

Chapter 2

Philosophy and Community-Based Interventions

Introduction

As part of the rebellion of the 1960s, various movements throughout the world tried to reassess the status of the insane and others who might need assistance. The point was for these persons to have the right to a fulfilling life, untrammled by unresponsive political institutions and other imperious organizations. In the USA, for example, President Kennedy signed into law the Mental Retardation Facilities and Community Mental Health Centers Construction Act in 1963. As a result, the nature of health planning was supposed to be transformed dramatically by this “bold new approach” to dealing with human services (Sharfstein 2000). In time, this sort of re-orientation took place in various countries throughout the world.

This outlook built on and supported additional modalities of action research that called for local involvement in conducting studies and creating interventions, along with a critique of mainstream institutions. As a result, the community was elevated in importance, in addition to the revolutionary element of participation. To many persons, this change was shocking but consistent with a trend in many areas to open the society to novel ideas and encourage change.

Prior to the inauguration of this statute, services were provided mostly by professionals in large institutions. The insane, for example, were treated in asylums removed from the mainstream society. As Erving Goffman documented in his book *Asylums* (1962), these organizations were bureaucratic and generally inhumane. But other, more private facilities were not much better. The problem with this general approach is that patients were rarely discharged from these institutions. Critics began to refer to this method of care as “warehousing” (Paulson 2012, p. 10).

A key critique of this style of treatment, as discussed initially by Barton (1966) and later by Wing and Brown (1970), is that patients begin to adapt to their surroundings and are reluctant to leave. They develop what these authors called “institutional neurosis.” In other words, they internalize the norms of these organizations to the extent that they cannot function on the outside. And given little more than custodial care, these persons never really improve. In the end, treatment amounts to little more than patient management and long-term control.

Experts such as psychologists and psychiatrists were in charge of this treatment regimen. They made all clinical judgments and prescribed the drugs that were the hallmark of this confinement (Grob 1994). The patients, on the other hand, were kept on the periphery of this process. In fact, any complaints or denials they may voice were often viewed as signs of their illness. A set of procedures existed—referred by Goffman (1962, p. 140) as the “betrayal funnel”—whereby patients were gradually stripped of their past identities, severed from their communities, and eventually isolated. Any rights these persons may have had were simply lost in a maze of diagnoses and bureaucratic regulations.

By focusing on participation, more humane treatment was expected. In order to move away from these crippling institutions, persons were supposed to be treated in the “least restrictive environment” (Scharfstein 2000). What this phrase conveyed is a dramatic shift in orientation—patients and their communities should become the focus of attention. Interventions, in this regard, should become community-based and responsive to persons in need.

In some states, this grand move to “de-institutionalize” the insane resulted in the discharge of up to 75% of these patients to neighborhood community mental health centers, where they would be treated in a more friendly and supportive environment (Rocheftort 1993). Only those who are dangerous to themselves or others would remain in hospitals. This release was viewed by many critics as a triumph over ignorance and mistreatment, although some retrenchment was witnessed during the 1980s on this front.

In addition to this practical change, elevating the community in this way announced the on-set of a new philosophy (Rocheftort 1984). Particularly important is that community standards would provide the guidelines for defining illness and cure. Contrary to the past, for example, insanity would not be treated simply as a biological but a cultural issue. In this regard, some writers called for the abandonment of the so-called medical model altogether, while more moderate voices argued that such illness should be viewed to be a result of “problems in living” (Szasz 1961, p. 296). Madness was, thus, thought to be a truly social phenomenon.

The basic idea is that community members invent and enforce the standards of normalcy; this process, as Lefley (1990) suggests, is symbolic. Furthermore, how persons are labeled within the context of a community plays a large role in their identification as problematic and the success of any treatment. At times, this process of labeling was referred to as the application of the dominant signifiers, or symbols, to differentiate between those who are ill and normal. But in daily life, these labels are not necessarily so official, but they operate similarly and distinguish persons.

