they* conclude are harmful to themselves and others, and thus to be avoided.

Why wouldn't this approach simply lead clients to reinforce their lifelong self-serving, morally insensible behavior? The answer is that the overwhelming majority of our clients are not sociopaths, they are not without conscience; but many have not developed the empathy needed for socio-emotional bonding and internalized moral compass. Most of them are bereft of a map to redirect their lives towards moral sensibility.

A necessary prior condition to the development of internalized moral compass is the presence of an internal *foundation of faith*. If individuals are going to find it worthwhile to contemplate the consequences of their actions, ipso facto they must have "faith" in the possibility of greater goodness emerging in the world, because we have no certainty of that possibility or that each of us has the potential to bring it about.

The development of that faith is bolstered by the universal values of humankind, because faith is conditioned on hopefulness, which in turn is strengthened by knowing that we are not alone in our longing for greater goodness. Hope and faith is the antidote to the self-paralyzing beliefs that one is "unlovable and unloved"

and "it's a cold cruel world." The universal values help to displace those disabling thoughts and feelings. They may be introduced through open-ended questioning during a client's self-reflections. Raised when appropriate to the client's focus, the question-formula might be: Why do you imagine that people all over the world place such a high value on seeking the truth? Why do you imagine that in virtually every culture in the world, the great majority of people condemn greed? Why do you imagine that almost all people everywhere believe it's wrong to hurt others? Why do you imagine that in every society, most people believe it's wrong to destroy the environment?

A systematic survey (Kinnier 2000, 9-10) of the world's seven great religions and of the documents of several secular organizations, including the American Atheists, American Humanist Association, and the United Nations, confirms a substantial number of universal moral values:

Commitment to something greater than oneself

- To recognize the existence of and be committed to a Supreme Being, higher principle, transcendent purpose or meaning to one's existence
- To seek the Truth (or truths)
- To seek Justice

Self-respect, but with humility, self-discipline, and acceptance of personal responsibility

- To respect and care for oneself
- To not exalt oneself or overindulge, to show humility and avoid gluttony, greed, or other forms of selfishness or self-centeredness
- To act in accordance with one's conscience and to accept responsibility for one's behavior

Respect and caring for others (i.e., the Golden Rule)

- To recognize the connectedness between all people
- To serve humankind and to be helpful to individuals
- To be caring, respectful, compassionate, tolerant, and forgiving of others
- To not hurt others (e.g., do not murder, abuse, steal from, cheat, or lie to others)

Caring for other living things and the environment

My social work has been with many different communities. The backgrounds of their members were African, Irish, Italian, Jewish, Korean, Mexican, Puerto Rican, and Vietnamese. What they have in common is hope and faith in the possibility of righteousness, truth, justice, freedom, peace, and compassion—which for many represent the values that brought them or their parents or grandparents to the United States.

Moral Character and Empathy

While a foundation of faith is necessary for the formation of moral compass, clearly it is not sufficient. Without empathy, moral compass may function as nothing more than an intellectual construct—a set of ideals rarely if ever realized in one's day-to-day life.

Secure attachment to caregivers in infancy and childhood, the process of socio-emotional bonding, prompts our feelings, thoughts, and actions for the greater good, beyond ourself—our empathic *moral* character (Ringel 2008). Extensive peer-reviewed research confirms that the potential for development of moral sensibility and empathy is based on attachment (Fonagy 1997; Fumagalli 2006; Govrin 2014; Koleva 2013; Marazziti 2013; Mendez 2009; Njus 2016; Mikulincer 2005; Pascual 2013; Schore 2014; Shaver n.d.; van IJzendoorn 2010).

When the potential for moral sensibility and empathic sociability is brought to full effect by the acquisition of a system of morality, especially at an early age, the individual's emerging moral character is refined and serves in later life to overcome narrowly self-serving behavioral motivations. Thus it becomes possible to prevail over the allure of immediate sensual and material gratification which, when unrestrained by moral boundaries, often produces tragic outcomes. Fully realized, the internalization of moral compass may permanently displace the inclination toward harmful behavior (Hasanović 2010, 203).

