# Consciousness Raising, Values, and Practice Behavior

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# CONSCIOUSNESS RAISING, VALUES, AND PRACTICE BEHAVIOR[1]

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## ABSTRACT

*This paper advocates for more conscious awareness of values, and their logical link, along with knowledge, to practice. A logical network is developed which reveals the association between values, knowledge, and practice behaviors. Examples from social work literature are used to illustrate the breakdown in the logical development of practice which occurs when values are suppressed or are only dealt with subjectively. Examples are also given based upon a planning group in which values were defined and used with community data to logically deduce "what ought to be done." A plan for self study is also developed.*

Scrutinizing practice behaviors and the justifications which support or refute these behaviors is essential to the development of social work and to the defense (or prosecution) of social workers whose behavior is being questioned. The number of grievance claims against social workers have increased rapidly in recent years as have charges that social workers are not doing enough to critique and improve the effectiveness of practice. Efforts have been made to critique practice behaviors on the basis of specific research data, but too little has been done to show how specific values are logically linked to practices of social workers. This paper represents a consciousness raising effort to reveal this linkage.

"Consciousness raising" is a process by which something is transformed from a non-cognitive to a cognitive level of awareness. It enables subjective, ill-defined, even non-conscious content to take on new form and meaning as it is identified, discussed and critiqued. Values have

not been sufficiently raised into the consciousness of social workers in terms of their logical link with knowledge and practice. A type of value suppression exists, intentional or unintentional, which does not permit values to be operationally defined, critiqued and refined relative to evolving social work knowledge and specific practice behaviors.

## Values, Knowledge, and Practice Behavior

"Values" in social work refers to preferred conceptions of people (and social contexts), preferred outcomes for people (and social contexts), and preferred instrumentalities for dealing with people (and social contexts).[2] The fact that values, knowledge, and practice behaviors are closely linked is not new to social workers. Arkava said, "The limits of social work practice are derived jointly from social workers' value base (what is wanted for people) and from knowledge (what is known about people) and how well the two fit together" (Arkava, 1976:13). The idea that value premises are being suppressed, or at least not being articulated in relation to specific practice behaviors, is supported by Vigilante's claim, "Although we have identified social work practice as a preeminence of values, most of our sparce research efforts have been directed at knowledge and skill components" (Vigilante, 1974:105).

This section is designed to raise the consciousness of readers in terms of the logical association between values and knowledge and what social workers "ought" to do in specific situations. "Value premises" are statements which communicate preference, e.g., acceptance is preferable to rejection. "Knowledge premises" are statements of fact, not based upon preference, which communicate what is assumed to be true. Research findings, social studies, and theories used by social workers usually represent knowledge premises. "Prescriptive conclusions" are action statements, justified by other premises, which designate what ought to be done in specific situations.

Social work practice activities are behavioral representations of prescriptive conclusions, and like prescriptive conclusions they are logically linked to value and knowledge premises. This invisible logical network supports all practice behaviors. It permits prescriptive conclusions (and their accompanying practice behaviors) to be deduced from

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[2]These ideas are developed in more detail by Charles S. Levy (1973). McLeod and Meyer (1976) describe more specific social work values.

value and knowledge premises.  It also permits one to infer value and knowledge premises from specific practice behaviors.

