

# 3

## The Nature of Social and Community Problems

Government does not solve problems; it subsidizes them.

*Ronald Reagan; 40th President of the United States*

[O]ur greatness as a nation has ... depended on our sense of mutual regard for each other, of mutual responsibility. The idea that everybody has a stake in the country, that we're all in it together and everybody's got a shot at opportunity. ... We know that government can't solve all our problems—and we don't want it to. But we also know that there are some things we can't do on our own. We know that there are some things we do better together.

*Barack Obama, 44th President of the United States, Nobel laureate*

We can't solve problems by using the same kind of thinking we used when we created them.

*Albert Einstein, physicist, philosopher, Nobel laureate*

### Conceptualizing a Social–Community Problem

The generic problem-solving strategy as a linear, rational planned change problem-solving process was covered in our first chapter (also see Hardina, 2002). This chapter will examine social and community problems as social constructions of reality. Social problems don't exist until they, the social conditions, are defined as social problems (Benson & Saguy, 2005; Forte, 2004; Berger & Luckmann, 1967; Schneider & Sidney, 2009). Defining and addressing social problems involves critical thinking, values, an understanding of culture, and ideology. Diversity also is explored here in every sense of the word as we present numerous examples of challenges that social workers must meet.

### A Viewpoint on Problems and Their Resolution

Communities define which of the many social conditions they will make their own as social problems. This chapter will contribute to the social worker's understanding of problems—facilitating more appropriate interventions—and will suggest applications that can lead to mutual construction and staging or framing problems and solutions and for coalition building. What determines whose definition prevails? What parts do power and passion play? From whose standpoint is a problem raised and whose worldview is accepted (Lopez, 1994)? Are there service consequences (underutilization, inappropriate interventions) to being oblivious to another group's culture or reality? Are new possibilities

conceivable? Can problem solving be used to unite a community? As Rahm Emanuel, President Obama's former chief of staff, reputedly said, "You never want a serious crisis to go to waste" (Dionne, 2009). We will explore such questions and rethink the conventional wisdom regarding the nature of social problems, focusing on:

Definition—how problems are conceptualized and constructed

Meaning—how problems are experienced

Action—how problems are kept in check or solved

This requires exploring many-sided and fluctuating realities. Understanding the construction of social problems is a lesson in social constructionism and symbolic interactionism. Constructing and conceptualizing a social problem is no quixotic exercise; there are many ways to frame problems and interventions (Chapin, 1995; Mildred, 2003). The empowering thing is for community members to become part of the process of social problem construction and resolution (Butcher, 2007; Delgado & Staples, 2008).

### Introduction to a Complex Phenomenon

Communities and their social constructions are complex and multi-layered. Aspiring to see the whole view of a community condition, Vissing and Diament (1995) set out to learn how many homeless teens lived in the seacoast area of New Hampshire and Maine. Social service providers kept telling them that "teen homelessness simply was not a problem in their communities" (p. 287). However, the 3,000 teenagers they surveyed conveyed a different story. Part of the difference in perception hinged on definitions, but Vissing and Diament decided that "adolescents are likely to be invisible. . . . Living with friends, floating from place to place, there is no one person to identify teens who 'live independently'" (p. 289). Thus, unveiling dimensions of community problems requires critical perception.

Professional social work assumes a social problem orientation with its professional typology of social conditions and problems for primary practice areas: addictions, aging, child welfare, health, mental health, and so forth (*Licensed social workers*, 2006; Whitaker &

Arrington, 2008). Understanding how specific clients and communities inhabit their social context contributes to problem clarification. This means "starting where the client is." Suppose a worker is told that a community has problems "related to family breakdown, drug and alcohol abuse, long-term health care, services for the elderly, equal opportunity in employment, and affordable housing" (Murase, 1995, p. 157). An experienced worker might feel perfectly confident about proceeding. However, if the community is an unassimilated immigrant community unfamiliar to the worker, specific cultural information might be needed. The same problems can take different forms within a community and between communities due to cultural variations (Greenberg, Schneider, & Singh, 1998).

Human service workers deal with a variety of human conditions reflected in the above taxonomy and some not reflected, such as poverty, crime, and maltreatment. They become social problems when seen by the community as deviations from or breakdown of social standards that the community believes should be upheld or achieved for life to be meaningful. Ginsberg (1994) says a social problem is "the shared belief that the problem represents a serious threat to a community or the larger society which provides people with the will to do something about it" (p. 41).

*Distinctions Relevant to Our Profession.* If social justice is a *sine qua non* if not the *raison d'être* of social work, social problems are the fuel the feeds the fire and creates the need for social justice. Social work exists to address social problems and obtain social justice for the victims of the social problems. We assume, as stated earlier, a social constructionism and symbolic interactionism perspective. Social conditions must be defined and that definition accepted by a significant part of the community to be social problems. How will the problem be defined? Organizer and policy advocate Makani Themba (1999) challenges us to think about problems in new ways:

Who are you holding responsible for social problems in this country? A strange question perhaps, but each time we choose an action to address a problem, we also assign responsibility to some group for solving that problem. . . . Youth violence? Focusing on gun

policy or movie violence puts the onus on one set of players and institutions, advocating for mentoring or 'scared straight' problems targets another (p. 13).

**Reaching Our Own Understandings.** When people say to social workers, "Here's a social problem—fix it," we cannot take either their judgment or their command at face value. We can all agree that a condition is problematic—such as health care—but not agree on why it is problematic, let alone how to fix it. Box 3.1 asks, when does a condition become a problem? The essential component of a social problem construction is meaning to the people of the problem construction. Our theory of social problem construction, following social constructionism discussed in Chapter 2, holds that it is not the things, but the meaning of the things that is important and constitutes reality (Blumer, 1969). The meaning of things and events is socially defined Blumer, 1969, p. 2): "The position of symbolic interactionism, in contrast [ie. to the objectivists], is that the meanings that things have for human beings are central in their own right" (Blumer, 1969, p. 3).

- This view assumes that values and self-interest influence the interpretations, guide the mental constructions, and influence the methods for gathering and interpreting reality. Reality is a construction in the minds of the observer. It is constructed from putative information, stimuli,

and data from the environment shaped by the observer's values, culture, and experiences.

Social workers, from this perspective, must recognize that affected individuals need to help frame social problems. To be relevant and consumer-centered (Tower, 1994) construction of social problems requires flexibility. As Castex (1993) says, "An awareness of the occasional arbitrariness of one's assumptions should lead to an openness about altering those assumptions in new situations or when more information is supplied" (p. 687).

