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Move from Social Justice to Human Rights Provides New Perspective

Elisabeth Reichert, PhD, LCSW

Introduction

The social work profession in the United States possesses a long tradition of promoting social justice in carrying out social work practice. Social work educators emphasize the importance of social justice in all aspects of clinical practice, including advocacy for clients, teamwork, mediation, and therapy.

While social justice has served an admirable purpose and still plays a significant role in social work practice, close scrutiny of the social justice concept reveals shortcomings, primarily in the precise contours of social justice. Without fully understanding what social justice means, social workers can only give lip service to this pillar of social work practice. The difficulty, though, lies not in the teaching of social justice, but in the core meaning of this term. Social justice has no clear definition and consequently often serves merely as a pleasantsounding catchword.

Social workers outside the United States have begun to apply a more precise and meaningful concept than social justice to their practice — the concept of human rights. The United Nations has defined human rights as "those rights, which are inherent in our nature and without which we cannot live as human beings" (United Nations, 1987). Human rights are universal, with no distinction between cultures, races, religions, or other various classifications used to separate individuals.

Of course, human rights is not an unfamiliar or strange term to the social work profession. However, applying human rights to social work practice in the United States remains in the infant stage. This article examines how human rights can translate into a valuable tool for social work practice. For practitioners, human rights can become a helpful topic in continuing education, particularly because of the novelty of the topic. Practitioners may not have received instruction in human rights when they undertook their formal education.

Foundation of Social Work Profession

Historically, the social work profession has challenged inequities among individuals and groups. Social work originates from humanitarian and democratic ideals that prompt the profession to challenge discrimination and unequal distribution of resources. This core value of challenging inequities and promoting democratic ideals now forms part of the social worker's code of ethics (NASW, 1996).

The profession focuses on both the individual (or group) and his or her environment, with the acknowledgment that environment plays a key role in the fulfillment of an individual's needs (Compton & Gallaway, 1989; Germain & Gitterman, 1996; Kirst-Ashman & Hull, 1993). Not only do social workers attempt to assist individuals, but social workers also attempt to bring about change on a broader, more global level (Goldstein, 1992). This dual focus distinguishes the social work profession from other helping professions, like psychology and nursing, that generally address individual issues but without a mandate to challenge environmental impediments in resolving those issues.

Clinical Practice and Social Justice

By addressing societal inequities and oppression, the social work profession views itself as fighting for social justice. However, to utilize the term social justice in any meaningful way requires a linking of social justice to clinical practice (Swenson, 1998; Wakefield, 1988). Clinical practice refers to transactions between people and their environments (Cowger, 1994). In the profession, clinical practice serves as an umbrella term for case management, advocacy, teamwork, mediation, counseling, and therapy (Swenson, 1998).

While clinical practice has not always embraced a social justice concept, recently clinical practice has forged stronger links with the notion of social justice. In tying clinical practice to social justice,

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Oppression

Social workers have traditionally considered the oppressed and marginalized as their constituencies. Oppression relates to an unjust use of authority or power over an individual or group. Different forms of oppression exist, including oppression based on race, ethnicity, class, gender, age, and sexual orientation. Each form of oppression creates a unique injustice and inequitable power structure allowing the oppression both to exist and perpetuate. However, common to each form is the individual's or group's lack of power to overcome the oppression, which then becomes central to the individual's or group's social reality (Appleby, 2001). Oppression, like racism or sexism, frequently manifests itself in both individual and institutional acts.

Repeated exposure to oppression may lead to internalized oppression, whereby a person or group has internalized negative self-images projected by the external oppressor. Individuals often experience rage from internalized oppression. Repression of this rage can lead to self-destructive behavior or destructive behavior toward others (Shulman, 1999).

As part of clinical practice, social workers have the responsibility to challenge individual and social relations that create and maintain oppression (Pinderhughes, 1989, 1995). Social workers aim to reduce oppressive power structures, which requires both micro- and macro-level skills (Gutierrez, 1990; Lee, 1994; Simon, 1994; Solomon, 1976).

Challenging oppression clearly relates to what social workers view as social justice. Humanitarian and democratic ideals are anathema to oppression, which stems from inequitable distributions of power. In the struggle to reduce oppression, clinical practice appears to define a key element of social justice.