Figure 1, Invisible Logical Network that Supports all
        Practice Behaviors



General Value
Base of
Social Work

Value
Premises

Values in the
Empirical Situation

Knowledge of
Factors in the
Empirical
Situation

General
Knowledge Base
of Social Work

Knowledge
Premises

Prescriptive
Conclusions

Specific
Practice
Behaviors

—————— Direct Logical
            Linkages

— — — → May or may not
            have a Direct
            Linkage
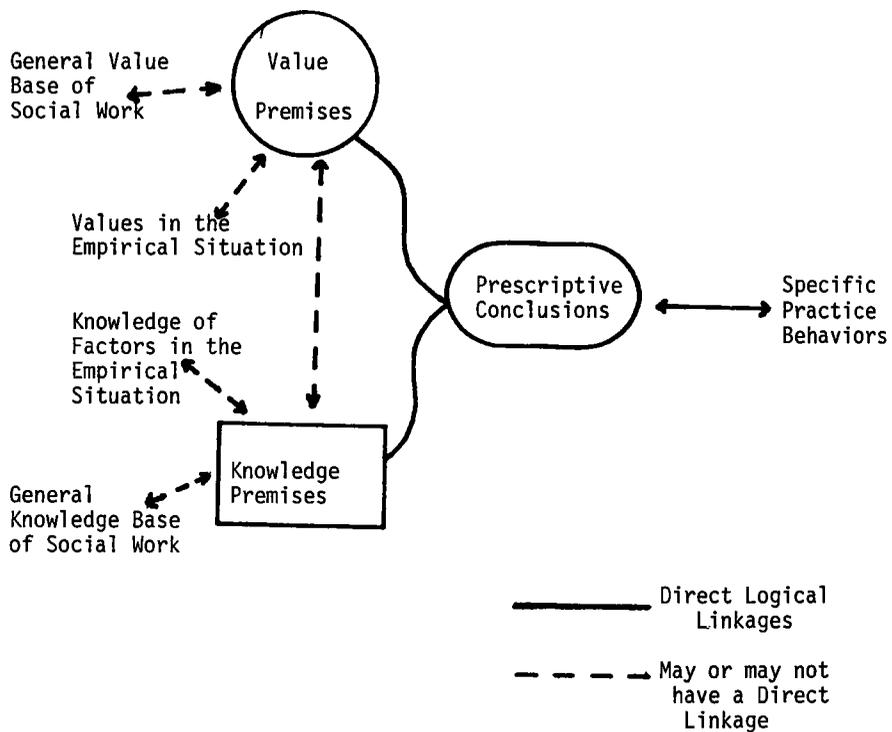
All practice behaviors logically link with specific value and knowl-
edge premises and these premises can also be used to justify (or attack)
one's practice behaviors.  What is sometimes referred to as illogical
practice behaviors are usually actions which do not logically link to
stated value and knowledge premises.  Practice behaviors may also be
called illogical when they are based upon premises most professionals
would not support.  The question is not, is a given practice logical or
illogical?  Rather, it is, what value and knowledge premises are support-
ed by a specific practice behavior?  A secondary question is--How well
are specific premises used to justify one's practice supported by the
social work value and knowledge base or by empirical evidence in the
immediate situation?  Unfortunately, many social work educators do not
specify value and knowledge premises for formulating what ought to be
done in specific situations (prescriptive conclusions).  Equally impor-
tant, many skilled practitioners do not specify their behaviors and
infer the value and knowledge premises that justify such behaviors.  The
result of these oversights has weakened the capacity of social workers
to justify what they do and what they ought to do.

Suppressed Value Premises in Social Work Literature

        Joseph Vigilante claims that our treatment of values as sacrosanct
religions may have lowered their prestige.  He goes on to say:

        "The difficulty of operationalizing values in our society has
        led to their being shelved, to their being revered from a
        distance, but kept separate from the daily business of succeeding.
        We sometimes become embarrassed by them:  a perfect condition
        for searching out an escape through science "  (Vigilante, 1974:109).

        One cannot logically move from a knowledge premise  to a prescriptive
conclusion without stating or implying one or more value premises.  Yet,
many social work authors, like persons in other fields, write as if pres-
criptions for what should be done are derived from only knowledge
premises.  Edward Best, (1967), refers to this common misuse of language
as an attempt to suppress value premises.  This is a frequent occurrence
in social work literature but only two examples will be given here.

        The first example, taken from a psychiatric study, is a quotation
in which the value premise is not identified.

        "Whereas most acutely ill patients who have good or fair remission
        could be discharged with relatively little casework help, the
        chronically ill patient frequently remains hospitalized unless

there is a casework intervention. If the choice of social
work time must be made, it should favor the chronic patient"
(Kelley, 1965:41).

The first sentence, which is a knowledge premise, clearly represents a
different use of language than the second sentence, which is a prescrip-
tive conclusion, and the line of reasoning cannot be verified by
establishing the truth of the former. When a choice of social work time
must be made, whether it _ought_ or _ought not_ favor the chronic patients
is a matter of choice that implies a value premise in addition to the
stated knowledge premise. The suppressed value premise seems to be
that community care for mental patients is preferable to hospital care.
Since the value premise upon which this conclusion is based is suppressed,
the reader is not given the opportunity to precisely question the justi-
fication for this prescription, or to question whose value premise was
instrumental in the prescriptive conclusion, i.e., for whom--(patients,
social workers, or community personnel)--is it preferable for mental
patients to be in the community?