Similarly, when everyone says a problem is impossible to solve, we cannot take that assessment at face value either. Solutions to social problems contained in social policies generally reflect the construction of the social problem. During the universal health care debate of the past quarter-century in America, it was often claimed the problem was unsolvable, even though it was "better solved" in the rest of the industrial world.

The many conceptions of problems outlined in this section reveal that a problem may be promoted on the basis of self-interest or blame. While laypeople believe they know a problem when they see it, social workers need to take a larger view. We do not want to disempower clients by adding to the chorus of those telling them, "You are the problem!"

**BOX 3.1. When Does a Condition Become a Problem?**

Some Middletown residents saw a brook in their town turn red. Some workers saw their skin turn yellow. Others became fatigued and developed the "Line One Shuffle." Between 1947 and 1975, thousands upon thousands of people in this southeast Iowa town worked at the local munitions plant. Now, public health officials and university professors are attempting to locate former assembly line workers, guards, technicians, maintenance workers, and even laundry personnel.

**Veiled Dimensions of the Social Condition**

A deadly secret was kept through the end of the Cold War: Middletown workers had been assembling

atomic weapons. Even those who were told that classified secret were not told about the dangers of radiation. Workers handled radioactive substances with their bare hands and breathed deadly fumes and powders. The U.S. Department of Energy is now providing funds so that researchers from the University of Iowa can contact everyone who might have been exposed to the bomb assembly line (Line One) processes. Public health officials are interviewing workers and holding educational outreach events.

Source: Trouble in Middleton. *Iowa Alumni Magazine*, April 2001, p. 37.

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*Subtle Forms of Blaming the Victim.* When people unfairly attribute responsibility to individuals who have suffered harm, this pejorative practice is called blaming the victim (Ryan, 1976). This concept is cited when rapists use the victim's manner of dress as an excuse, when people with human immunodeficiency virus are blamed for acquiring their disease, or when pensioners were forced on to public assistance because of the first major fiscal crisis of the 21st century. From a blamer's viewpoint, children who ate lead paint and became ill and their parents, who "obviously" did not exercise proper "surveillance," become the problem, as opposed to manufacturers, landlords, and housing inspectors. Ryan (1976) contends that while environmental and social causes are now accepted as major factors in social problems, interventions are directed to individuals. We have yet to address the inherent deficiencies of the global market economy. Some in society, says Ryan (1976), simply dismiss victims, even in the face of "unalleviated distress," while "kind humanitarians" place blame on the environment, not on individual character.

Ryan reproaches the "kind" people who want to be compassionate while (unconsciously) leaving their self or class interests unchallenged—"charitable persons" whose mission is to compensate or change society's victims rather than change society: "They turn their attention to the victim in his post-victimized state. . . . They explain what's wrong with the victim in terms of . . . experiences that have left wounds. . . . And they take the cure of these wounds . . . as the first order of business. They want to make the victims less vulnerable, send them back into battle with better weapons, thicker armor, a higher level of morale" (p. 29).

Ryan is thinking of survival battles. Mental health practitioners focus on psychoanalytic explanations and solutions, he suggests, rather than facing with numerous clients "the pounding day-to-day stresses of life on the bottom rungs that drive so many to drink, dope, and madness" (1976, p. 30). Parsons, Hernandez, and Jorgensen (1988) add that "society is more willing for social workers to work with these victims than with other components of social problems" (p. 418). Such insights are reason enough to examine our assumptions about problem formulation and resolution.

## Defining and Framing a Social–Community Problem

Before confronting community problems, it is important to understand how social workers can construct conceptions of social and community problems for intervention. We seek analytic tools that can make clear the nature of a problem and its potential relationships to its environment and solutions. However, the construction is not just, or even primarily, an analytic exercise. The construction of a social problem definition for community practice must begin with the involvement of the affected community groups. This involvement begins to counter the effects of social exclusion, increases community empowerment, allows the community to take greater control over conditions of their lives, and begins the intervention process (Butcher, Banks, Henderson, with Robertson, 2007).

As we have discussed above, social problems are socially constructed. Netting, Kettner, and McMurtry (2008) help us see the difference between a possibly problematic social condition and a social problem. A *condition* is a phenomenon present in the community "that has not been formally identified or publicly labeled as a problem." A *social problem* is a recognized condition that has been "incorporated into a community's or organization's agenda for action" (p. 83). We define a social problem similarly as social conditions defined by a significant group or coalition in the community or society, a group that has or can have social impact, as a deviation from or breakdown of social standards the definers believe should be upheld or achieved for life to have significant social meaning.

The elements in constructing social problems can be pulled together into a conceptual framework to allow the community practitioner (the initiator system and the client system, to use the rhetoric of Chapter 1) to determine (a) if the phenomena or conditions are problematic and, if so, (b) to whom they are problematic, (c) why they are problematic, and (d) the potential for social intervention. The model below eschews the assumption of universal social problems. Social conditions must be defined as social problems. While the framework presented here is not the only way to conceptualize a social problem, it provides a model for examining social problems independent of any

subsequent social policy intervention, but can be used for purposes of social policy and intervention.<sup>1</sup> It is well suited for social work analysis because of the profession's strong normative, social justice, and ideological emphasis.

### Framing a Social–Community Problem

The appropriate framing of a social condition in social problem construction is necessary to develop community acceptance of the construction. Framing is the selection and emphasis of some aspects of a perceived social condition in ways to promote the acceptance of the condition as problematic (Benson & Saguy, 2005). We will discuss framing and the related concept of staging more fully later in this section and in Chapter 11, *Using Marketing*. The social problem model has the six elements:

1. Definitions of normative behavior
2. Ideology and value configurations involved
3. Views of social causation
4. Scope
5. Social cost
6. Proposed mode of remediation

The framework is suited to social work analysis because of the profession's strong normative and ideological emphasis, although as an analytic vehicle the framework strives for ideological neutrality by making ideology explicitly a component. It assists us in understanding how others have come to their conceptualization, how we can come to our own, and how we can position ourselves to address problems.

