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"AN OUNCE OF PREVENTION..."
BY- HASELKORN, FLORENCE

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PREVENTION AS FUNCTION, VALUE ISSUE, CONCEPTUAL SHORTCOMING, AND PRACTICE IS DISCUSSED AND RELATED TO EDUCATIONAL TASK. PREVENTION AS FUNCTION IS GENERATED BY OUR VALUE PREMISES. IN SEEKING TO PREVENT SOME FORMS OF SOCIAL DYSFUNCTION, WE MAY BE PERPETUATING OTHERS. THE CONCEPT OF PREVENTION IS AMBIGUOUS. CRUCIAL CONCEPTUAL ISSUES INCLUDE THE APPLICABILITY OF THE PUBLIC HEALTH MODEL, THE QUESTION OF SOCIAL PROBLEM CAUSATION, THE EPIDEMIOLOGICAL METHOD, AND QUESTIONS OF APPROPRIATE TARGETS FOR PREVENTION. MORE RECENT PREVENTATIVE PRACTICE DEVELOPMENTS AND THE PROBLEMS THEY POSE ARE DISCUSSED. CURRICULUM CONTENT IS IDENTIFIED, AS ARE OTHER MATERIALS RELEVANT TO PREVENTION WHICH MIGHT BEAR INCLUSION IN THE CURRICULA. THE THREE MAJOR SCHOOLS OF EDUCATIONAL PHILOSOPHIC THOUGHT AND THEIR IMPLICATIONS ARE DISCUSSED. EDUCATORS ARE URGED TO SUBJECT PREVENTION TO IN-DEPTH EXAMINATION. THIS PAPER WAS PRESENTED AT THE ANNUAL MEETING OF THE COUNCIL ON SOCIAL WORK EDUCATION, SALT LAKE CITY, UTAH, JANUARY 26, 1967. (FS)

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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"An Ounce of Prevention - - -"

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Florence Haselkorn
Associate Professor
School of Social Work
Adelphi University

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It is somewhat embarrassing to be advocating that we should be teaching more about prevention in social work education. It reminds me of Perelman's observation that "there is nothing so pleasing, and nothing so teasing as an annual conclave of experts. No matter what the specialty from hair styling to sheep genetics, the authorities in every field nowadays seem to regard it as obligatory to convene in a sacred grove once a year, divide into as many panels as possible to provide a maximum of obfuscation, ensnare each other with verbal cobwebs and finally, issue to the press a conclusion any newspaper reader could have reached without even leaving his bathtub." In the case in point, social work students should learn that an ounce of prevention is worth a pound of cure. If it were only that simple. (Incidentally my footnote says that was S.J. and not H.H. Perlman).

The issue of prevention for social work stubbornly resists simplification and accounts for the spotty and episodic way in which I suspect most of us move in orbit around the idea in teaching. This leaves us vulnerable or immune depending on our academic defenses to continuous prodding, criticism and exhortation that educators must give more emphasis to prevention in the curriculum. With all the

limitations of the hurried guided tour, I would like to sketch the strands and strains of our professional thought as I read them relevant to prevention as function, as value issue, as conceptual shortcoming and as practice, and then shift the scene to our educational task.

Prevention as Function

Somewhere early in our developmental process, we appear to have internalized the prohibitions: thou shalt not be content with patching up, thou shalt not be content with serving as society's band-aid, thou shalt not be content with relieving but never reducing the rate of occurrence of problems. Like remnants of an archaic super-ego, sometimes almost inaudibly, now more clamoring, a preventive function continuously asserts itself.

When left at the level of a generality, prevention as an appropriate function, can arouse little dissent. Functions like goals do not require validation, tell only what should and ought to be done and do not prescribe action. It is in the tradition of humanist professions to set goals and assume functions that outdistance immediate capacity for achievement. Medicine envisages an era free of disease, and social work's aspirations are no less modest. While we still await resolution of our identity crisis, the current Zeitgeist of more insistent pressure for a social planning role, and the shifting emphasis from a residual to an institutional view of our function, will not permit us to relinquish the role of prevention. All

indicators suggest instead that it will come into increasing ascendancy and that we are now in an era of anticipating and foreshadowing the development of its theory, its practice and the implications for education.