Some social workers, in attempting to become more scientific, have
lost track of the role that values, along with knowledge, have in prac-
tice. The second example is taken from an article entitled, "A
Classification System that Prescribes Treatment":

"It is our belief that the classification system--developed as
it was out of observations and analysis of our clinical experiences
with clients--not only describes a given client's predominant
characteristics, but also prescribes the treatment most appro-
priate to the solution of his psychosocial problem" (Freeman,
Hildebrand, and Ayre, 1965:424).

Descriptions classifying clients into one of five types are given and
from these knowledge premises the actions that workers should take (pres-
criptive conclusions) are given. The way in which these authors moved
from knowledge premises to prescriptive conclusions hides the value prem-
ises that support their conclusion. Such a misuse of language is
detrimental to science and to social work to the extent readers associate
it with the scientific method. It also exemplifies the use of suppressed
value premises. Again, readers are not given the opportunity to see and
thus to critique the value premises upon which the prescriptive conclu-
sions are based.

The suppression of value premises in practice is as detrimental to
the evolution of the social work profession as is suppression of knowledge

upon which practice is based.  It may reduce conflict and help workers
avoid controversy and it may help maintain the belief that social workers
base their practice on similar values.  But this suppression is costly.
Scrutiny by peers and further refinement of practice is thwarted when
premises upon which one's practice is based remain private or hidden.
The transmission of operationalized values and knowledge to professionals
seeking these is inhibited, as is the capacity to defend one's practice
in a grievance adjudication or malpractice suit.

### An Empirical Demonstration of Operationalizing Values with Knowledge to Develop Prescriptive Conclusions[3]

### Background

A Catholic Charities Residential Child Care Planning Committee was
established in response to concerns that unneeded residential services
were being provided by Catholic Charities agencies and that uncoordinated
planning efforts between agencies providing residential services had not been
effective.  This committee consisted of twelve key board and staff members
from three local Catholic Charities agencies, a parish priest who was
heavily invested in children's services, the Director of Catholic Char-
ities in the county, and a social work coordinator who was to facilitate
the planning process.  The task of this group was to prepare a preliminary
report which included recommendations (prescriptive conclusions) for
Catholic Charities' sponsored residential services and the supporting
rationale for these recommendations (value and knowledge premises).

### Committee Processes

Completing the preliminary report consisted of three distinct but
interrelated processes.  One process which was clearly anticipated, con-
sisted of gathering data to more accurately assess the needs of persons,
numbers and types, in the community and the number of services available
and planned to meet these needs (developing knowledge premises).  The
social work coordinator was given primary responsibility for this because
of his research skills and the committee's view that he was impartial.
Another process, which was not anticipated, consisted of articulating
value premises.  These first two processes occurred simultaneously; they

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[3]Many of the ideas in this section are developed in more detail in a
prior publication (Steiner, 1976).

need not be sequential.  The final process consisted of using value and
knowledge premises, developed over a twelve-week period, to deduce pre-
scriptive conclusions (recommendations for what services Catholic
Charities ought to provide).  The process of specifying value premises
will be described in more detail since they are often overlooked or even
suppressed in planning activities.

The committee met on two occasions prior to the time the social work
coordinator was hired.  The third meeting began with the introduction of
the coordinator; a review of the committee's task; and further discussion
of the purpose, method, and scope of activities necessary to complete the
preliminary report.  The method for obtaining community data (knowledge
premises) was agreed upon.  Group members looked surprised when the newly
hired coordinator asked them to begin articulating preferences.  The belief
that this could be done prior to or concurrent with the time during which
knowledge of the community was being developed surprised members of the
planning group.

> Several said things which indicated they found it difficult, if not
> impossible, to communicate what they preferred prior to the time
> they saw the findings of the community study.  Others seemed
> puzzled, and yet amazed, by the expectation that they do this
> (Steiner, 1976:77).

The planning coordinator stressed the importance of operationalizing
values, and referred to local examples of unsuccessful planning groups
which failed because they did not specify value premises and reach some
concensus regarding values.[4]  With some apprehension, members agreed to
meet in one of four subgroups[5] to develop and submit value premises to the

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[4] Suppression of values in joint planning results from many causes.  Four
common ones are the belief that reliable data (knowledge premises) are a
sufficient source for deducing prescriptive conclusions, that personal or
institutional preferences should not influence policy development, that
premises which cannot be objectively verified should be rejected from further
consideration, and that one should support the social norm of avoiding dis-
course in areas where there may be conflicting preferences.