Before discussing each element, an explanation of normative and deviant behavior is needed. We are not using deviation in an inherently pejorative sense. Behavior and circumstances that are regarded as desirable, acceptable, or normal within a group or a community are normative. However, a situation and behavior are defined as a deviation from the normative standards of a community, a nation, or another entity when they are significantly at variance from the entity's normative standards. The deviation, to be a social problem, needs to be different and must be defined as an unacceptable deviation from the social standards. Homosexuality is a social problem only if it is socially defined as an

unacceptable deviance in sexual and social behavior. Some standards are manifest; for example, regulations are codified norms, while others are ingrained but not codified. Holding hands by men in the 1950s in American was not illegal, but in most American communities it was improper. To understand why a situation is or can be labeled as deviant, the analyst needs to search for the meaning of a particular deviance to certain community segments.

*Normative and Deviant.* For a condition to be identified as a problem, it must represent to the defining group an important deviation from an actual or ideal standard or norm. The norm can be statistical and the deviation quantitative, such as poverty based on deviations from standard-of-living indexes or poverty lines. The norm also can be a model or guideline and the deviation qualitative—for example, quality-of-life standards such as income security or respect. The deviation can come from shared subjective perceptions and feelings of a social collective, such as the feeling by the radical conservative right that they have “lost their country.”

Social problems, the deviancies, generally are presented as needs. However, what type of needs are they? Beyond food, clothing, and shelter, most needs are social and psychological, not physiological. Freud reportedly observed that we only have the need to love and to work. Bradshaw (1977) offers a four-fold needs classification for a wider range of needs useful to social problem construction and social policy and intervention as presented in Box 3.2:

1. Normative need: Need is defined by a nominal expert or experts as deviation from a social desirable standard. A normative need conception was used by Mollie Orshansky (1965) in her food guideline or market-basket approach in developing the first generally recognized U.S. poverty lines for President Johnson's War on Poverty. Variations of this line are used by the U.S. Census Bureau and the Department of Health and Human Services. It can be argued that clergy of various religions use this approach to define sin.
2. Comparative need: Need is when a segment of the community differs appreciably from the community as a whole, or significant segments

**BOX 3.2. Social Problem Conception to Social Action**

Likelihood of Social Action	Normative	Comparative	Felt	Expressed
Least likely for social problem to lead to social action	+	-	-	-
	+	+	-	-
	+	+	+	-
	-	-	+	+
Most likely for social problem to lead to social action	+	+	+	+

+ Social definition present, - Social definition not present

of the community, on social or economic variables. This approach is used whenever an “underserved” rationale is used (Silow-Carroll, Alteras, & Stepnick, 2006). Federal funding to underserved areas and populations in health and mental health and affirmation action policies use a comparative approach in constructing the social need.

3. Felt need: This need is basically a want for something based on a subjective sense of deprivation. It can be justified by normative and comparative need rationales, but felt needs are not always rooted in the other needs. When comparative data are used to justify feelings of relative or comparative deprivation, the choice of the comparison groups is critical in justifying the feeling. The lower-middle class may feel deprived when comparing themselves to the poor when they perceive the gap between themselves and the poor narrowing; this feeling was the justification for the Reagan white working-class Democrats, and we believe felt need is a motivation for the increased white conservative radicalism. But felt need alone is insufficient for community action. A task of a community practitioner is to bring the discontent of a felt need to the level of an expressed need.
4. Expressed need: This need is when the community or a segment of the community defining a social deviation as need goes beyond the study, comparison, and feeling of deprivation and discontent to taking action and demanding remediation of the deviation. A critical aspect for social problem definition and social intervention is an expression of need, although expression assumes a felt need. The social action process for social intervention requires community involvement and not just experts.

Expressed needs are most likely to be constructed as social problems by the community, although normative and comparative constructions are used to support the expressions.

*Ideology and Value Configurations.* Harold Walsby, in his opus on ideology, defined ideology as:

the complete system of cognitive assumptions and affective identifications which manifest themselves in, or underlie, the thought, speech, aims, interests, ideals, ethical standards, actions—in short, in the behaviour—of an individual human being (Walsby, 2008, p. 95).

Ideology is an internally consistent and integrated set of values and beliefs that reflect the social problem definer’s worldview. It provides the ideals that determine how the world is and should be constructed. Ideology goes beyond limited, formal political beliefs captured by labels like conservative, liberal, or right, although an individual’s ideology may contain a political set of beliefs, to encompass the holder’s sense of community, community standards and acceptable behavior, belonging, and reciprocal obligations. Globalization, neoliberal capitalism, and worship of the economic market model are as much social ideologies as social science theories. Ideologies spring from religious belief, political philosophies, socialization, and life experience. The basic ideology is socialized in childhood (Berger & Luckmann, 1967). As Lt. Cable intoned in the Hammerstein and Logan musical (1949), *South Pacific*, “You’ve got to be taught to hate and fear.”

Ideology is not inherently controversial, at least within the community where it arises and is shared. Different ideologies can cause their holders’ values to range from permissive to punitive

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**BOX 3.3.****Who Are We?**

I have a Scottish colleague in Edinburgh, Scotland, who describes his ethnic identification as:

- When in Scotland, I'm an Edinburger.
- When in England, I'm a Scot.
- When in Europe, I'm British.
- When in America, I'm European.

on such issues as casual drinking, drug use, and sex. Whether a social condition is viewed as deviant and a social problem depends on perception rooted in ideology. Whether a woman should control her body and have a right to privacy and autonomy, and whether a fetus has human rights are familiar examples of different constructions rooted in different ideologies. Public participation in the 2009–10 forward national health care debate was ideologically driven and was largely unencumbered by facts. Box 3.4 and 3.6 illustrate that different ideologies and constructions of reality can frame the same condition differently.

**Social Causation.** The public attributes the causes of most social problems to social factors. This attribution of cause relates to the definers' perception that the condition is not totally the result of physical, biological, or natural forces, but also has social roots. The causation may represent a conflict between the physical or technological and the social, or between social elements within society. The social causes of the social problem construction commonly are the targets for intervention. Poverty's causes are usually not defined in contemporary society as the genetic inferiority of the poor, but due to social and environmental factors such as prejudice and a culture of poverty. While genetic causes usually are not attributed as the causes of poverty, there are still some archaic

theories that hold to a genetic position (Murray & Herrnstein, 1994).

Social causation does not mean that problems are exclusively social; they may have strong biological elements. Global warming is a physical, climatology condition that is primarily socially caused and is having dramatic social ramifications.

