CRITICAL THEORY AND PREVENTION: IMPLICATIONS FOR SOCIAL WORK INTERVENTION

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Summary: This article analyzes a traditional concept of prevention that includes an emphasis on factors of populations that could engender problems that disturb the functioning of society as a whole. This locates Social Work and its rol in a context of social control. Then responds to the questions: How can Critical Theory help to understand and combat these control issues and how can Critical Social Work articulate avant-garde ways of thinking and acting in pursuit of prevention?

Key Words: Critical Theory   Prevention   Social Work   Critical Social Work

Resumen: Este artículo analiza un enfoque tradicional de prevención que incluye el énfasis en factores de poblaciones que engendrarían problemas que alteran el funcionamiento de la sociedad, por tanto ubican al Trabajo Social y su rol en un contexto de control social. Relaciona lo anterior con consideraciones tales como: Cómo puede Teoría Crítica ayudar a comprender y combatir este carácter de control y cómo puede Trabajo Social Crítico articular formas de pensar y actuar "avant-garde" en pos de prevención.

Palabras claves: Teoría Crítica   Prevención   Trabajo Social   Trabajo Social Crítico

Introduction

This paper responds to the theme Critical Theory, Prevention and Social Work. It will develop the following idea. While "mainstream" prevention claims to be proactive dealing with large groups of people who are not affected by the conditions to be prevented and attempts to reduce the probablilty of future new cases o target "groups at risk", it actually addresses and acts on factors of populations that could engender problems that disturb the functioning of society as a whole and thus it contains seeds of social control. It defines the role of social work and a role for social workers in this perspective. The quesiton to be answered is: How can Critical Theory help to understand and combat these control issues and how can Critical Social Work articulate avant-garde ways of thinking and acting in pursuit of prevention?

After defining the concept of prevention we shall review the prevailing or "mainstream" position and the role it outlines for Social Workers. We shall then present another picture inspired by Critical Theory and describe two of the major enjeux: State Controls vs. Autonomous, Democratic Organization and Prevention vs. Empowerment. Finally, we shall outline possibilities for Critical Social Work to develop interventions and prevention strategies that will be more closely linked to the interests of the actors that prevention claims to serve.

Prevention

Prevention comes from lthe Latin word "praevenire". "Venir" means "to come" and "Prae" means "before." While many see this as a negative connotation of stopping smething, it can also be seen from the standpoint of promotion or development. (Pransky, 2001) One of the best definitions of prevention is offered by Lofquist, one of the leaders and original thinkers in the field of prevention. "Prevention is an active process of creating conditions and personal attributes that promote the well being of people." (Lofquist in Pransky, 2001). An example that illustrates the idea of what comes before could be the following. If we find little children falling off a cliff into a river, we can either keep fishing them out downstream or we can build a fence upstream at the source of the problem or help them learn how not to get close to the edge in the first place. (Pransky, 2001) To prevent something we must do something and we must get results. But what do we mean by results?

"Main Stream" Prevention

"Main Stream" Prevention models of prevention imply a continuum from prevention through intervention and evaluation. Prevention is broken down into: Primary prevention aimed at everyone, non troubled individuals, and community conditions; Secondary prevention which targets "at risk" individuals, people in crisis, and "high risk" groups, and Tertiary prevention which refers to troubled people, diseased people and clients (Chaffee and Pransky, 2001)

George Albee constructed the following research-based formula to explain prevention in this perspective (Albee, 1980):

Rate of Problem Behavior

$$\frac{\text{Cultural expectations} + \text{lack of opportunity} + \text{stress} = \text{organic problems}}{\text{Healthy self-perceptions} + \text{life skills} + \text{awareness} + \text{supports} = \text{well-being}}$$

In Social Work, preventive services are usually seen as the programs, policies and clinical efforts aimed at helping clients avoid future problems. Prevention is also potentially delivered through social policies which promote healthy functioning, for example policies that encourage responsible sexual behaviour through condom distribution and use among high school students. These programmes will exert a preventive influence if they result in a lower incidence of sexually transmitted diseases and unplanned pregnancies.

Preventive efforts are not solely carried out by Social Workers but Social Workers are seen as having a particular role in the planning, execution, and study of prevention programmes, because they are involved in all stages: the programme design, implementation and evaluation efforts aimed at client populations. Social Work professionals are seen as diagnosticians, service providers and evaluators of prevention programmes. At the assessment stage Social Workers identify variables associated with future problems that are suitable for preventive intervention, then Social Workers deliver the programmes.