Prevention as Value Issue

A preventive function is generated by value premises that are eminently compatible with a humanitarian value system. Philosophically we hold that prevention is good and desirable. It flows logically out of our belief that society has the responsibility of facilitating self-realization, and that we are potentially capable of understanding, controlling and improving our environment. I am not inviting you to believe, however, that prevention is as yet viewed as an absolute in our value hierarchy. An NASW committee report poses the question "upon what assumption is the contention that prevention is better than treatment raised?"² Along these lines is the belief held by some that preventive measures must wait until the hungry are fed and the sick made well. Lydia Rapoport puts it this way, "if, however, prevention means applying measures to relieve any one given individual from distress or destructive experience is less worthy than application of broad social means to relieve suffering in general, then for social work this is an indefensible position."³ While these are value differences, implicit in such statements may also be some linguistic obscurity which compounds the issue, and thus we are immediately faced with the need to define our terms. Let us put this aside for the moment and continue

with some other value predicaments. In trying to prevent some forms of social dysfunction, may we unwittingly be supporting norms that may be insupportable, and thus serving as an instrument to increase conformity? ⁴ This arises out of the notion that conformity to the majority conceptions may sometimes indicate more pathology than some degree of deviance. Thus a complex issue is the extent to which a contributing cause of some social problems may be the value orientation of our culture, ⁵ and the potency of social work as compared to the home, church, and education to humanize contemporary culture.

Value issues appear in such questions as, "if we identify people as at-risk because of an assumption that they may potentially develop problems, are we by so labelling, offering services for problems that may or may not occur given the limitations of our present capacity for prediction?" Is there danger of a self-fulfilling prophecy and may we perhaps thus predestine some people for problems? ⁶ This is suggestive of how opinions run the gamut from perceiving prevention as the guide to the promised land, a possible answer to manpower problems and to societal ills, to fears that preventive efforts if not zealously guarded have potential for pernicious control or at the least for diverting us from what some perceive as our primary and major tasks - restoration and provision.

Value dimensions are also reflected in our preferences for practice. Merton's observation about doctors in the preventive role has relevance here. He suggests that, "society more largely rewards for the therapy they affect as practitioners and only secondarily rewards those engaged

in prevention, particularly since prevention is not readily visible to the patient who does not know he remains healthy because of preventive measures,"⁷ While philosophically committed most social workers like doctors appear to require the gratification of the rescue function, and leave prevention which may be seen as insufficiently challenging to others. Additional considerations are the extent to which a well-being value similar to our own is held by those we wish to serve, or whether in fact we as social workers share common values vis-a-vis particular aspects of social behavior. There are only some of the vexing issues we need to probe and expose to students in order to disturb any cozy assumptions of value consensus and homogeneity. The knotty paradox is that at the same time, we have to help students internalize a commitment to prevention.

Prevention as Concept

It is when we turn to the concept itself that we are faced with our most baffling ambiguities. Our literature swells with references to prevention, yet little attention is paid to consistency and a wide range of meanings from commonsense notions to sophisticated efforts at technical precision are ascribed to the term. Such undifferentiated usage obviously impairs professional discourse and retards ability to teach. In the current quest for an operational definition, the tangled issues are at least no longer denied nor circumvented. The papers of the Princeton Institute on Public Health concepts,⁸ papers of Buell,⁹ Parad,¹⁰ Beck,¹¹ Rapoport,¹² the NASW volume on Social Work and Social Problems,¹³ and the Commission on Practice subcommittee report¹⁴ among others are significant contributions toward sharpening the issues. Illuminating insights are also provided from the field of preventive

psychiatry especially in the work of Gerald Caplan.

The pivotal conceptual issues pertain to the applicability of the public health model of a continuum of levels of prevention; the question of social problem causation; the epidemiological method, and questions of appropriate targets for prevention. There may be some value in restating these briefly to provide some common frame of reference from which to view our educational task.