**Scope.** Scope is the social condition's social impact in terms of the number and proportion of the community affected by the social condition. It is the incidence and prevalence of the condition and how seriously the condition is viewed by the community. For example, while terrorism affects far fewer people in terms of deaths than does the flu (with the possible exception of the swine flu or *H1N1*), terrorism is taken much more seriously by policymakers and the public. Generally the condition has to affect more than one person to be a social problem. It represents costs to significant portions of the population. These costs can be social as well as economic, such as restricted choice, and are more than one-time costs. If a child falls into a hole or well and is rescued by a huge collective effort, that is *not* a social problem. However, the risk of predators to all children in a community is a social problem.

In framing a social condition as a social problem, the framers must be cautious not to make

**BOX 3.4.****What's a Problem?**

Spector (1985) captures the historical vagaries of social problems: "People who drink alcohol to excess were thought to be sinners by the temperance movement . . . regarded as criminals by the prohibition movement . . . and as diseased addicts by the medical establishment after 1940. Homosexuality used to be both a crime and a mental disorder [before] the decriminalization movement and a particularly

dramatic official vote by the American Psychiatric Association in December 1973" (p. 779).

Similarly, Gordon (1994) puts the drug problem in historical perspective, revealing how often it was promoted as a problem in the 20th century and in what forms, and showing today's resurrection of the "dangerous classes" construction (p. 225).

the scope too large as to be overwhelming or viewed as a natural state of affairs. This ominous quote is often attributed to Stalin: "One death is a tragedy; one million is a statistic." The deviation from the norm should not be framed so broadly as to appear bizarre.

Scope is concerned not only with the extent of the social problem, its incidence and prevalence, but also who specifically in the community is affected. This identification is important for targeting any subsequent remediation and for political and social action to realize remediation.

**Social Cost.** Social cost relates to the assumption that the condition, if left unattended, has economic, personal, interpersonal, psychic, physical, or cultural costs. It may be a real cost, an implied cost, or an opportunity cost (the cost compared to what it would be if the conditions were remediated). There is no assumption that the cost is perceived or carried equally by all members of society. The framing of the social condition uses the social costs as a way to bring community groups into the coalition endorsing the construction of the social condition as a social problem. An analytic task is to determine (a) who bears the cost, (b) what is the perceived cost, and (c) how is its distribution perceived. Defining and distributing social costs and who bears them often propels parts of the community toward intervention or remediation. The framers should strive to spread costs broadly, as well as projected benefits from addressing the problem (Schneider & Sidney, 2009). If only the poor suffer the social costs of poverty, then motivating the total community to address poverty rests primarily on ethical grounds. The case for intervention is strengthened if other social costs can be shown to the community if they don't intervene.

The definitions of social costs also may be a function of affordability. Communities tend to define social conditions as social problems as they can afford them. Conditions are defined as problematic as the interventions become affordable, resources are present or potentially so, or the costs of not intervening become greater than the cost of intervening. Examples are relative deprivation (the raising or lowering of the poverty line as the wealth of the society increases or decreases) and mental health (expansion of the definition of mental illness as technological gains

and society's abilities to treat, alter, or address the conditions expand). The social costs of intervening need to be framed as less than the social costs of not intervening.

**Remediation.** For intervention to be considered, the defining party must frame the social condition as a social problem amenable to change, and the target segments of the community must believe that it is alterable and remediable and the social costs of change are less than the social costs of not changing. If there is no belief, there will be no search for possible remediation. The 2009 national health care debate saw the opponents of a public option raise the costs of change beyond economic costs alone to include threats to basic morality, freedom, and even granny's life. They framed the American health policy issue as insoluble, even through national health care policy has been resolved by all other Western industrial nations.

*The levers of change*, or the things and forces that can effect change, cannot be totally out of range for the community. A means of remediation does not have to be known, only the belief that such remediation is possible. If a condition is believed to be unalterable or in the natural order of things, the condition may be defined as nonproblematic or as something that must be endured, perhaps with some attention to reducing suffering. One example is how the poor are viewed under the philosophy of social Darwinism. Or, to quote one of our mountaineer grandfathers, "What can't be cured, must be endured."

## Discussion of the Social Problem Intervention Framework

If 30 of our clients share a similar condition or circumstance, this can be the start of framing a social problem. Framing will include our view and others' views of the shared condition's tractability and whether circumstances (supportive media attention, public approbation, availability of interventive technologies, and so forth) appear favorable for resolution (Mazmanian & Sabatier, 1981, p. 191). We are not presenting a formula for taking immediate action on a perceived problem but rather a means of determining what to do based on a better understanding of what

needs fixing and why. Thus, if we intend to stage a problem, we figure out the factors that allow us to be most effective as interveners. We need to know the problem's scope and the community's costs if the condition remains compared with those if it is remediated. This approach thrusts the analyst toward the specification of outcomes without assuming that all of society will benefit equally from any specific outcome or alternative social state. It does not assume that everyone perceives the problem similarly or envisions the same solution. However, a careful use of the framework should enable us to determine to some degree, a priori, to whom certain outcomes will be beneficial and to whom they will be problematic. We will discuss framing and staging social problems and social interventions more fully in Chapter 11, Using Marketing.

### Other Social Problem Models

While we are used to thinking of problems as being revealed by objective indicators and other measurement devices, we have seen that they are actually social constructions. The models for their constructions vary. Sociologists increasingly account for such complexity in their analyses.

**Critical Theories.** Critical theories analysis and framing of social problems requires us to step back, examine presumptions, and figure out who benefits from maintaining a particular problem (unemployment, vagrancy, conspiracy). A critical theories perspective, as discussed in Chapter 2, looks first at social conditions for social structural and systems inequities rather than individual psychology. The approach has an admittedly radical ideology, with a concern for social justice central (Payne, 2006, pp. 227–250). For instance, respected sociologist Herbert Gans (1971, 1973) has written cogently about functions of poverty that help explain poverty's persistence. The focus of attention in this approach is on the entire social system, in particular on the ruling class. It encompasses activist inclinations toward exposing domination and promoting emancipation. Domination reveals itself in its labels. To wit, a Salvadoran complains about the way indigenous culture is devalued and denied: "They call our art . . . handicraft; our language . . . dialect; our

religion . . . superstition, and our culture . . . tradition" (Gabriel, 1994, p. 5).