Evaluation procedures to empirically determine the efficiency of the programmes are also carried out by the Social Workers. (Schinke, 1998)

In this perspective emphasis is placed on promotion (Anctil,1991, Blanchet, 1993, Gouvernement du Québec 198, 1999), learning (Apprentissage et Socialisation, 1993, Pranksy, 2001, Albee, 1980,), intervention and evaluation (Beaudoin, A., 2000,Beaudoin, G. et al, 1999, 2000, Fortin, A., 2000). Analyses of the conditions for success include all of these. (Chamberland, Dallaire, Frechette, Lindsay, Hebert, Cameron and Beaudoin, 1996)

To strengthen the role of Social Workers in prevention it is necessary for them to locate opportunities for prevention that show promise as cost effective ways of reducing social problems. For example, prevention programmes that reduce the services to clients, increase clients' productivity, or improve the public welfare in a measurable economic manner such as reducing rates of welfare dependency through prvention programmes aimed at increasing school completion, and improving employment prospects will be embraced by policy makers who seek to reduce expenses on welfare services and voters who wish to lower their tax burdens. (Schinke, 1998)

The new prevention programmes must also prove themselves scientifically, and withstand the scrutiny of scientific research, political influences and community requirements for acceptance. In the "mainstream" perspective, there is a need to develop more precise theories to guide efforts.The ideal preventive Social Worker is one who will meet the challenges of planning, delivering and evaluating a thoughtful, carefully laid out and impeccably executed effort. This will then be judged by the outcomes of these efforts. (Schinke, 1998)

Critical Theory and Prevention

From the standpoint of critical theory the situation is very different. The Critical/Structural perspective takes into account the broad picture. This refers to examining problem situations in the light of larger structural forces that shape peoples' lives such as capitalism, partriarchy and the impact of these dominant structures. Problem situations are seen as based in differential access to power and conflict between systems. Unfortuately, in the literature this analysis which sees the dominant misuse of power and subordination of oppressed groups as issues which must be addressed, is for the most part missing. The structural approach focuses on the critical understanding of these structures. It is this awareness that frees people to participate more fully in all areas of life; participation without which prevention efforts cannot succeed. (Moreau, 1979, Carey.Bélanger, 1982, Albee, 1986, Carniol, 1995, Mullaly, 1997)

Whether or not prevention as a vital principle can even be established in a Capitalistic Society is questioned. Preventive action on the factors or the populations that risk to engender problems that destabilize the functioning of society in general, is seen as an attitude that contains seeds of social control (Renaud, 1984 and Mullaly, 1997)

These prevention programmes aimed at the so called high risk populations under the auspices of established social institutions can, according to several critics, "become a new

arena for 'colonization'. This arbitrary use of power and control by professionals may actualy act in ways that damage and decrease the opportunities of these designated populations. Professional intervention may entangle clients in schemas that are not adapted to their needs. (La prévention entre le controle social et l'autogestion, 1984)

Considering the control that these practitioners may exercise on their clients, it is alarming to note that the population, especially those targeted as "at risk", has been enclosed in a prevention that organizes their life according to criteria of efficiency and productitity defined by the State. The figure of a scientific and benevolent administration spreads it wings of influence and control. In the offcial discourse the State uses the strategy of prevention to attempt to bring each and everyone into line for "their own good and improved quality of life." (Nouvelles Pratiques, 1984)

However, prevention of this nature, under State auspices, does not always work. There is the "passive resistance" as citizens hear the voices of specialists, but continue to act as they please. The targeted populations seem unmanageable. The communities are difficult to mobilise and this preventive action does not give the desired results. (Renaud, 1984).

Critical analysis reveals several paradoxes and enjeux. We shall consider two of these: State Control vs. Autonomous Democratic Organization, and Prevention vs. Empowerment.

1. <u>State Control vs. Autonomous Democratic Organization</u>
As we have seen, prevention has a complex heritage. On the one hand, this State control has had a back lash and has given rise to emergence of autonomous democratic organizations who provide a collective criticism of these structures. These organizations promote the participation of people in all areas of life so that their voices can be heard. They reclaim citizen participation in decision making rather than control by outside forces. (La prévention entre le controle social et l'autogestion, 1984).