The issue pertaining to levels of prevention is a boundary one and relates to how narrowly or broadly we wish to circumscribe the preventive area. An argument advanced against the narrow definition of primary prevention - or preventing onset - is that this would exclude most of social work activities as we now know them since agency services are primarily tooled to problems and practice methods primarily problem-solving.¹⁶ But say others, because this is true, it does not follow that we should discard the notion that social work can potentially prevent onset.¹⁷ An argument against the broad definition which is equated with keeping things from getting worse, is that it is insufficiently discriminating and blurs the distinctions between amelioration and prevention.¹⁸ This then would include most of social work activities as we now know them, and we would be changing the name without changing the game. A compromise middle ground solution is offered by those who would limit the use of the prevention label to early detection and measures to prevent chronicity.¹⁹ A flexible view is held by those who see a union of the preventive and therapeutic function, view them on an interlocking continuum and observe that we treat when we prevent and prevent when we treat.²⁰ This time to quote Helen Perlman, "In social work's ounce of cure lies a pound of prevention."²¹ A fluid concept also appears necessary to cover the fact that with given

individuals, groups and communities, one often is in the position of moving back and forth between prevention and treatment. It is often difficult for example in work with young children to identify whether a particular intervention is preventive, educational or therapeutic. In summary there appears to be considerable agreement that we do not have a ready to wear paradigm in the public health model of prevention and will have to have one custom made for social work.

Complicating the issue is whether or not services oriented toward enhancement and provision fall within the rubric of prevention. Some question the usefulness of including such general instruments for well-being within a preventive category.²² Opportunities for self-maximization do not specify the conditions to be prevented and are directed toward the good life. It is argued that if we are to arrive at a more precise concept, the principle that should govern prevention²³ is that it be tied to a pathology continuum. But since neither personality nor social science theory can predict with any exactitude the sequence of events that lead to problem, others plead for non-specific targets.²⁴ Preventive efforts through social planning and provision can be directed toward eliminating noxious agents in the environment which we have strong reason to believe contribute to biological, psychological and social dysfunction. In public health and preventive psychiatry the broad complex of activities aimed at promoting health are subsumed under primary prevention. The risk in non-specific targets is that they can lead seductively to advocacy of such grand targets as poverty and social pathology as though they

were immediately realizable and by social work single-handedly. At the risk of irreverence, I am sometimes concerned that the price we may pay for extravagant claims that border on myths of omnipotence and magical thinking about unattainable perfection, may be too high. Not only will be pay in disenchantment but the more important danger that in the pursuit of utopia, we may abandon what we can do for the illusory pie in the sky.

The question of causation is an epistemological one and viewed with some difference among us. Some argue with considerable insistence that prevention is dependent on the development of theories and conceptions about social causation, and call for widely extending the search for cause-effect relationships. Those who so argue would agree with Professor Wirth in his introduction to Mannheim's *Ideology and Utopia*, that "if there is to be any knowledge at all beyond the sensing of the unique, the transitory event of the moment, the possibility of discovering generalizations and predictable series of events analogous to those to be found in the physical world, must be posited for the social as well."²⁵

Others point to the multicausal nature of human transactions and social processes and have more than a little reservation as to whether causes are knowable, at least in the sense of the natural sciences. The hurdles are the familiar ones; the elusive nature of normalcy and wellness, the interacting and intervening variables in the phenomena with which we deal, the provisional nature of our knowledge, the difficulties in objectifying our data, and the fact that social

problems are a melange rather than discrete entities. This by no means discredits the notion that preventive efforts are possible. Parallels in medicine and public health can be cited where preventive intervention has not been held back by lack of knowledge of causation. Both positions of course have elements of truth and do not cancel each other out. Truth is often divided.

26

The epidemiological method has been advanced as a tool holding promise for discovering patterned relationships and broadening the base of practice by moving us from uniquenesses to regularities. Studies directed toward identifying incidence and prevalence of social disorders as distributed by age, sex, ethnic group, socio-economic and family status, and other demographic factors enable us to identify high risk population groups, thus facilitate some degree of prediction and offer guides to interventive action. Involved here are the tricky questions of the availability of only beginnings in problem typologies for purposes of classification, the measurability of psychosocial processes and the feasibility of control groups. In question too is the extent to which we may become overawed by scientism and devaluating the wealth of our empirical knowledge of external and internal pressures that lead to social dysfunction. Fortunately a high consensus prevails about the fact that the prevention of psychosocial disorders will draw on knowledge and collaboration from professional workers in many fields. We obviously cannot make social work knowledge the exclusive grounds within which the causes of social problems are to be sought or problems in social functioning prevented.