Empowerment

A second primary theme running through clinical practice, as it relates to social justice, is that of empowerment. In clinical practice, empowerment examines circumstances that contribute to differential treatment concerning ethnicity, age, class, national origin, religion, and sexual orientation. The empowerment tradition responds to the individual's and group's experiences of oppression (Saleebey, 1992). Empowerment focuses on how an individual is treated in society and how an individual has access to resources and power (Cowger, 1994; Roche & Deeves, forthcoming). Reducing inequitable power structures forms a key structural basis for empowerment (Gutierrez, 1990; Lee, 1994; Simon, 1994; Solomon, 1976).

Two interdependent and interactive dynamics characterize empowerment: personal empowerment and social empowerment (Cowger, 1994). Personal empowerment resembles the clinical notion of selfdetermination, whereby clients give direction to the helping process, take charge and control of their personal lives, get their "heads straight," learn new ways to think about their situations, and adopt new behaviors that give them more satisfying and "rewarding outcomes" (Cowger, 1994, p. 263). Personal empowerment also relates to opportunity, for without opportunity the process of self-determination becomes difficult. For instance, an individual who has no medical coverage and no legal or economic means to obtain that coverage will find it difficult, with his or her own resources, to adequately meet health care needs.

The social empowerment dynamic recognizes that an individual's characteristics cannot be separated from the context in which the individual exists (Cowger, 1994). An individual's behavior or traits are connected to those of others through social involvement (Falck, 1988). An individual with resources and an opportunity to play an important role in his or her environment can more easily shape outcomes. The individual who has influence in the community may persuade medical practitioners to provide low cost or free medical services to those without health care benefits. Without that contextual influence, however, an individual would most likely find it difficult to influence medical practitioners to provide those services.

Personal empowerment and social empowerment are mutually inclusive. When an individual achieves personal empowerment, that individual also achieves social empowerment (Cowger, 1994). Assisting individuals and groups to empower themselves to overcome inequitable treatment forms a key part of clinical practice. This empowerment tradition also goes hand-in-hand with the social work concept of social justice. Social justice, when defined as involving an equitable distribution of society's resources, directly relates to social and personal empowerment (Cowger, 1994).

Strengths Perspective

Strengths perspective is a third motif in clinical practice. Strengths perspective states that an individual's strengths are central to the helping relationship. The strengths perspective is a key element of social justice-oriented clinical practice (Saleebey, 1992; Weick, Rapp, Sullivan, & Kirshardt, 1989).

Strengths perspective acknowledges that structural injustices have isolated many individuals and groups from necessary resources and fair treatment. This perspective focuses on resiliency and ways in which people cope, in spite of many obstacles and injustices. Without the strengths perspective, social workers may fall into the trap of viewing an individual or group as being pathological and may focus on "what is wrong" with that individual or group.

Oppression, empowerment, and strengths perspective play key roles in clinical practice. All three themes relate to a broader concept of social justice, which remains a focal point of modern day social work practice in the United States.

Social Justice

Promotion of social justice is a central theme in the social work profession. The National Association of Social Workers (NASW) code of ethics (NASW, 1996) and the Council of Social Work Education (CSWE) reflect this strong commitment to social justice. The CSWE also emphasizes social justice in the education of social workers (CSWE, 1994).

While the social work profession couches all types of goals within the umbrella of social justice, close scrutiny of the social justice concept reveals shortcomings, primarily in the precise contours of social justice. The pleasing sound of this term clearly lends support to the continued use of the term in the profession. However, the use of a term simply because it resonates like a cherished value, is not enough if the term defies a clear definition and ready application to social work practice.

Three main theories of social justice exist: libertarian, utilitarian, and egalitarian. Each theory has its followers and adherents, though the egalitarian theory is apparently the most relevant to social work practice.

Libertarian Theory

The libertarian theory of social justice proposes that each individual is entitled to any material possession he or she has legally acquired (Nozik, 1974). Under this theory, the individual has autonomy and has no obligation to share resources with others. This autonomy militates against any forced redistribution of resources from the haves to the have-nots. Charity, or service to others, occurs from the largess of the benefactor, rather than through any right of the recipient to obtain what the benefactor possesses.

As an entitlement-based form of social justice, the libertarian theory rejects distributive justice. For this reason, social workers may not readily subscribe to this theory of social justice. Yet, in reality, many of the basic principles in the organization and sentiment of government structures within the United States follow a libertarian theory, with frequently only limited attention to the redistribution of resources.

The Utilitarian Theory

A second theory of social justice evaluates actions on the basis of whether they provide the

greatest happiness for the individual or the greatest number. This utilitarian theory holds that, although an individual has the right to be free from coercion, at times a redistribution of scarce resources meets the interest of the common good and should occur (van Soest, 1994). For example, under this theory, conditions should be promoted that encourage the greatest production of food for all, regardless of an individual's circumstances.