Knowing how these categories operate is crucial to making a sound clinical decision. The participation of clients is expected, accordingly, in the creation of treatment plans, while community members direct the operation of the service centers that are constructed (Grenblatt and Norman 1983). In this way, community knowledge serves as the basis for making diagnoses and developing treatment options. With these agencies grounded in their respective communities, the delivery of services should improve.

Consistent with this change, the role of experts was tempered in the treatment process. The social competence of an individual, for example, was judged in terms

of a community's norms rather than the distinctions imposed by professional diagnostic nomenclature. Additionally, treatment teams were enacted that are comprised of non-medical personnel, such as social workers and various "cultural brokers" from the community who could place a patient's behavior in the proper context (Lefley and Bestman 1991). Abstract or standardized diagnostic procedures were thought to misrepresent the behavior of most persons, although nowadays this critique is almost forgotten with widespread use of the Diagnostic and Statistical Manual (DSM) and other similar devices, drugs, and medical personnel in clinical assessment and treatment.

The assumption is that diagnoses, and thus treatment, would improve when undertaken within the context of a community. Insanity, or faulty reasoning, would be recognized to be a local determination based on indigenous definitions and relevant behavioral expectations. An appropriate and successful intervention, accordingly, would be specified by the logic operative in a community. Rather than a biological or moral issue, a remedy is guided by a community's needs and daily practices (Rochefort 1994).

What is suggested by this emphasis on daily practices is that communities are works in process, rather than easily linked to empirical traits or standard mores. Specifically important is that these groups are dynamic and have unique biographies. Their norms, accordingly, grow from their adaptation to events and their aspirations. The cultures that are invented and considered to be legitimate embody the collective memories and futures of a community.

Any assessments, accordingly, should not be objective in the traditional sense. That is, standards that are cultural-free, and thus transcend interpretation, should not be used to judge behavior because they are touted to be objective. All evaluations and interventions, instead, must be made within the context deployed by citizen participation (De Hoyos 1989). What is commonly viewed to be objective misses regularly the community and overlooks the daily practices that establish norms. How persons are judged, accordingly, should reflect the reality that is experienced over time in a community.

Community-based interventions, therefore, should be culturally sensitive rather than routine. And because patients are no longer judged by outsiders, who base their decisions often on criteria that are standardized but irrelevant, these assessments should thus be pertinent, accurate, and humane (Rissmiller and Rissmiller 2006). And because persons are classified by relevant protocol, treatment is not intrusive. In a way, communities begin to judge and cure themselves, since pathology is no longer an abstract and faulty determination, imposed on a community in a manner that only professionals can accurately decipher and remediate.

Overcoming Dualism

Linking participation to the formation of the realities in communities challenges a principle that has been central to traditional Western philosophy. In fact, this proposal is sometimes referred to as providing the foundation for a "first philosophy"

that is all-encompassing (Levinas 1969). Throughout the history of this philosophical tradition the aim has been the discovery of a reality that is immune to situational contingencies; a reality has been sought that transcends everyday experiences and is pure. The belief is that this strategy provides knowledge, morality, and social institutions with a sound and universal justification.

Plato proposed the existence of eternal ideas or forms, medieval philosophers had God, and more modern writers have relied on science to generate facts divorced from perspective (Zeitlin 1993). Although very different on the surface, each proposition has a similar core. That is, real insight is derived from sources that exceed the quotidian world. Those who seek true enlightenment must jettison their comfortable biases and seek a higher, more trustworthy vision.

Since around 1600, this way of conceptualizing knowledge and order has been referred to as Cartesianism, or simply dualism (Bordo 1987). Two themes are especially important at this juncture: (1) real knowledge exceeds daily experience, but (2) persons have the ability to gain access to this information. Indeed, getting access to truth and morality depends on the success of this endeavor. Thomas Nagel (1986), for example, calls this special outlook that has been coveted as the view from “nowhere,” which allows persons to view knowledge without the influence of interpretation or perspective.

In order to think profoundly, and receive the requisite enlightenment, philosophers have had to overcome their weaknesses and irrational tendencies. Since the time of Descartes critical reflection had to assume a particular form—indeed, the mind had to be separated from the world. In more modern terms, the influence of subjectivity has to be overcome, so that the objective features of reality can be known. Subjectivity, stated simply, is murky and fraught with uncertainty.