A critical approach asks us to examine societal contradictions. For instance, there's a contradiction in a commercial organization that calls its employees "associates" or a mental health program that calls the program users "members"—but then divides the lunchroom, lounge, and bathrooms between levels of associates or between staff and members. A critical approach to problems requires development of critical consciousness, or Freire's conscientisation (Chambon, Irving, & Epstein, 1999; Freire, 1994; Payne, 2006). This perspective emphasizes political activism and social change for social justice compatible with social work (Butcher, Banks, Henderson, with Robertson, 2007).

**Relevance for Practitioners.** Since social workers often engage in multidisciplinary work, in team practice, and within a host agency, they must be alert to theoretical perspectives about problems held by other professions. Just as the medical model shapes what should be done, a problem perspective may undergird the workings of a program with which social workers are associated. However, that perspective may not be respectful of clients or community residents.

### Getting a Social–Community Problem Addressed

In this section, we continue to discuss conditions and problems from a social construction perspective.

#### Claims Making and Players

Once a defining group has pinpointed a troubling condition, it must get itself in a position to be taken seriously in making a demand. We call this *community organizing* (see Chapter 13). When the group works instead to position the condition so that it will be considered a social problem and to create an environment in which anyone would be viewed as having a right to make a claim because the condition is so intolerable, we call that *staging* the problem and *claims making*. We will discuss staging in Chapter 11, Using Marketing, and claims making here. Claims

making is not equivalent to coalition building, where many groups find common ground; it is a competitive process that tends to favor problems with pathetic victims and groups with clout. Claims-making activities can be grassroots efforts where we can affect matters. Input is possible since we are dealing with activities of defining and demanding.

*The Stages in the Claims Process.* Spector and Kitsuse help us examine the claims process and how claims makers and advocates can make claims as did Gideon in Box 3.5. They stress “unfolding lines of activity” (1987, p. 158) and see the life of a social issue commonly going through four stages of development and resolution. To them, government responses are key in determining whether social problems become part of society’s agenda.

1. The critical first stage occurs when a public claim is made that a problem exists and should be addressed (at this point, no formal or recognized group may even exist) with an ensuing debate.
2. A second stage of getting government engaged will follow if (a) the issue has become public, (b) the claimant has exercised power effectively, and (c) the claimant has used the various channels of recourse (such as the government and the media) well. This is the stage in which policymakers (who believe they, too, have discovered the problem) respond to the claimant and offer official recognition (if the designated agency decides to “own” the program).
3. A third stage of renewed claims may follow in which the original conditions, problems, and activities for change re-emerge. By now, these may be less of a focus for the claimant than the perceived blocked or ineffective avenues of recourse, discourse, dialogue,

and procedural resolution that had seemingly opened in Stage 2. (For further detail, see Spector & Kitsuse, 1987, pp 142–155.)

4. Finally, a stage of return to the community may happen when claimants back away from government agencies, disillusioned with their responses, and develop alternative solutions. The problem might die during or after any of these stages.

Suicides rates are much higher in elderly persons than among teens (American Association of Suicidology, 2008; 2009; Family First Aid, 2009). Although documented by organizations, scholars, and even the media (*USA Today*, *New York Times*), suicide among the elderly has not *caught on* the way teenage suicide has. In contrast, nursing home reform followed the full course. Applying the stages to concerns about quality care, the development followed this path:

1. Abuse documentation
2. Formation of resident and consumer organizations and government response units
3. Ongoing conflicts between advocates and the relevant federal agencies
4. Renewed advocacy at the community and state level

*Players and States of Resolution.* Who and what can contribute to recognition of a problem? Gladwell (2002) has popularized the idea that there are three kinds of exceptional people who contribute to what he calls social and word-of-mouth epidemics or the spread of “ideas and products and messages and behaviors” (p. 7). He calls them “mavens” (information collectors), “connectors,” and “salesmen.” A targeted push by such people can contribute to problem resolution. Blumer (1971) says that types of action (e.g., agitation and violence) may be factors. He also notes significant types of players: interest

### BOX 3.5.

### Gideon’s Trumpet

In the morning mail of January 8, 1962, the Supreme Court of the United States received a large envelope from Clarence Earl Gideon, prisoner No. 003826, Florida State Prison. . . . [His documents] were written

in pencil. They were done in carefully formed printing, like a schoolboy’s, on lined sheets.

Source: Lewis, A. *Gideon’s Trumpet*, 1966, p. 3.

groups, political figures, the media, and powerful organizations that may want to “shut off” or “elevate” a problem—or both (p. 302). Thus, many groups contribute to problem definition: those suffering from a condition, challenging groups, social movement participants, policymakers, and journalists. Helping professions can be important participants in the process (Spector, 1985, p. 780). Blumer puts professionals like social workers with others—such as journalists, the clergy, college presidents, civic groups, and legislators—who have access to “the assembly places of officialdom.” We can legitimate a problem or a proposed solution through “arenas of public discussion” (Blumer, 1971, p. 303).

In what is essentially a political process, governments “respond to claims that define conditions as social problems by funding research on solutions to problems, establishing commissions of inquiry, passing new laws, and creating enforcement and treatment bureaucracies” (Spector, 1985, p. 780). In the case of maltreatment of residents by some nursing homes, for example, in the discovery stage a Nader report was published that included firsthand accounts by people who had worked undercover in several facilities. The federal government began monitoring nursing homes more closely, funded reports from the Institute of Medicine, passed the *Nursing Home Quality Reform Act*, and created the Administration on Aging’s Long Term Care Ombudsman Program. (Simultaneously, the nursing home industry has fought hard to keep reform regulations from going into effect.) As one aspect of the response stage, more social workers have been hired by facilities to upgrade quality.

Concurrent with drawing attention to a condition, claims makers must interpret it. They must shape public understanding of an emerging social problem, convince the public of its legitimacy, and suggest solutions based on the new consensus and understanding (Best, 1989, pp. xix–xx). This definitional process often involves conflict, as different definitions and the solutions that flow from them compete for public favor and scarce resources (Blumer, 1971). The systems for ameliorating a problem and establishing control that result from successful staging of a problem have been studied less than the initial framing of problems. Two cases follow, in which the aftermath has been documented.

### Extended Examples of Claims-Making Processes

We deliberately emphasize classic over current situations (gay marriage), so the reader can concentrate on process rather than get captured in content. Experience suggests that substantive details can distract us from seeing how a circumstance becomes a social problem. It will be productive to focus here on problems as activities.