Preventive Practice

Practice in the meantime is not sitting up nights awaiting the delivery of conceptual schema by our theorists. Practice has for some time been experimenting and innovating with approaches that by intent if not always outcome have a preventive emphasis. Out of these cumulative experiences, and continuous testing of antecedent-consequent hypotheses will come leads for conceptualization and interventive methods. Newer practice developments to mention only a few are social work activities in family planning, genetic counselling, prenatal and well-baby clinics, work with tenant groups, family life education, consultation to caretaking agents in the community, and epidemiological approaches introduced for example by ²⁷ CRA in public assistance or the Family Life Improvement Project ²⁸ recently reported by Ludwig Geismar.

Practice problems which have only begun to be posed and are far from being answered are the extent to which services should and can be directed to non-client population groups toward objectives of helping people achieve greater interpersonal competence, or whether existing practice methods especially casework are only for people in trouble. It is not clear for example whether we are willing to include more clinically oriented activities with individuals, families and groups at points of situation^{al} and developmental crises as bona fide primary prevention, or whether we wish to reserve the term for broad programs of social reconstruction designed to minimize assaults on adaptive capacity of high risk groups which arise out of societal

29

dysfunction. Kadushin for example argues that those who would address themselves to common crises as a way of forestalling problem suffer from an individualistic bias which operates on the assumption that social problems are primarily if not exclusively problems of ego functioning. One can only disagree. Some maturational crises cannot be successfully negotiated because ~~a~~ ^{the} task imposed by outer stress is overwhelming to any ego. To strengthen capacity to cope with insults from the environment, makes no assumption of individual failure. Nor is it easy to see how one could exclude from preventive consideration, vulnerability due to individual and personality factors. Our dualistic tradition of making the environment more "copable" as well as increasing individuals' capacity to cope, should hold for prevention as well as treatment. Too many children and adults not in need of food, clothing and shelter also suffer from despair and frustration in the performance of social roles which contribute to social dysfunction, and broad social reform efforts may leave them untouched. While a major role in prevention would undoubtedly be assigned to social planning and provision, services to individuals and groups have a role to play. Casework method as a problem-solving process or psychosocial therapy will, however, need some remodelling to include preventive techniques which do not fit our traditional conceptions of methodology.

This should give you some of the flavor of what we are up against in teaching prevention in social work education. I have neglected some and insufficiently developed other aspects of a complex problem. My primary purpose, however, is to direct attention to issues which will continue to require a scholarly confrontation by practice and

education. What then do we teach until the theory and practice comes? Let me quickly dispel any expectations you may have that I can offer you a prepackaged syllabus. As appealing as the notion is, it would have obvious difficulties, not the least of which is the fact that I have no special competence in those curriculum areas which speak to the breadth of social work and where the greatest burden for teaching prevention falls. In addition to the curriculum hints implicit throughout the previous discussion, I will make only some random observations about content. Since I suspect that at least some of our difficulty in teaching may inhere in ambivalence in our educational philosophy, I propose to approach the subject of curriculum somewhat obliquely.

Educational Implications

We are belabored by partisans of special fields of practice, advocates of special techniques and approaches with all the wiles of curriculum salesmanship. Our sales resistance stems hopefully not out of curriculum malaise, but because the product being promoted either does not fit the generic concept of social work education, or already exists in the curriculum in some other form and need only to be transferred for application to a wide range of situations. It should be apparent that prevention is not the predilection of a special interest group nor a sectarian methodologic bias. It is not only consistent with but necessary to our educational goals. It does not call for tinkering with present academic arrangements and has relevance for all sequences. There is no assumption that we start

tabula rasa We now have many of the ingredients. Because of the interconnectedness of ideas, some of our knowledge, attitudes and skills need only be screened through a preventive as well as ameliorative angle of vision. Some of the learning experiences we now structure for students also meet the learning objectives of prevention. In your own deliberations, you may find it useful to use three levels of curriculum inventory. 1) Identification of content now taught but which goes unlabelled. 2) Identification of those places in which the term is used almost in a popularized sense and so lacking in specificity as to make the term useless as an orienting concept. 3) Identification of content not currently included which might bear inclusion. I wish that I could examine these three levels more closely with you, but it would take us well beyond the confines of this paper.