In this scenario, the human element introduces error into the search for valid knowledge. And unless truth or morality is going to remain out of reach, the unreliability of human judgments has to be reduced. A maneuver has to be made, in other words, that places knowledge beyond perspective, emotion, or any other human foible (Cassel 1991). As modern positivists are fond of saying, values must not be allowed to obscure facts. A way must be available that allows planners to merely describe the social world and report the results.

In earlier times, philosophers tried to flee from the contaminating influence of their bodies through study, mediation, or mendicant practices. An ascetic life, for example, calms the soul and fosters proper reflection. The body, in this case, represents all of the faults and limitations associated with human existence (Carlson 1975). The body is weak, prone to lapses, and is dirty. When trapped within this unsavory vessel, persons are unable to achieve one of their highest ambitions, that is, the discovery of pristine knowledge about themselves and the world. Traditional philosophy encourages this sort of escape to foster personal realization and moral good.

With the on-set of science, subjectivity was attacked in less esoteric terms. Specifically, the scientific method was developed for guiding the pursuit of knowledge, divorced from the influence of biases and other similar distractions (Starr 1982). Because this methodology is standardized, transparent, and based on reason, the influence of subjectivity is believed to be minimized. Scientists simply follow a set of uniform, stepwise instructions that verify knowledge claims, without the influ-

ence of interpretation or their personal agendas. Once persons are trained properly in experimental logic, and the related research protocol and statistical procedures, objective facts can be revealed.

In traditional social planning, this dualism is manifested in several ways. For example, experts are thought to be the most reliable sources of information, because they are professionals who eschew any attachment to political ideologies or other sources of distortion. For the most part, they are trained to serve the public, rather than act in prejudicial ways. The planning process, in this regard, is able to become evidence-based and acquires a sound reputation.

A vital part of their professional training is a focus on measurement. In order to insure that their decisions are based in fact, experts rely on rigorous, value-free methodologies to gather data. The DSM format, for example, generates assessments by adhering to logical steps and refined classifications that culminate in the accurate diagnosis of patients (Kirk 1992). Hence no interpretation is thought to be needed to render a clinical judgment. On the other hand, the use of social indicators—empirical features of a community, such as crime rates or racial composition—is assumed to promote rational decisions about the likely presence of specific social problems in a particular locale, since these features are readily observable (Land 1983). In both examples, the goal is objectivity untainted by personal or collective demands.

Some of this issue is thought to be addressed by making planning a high-tech enterprise. The introduction of technology, referred to by Jacques Ellul (1964) as “*technē*,” is thought to curb human error. For example, computers never have bad days and, and without a major glitch are thought to generate reliable results. Quantitative procedures serve a similar function, due to their universal nature. By transforming knowledge claims into mathematical language, accurate descriptions are thought to be possible without bias.

As should be noted, introducing participation is anathema to this trend. Within the context of dualism, this activity interjects error into judgments and other facets of planning. Additionally, including non-professionals in the planning process threatens the rationality of any intervention. These persons, after all, do not have the proper training and respond in unpredictable ways to social issues. How can facts be gathered within such a contaminated framework?

What community-based planners must wrestle with is a thorny philosophical issue, particularly the legitimacy of dualism. Contemporary writers argue, for example, that knowledge is never severed from subjectivity, or the human presence, and thus facts are always tied to one perspective or another (Lyotard 1984). Facts are conceptualized by someone, defined in one way or another, and organized for a particular purpose. The result, as Habermas (1971) writes, is that facts are a product of “human interests.” Facts, as will be discussed additionally later, are never pure but emerge from various claims, reflect a standpoint, and are easily disputed. Issues related to health, accordingly, are “nested within the whole gamut of socio-medical relationships” (Prior 1993, p. 1).

