The use of projective tests rests on the recognition that any word, scrap of writing, drawing, or other behavioral product can be mined for what it may reveal about the motivation and structure, the “inner self” of the individual who produced it. There is no reason why this same strategy cannot be applied to the products of entities much larger than single individuals. Constitutions, reports, organizational charts, committee minutes, and certainly any consensually approved policy announcements from people elected or appointed to leadership positions all may reveal aspects of the “inner self” of large organizations.

I would submit that a professional association’s *Code of Ethics* is a document which may be particularly revealing of the inner structure, issues, and political forces that characterize an organization at a particular time. Using a strategy of evaluating them as “projections,” one could compare the ethical codes of different professional organizations to try to get a “feel” for the nature and direction of the organization at a particular point in time. I applied such a strategy, using the revision of the National Federation of Societies for Clinical Social Work (NFSCSW) *Code of Ethics* for my “projective test,” and I was pleased with what I think I learned about the social workers in this organization.

If we were to construct a ratio out of two elements in any ethical code, namely (a) the number of paragraphs in the code devoted clearly and directly to client concerns and needs, divided by (b) the number of paragraphs of the code devoted to issues germane to the individual practitioner’s concerns or the status needs of the profession, we would have a ratio which might reveal the degree to which that particular ethical code serves the individual professional and/or the status of the profession (economic, legal, etc.) as opposed to the needs of the *consumer* of the profession’s services.

For example, the American Medical Association’s (AMA) *Principles of Medical Ethics* consists of a preamble and seven statements, a total of
The preamble announces that physicians must recognize responsibility not only to patients but "also to society, other health professionals, and to self." Further, Principle VI specifies that a physician shall be free to choose whom to serve (except in emergencies). Such a principle obviously bears on the physician's responsibility "to self," in contradistinction to patients. If we were to calculate the ratio of purely and specifically patient-focused principles to all other principles, the AMA Principles of Medical Ethics, by my calculation, turns out to be in the neighborhood of 50% patient focused.

Take another example: the Model Rules of Professional Conduct of the American Bar Association (ABA) specifies 52 rules in eight general categories, and is printed on 27 pages of small three column print. The introductory statement indicates that the Model Rules, "when properly applied, serve to define [the relationship between lawyers and our legal system]" (not the relationship between lawyers and clients). Many of the rules address such issues as a lawyer's responsibilities toward nonlawyer assistants, acceptance of court appointments, advertising, fairness to opposing counsel, format of firm names and letterheads, successive government and private employment, etc. While I did not formally calculate a ratio of "client-centered rules ÷ all other rules" for the ABA's 52 Model Rules, after reading them I would guess that fewer than 20% directly address client needs in any way. Rather, it seemed clear to me that most of these rules were designed to meet the needs of individual lawyers and the legal profession.

Here is where the new Code of Ethics of the NFSCSW absolutely stands out. I found it to be extraordinarily clear and steady in its focus on the needs of the client and delivery of high quality service as the central considerations throughout the entire code. Even in the expanded section on the ethical principles involved in the conduct of research and scholarly activities, the authors attempt to frame each component part of each standard in such a way as to make the relevance to clients' needs and concerns clear and unequivocal. I could find very few of the 43 standards under the eight general Principles which did not have a specific, direct, clear statement of connection to client needs and/or quality service in the new NFSCSW Code of Ethics. Status of the profession, public relations, or economic self-protection simply were not central. This code is over 90% "client-focused."

The new Code of Ethics of the NFSCSW greatly strengthens and improves the old Code (1974). For example, the older Code, which was in some measure a response to the climate of "hype" and hawking of competing therapies so characteristic of the late 60's and early 70's, devoted a large number of its 15 ethical principles to carefully addressing such ethical issues as advertising, public statements and endorsements, misrepresentation, and media activism, all issues generated by the rise of competi-