*The Rights of the Accused.* A criminal justice example serves as a simple, straightforward claims-making illustration. Clarence Gideon made a claim that injustice was happening and society had a problem it should remedy immediately by paying for lawyers for the indigent in all criminal cases. Gideon was a small-town, middle-aged man who had served time. He was unjustly accused of a pool hall robbery in Florida but could not afford a lawyer and had to defend himself. He asked for a lawyer, was denied one, lost his case, and was sent to jail for 5 years. He immediately appealed, though unsuccessfully, to the Florida Supreme Court, wrote to the U.S. Supreme Court about the right to counsel, and started a legal revolution that ended with a new system of public defenders in our country. Gideon himself was acquitted at his second trial with the help of a local lawyer. He was an “average guy” who decided to make a constitutional claim and, in standing up for himself, called attention to a national social problem—the lack of legal representation in noncapital cases. Until then, only poor people facing a death sentence were provided with lawyers.

Gideon’s story illustrates the sociological distinction between troubles and issues. Far more than Gideon’s character and criminal troubles were at stake: values and issues of fairness at a societal level were at stake because Gideon was one of thousands of poor people whom the legal structure failed. A private matter became a public matter because of “a crisis in institutional arrangements” (Mills, 1959, p. 9).

In the first phase of claims making, prisoners from many states had petitioned for years to get redress for their perceived injustice. In the second phase, for various internal reasons, the Supreme Court was ready to consider change and therefore accepted Gideon’s petition and

upheld his claim, which, crucially, had been buttressed by supportive briefs filed by state officials. Claims-making analysis helps us see the important role of the Supreme Court in accepting Gideon's case, providing him, as a pauper, with top-notch lawyers at that level of the legal system, legitimizing the claims of injustice put forward by a convicted felon, and setting the stage for conclusions involving new programs at the state level. Power plays a role in the definition of problems, but so do well-positioned professionals, including social workers. So can the tenacity of one individual.

*Protection of the Innocent.* In our second example, the dramatization of missing and endangered children provides a complex illustration of the claims-making process. This represents another aspect of the crime and punishment saga, for it is about those who are or fear becoming victims of major crimes. The public career of this problem started with a number of sensational murders, peaked with milk carton and grocery store sacks printed with pictures of missing children, and continues with the "Have You Seen Us?" cards sent in the mail with the 800 number for the National Center for Missing and Exploited Children. The designation "missing children" combined into one broad conceptualization what had been three different problems—children kidnapped or abducted by strangers, children kidnapped or snatched by one parent, and runaway children who were missing but sometimes returned (Best, 1987, p. 104). When they were lumped together, the total number of children involved was higher. The commonly cited incidence figure for missing children became 1.8 million cases per year (inexact estimate), which got attention and led to public hearings but misled almost everyone into thinking that most of these children were abducted by strangers—by far the least prevalent circumstance (Best, 1987, pp. 106–107; Best, 2001, p. 128). In actuality, only about 100 abductions by strangers are investigated per year. By the time the advocacy campaign had lost public interest and some credibility, new organizations and television shows were attending to the problem. Many individuals were involved, but more to the point, many advocacy groups and social service organizations were part of the identification, formulation,

and promotion of this problem. Parents and child advocates sought to get "stolen" children returned and to bring flaws in the system to the attention of policymakers and the public. (A useful Web site for further information on policy concerns is maintained by the National Center for Missing and Exploited Children at <http://www.missingkids.com>.)

To highlight aspects of the claims-making process, Best (1989) draws on the field of rhetoric (Baumann, 1989). This approach helps us see the techniques employed to get this problem on the public agenda, such as repeated use of horror stories (atrocious tales and case histories), exaggerated use of statistics, and frightening parents into having their children fingerprinted. To stage the problem and buttress its need for attention, advocates staked out the claim that no family was exempt, as this problem was not tied to size of locale, income level, or race: "By arguing that anyone might be affected by a problem, a claims maker can make everyone in the audience feel that they have a vested interest in the problem's solution" (Best, 1987, p. 108). Rationales or justifications for focusing attention on this problem were used: the victims were "priceless" and "blameless" (in contrast, say, to drug abusers); even runaways were portrayed as abuse victims who fled, only to face exploitation on the streets (Best, 1987, pp. 110, 114). The objectives were to force more sharing and coordination of information between states and between the FBI—which handles kidnapping cases—and local police, as well as to cut down on the waiting time before children were declared missing so that the official search could begin sooner. Preventing the murder and kidnapping of children is still deemed a high priority (Amber alerts and Megan laws), but is a bit more in perspective today.

The sexual exploitation of children by Catholic priests has been part of the Church's lore for centuries and was known to the church hierarchy well before the pedophilic behavior and its cloaking became headline news. Church officials convinced many parents and children to treat this egregious situation as a non-problem. The transition from condition to social problem took place only after large numbers of victims were documented and hidden atrocious tales were revealed through lawsuits and investigative journalism. The claims-making process involved an

“innocent children” justification for the problem receiving attention and remediation. Getting a problem in the public eye does not require a consensus about causation. The sexual abuse and institutional cover-up have been attributed to many factors—for example, the church’s policy of celibacy, the possibility that the priesthood may attract pedophiles because of its use of young boys in rituals, and its arrogance toward laypeople and exclusiveness of the hierarchy.

The Catholic Church’s failure to discipline the pedophile priests and the subsequent claims making by the victims has resulted in very high costs to the Church. In addition to loss of moral authority, the ostensible reason for the Church’s existence, it has lost millions, perhaps, billions of dollars in payouts and lost donations. In Los Angeles alone settlements with some 500 known victims have cost the Church and its insurers \$660 million (Catholic Church abuse settlement, 2007).

*The Politics of Claiming.* Social work’s participation in claims making by abused communities is part of its social justice responsibilities. Social justice requires a more socially equitable distribution of society’s resources and social statuses than is currently the case. Restorative justice and its compensation, discussed in Chapter 1, requires active and vocal claims making (Clifford & Burke, 2009; Gumz & Grant, 2009; von Wormer, 2009). Social action experts Robert Fisher and Eric Shragge (2000), drawing on John Friedmann, urge social workers working with

community organizations to engage in strenuous claims making, not just about social problems such as sexual abuse but also about the workings of society. Social workers should make claims for the need for the government to engage in wealth redistribution: “Claims making needs a broader strategy, which understands the fundamental importance of raising social policy, and wider political demands which critique the dominant political economy. In an era of neo-liberalism, the dominant social agenda of a relative free market with a diminished role for the state in the social and economic field cannot be accepted as inevitable. It has to be challenged” (Fisher & Shragge, 2000, p. 13). The 2008–09 Great Recession gives credence to this assertion.