Does this rejection of dualism, and the accompanying version of objectivity, mean that reliable knowledge is a myth? Without dualism knowledge does not disappear, but certainly is not autonomous, or divorced from the persons or groups that interpret and take a position on this information. True or false information, accord-

ingly, depends on context, communication, agreement, and other social considerations (Scott 1989). For this reason, those who abandon dualism rely on dialogue to establish the conditions of reliable knowledge. Grasping the importance of perspective, in this sense, is critical to appreciating how knowledge becomes relevant and factual. Dialogue, in other words, opens the door to understanding how facts, such as health or illness, are interpreted within the reality of a particular community, and thus how certain symptoms come to be recognized as serious and warrant further investigation.

Social Order and Community

The acceptance of realism, however, sustains the traditional rendition of the community. Realists accept that the realm of the social constitutes a unique and transcendent reality. As Emile Durkheim (1983, p. 85) once said, who epitomized this trend, the social realm exists *sui generis*. In other words, social reality is external to persons and constrains their actions. Clearly dualism is operative. A community, accordingly, should be treated as an objective fact that defies interpretation, but still represents persons, their collective memory, and future responses to events.

The thrust of this theoretical maneuver is twofold. On the one hand, the social is autonomous and able to control persons. Realists such as Durkheim, along with more modern writers such as Talcott Parsons, are worried about disorder and the breakdown of society (Stark 1963). Social institutions, accordingly, are granted the status necessary to constrain human action and preserve order. The reality of these organizations is not contested but merely internalized in varying degrees.

Additionally, when couched in realism, the social constitutes a phenomenon that is available for study. A community, for example, is viewed as having objective features, disconnected from human intentions, which can be systematically investigated (Glynn 1986). With the proper skills and patience, planners can discover the laws of social life and formulate the proper correctives for any problem. Social interventions, in this sense, can be refined and directed to the exact place where they will have the most impact. Explanations of behavior, furthermore, can be attributed to the influence of these institutional or environmental features, thereby providing a clear target for interventions.

In terms of actual social planning, realism has been manifested in two interesting ways. The first relates to describing communities in structural terms. Structural metaphors—such as system, network, or framework—have been used regularly to characterize communities (Glynn 1986). The result is that these groups are portrayed as substantial; for example, they have boundaries, density, and entry points. Communities are not simply a hodgepodge of persons but are organized, and thus the impact of interventions can be calculated and measured. In this regard, communities constitute a separate reality that should not be reduced to the interaction between persons or their collective sentiments.

The second outgrowth of realism is related to the first. Specifically, communities are often treated as synonymous with certain objective properties, such as ethnic traits, geographical or political boundaries, or environmental properties (Sampson et al. 2002). Sometimes even a shared culture and tradition are included in these definitions, along with references to patterns of interaction or unifying symbols. Nonetheless, these traits are external to persons and do not reflect their in-put; symbols, in this case, are standardized and linked to cultural contingencies that are ignored. Where a community begins or ends, accordingly, is often a territorial determination, perhaps linked to a road or bridge that is easy to identify.

The behavior that is expected in these places, additionally, is associated with these obtrusive features. Crime is likely to occur in a crowded neighborhood that has buildings that are not regularly maintained. In fact, during the 1980s the concept of “broken windows” gained some notoriety among planners and politicians (Wilson and Kelling 1982). These broken panes of glass serve to indicate that a neighborhood is on the decline and that a host of pathologies is present. The sad nature of these communities is evident to anyone who has the requisite training and can draw the necessary connections between these objective properties.

As should be noted, realism enables planners to conceptualize communities in terms that are assumed to be objective and readily observable. These places, therefore, can be studied in a scientific or rigorous manner, thereby establishing the relationships that exist between, for example, socio-economic status, neighborhood control, or poverty and crime. As empirical indicators, poverty and crime can be precisely operationalized. Furthermore, with these variables equated with objective traits, their associations can be specified and analyzed with statistical sophistication and precision.

The problem with realism, and the associated focus on empirical or objective traits, is that the human element is ignored, or diminished in importance (Heineman 1981). For example, statistical relationships can be established between crime rates and certain geographic areas, in an attempt to identify the sources of certain offenses. Such associations, in fact, are not difficult to specify. Nonetheless, this approach provides little insight into the actual character of a community. How persons define crime, respond to these events, or assess the level of safety in their neighborhoods are not a part of this analysis. How a community is actually experienced, therefore, remains unknown. Accordingly, why any associations are present between crime and a certain neighborhood is mostly conjecture based on theory.