Clients who are saddled from infancy or childhood with dysfunctional morality, primarily because of the early failure of parenting or other caregiving, live with an embedded source of self-harm and harm to others. Parents and other caregivers who fail the children in their care by modeling immoral behavior, such as infidelity in their marriages, typically also fail to inculcate in those children a system of moral behavior standards, leaving them without a foundation for moral character. It's not incidental that when the failure of parents or other caregivers reflects their own immorality, they also serve as dysfunctional models for the children's observational learning, priming them for the same or similar immorality. The familiar legacy of these failures is the lying and deceit, breaking of vows, and shattering of trust by unfaithful partners, which leads to emotional trauma, family breakup, divorce, disease, crime, and violence.

However we view the precursors of unfaithfulness, unfaithful partners usually have other less harmful options to deal with challenges in their relationships. But without moral sensibility, many choose betrayal instead, which is universally considered immoral by definition. With their deficits of moral character, these individuals bounce from immoral pillar to post, thoughtlessly making choices to get what they want, mostly on the basis of what feels good or is convenient, familiar, or useful in the moment. They become adept at creating pseudo-moral rationalizations for anything they want to do in any situation. Not uncommonly, they feel good doing it, over and over again, oblivious to the depth of their harmful effects on others and themselves.

Social workers should not ignore the absence of moral sensibility in clients, which predisposes them to choose betrayal over loyalty, lies over truth, dishonesty over fair play, disrespect over regard, degradation over honor, oppression over liberation, aggression over peacefulness, harm over care, and cruelty over compassion. Possibly more than ever before in the U.S., such choices no longer reflect moral compass within individuals. Social workers, especially, should not remain aloof from the impact of waning moral sensibility.

Acquisition of Moral Compass

The main social work concerns relative to morality for the last half-century or more have been the ethical norms and standards of the profession (Reamer 1998; Gray 2010) and the conflicting demands of personal and professional morality (Hodge 2004; Janssen 2016). Concentrating on the moral sensibility of clients is a significant addition to practice, but one that inherently is not retrogressive.

Social workers know that within the boundaries of moral character, clients may act in their relationships to uphold or overturn the widely admired ideals of righteousness, truth, justice, freedom, peace, and compassion. When these ideals have practical implications in our day-to-day lives, we typically have expectations and demands for reciprocal moral behavior, which constitutes the spiritual infrastructure of social life. When these ideals are not being upheld by our clients, their self-reflections to develop their moral character can be useful (Griffith 2011). Therapy designed to encourage a ". . . process of making deliberate, conscious moral decisions" can be effective, especially when a client's problematic behavior is unusually destructive, like committing felony crimes (Ferguson 2012, 2).

There is evidence (Whiting 2005, 33) that, "By refusing to accept immoral behavior [as beyond the scope of therapy], the therapist is modeling morality to clients: caring for them by holding them accountable"—that is, as proposed here, prompting them to be accountable to themselves. Gray (1996, 7) proposes that for *social workers*, ". . . moral sensibility is something which can be learnt, refined and improved through moral reflection and the development of moral understanding. People can develop their awareness of moral issues." And it is not far-fetched to imagine that culturally competent social workers serving as models can enact this potential practice and its benefits for their clients' observational learning.

The goal of helping a client to self-acquire moral compass is realized by the *client's* self-directed choices to internalize moral guidelines and boundaries, defining right and wrong, buttressed by the society's moral-spiritual value infrastructure, to bias behavior towards non-destructive forms. This model is entirely unlike the early practice of judging the immorality of clients and attempting to impose a narrow, class-based morality on them.

The most powerful impetus for a client to begin moral self-inventory in earnest is the advent of crisis. The term crisis is based on the Greek word "κρίση," which describes a pivotal moment in the course of an "illness," when the opportunity for intervention to produce adaptive new behavior is especially promising. (Stevens 1995) This occurs predictably at times of psychic and emotional turmoil, when the catastrophic loss of highly valued relationships, material security, and self-concept is likely and immanent.