[5] The four sub-groups agreed to develop tentative value premises associated
with one of the following general areas of concern:  needs of young people,
progressive attitudes of child care, Catholic beliefs as they relate to
residential care, and resources (e.g., personnel, facilities, and monetary)
of Catholic Charities.

general planning group.  Each sub-group was asked to use the format,
"Other things being equal, _____ is preferable to _____" (e.g.,
maintaining children in their own homes is preferable to removing them
from their own homes).  This format helps bring somewhat vague, all-
encompassing values into sharper clarity.

A joint philosophy slowly emerged as different sub-groups shared
and worked with the full planning committee to refine, integrate, and
accept a set of value premises.  Many premises from one sub-group were
similar to or complemented those from another sub-group.  The emerging
philosophy had a specific meaning to committee members as they became
aware of the logical relationship between value premises, knowledge of
the community, and recommendations for what services Catholic Charities
ought to provide.  Yet, the following ten examples reveal that value
premises may appear to be rather general to readers not involved in the
planning.

One, it is preferable for a young person to be an end in-and-of
himself/herself rather than a means to some other end.  Two, serving
both sexes is preferable to serving either males or females exclu-
sively.  Three, a wide range of domiciliary and auxiliary services
that change as a child's needs change is preferable to a predeter-
mined cluster of services that change little during the time a
child is in residential care.  Four, continuity of care with pro-
fessional personnel is preferable to lack of such continuity when
changes in domiciliary services (e.g., going from a group to a
foster home) takes place.  Five, a family-centered emphasis stressing
normalization in small units is preferable to an organizational
efficiency emphasis stressing institutionalization in large domi-
ciliary units.  Six, serving those from the immediate geographical
area is preferable to serving young people from great distances.
Seven, serving those in need of short-term, goal specific services
is preferable to serving those with long-term needs for residential
care.  Eight, it is preferable to make admission decisions on the
basis of behavioral goals which are likely to be achieved with service
that can be made available rather than on the basis of general diag-
nostic labels a young person has been given.  Nine, to the extent
resources are limited, it is preferable to stress personnel and pro-
gram resources rather than resources associated with physical
facilities.  And ten, it is preferable for residential child care
staff to be involved with, rather than isolated from, more comprehen-
sive community planning activities (Steiner, 1976:78).

This committee responded well to the realization that values, knowledge, and recommendations for enactment (prescriptive conclusions) are logically linked. Most committee members joined into the planning processes with strong a priori opinions about values related to residential care, knowledge of the community and/or recommendations for what services Catholic Charity ought to provide. Value and knowledge premises were used to deduce prescriptive conclusions (e.g., to close a large residential treatment facility). When alternative prescriptive conclusions were given (e.g., to maintain a large residential treatment facility), the coordinator helped the committee infer value and knowledge premises that were logically consistent with the conflicting recommendations. All justifications (value and knowledge premises) were open to scrutiny. This consciousness-raising effort increased the effectiveness of this group and minimized the problems in planning groups that occur when value premises are suppressed.[6]

## Suggestions for Self Study

The suggestions for self study are based upon the realization that values are logically linked to practice. Readers are challenged to engage in three consciousness-raising activities on an individual basis or with peers: one, specify practice behaviors and then infer value premises (general preference statements) that support these behaviors; two, refine these statements comparing them to statements of value found in professional literature (e.g., the Code of Ethics); and three, anticipate future practice behaviors which would logically support/refute these value premises. These three activities could also be undertaken to evaluate knowledge premises and practice behaviors. To the extent one develops skill in carrying out these activities, one can constructively critique social work practices.

## In Summation

The question what "ought to be done" is a serious one that may or may not be given conscious consideration by specific practitioners. Values, along with knowledge, are instrumental in answering this question. The

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[6]Failure to acknowledge the importance of value premises is a common cause of planning difficulties. These difficulties may be attributed to "personality conflicts" of members or a lack of "valid data." However, overcoming "personality conflicts" of members or collecting "more valid" data does not overcome planning difficulties caused by the suppression of value premises.

emphasis given to values in this study was not done to minimize the importance of knowledge. It was done to bring into sharper clarity an area that is often avoided in social work decision-making processes. An invisible logical network does justify practice behaviors, although social workers may or may not be in agreement with values and knowledge logically associated with specific practice activities. Raising this invisible logical network into the consciousness of social workers is an important aspect of logically developing practice and defending (or prosecuting) social workers whose behavior is being evaluated by adjudication groups.

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