## Worldviews and Social Problems

### Multiple Realities

Many of us know the non-Western world primarily from *National Geographic* photographs. Others know even less. Does Afghanistan border Iraq, Iran, or both? Our mental pictures of social problems in other lands are shaped by our incomplete knowledge and cultural limitation, and we have little sense of how non-Westerners who move to North America previously have lived or how they think. As the United States and many other countries become nations of immigrants, often rife with ethnic strife and anti-immigrant xenophobia, we must know intimately others’

#### BOX 3.6.

#### In the Construction

Cornel West has allowed plenty of time to make an important appointment, but he must catch a cab and none will stop for him in downtown New York City. West, a theology professor at Princeton, is dressed in a suit and tie. He is on the way to have his picture taken for the book cover of what will become his bestseller, named, appropriately, *Race Matters*. However, the taxi drivers do not know any of this and drive by West to pick up white passengers, only yards beyond him, instead. Ten cabs refuse him. West becomes angrier and angrier.

The observer would see this as an example of discrimination. Taxi drivers would highlight their

fear not of West in his suit but of his destination. To the refused passenger, the unfairness goes deeper than the fact that the drivers—whatever their race—are violating their own regulations. The experience negates democracy, the “basic humanness and Americanness of each of us,” as West (1994) puts it (p. 8), and causes achievement stories to seem like a mockery. To West, the increasing nihilism of minority groups results not from doctrine but from lived experience (pp. xv, 22).

worldviews to be relevant in interventions and to establish at least a partially shared reality. We should strive to broaden our worldviews to include the viewpoints of constituencies with whom we work and communicate and understand what they face. Events have very different meanings for our varied residents, some of whom experience foreigner discrimination and suspicion in the wake of the September 11, 2001, events. As Box 3.6 and 3.7 demonstrates that a dignified university professors and cabbies and recent immigrants in New York City, a most cosmopolitan city, have different constructions of reality.

**Direct Practice and Reality Conceptions.** Our field emphasizes the potential for shared meaning with clients and community members (Lum, 2003; Saari, 1991; Stringer, 1999), but some differences go deep. To be effective practitioners must become attuned to different systems of meaning. As Berger and Luckmann (1967) argue, the world and society, reality, is neither a system, a mechanism, nor an organism; it is a symbolic construction of ideas, meanings, and language. The constructions are ever-changing through human action—and they also continually change the human actors. Humans continually construct and internalize the construction of the world, which then becomes their reality, to which they must respond to as objective reality. Thus, while

we are always acting and constructing and changing the world and ourselves, we do so in the context of the institutions and frameworks of meaning that we were socialized to by previous generations. Culture, with its ideology and religious assumptions about the nature of reality, shapes our construction. Normalcy is a construction.

Imagine the reality of being homeless or being born to 17th-century nobility. Both shape the realities of each. Professionals and service users cannot presume to understand each other—another reason for “checking things out”—until a common language and vocabulary, the basis of ideals and reality construction, develops. Language is a process of developing shared meanings, symbols, and constructions.

Languages are culturally bound signs and symbols. The cultures can be limited, such as particular groups, professions, and scientific disciplines. “It is imperative that social workers ensure that their manner of speaking is similar enough to the client’s manner of speaking so as to be part of a shared discourse” (Pozatek, 1994, p. 399). This entails avoiding professional jargon. As Wells (1993) points out regarding emergency rooms, “Choice of words is an important consideration when dealing with a patient’s family. Excessive use of medical terminology [such as *intubation*] may escalate anxiety” (p. 339). It’s equally important to listen carefully and verify

### BOX 3.7. Separate Social Realities

The following scene extracted from recorded conversations by Erik Beard, a *Village Voice* reporter, at 9:50 p.m. on September 11, 2001, when it seemed possible that crowds would turn on neighbors and store owners as news spread of who had crashed the passenger planes into the towers of World Trade Center.

“In one of three Arab-run delis in Queensboro Plaza, a Latino boy of maybe 10 years enjoyed grilling the nervous thirtyish man behind the counter at the Plaza Deli and Grocery. The gap-toothed boy glowed the way a child does when he finds he’s got one over on an adult, watching the grownup sputter silly denials, like denying a bad toupee.”

“Are you an Arab?”

“No, I’m a Gypsy.”

“You’re an Arab.”

“No, I’m a Gypsy.”

“No you’re not, you’re an Arab.”

“I am a gypsy. Next person?”

“The only Gypsy on Queens Plaza is a palm reader upstairs from the fishmongers [*sic*] and check cashers [*sic*]. The workers at the three delis studding Queensboro Plaza South are largely Yemeni. But one man already knew to hide, from even a child. (Beard, 2001, paras. 4–11)”

that key ideas are not misunderstood. During crises and commonplace activities, there are numerous and distinct realities, and no one can be “in the know” about all of them. As professionals, we can have more confidence in later actions if we first explore multiple conceptualizations about people and their situations, a step toward culturally competent practice. As the “local becomes global,” this is essential.

### Inside Our Heads

Problem solving requires critical thinking and reflection. Einstein’s epigram quoted at the beginning of this chapter is relevant. New thinking is required. This means engaging in self-reflexivity, and being aware of possible paradigm shifts. Problem solving requires critical consciousness: practitioners should be aware of themselves, their values, their agency’s values and culture, the political context and ideology of their work, and the influence of all of these on their thinking and work (Banks, 2007, p. 140). There is growing evidence that peers and neighborhoods matter as much as parents in child rearing and socialization (Eamon, 2002; Gladwell, 1998, p. 55; Sharkey, 2008; Vartanian, Buck, & Walker, 2005). Such a paradigm shift should broaden clinicians’ heretofore nearly exclusive focus on matters inside the home to one that incorporates social factors such as community and peers. Community practice skills are required.

**Money and Property Examples.** In a rich country, it may shock us to hear that people in poor countries sell their body organs for transplant, because we lack the framework—desperate poverty—to consider it. They generally sell their organs to recipients in rich countries. Politicians could easily improve human conditions (drinkable water, health supplies) and save lives through forms of wealth sharing such as overseas aid. But ideological unthinkability stops most U.S. leaders from pursuing international or domestic sharing, even ideas considered by close allies. For example, to give young people a more promising future, Prime Minister Tony Blair persuaded the British government to set up “Baby Bonds” to guarantee that at age 18 every child will receive a fund of about \$4,500 to \$7,500 (a self-help

account). The poorest children receive the most money (Boshara & Sherraden, 2003).