In times of crisis, clients who pray regularly, formally or informally, may benefit especially if they have a secure attachment relationship with God. The attachment relationship is associated with ". . . higher levels of life satisfaction, and with lower levels of depressed affect, psychological distress, and feelings of loneliness . . . (Ellison 2014, 213)—all of which predispose them towards more successful self-inventorying. Prayer has been shown to improve one's ability to focus attention, increasing information relevant to a problem or challenge. (Adams 2017, 2) Possibly most significant, ". . . prayer can counteract the deleterious effects of self-control depletion" (Friese 2014, 90) in a crisis.

The treatment method proposed here is a variant of cognitive behavioral therapy (CBT) which, as understood in the context of moral compass, does not deny or ignore the importance of other psychological or emotional disorders or macro social forces that affect clients. CBT is based on the assumption that by changing cognition—perceptions, beliefs, attitudes, emotions, and memories—it is possible to significantly change the worst self-destructive and anti-social behavior (Clark 2010).

We can better understand the transformative potential of CBT from the last few decades of neurobiological research (Porto 2009). Conditioning the mind, by various methods of self-control of neural energy and information flow, makes it possible to re-fire and thus re-wire the neurons of the brain, changing the physical structure of the brain and permanently modifying mental, emotional, and physical initiatives and responses, both conscious and unconscious. Mind-conditioning can also turn chromosomes on and off, with wide-ranging consequences (Siegel 2018). Multiple methods to alter the neural architecture of the brain, including Eye Movement Desensitization and Reprocessing (EMDR), Emotionally Focused Therapy (EFT), Psychobiological Approach to Sex Addiction Treatment (PASAT), mindfulness, meditation, yoga, and movement techniques, have been successfully used in various therapeutic modalities.

When clients deconstruct their past immoral behavior, especially when they encounter, face-to-face, the hurt and anger experienced by those victimized by their behavior, many on their own initiative, although ideally with professional guidance, begin in earnest a psychological, emotional, and spiritual self-inventory that enhances empathy. The deepening empathy is linked to activation in particular areas of the brain in response to

the client-observer and the person the client has harmed who is observed in pain (Meyer 2013, 449-450). Social workers should recognize early in the course of treatment, the potential for greater empathy, since clients' empathy towards those they regard as "out-group" individuals, different from themselves, can be learned (Hein 2016, 84). This may be especially true in treatment settings where stress levels have been intentionally reduced (Martin 2015).

Social workers can appropriately take the initiative to help clients plumb their own deficits of moral character. The ". . . role of the professional is to help the user[s] make their own choices and decisions in a way informed by proper knowledge and understanding" (Clark 2006, 81). We can help our clients uncover the origins, dynamics, and consequences of their harmful behavior, and then encourage them to adopt and internalize their own system of behavioral morality.

These social work objectives and methods do not infringe on a client's right of self-determination, according to the standards of the profession (NASW 2017). Once well underway, however, clergy and other religious and spiritual advisors are probably best qualified to help develop and refine the particulars of a client's moral compass.

The practice principle that there is no right or wrong client-morality is only sensible therapeutically if that morality has no significant connection to long-term problematic thinking, emotions, or behavior—which is never true. As long as we are unable or unwilling to help clients recover the moral dimensions and outcomes of their behavioral choices, our helpfulness will be needlessly stunted.

If that is to be our professional posture, we should ask ourselves: When our social work with clients has ended, what morality do we expect them to rely upon to deal with the challenges they will face in the future—and what will be the consequences for them, their families, and others in their lives?

Bibliography

Adams, H., Kleider-Offutt, H.M., Bell, D. & Washburn, D.A. (2017). The effects of prayer on attention resource availability and attention bias. *Religion, Brain & Behavior*, 7(2), 117-133.