Essentially, providing the greatest good for the greatest number forms the universal principle under utilitarian theory. In contrast to the libertarian theory, a utilitarian will not hesitate to infringe upon an individual's right to resources if the sharing or redistributing of those resources would benefit the greatest number within a defined region. Obviously, the inherent conflict with this theory of social justice lies in determining what benefits the greatest number.

Egalitarian Theory

The egalitarian theory of social justice corresponds most closely to what the social work profession appears to mean when it portrays social justice (Reisch & Taylor, 1983). Under this theory, the needs of all must be considered (Rawls, 1971). Redistribution of scarce resources becomes a moral imperative, and any redistribution should benefit, or at least not harm, the most vulnerable in society. This distributive theory of social justice holds that the disadvantaged have a right to basic resources for living.

Clearly, the egalitarian theory of social justice rebuts the libertarian and utilitarian theories when equality becomes a defining value (Rawls, 1971). In an egalitarian society, citizens must have equal rights, equality of opportunity, and equal access to social resources. Only when those within the lowest margin of society benefit, should inequalities in resources be allowed (van Soest, 1992).

Social resources generally refer to economic benefits, but the egalitarian theory can also be applied to non-economic goods. Alleviating noneconomic "deprivations" can be a form of social justice (Rawls, 1971; Wakefield, 1998).

Summary of Three Theories

Based on the above theories of social justice, the term remains elusive for it defies a single, concrete definition. Under the libertarian theory, social justice protects the rights of the individual. The utilitarian theory tempers the libertarian theory to provide for the greatest good of the people, while the egalitarian theory forms the basis for redistributing resources to the less endowed in our society. In other words, depending on the theory, social justice means different things to different people.

In a social work context, social justice appears to be used to reflect the egalitarian theory more than the other theories. The social work profession uses social justice to encompass fairness in the distribution of resources, rights, opportunities, and duties (Rose-Miller, 1994). Social policy concerns the allocation of resources, while social justice is about ensuring that all people have the same access to those resources. Social work is about addressing the way injustices are structured into the allocation of resources and the disadvantages that accrue from such injustices (Benn, 1991).

The *Encyclopedia of Social Work* lists three components of social justice: (1) legal justice, which is concerned with what a person owes to society; (2) commutative justice, which is concerned with what people owe each other; and (3) distributive justice, which is "what society owes a person" (van Soest, 1995). NASW's policy statement on social justice focuses on peace and reduction in military spending, which emphasizes that people have a need to live without violence (NASW, 2000).

Even with the above attempts to define social justice, the current use of the concept is elusive and misleading (Rose-Miller, 1994). No theory fully explains the concept of social justice, and definitions simply beg more questions about the meaning. In light of these difficulties, social workers

should critically view the current usage of the term (Rose-Miller, 1994).

The dilemma with regard to social justice is that social workers are supposed to know what social justice actually means. Yet no clear definition of social justice even exists. Social work academics describe various types of social justice, with little explanation as to which breed applies to the circumstances at hand (Tyson, 1995; Hartman, 1990).

Human Rights

The notion of social justice clearly forms a crucial element in social work practice. However, the profession needs to look at other possible guiding principles to adopt and apply to clinical practice. One obvious and relatively well-defined set of principles is the concept known as human rights.

Human rights defines needs but also presents a set of rights for each individual, no matter where that individual resides. Human rights includes a wide variety of concepts and covers many areas of basic human needs. The concept of human rights can generally be defined as "those rights, which are inherent in our nature and without which we cannot live as human beings. Human rights and fundamental freedoms allow us to fully develop and use our human qualities, our intelligence, our talents and our conscience and to satisfy our spiritual and other needs (United Nations, 1987).

The foundation for understanding human rights lies within the Universal Declaration of Human Rights. Most nations, including the United States, have approved this 1948 document, which lists specific human rights. The declaration is not legally binding for any country that approves the declaration. Yet, at a minimum, approval of the declaration by a country indicates a commitment to satisfying these specified rights.

The Universal Declaration contains three distinct sets of generations of human rights. The first set of generations lists political and individual freedoms that are similar to what Americans view as human rights. The right to a fair trial, freedom of speech and religion, freedom of movement and assembly, and guarantees against discrimination, slavery, and torture fall within these political and civil human rights (United Nations, 1948, Articles 2-15). Reading beyond the initial set of human rights in the declaration reveals another set of human rights that embody so-called positive rights. This set of rights attempts to ensure each resident of a country an adequate standard of living based on the resources of that country. Under this second set of human rights, everyone "has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services." In addition, "motherhood and childhood are entitled to special care and assistance" and everyone has the right to a free education at the elementary level (United Nations, 1948, Articles 16-27).