I would think that the Social Policy sequence could systematically approach problem analysis epidemiologically, and make the implications for prevention explicit. I should think that a need as well as problem orientation would heighten students' grasp of social planning, provision and policy implications for helping humans negotiate the eight stages of man. The conceptual and value issues discussed earlier need to be given full imaginative consideration. Exposing students to the plurality of thought provides good problem-solving experience.

The Human Behavior sequence has considerable core knowledge to inform preventive efforts. Advances in biological, psychological and social science knowledge, and expanding efforts to understand normalcy,

coping and mastery have important directional signals for preventive efforts with individuals and groups, and in the provision of nurturing services. The contributions of ego psychology, the work of Escalano,³⁰ of Lois Murphy³¹ with normal pre-schoolers in supporting and strengthening coping capacity, the work of Robert White³² on the instinct to mastery and feelings of effectance, have rich insights for prevention on both the individual and group level and for the social institutions which impinge on life tasks. Knowledge of maturational and situational crises, and the impact of social structures which may enhance or inhibit adaptive capacity have preventive implications that need to be made explicit. We take students through the life cycle, but I am not sure that we always explicate the implicit. At the beginning, knowledge of the hazards and vulnerability of low-income pregnant women have demonstrable preventive implications for social work's role in reducing infant mortality and birth defects. Cognitive deficits in pre-schoolers deprived of sensory and affective stimuli point to significant areas for early intervention, and so on through role transitions to school, adolescence, marriage, parenthood, and old age. If we place only the idea of restitution for public and private hurts at the center of our attention, we fail to make use of a built-in opportunity to raise students' sights to the possibilities of intervening preventively to avert human hurts.

Crisis theory offers a framework around which to organize teaching preventive approaches to individuals, families and groups. Increasing use of anticipatory guidance, of educational techniques, assisting in

cognitive mastery are oriented more toward prevention than treatment. Newer knowledge of ego building and development of ego skills are increasingly utilized. What perhaps is lacking in teaching is the habituation of students to the notion of help with anticipated or potential problem. Where for example in the life history of this client, this family, could intervention and of what nature, possibly have prevented current social dysfunction? What needs in this family to which efforts are not being addressed, if unmet, may be potential for problem? To what extent is this case typical of the total universe of cases of child neglect, unmarried mothers? What data do we have or need about incidence and prevalence of the particular social disorder under discussion? What is known about the health of each member of the family being served and have we overlooked the possibility of preventing the social sequelae of physical illness and disability? You will recognize this as a different thinking style than repeating in every case that we have prevented social breakdown.

Group work has traditionally had as one of its practice models a preventive function in its socializing goals but will need to move toward greater precision in use of the term. I would find it hard to believe that C.O. with its increasing emphasis on planned social change and social action could not move to a clearer preventive focus in the organization of social resources. Research has a significant contribution in the epidemiological method itself, and in providing students with the tools they will need to test hypotheses about preventive efforts. Many schools are taking advantage of university facilities to offer students an experience in interdisciplinary education. Prevention is a natural as an organizing framework around which an elective course could be

offered for students from psychology, sociology, education, nursing and social work.

I have deliberately not included field work, because I could not do it justice. We need to remember before we jump to a conclusion that gaps and lags go both ways. It is just conceivable that in some places students receive more preventive orientation in the field than we support and substantiate in the classroom. Certainly students in public health settings, or placed in agencies with family life education programs or mental health consultation services are having some exposure to preventive services. In the Family Service Association of Nassau County, an experimental program has been developed to offset cultural deprivation and reduce cognitive deficits. An experimental and control group are subjected to pre- and post-testing. Caseworkers are assigned to two year olds selected at random from a group of low socio-economic families. Home visits are focused around what the agency describes as cognitive casework directed toward promoting sensory gains.³² Without giving further details, I would wager that most of us are not yet teaching content to support these experiences.

Since curricula are not developed out of platform pronouncements or slavish adherence to the newer ideological fashions shown at the last Council Meeting, I would like now to turn to our educational Weltanschauungen, the educational theories and assumptions by which we operate even though not always with awareness. I suspect that we may find our own way more clearly with prevention content, if we become clearer about our guiding theoretical assumptions about education. It

may help us to give more than the appearance of teaching prevention in response to the squeeze we are often in between a vocal sector of practice and the last accreditation review.