Adegbeye, O. (2020). Nothing Happens When Women Are Raped in Nigeria. *New York Times*. Retrieved from https://www.nytimes.com/2020/09/04/opinion/nigeria-rape-sexual-abuse.html.

AFSC, American Friends Service Committee (n.d.). Texts on the shared value of welcoming the stranger. Retrieved from https://afsc.org/document/texts-shared-value-welcoming-stranger/.

Avena, N.M., Rada, P. & Hoebel, B.G. (2008). Evidence for sugar addiction: Behavioral and neurochemical effects of intermittent excessive sugar intake. *Neuroscience & Behavioral Reviews*, 32(1), 20-39.

ben Asher, M. (1992). Faith Into Action—Community Organizing in Orange County, California. *Organizing* (Fall/Winter). Retrieved from www.gatherthepeople.org/Downloads/OC_CONG_ORG.pdf.

ben Asher, M. (2001). Key Learnings in Congregational Community Organizing Workshops. Retrieved from Gather the People, www.gatherthepeople.org/Downloads/OC_CONG_LEARNINGS.pdf.

Clark, C. (2006). Moral Character in Social Work. *British Journal of Social Work*, 36(1), 75-89.

Clark, P. (2010). Preventing Future Crime With Cognitive Behavioral Therapy. *NIJ Journal*, 265 (April). Retrieved from https://nij.ojp.gov/topics/articles/preventing-future-crime-cognitive-behavioral-therapy/.

Darrell, L. & Rich, T. (2017). The Ethical Inclusion of Spirituality within the Pedagogy of Social Work, *Field Educator*, 7.1 (Spring). Retrieved from https://fieldeducator.simmons.edu/article/faith-and-field-the-ethical-inclusion-of-spirituality-within-the-pedagogy-of-social-work/.

De Alarćon, R., de la Inglesia, J.I., Casado, N.M. & Montejo, A.L. (2019). Online Porn Addiction: What We Know and What We Don't—A Systematic Review. *Journal of Clinical Medicine*, 8, 91. Retrieved from https://www.ncbi.nim.nih.gov/pmc/articles/PMC6352245/.

Dekimpe, M.G. & Hanssens, D.M. (1995). The Persistence of Marketing Effects on Sales. *Marketing Science*, 14(1), 1-21.

DeWeerdt, S. (2019). Tracing the US opioid crisis to its roots. *Nature*, 573, S10-S12. Retrieved from https://www.nature.com/articles/d41586-019-02686-2/.

Dines, G. (2010). *Pornland: How Porn Has Hijacked Our Sexuality*. Boston, MA: Beacon Press.

Eckensberger, L.H. (2008). Morality from a cultural psychology perspective. In G. Zheng, K. Leung & J.G. Adair (Eds.), *Perspectives and progress in contemporary cross-cultural psychology: Proceedings from the 17th International Congress of the International Association for Cross-Cultural Psychology*. Retrieved from: https://scholarworks.gvsu.edu/iaccp_papers/25/.

Ellison, C.G., Bradshaw, M., Flannelly, K.J. & Galek, K.C. (2014). Prayer, Attachment to God, and Symptoms of Anxiety-Related Disorders among U.S. Adults. *Sociology of Religion*, 75(2), 208-233.

Ferguson, L.M. & Wormith, J.S. (2012). A Meta-Analysis of Moral Reconation Therapy. *International Journal of Offender Therapy and Comparative Criminology*, 20(10), 1-31.

Fonagy, S., Target, M., Steele, H., Leigh, T., Levinson, A. & Kennedy, R. (1997). Morality, disruptive behavior, borderline personality disorder, crime and their relationships to security of attachment. In L. Atkinson & K.J. Zucker (Eds.), *Attachment and Psychopathology* (pp. 223-274). New York, NY: Guilford Press.

Friese, M., Schweizer, L., Arnoux, A., Sutter, F. & Wänke, M. (2014). Personal prayer counteracts self-control depletion. *Consciousness and Cognition*, 29, 90-95.