While Americans applaud themselves for their strong commitment to the first set of human rights enumerated in the Universal Declaration, it is within the second group of human rights that Americans frequently come up short. Compared to many other countries, the United States fails to fulfill its obligation to promote positive human rights (Reichert & McCormick, 1997). For instance, our failure to provide adequate health care for all expectant mothers and children violates the same Universal Declaration of Human Rights that U.S. political leaders continually use to denigrate China, Cuba, Iraq, and other countries.

A third and final set of human rights that is the least developed set among the three types involves collective rights among nations. Under the 1948 Declaration, everyone "is entitled to a social and international order in which the rights and freedoms" listed in the Declaration can be fully realized (United Nations, 1948, Articles 28-30).

Clearly, as defined by the Universal Declaration, human rights covers much more than political rights. Social welfare benefits are as important a human right as the right to live without discrimination. The Declaration also provides that "everyone" is entitled to all the rights and freedoms listed in the Declaration without distinction. Everyone is "equal before the law" and is "entitled without any discrimination to equal protection of the law" (United Nations, 1948, Article 7).

In the years after the Universal Declaration was drafted, numerous other documents addressing specific areas of human rights, have come into existence, including the Convention of the Rights of the Child, the Convention Against Discrimination Against Women, and the International Covenant on Civil and Political Rights. However, the starting point for any contemporary human rights discussion remains the Universal Declaration.

The framework of human rights is much more specific than social justice. And while social justice and human rights share several goals, a crucial difference is the focus in human rights on entitlements and obligations, as opposed to the focus in social justice on needs.

Human Rights and Social Work Practice

The three pillars of social work practice oppression, empowerment, and strengths perspective - all relate to having access to resources and being treated with dignity. Yet none of those aspects of clinical practice provides an absolute minimal requirement for human existence. This forces the social worker to view individuals as having to fend for themselves when the powers that be refuse to allocate resources to those individuals. Unfortunately, this circumstance may simply perpetuate an undesirable status quo. For example, funding for elementary and secondary schools in the United States tends to vary according to the wealth of the school district. In some districts, particularly those in inner cities, many students fail to achieve an adequate education. However, the Universal Declaration of Human Rights states that everyone has the right to education, which shall be directed to the full development of the human personality and to the strengthening of respect for

human rights and fundamental freedoms (United Nations, 1948, Article 26). Therefore, by not providing adequate educational facilities, governments in the United States are violating the human rights of those students not receiving adequate education.

Social work practitioners familiar with human rights can readily apply this violation of human rights to their work. Instead of simply viewing the situation as one in which students simply need better educational facilities, practitioners can view the situation as one in which governments share responsibility for addressing and providing resources to help resolve the issue.

Human rights principles require a different mindset from that of social justice. A human rights perspective frames a particular issue into that of a right, meaning governments or citizens themselves are accountable for addressing and resolving the issue. Lack of health care, inadequate education, discrimination, and violence become actual violations, not simply unfulfilled needs. With a rightsbased perspective, social workers can bring more weight to challenging inequity and unfair distribution of resources and treatment.

American social workers have acknowledged the link between human rights and their profession. Colleagues have expressed the need to establish social work as a human rights profession and integrate human rights into social work teaching, research, and practice (Mayadas & Elliot, 1997; Witkin, 1993, 1998). Social work educators have developed a teaching model for teaching human rights to social work students (Roche & Dewees, forthcoming), while others have infused human rights into social work policy (Wronka, 1998). Social work literature also exists in connecting women's rights to human rights (Roche, 1996; Reichert, 1996,1998; Wetzel, 1993), and impugning the Welfare Act of 1996 as a violation of immigrants' human rights (Reichert & McCormick, 1998).

Conclusion

The term human rights does not appear in the

NASW Code of Ethics nor in CSWE's policy statement. Instead, the vague term social justice appears. However, social work counterparts in other countries have already embraced the concept of human rights and apply it to their practice (Reichert, 2001).

Social workers in the United States remain in a developmental stage concerning human rights and have yet to embrace human rights as an integral part of their practice. For practitioners who are on the front lines of imparting social work education into practice, knowledge of human rights can be especially valuable. Consequently, continuing education topics need to include the study of human rights and the translation of human rights into practice. By promoting human rights and going beyond the term social justice, social workers can create an entirely new vista in addressing social work issues.

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