Critics of realism declare any plans that reflect this philosophy are purely speculative. For example, given the presence of particular social indicators, motives are imputed to the inhabitants of communities to explain their behavior. In the absence of economic resources and opportunities in poor neighborhoods, crime is expected and believed to be almost inevitable. But the actual process of engaging in crime—such as the decision-making and the influence of social bonds—is unrelated to these speculations (Melossi 1985). How an intervention should proceed, accordingly, is a matter of guesswork. After all, how persons conduct and interpret their lives is not revealed by social indicators.

What realists overlook is the intimate connection between how persons interpret reality and their actions. In the work of Lazarus and Folkman (1984), for example, perception is shown to be related to stress. Simply stated, whether or not a condition is stressful depends on how this situation is perceived. The identification and treatment of a host of other illness, however, do not escape this association (Trostle 2005). In this regard, Aldwin (1994, p. 22) argues that persons appraise situations before they act.

The point of this research is that conceptual schemes and the related personal or collective orientations affect the impact of social conditions on behavior. Persons, as discussed by Aldwin (1994, p. 22), are “nested” in their environments, and thus frame situations and are affected by a host of cultural elements. How they act, accordingly, reflect these preferences. But because of dualism, this association between cognition and behavior is downplayed by realists. Realists, in this sense, dismiss the relevance of participation in the formation of behavioral patterns, along with the contrasting viewpoints present in any social context. In effect, persons are portrayed to be caught in a web of situational, empirical factors that can be invoked to explain behavior or support certain types of interventions.

Participation and Construction

The focus on participation announces a move away from dualism. Through their actions persons influence reality; in other words, reality and the human presence are intertwined. The philosopher Maurice Merleau-Ponty (1968, pp. 130–155) has called this confluence the “chiasm,” where the differentiation between subjectivity and objectivity vanishes. The basic idea is that reality is no longer autonomous but connected intimately to human intervention. How persons act carves up or organizes social reality in one way or another. This confluence of subjectivity and objectivity culminates in a thoroughly interpretive process of perception.

The rejection of dualism has profound implications for both philosophy and social planning. Particularly noteworthy is that a community cannot be treated as an objective referent in the Cartesian sense, delineated along purely empirical lines (Cohen 1985). This communal reality, instead, is mediated completely by personal and collective existence and, thus, has a symbolic character. In more contemporary terms, the search for any mode of knowledge is shaped by interpretation. The result of this new philosophical position is that facts are viewed always from one perspective or another, and within a community from many vantage points.

A dramatic shift in understanding language has played a large role in this rejection of dualism. In the past, language was believed mostly to represent reality. Specifically, humans were believed to have the unique ability to highlight various aspects of the social world when they speak. In this sense, language is merely a tool that helps persons to distinguish elements in their environment. Nonetheless, the objective nature of social life is not compromised by these speech acts—they simply illustrate the divisions or demarcations that are never questioned.

More recently writers have argued that language is a creative force, rather than a tool. While adhering to the later views of Ludwig Wittgenstein (1958, p. 17), they contend that language is expressive and shapes reality. For this reason, language is described as a “game” that can be played in any number of ways. Accordingly, how language is enacted has a lot to do with how everything is perceived and assessed. Language, in this sense, is a vehicle for participation in reality that transforms communities into something primarily symbolic and interpretive. This so-called “linguistic turn” shifts the attention away from mimicry to production, that is, the invention of social norms and other standards (Lyotard 1984).

As contemporary writers like to say, the reality of any community is “constructed.” The essential point, in community-based planning, is that facts, truth, and moral standards, for example, are embedded in a social context created by human action (Gergen 1999). Facts are not obtrusive, as in the case of social indicators, but are subject to interpretation and regularly given new meanings. In fact, these alleged objective referents gain their significance in terms of how they are conceptualized and used. Most important at this juncture is that persons respond to how events are interpreted rather than their empirical or objective character. Facts and their interpretation are not separate! Dualism is, thus, *passé* in the context of community-based planning.