Fumagalli, M. & Priori, A. (2006). Functional and clinical neuroanatomy of morality. *Brain*, 135(7), 2006-2021.

Gilligan, P. & Furness, S. (2006). The Role of Religion and Spirituality in Social Work Practice. *British Journal of Social Work*, 36, 617-637.

Govrin, A. (2014). The ABC of moral development: an attachment approach to moral judgment. *Frontiers in Psychology*, 5, 6. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3901400/pdf/fpsyg-05-00006.pdf/.

Graham, J., Meindl, P., Beall, E., Johnson, K.M. & Zhang, L. (2016). Cultural differences in moral judgment and behavior, across and within societies. *Current Opinion in Psychology*, 8:125-130.

Gray, M. (1996). Moral theory for social work. *Social Work/Maatskaplike Werk*, 32, 289-295. Retrieved from https://www.researchgate.net/publication/292049827_Moral_theory_for_social_work/.

Gray, M. & Webb, S.A. (2010). *Ethics and Value Perspectives in Social Work*. London, UK: Palgrave Macmillan.

Griffith, B.A. & Duesterhaus, M. (2011). Integrating a Moral Conversation: A Framework for Counselors. *Journal of Humanistic Counseling*, 39(1), 47-55.

Gustafson, A. (2001). Advertising's Impact on Morality in Society: Influencing Habits and Desires of Consumers. *Business and Society Review*, 106(3), 201-223.

Hasanović, M. & Pajević, I. (2010). Religious Moral Beliefs as Mental Health Protective Factor of War Veterans Suffering from PTSD, Depressiveness, Anxiety, Tobacco and Alcohol Abuse in Comorbidity. *Psychiatria Danubina*, 22(2), 203-210.

Hein, G., Engelmann, J.B., Vollberg, M.C. & Tobler, P.N. (2016). How learning shapes the empathic brain. *Proceedings of the National Academy of Science*, 113(1), 80-85.

Hodge, D.R. (2004). Working with Hindu Clients in a Spiritually Sensitive Manner. *Social Work*, 49(1), 27-38.

Hou, Y., Xiong, D., Jiang, T., Song, L. & Wang, Q. (2019). Social media addiction: Its impact, mediation, and intervention. *Journal of Psychosocial Research on Cyberspace*, 13(1). Retrieved from https://cyberpsychology.en/article/view/11562/10369/.

Janssen, J.S. (2016). Moral Distress in Social Work Practice—When Workplace and Conscience Collide. *Social*

Work Today. Retrieved from https://socialworktoday.com/archive/052416p18.shtm/.

Jia. F. & Krettenauer, T. (2017). Recognizing Moral Identity as a Cultural Construct. *Frontiers in Psychology*, 8. Retrieved from https://www.frontiersin.org/articles/10.3389/fpsyg.2017.00412/full/.

Johnson, H., Ollus, N. & Nevala, S. (2008). *Violence Against Women, An International Perspective*. New York, NY: Springer.

Kinnier, R.T., Kernes, J.L. & Dautheribes, T.M. (2000). A Short List of Universal Moral Values. *Counseling and Values*, 45, 4-16.

Koleva, S., Selterman, D., & Iyer, R (2013). The Moral Compass of Insecurity: Anxious and Avoidant Attachment Predict Moral Judgment. *Social Psychological and Personality Science*, 5(2), 185-194.

Kuhn, S. & Gallinat, J. (2014). Brain Structure and Functional Connectivity Associated With Pornography Consumption—The Brain on Porn. *JAMA Psychiatry*, 71(7), 827-834.

Love, T., Laier, C., Brand, M., Hatch, L. & Hajela, R. (2015). Neuroscience of Internet Pornography Addiction: A Review and Update. *Behavioral Sciences*, 5(3), 388-433.

Lustig, R. (2017a). *The Hacking of the American Mind: The Science Behind the Takeover of Our Bodies and Brains* [Kindle version]. Retrieved from Amazon.com.