This movement carries with it an emphasis on lay power and the deprofessionalization and sharing of profesional. knowledge. With this decrease of power and authority of the professionals, lay people would not necessarily deliver services and programmes, but they would have a larger say in what they see and what they need to prevent future problems. (Carniol, 1995, Mullaly,1997). This action will help combat the sense of powerlessness, as efforts to change unacceptable situations clearly necessitate a redistribution of power. Evidence of the positive impact of changing social power in prevention has been well documented. (Albee and Joffe, 1981, albee, 1986, Pransky, 2001) and one of the main thrusts is to prevent the arbitrary use of power in ways that damage others or reduce their opportunities.

2. <u>Prevention vs Empowerment</u>
A second paradox arises between Prevention and Empowerment. Empowerment is referred to by Carolyn Swift as "the Greening of Prevention." For those concerned with social/community problems the idea of prevention is the logical extension of the needs model which views people in difficulty as children. (Rappaport, 1981) In the classic public health tradition prevention goals are fixed, executed and evaluated in ways that value homeostasis over change in a linear process. The prevention model begins with a

population whose members do not necessarily have the disease or the negative state to be prevented. If the population remains free of the negative state the preventionist has had success. (Swift, 1992)

Empowerment activities refer to people making decisions about their lives. Empowered people are actively involved in deciding about and managing their own well being and that of others. It recognizes that the major sources of stress and distress generally involve some form of excessive power. If powerlessness is the major source of behavioral disfunction, then prevention programmes in an empowerment perspective will require a re-distribution of this power, (Albee, 1986). The common expectations that educators and Social Workers can help the disempowered gain rights is in itself a paradox as it is only those with a deficit of power that can free themselves. The disempowered must be integrally involved in the pursuit of their own power and strength. Empowerment activities follow a dialectical rather than a linear process.

The integration of empowerment into prevention theories implies the participation of the concerned population at every step of the process, and encompasses the dialectic which is a part of social change. (Swift, 1992)

Critical Social Work and Prevention

Critical Social Work be it Radical, Structural, Feminist Structural or Anti-Oppressive, can play an important role in advancing prevention as both an autonomous democratic movement and as empowerment. This approach calls for both structural and conjunctural analysis. These form an esssential basis for thorough understanding and effective action. Structural analysis involves the examination of the wider economic, social, and political structures which oppress people and conjunctural analysis relates to the immediate situation and involves examining the balances of political and other forces at a given time. (Carey-Béllanger, 1982, Payne, 1997, Whitmore and Wilson, 1997, Heionen and Spears, 2001)

Structural and Radical Social Work are based on the notion that society is characterized by conflict between groups of people having differencial control over resources, power, influence and access to the good things in life. Social Work takes on the role of the social critique based on eliminating inequality, injustice and redistributing economic resources, and working toward a socierty based on collaboration and sharing (Fook, 1995, Payne, 1997).

This approach does not see an individual alone as the architect of her situation. Rather these problems are related to socio-economic factors and events beyond an individual's control and against which mobilisation at the level of the groups and community are necessary to effect change. This approach operates within a wider framing or context which contains possibilities open to workers and their clients to both percieve, understand and take effective action. (Fook, 1995, Wharf and McKenzie, 1998)

Drawing aattention to the voices and experiences of individuals and groups who have not always been heard through collective action is seen as particularly effective to

address peoples' needs from a macro level. Structural Social Work does not negate individual troubles but links them to injustices in society. Coming together with others who face similar situations can increase strengths and ultimately power. Goals and working relationships are established in a group and a sense of direction and energy results. A wider framing of collective action provided by critical Social Work is a powerful political tool that can initiate change at the grassroots level. (Carey-Belanger, 1982, Fooks, 1995, Wharf and Mackenzie, 1998).

When Social Workers help clients work collectively, the individuals, the collective, and the collectivity as a whole can benefit. Often clients initiate action. Collective action can be empowering when it gives people the sense of being in control of their lives, and this leads to the true sense of prevention from the "inside out" and from the "outside in." (Pransky, 2001)

Conclusion

In this paper we have examined main stream and critical approaches to prevention. The main stream prevention favors stability and control. It proposes a Social Work role based on competence and efficiency across the process of planning, executing and evaluating prevention programmes that meet with political and "taxpayer" approval.

On the other side, a critical perspective of prevention proposes autonomous and democratic organization which allows people previously silent to express their needs and expectations. Prevention is based on the principle of empowerment. This permits people to control their lives and work for the desired changes. Critical Social Work offers the possibility of a wider framing and a structural as well as a conjunctural analysis which opens to individual, group and collective avant-garde and alternative ways of thinking and acting, and brings preventive interventions closer to the actors that prevention claims to serve.

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