Community-based planners such as Fals Borda (1988) argue that this emphasis on participation announces the onset of a “participatory epistemology.” He contends that this non-dualistic viewpoint is grounded in the work of Paul Feyerabend and some quantum physicists. Others write that this novel position reflects the orientation of Foucault and Wittgenstein (Wicks et al. 2008). In any case, the general theme is that knowledge is a product of human action.

Clearly a new status is given to the social world by constructionists. Indeed, they declare that rather than strictly empirical, reality has meaning (Gubrium and Holstein 1997). A community, in other words, has a biography that embodies the interaction and desires of its members. As a result, the significance of social indicators is indeterminate, or implicated in the definitions and conceptual schemes used to describe and organize events and behaviors. Interpretation, in this sense, is context-bound and fluid, and can always be revamped.

Houses may be old and in need of repair, with some having broken windows, but whether these properties are indicative of social decline is a matter of interpretation. And even if decline is the case, the rationale for this erosion is relevant. Accordingly, the biography of a community is important to know, in order to grasp how the members understand this trend and plan to respond. And whether this empirical condition will lead to crime depends, for example, on how these persons interpret their lives and the prospects for improvement. Social indicators, in this sense, have meaning that is never obvious but part of the shifting collective vision of a community.

Some contemporary critics contend that a new label is needed to describe the social world, such as the reality of a community, subsequent to the dismissal of dualism. They believe that this example of social existence should be treated as a “life-world” (*lebenswelt*) (Schutz and Luckmann 1973, pp. 59–60). This term has

been used widely by phenomenologists to describe communities and other facets of social life. With the use of this suggestive term they are trying to say that the world is alive with meaning, rather than comprised of moribund or static empirical indicators. In other words, social existence is an outgrowth of definitions and commitments, along with related practices, that culminate in a world of meaning.

These writers are not trying to suggest, however, that communities have a single vision, similar to the position taken by realists. In fact, each community may consist of several worlds of meaning that are woven together to form a patchwork. The thrust of community-based planning, accordingly, is to make all plans sensitive to the different frames of reference that may be present (Parry et al. 2001). After all, a behavior that may be considered deviant in one of these contexts may have a very different meaning in another. Likewise, the nature of an appropriate intervention may change from one to the other. How the reality of a community is constructed by the various participants in this process, rather than any empirical features, provides insight into the meaning that inspires persons to behave in a particular way.

With respect to this elevation of meaning in importance, Alfred Schutz (1962, pp. 53–54) makes a distinction that is vital to community-based planning. These planners should pay attention to the “primary concepts” used by persons to organize their everyday lives, as opposed to the “secondary” ones introduced by professionals to explain behavior. At the core of his argument is that experts tend not to trust the testimonials of the persons that they study. Accordingly, social scientists rework these stories, using scientific language and empirical descriptives, in order to generate more reliable portrayals of social life. The problem is that these secondary explanations often mask the original intentions of community members. The primary concepts, in terms of this typology, reveal the recipes that persons employ daily to make sense of their lives and the behavior of others.

Because meaning lacks the firm anchor supplied by empirical indicators, persons must act as if they are thrown into the world without a set destiny. As a result, to paraphrase Jean Paul Sartre (1964), they are condemned to supply their lives with meaning and purpose. For this reason, meaning is crucial but indeterminate and always available for reinterpretation; meaning, in other words, is living. But when any change occurs, a new reality may enter the scene. Community-based planners, accordingly, must be attuned to these transformations, if planning is ever going to meet the needs of communities.

Joint Action and Community

Without the support of dualism, social order, and thus the community, must be conceptualized anew. In the past, social order was portrayed to be similar to a body, machine, or a system. All of these images are consistent with the goal of realism—that is, insure that order is preserved. In each example, society is thought to represent an overriding collection of rules, networks, or institutions. Because of this exalted status, persons confront and are constrained by an ominous societal organization.



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