Lustig, R. (2017b). The pursuit of pleasure is a modern-day addiction. *The Guardian*. Retrieved from https://www.theguardian.com/commentisfree/2017/sep/09/pursuit-of-pleasure-modern-day-addiction.

Marazziti, D., Baroni, S., Landi, P., Ceresoli, D. & Dell'Osso, L. (2013). The neurobiology of moral sense: facts or hypotheses? *Annals of General Psychiatry*, 12(6). Retrieved from https://annals-general-psychiatry.biomedcentral.com/articles/10.1186/1744-859X-12-6#citeas.

Martin, L.J., Hathaway, G., Isbester, K., Mirali, S., Acland, E.L., Niederstrasser, N., Slepian, P.M., Trost, Z., Bartz, J.A., Sapolsky, R.M., Sternberg, W.F., Levitin, D.J. & Mogil, J.S. (2015). Reducing Social Stress Elicits Emotional Contagion of Pain in Mouse and Human Strangers. *Current Biology*, 25, 326-332.

Mendez, M.F. (2009). The Neurobiology of Moral Behavior: Review and Neuropsychiatric Implications. *CNS Spectrums*, 14(11):608-620.

Meyer, M.L., Masten, C.L., Ma, Y., Wang, C., Shi, Z., Eisenberger, N.I. & Han, S. (2013). Empathy for the social suffering of friends and strangers recruits distinct patterns of brain activation. *Social Cognitive and Affective Neuroscience*, 8(4), 446-454.

Mikulincer, M. & Shaver, P.R. (2005). Attachment Security, Compassion, and Altruism. *Current Directions in Psychological Science*, 14(1), 34-38.

NASW (2017). Code of Ethics. National Association of Social Workers. Retrieved from https://socialworkers.org/about/ethics/code-of-ethics-english/.

Ng, C. & James, S. (2013). "Directive approach" for Chinese clients receiving psychotherapy: is that really a priority? *Frontiers in Psychology*, 4, 49. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3571202/pdf/fpsyg-04-00049.pdf/.

Njus, D.M. & Okerstrom, K. (2016). Anxious and Avoidant Attachment to God Predict Moral Foundations Beyond Adult Attachment. *Journal of Psychology and Theology*, 44(3), 230-243.

Norman, J. (2017). Views of U.S. Moral Values Slip to Seven-Year Lows. *Gallup*. Retrieved from https://news.gallup.com/poll/210917/news-moral-values-slip-seven-year-lows.aspx.

Parker, K. & Funk, C. (2017). Gender discrimination comes in many forms for today's working

women. Retrieved from https://www.pewresearch.org/fact-tank/2017/12/14/gender-discrimination-comes-in-many-forms-for-todays-working-women/.

Pascual, L., Rodrigues, P. & Gallardo-Pujol, D. (2013). How does morality work in the brain? A functional and structural perspective of moral behavior. *Frontiers in Integrative Neuroscience*, 7(65). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3770908/pdf/fnint-07-00065.pdf.

Porto, P.R., Oliveira, L., Mari, J., Volchan, E., Figueira, I. & Ventura, P. (2009). Does Cognitive Behavioral Therapy Change the Brain? A Systematic Review of Neuroimaging in Anxiety Disorders. *Journal of Neuropsychiatry and Clinical Neurosciences*, 21(2), 114-125.

Reamer, F.G. (1998). The Evolution of Social Work Ethics. *Social Work*, 43(6), 488-500.

Reamer, F.G. (2014). The Evolution of Social Work Ethics. *Advances in Social Work*, 15(1), 163-181.

Ringel, S. (2008). Formative Experiences of Orthodox Jewish Women: Attachment Patterns and Spiritual Development. *Clinical Social Work Journal*, 36(1), 73-82.

Schore, A.N. (2014). Foreword In D. Narvaez (Ed.), *Neurobiology and the Development of Human Morality: Evolution, Culture, and Wisdom* (pp. xi-xix). New York, NY: W.W. Norton.