Among the theoretical orientations that have influenced educators from the beginning of time and are reflected in our own views and counterintuitions are three major schools of educational philosophic thought.³³ In the presentation that follows I will not be bound by technical precision and have made some modifications and adaptations for our purpose. The first, derived from Essentialist philosophy has been referred to as the conservative thesis of education. Its theorists advance the proposition that educational institutions are especially charged with conserving our heritage and serving as the custodians for the repository of eternal verities. The purpose of the school is to be the transmission belt for that which is durable and reliable, the core of stable knowledge to be passed on to each generation. The emphasis for the student is on mastery of content-absorption of knowledge. According to this theoretical position, the educator has the responsibility to sift and select from cumulative knowledge and practice experience, that which is certified truth or at least a closed question before introducing content into the curriculum. Thus questions such as those previously noted about the parameters of the prevention concept, about methodological tools to understand causation, problems with prediction, the underdeveloped nature of preventive approaches would have to be settled before they could be absorbed into the curriculum.

Essentialist theorists would advance the proposition that schools must maintain some distance from practice. To offer leadership, to influence the nature of practice is irrelevant to the function of a school. Educators cannot take on the responsibility for judging, arbitrating and molding practice. Essentially the function of the school is to reflect back to students what exists - thus refusing the role of target for criticism from practice for problems practice has not yet solved.

Few of us would find this view completely congenial to our sense of educational responsibility. Truths have a way of changing, knowledge is in constant flux and subject always to repeal. If we accepted these premises about our function, we would obviously be training for obsolescence. We also have the urgency of immediacy. We prepare students to know in order to do and cannot always delay assimilation of ideas into the curriculum until they are stamped, tested and approved by practice. We also do not view students as passive receptacles in which to pour in facts. But do vestiges of a conservative or conservationist bias exist in our curricula? Is our wariness, for example, to respond to the demands of those in the avant garde of practice who would experiment and innovate and call into question cherished traditions a valid or invalid conservative bias?

The second philosophic position, the familiar Experimentalist view of education, has been referred to as the liberal thesis of education. It is essentially a non-partisan approach to knowledge and practice. Scott Briar puts the case clearly. "In the absence of certain knowledge, to claim that one theory or set of propositions is to be

preferred over other alternatives can be advanced only on logical grounds or on the basis of personal and collective preference and belief. Second, institutionalized insistence by social agencies or schools of social work that certain theories are more valid than others when neither have been adequately tested - would be dysfunctional for the future development of the profession because it would tend to inhibit exploration and test of alternative theories which may ultimately prove to be valid and useful. Third, . . . a social worker should be prepared to alter the principles by which he guides his practice in response to shifts in the knowledge base. Thus an important goal of social work education is to prepare social workers for practice in the face of uncertainty." ³⁴

The Experimentalist view associated with progressive education is committed more to scientific method than to goals, more to means than to ends. Problem-solving and experience are valued for themselves more than the assimilation of knowledge from the storehouse of past wisdom. Uncertainties are sharply exposed and students engage in critical analysis of weaknesses in social institutions and practice methods. Since tasks change in every period, fixed content is less relevant. The instructor is less dispenser of knowledge as he is partner in a common enterprise of inquiry and problem solving. Education does not lag too far behind or stretch too far ahead of practice. For prevention this would mean exposure of the complex issues, bringing existing knowledge to bear in the process of problem-solving, but essentially leaving the student unfettered by transient ideological commitments. The learner is provided with tools by which to go on learning and by which to find his way in ever changing practice. He

learns more how to think than what to think.

Many would eschew this antiseptic version of our function. Objective detachment is a luxury no longer afforded even academic disciplines and contravenes the very purpose of education for the profession. We have the responsibility of acculturating and socializing students to a philosophic value system and professional goals and commitments. But there are strong traces of these theoretical assumptions in most of us. We are after all a scholarly community. We believe in helping students pose "the questions to be answered and the answers to be questioned," to lift a phrase from Elizabeth Herzog. We ourselves are not in possession of final truths and would be more evangelist than teacher in taking advocacy positions in areas as relatively uncharted as prevention.