Shaver, P.R. & Mikulincer, M. (n.d.). An Attachment Perspective on Morality: Strengthening Authentic Forms of Moral Decision-Making. Retrieved from http://portal.idc.ac.il/en/symposium/hspsp/2010/documents/15-shaver-mikulincer.pdf/.

Shoukat, S. (2019). Cell phone addiction and psychological and physiological health in adolescents. *EXCLI Journal*, 18, 47-50. Retrieved from https://www.ncbi.nim.nih.gov/pmc/articles/PMC6449671/.

Siegel, D.J. (2018). *Aware, The Science and Practice of Presence*. New York, NY: TarcherPerigee.

Stander, V., Piercy, F.P., MacKinnon, D. & Helmeke, K. (1994). Spirituality, religion and family therapy: Competing or complementary worlds? *American Journal of Family Therapy*, 22(1), 27-41.

Steffens, B.A. & Rennie, R.L. (2006). The Traumatic Nature of Disclosure for Wives of Sexual Addicts. *Sexual Addiction and Compulsivity*, 13(2-3), 247-267.

Stevens, B.A. & Ellerbrock, L.S. (1995). Crisis Intervention; An Opportunity to Change. *ERIC Digest* (EDO-CG-95-34. Retrieved from https://www.counseling.org/Resources/Library/ERIC%20Digests/95-034.pdf.

Stewart, D.N. & Szymanski, D.M. (2012). Young Adult Women's Reports of Their Male Romantic Partner's Pornography Use as a Correlate of Their Self-Esteem, Relationship Quality, and Sexual Satisfaction. *Sex Roles*, 67(5-6), 257-271.

Sue, D.W. & Sue, D. (1977). Barriers to Effective Cross-Cultural Counseling. *Journal of Counseling Psychology*, 24(5), 420-429.

Szücs, E., Geers, R ., Jezierski, T., Sossidou, E.N. & Broom, D.M. (2012). Animals Welfare in Different Human Cultures, Traditions and Religious Faiths. *Asian-Australasian Journal of Animal Sciences*, 25(11), 1499-1506.

Tarrant, S. (2016). *The Pornography Industry*. New York, NY: Oxford University Press.

Tylka, T.L. (2015). You Looking at Her 'Hot' Body May Not be 'Cool' for Me. *Psychology of Women Quarterly*, 39(1), 67-84.

United Nations (1948). The Universal Declaration of Human Rights. Retrieved from https://www.un.org/en/universal-declaration-human-rights/.

Van IJzendoorn, M.H. (2010). Attachment, Emergent Morality, and Aggression: Toward a Developmental Socioemotional Model of Antisocial Behaviour. *International Journal of Behavioral Development*, 21(4), 703-728.

Van Zee, A. (2009). The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy. *American Journal of Public Health*, 99(2), 221-227.

Waide, J. (1987). Making of Self and World in Advertising. *Journal of Business Ethics*, 6, 73-79.

Wang, S. & Kim, B.S.K. (2010). Therapist Multicultural Competence, Asian American Participants' Cultural Values, and Counseling Process. *Journal of Counseling Psychology*, 57(4), 394-401. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3073307/.

Whiting, J.B., Nebeker, N.S., and Fife, S.T. (2005). Moral Responsiveness and Discontinuity in Therapy: A Qualitative Approach. *Counseling and Values*, 50, 20-37.

Wiss, D.A., Avena, N. & Rada, P. (2018). Sugar Addiction: From Evolution to Revolution. *Frontiers in Psychiatry*, 9, 545, Retrieved from https://www.ncbi.nim.nih.gov/pmc/articles/PMC6234835/.

Zane, N. & Ku, H. (2014). Effects of Ethnic Match, Gender Match, Acculturation, Cultural Identity, and Face Concern on Self-Disclosure in Counseling for Asian Americans. *Asian American Journal of Psychology*, 5(1), 66-74.

Moshe ben Asher co-directs Gather the People, a community and congregational organizing and development consultancy based in Los Angeles.