The third position, derived from Experimentalist but going beyond is known as Reconstructionism. Schools according to this view are fixed on the future rather than the past or present, and social reform is a large component of the curriculum. This is described as the radical thesis of education because of its militant position of policy formulation and social goal orientation. Its advocates postulate that we not only mirror and reflect practice, but criticize and effect practice. They would disclaim a position at the trailing edge of practice and claim a vigorous role in the leading edge of practice. The concern here is not only with what is true or false, but what is good or bad. In the context of this view, students are exposed to

what should and ought to be as well as what is. While graduates are expected to acquire tools for problem solving, we are not primarily training intellects, but training for problem-solving based in professional goals and fervent commitments. Its advocates would point up that we obviously cannot await scientific legitimization. Most of practice is based on normative theory, that is, legitimization is given to the social-moral beliefs of the profession. For prevention, we are at the very beginning development of normative theory and may be distant generations away from scientific theory. In this view, prevention of societal ills as well as the social dysfunction of individuals would receive considerable attention in the curriculum.

This appears closest in the philosophic spectrum to the conception we appear to have of our responsibilities and to which many currently give expressed allegiance. It too has its problems and pitfalls. It can gather its force more from passion than reason. In its concern with large social issues, it is often more ends oriented than means. It sets its stakes high and criticizes obsession with scientific method or process. It sometimes substitutes desires for knowledge. It is more Utopian than scientific. The dangers are well known to social work. I cannot resist quoting John Dewey who wrote, "There is a sense in which to set up social welfare as an end of action only promotes offensive condescension and harsh interference or a display of complacent kindness." He goes on to make the point of the necessity of involvement of people or "otherwise they would prefer to be left alone, and to be delivered above all from "reformers" and kind people."³⁵

I have for the sake of the argument, of course, overdrawn the three theoretical alternatives, and in practice elements of each point of view breaks through into the other. It would be difficult to maintain a purist educational posture. There are grains of truth in each. But we do have to make some choice between these alternative emphases. Eclecticism is possible and desirable, providing it does not land us into trouble. Is it possible, for example, that one sequence is governed by a conservative theory of education, another by a liberal and still another by a radical view of education? What does this add up to in terms of what we like to describe as the organic unity of the curriculum when we entertain conceptions of education within one curriculum that may be incompatible or inconsistent? We repeat ritualistically in our search for practice theory that there is nothing so practical as a good theory. We need, it seems to me, to be somewhat clearer about our educational theory rather than leave it to covert assumptions. It may further our efforts in making appropriate selection of knowledge for teaching. The criteria of relevance and utility often cited are deceptively simple. What guides us in deciding what is relevant may be our theoretical bias about education. What is seen as having utility may depend on who does the distillation.

From these considerations it follows that if we are to develop curriculum content that is put in the service of prevention as well as restoration, it cannot be accomplished on an ad hoc basis. It will take hard examination by curriculum committees and much dialogue and debate between sequences. If we agree that students should participate

in the ongoing criticism of contemporary knowledge, if we are to help them push back the limits that now constrain us, it appears obvious that we as teachers have to subject the preventive function, conceptual and value and practice issue as well as the educational implications to examination in depth.

Conclusion

To summarize quickly, we are in the familiar position with prevention of theoretical and practice prematurity and at the same time have an obligation to prepare graduates for a future which will undoubtedly include preventive/medicine and preventive psychiatry. We are far from clarity and will be collecting piecemeal notions for some time. It would be a denial of the facts of life to deny the ambiguities and issues. I have no remedy for this state of affairs. In whatever way we finally answer the questions posed (and answers will never be final) we will always have to live with the paradoxes of combining conviction with openmindedness, certainty with uncertainty and stability and continuity with change. Whether the emphasis will be more one way than another depends on where we decide we are located in the three educational alternatives described.

The story is told of a big diesel locomotive which refused to run. The engineer and experts wreaked their respective wiles, but to no avail. Finally, a wise old bird was called in. He circled the machine a few times, twisted a knob a few times and then seizing a hammer delivered two large taps on the whatsis. The locomotive gave a snort and started to roll. When asked for his bill, the fixer replied: Information about diesels - 50 cents, tapping the whatsis with the hammer - 50 cents, - knowing where to tap - \$099.