This is not to say that ours is the only culture that finds some ideas unthinkable. In most cultures, for instance, abolition of inheritance is unfathomable. Conservatives in Congress and their allies in the media have labeled the inheritance tax a “death tax” and criticize it as if it applies to all who die.

Most Americans entertain new thoughts about money only after being exposed to ideologies other than neoliberal capitalism, to worldviews other than those held in the Western developed world, and to utopian novels and communities, or perhaps to Great Recessions. Even during the midst of the Great Recession and the mega-bank bailouts at public expense, those arguing against universal health coverage and a public option shouted that it was socialistic, communistic, and immoral and (ignoring history and the contemporary reality) that the market would eventually provide a better health care system.

Again, social workers need to be critical. Why does any of this matter in our practice? First, we must start from the premise that we have certain cognitive and ideological blinders. Second, if a way of thinking is unfamiliar—or even a bad idea or based on error—a social worker still must take notice and be able to stand in the shoes of those who use it.

**Proposing a Different Thought Structure.** While we often attempt to see the total picture, we rarely attempt to propose a different picture. Brandwein (1985) does just that by outlining the feminist thought structure that currently contends with the dominant Western white male thought structure. The dominant structure is rational and materialistic, while one feminist construct places value on emotional and intuitive “knowing” (p. 177). Instead of asserting a strictly gender-based conflict, Brandwein juxtaposes two philosophies and ways of seeing the world or thinking—for example, contrasting feminism’s “both/and” with the dominant “either/or,” and feminism’s “collaborative” with the dominant “competitive.” Brandwein argues that true change comes only when a new thought structure is introduced and gains acceptance and ascendancy (p. 174). Debates over pay equity do not take place so long as

women are deemed to be possessions—whether as slave or wife. Brandwein is adamant that most movements, although “advocating social and economic justice,” stay stuck in old thought patterns—that is, they adhere to “the dominant thought-structure in our society” (p. 169).

Thought structures can be contested (VanSoest & Bryant, 1995). For example, those in critical legal studies (a critical approach to law) ask whether it makes sense to continually take a rights approach to law reform or social change. Yet allegiance to individual rights goes so deep that it is hard for us to conceive of alternatives. The gay and lesbian movement (Tully, 1994; Warner, 1993) has challenged the way normal human behavior and development and couples counseling is taught.

### Culture and Social Problems

Culture is “that which makes us a stranger when we are away from home,” according to anthropologist John Caughey (1984, p. 9), who connects culture with a set of beliefs, rules, and values, with a way of life, with an outer and an inner world.

### Reality in a Cultural Context

“Because we are each a product of our culture(s), culture provides the filters through which we each interpret reality,” explain Kavanagh and Kennedy (1992, p. 23), but they add that approaches flowing from many cultures can have merit. Saari (1991) says, “Culture has often been referred to as if it were a singular and static thing. It is not” (p. 52). Nor is it solely about language and racial differences. Indeed, Swidler describes culture as a tool kit (Forte, 1999).

*Expectations Regarding Cultural Awareness.* Social workers are expected to acquire multicultural awareness and cultural competence in dealing with “discoverable” differences—for instance, that godparents are a resource in many Hispanic families (Vidal, 1988). We also must learn to interpret less obvious or apparent differences. A study of older rural African Americans found that many of them believe receiving help in old age is a reward for having lived a good life. Acquiring such cultural knowledge allows helpers to market

or program services in more appropriate ways to address problems (Jett, 2002).

To grasp the hidden, a social worker, like an ethnographer, must search for the “meaning of things” that a full participant in a separate culture “knows but doesn’t know he knows” (Spradley & McCurdy, 1972, p. 34). For instance, cultural participants have a tacit understanding of the conventions and values associated with public speaking. Conklin and Lourie (1983) point out that not all speeches use the form taught in school of previews, reviews, summaries, and evaluations. An alternative form is topic chaining, shifting from one topic to the next. Moreover, many Amerindians “offer all known facts, regardless of how they apply to their own personal opinions. . . . The interactional goals of Anglo-Americans and American Indians—the one to convince the listeners, the other to submit information for their private deliberation—lead to two radically different oratorical structures (Conklin & Lourie, 1983, p. 274).”

Ethnocentrism makes us feel that our way is right because it is what we know, even though facts can give us a broader view (e.g., Americans hold silverware differently from most other Westerners). As professionals, we must know our biases, how we see the world, and how we take the measure of others. Do we grasp our own ethnic bias about what constitutes an effective speech, an appropriate or acceptable human body, or the best way to eat a formal meal? Those who must learn a new culture become more accepting of multiple traditions. For instance, Cao O. is Chinese, born in Vietnam. Now a social worker in the United States, he describes his transition as his family became more American, acquiring new habits and new wants, such as privacy: “Now what I use to eat with depends on who I am eating with. . . . At home we don’t use the small rice bowls any more. We use the American soup bowls to eat with. Yet my family would use chopsticks to go with that. We don’t pick up the bowl anymore. . . . Before my family all lived and slept in one big room. Now I have to have my own room” (quoted in Lee, 1992, p. 104).

It sometimes takes a jarring twist for conventional Americans to notice either different practices (such as not automatically smiling) or competing perspectives (such as thinking of

oneself as “temporarily able-bodied” or “differently abled” rather than thinking of some fellow humans as “mobility impaired” or “handicapped”). Oliver (1990) describes a survey of adults with disabling conditions that included questions such as “Can you tell me what is *wrong* with you?” and “Does your health problem/disability mean that you *need* to live with relatives or someone else who can help *look after* you?” (emphasis added) (p. 7). According to Oliver, “the interviewer visits the disabled person at home and asks many structured questions. . . . It is in the nature of the interview process that the interviewer presents as expert and the disabled person as an isolated individual inexperienced in research, and thus unable to reformulate the questions” (which never focus on the environment, just the person) (pp. 7–8).

No matter how pleasant the interviewer, niceties cannot overcome his or her built-in power and control, yet the professional may not think of this or the competing realities. A disabled identity that affects the thinking of everyone with every degree of *ableness*, in Oliver’s view, is constructed through medicalization, personal tragedy theory, dependency expectations, and *externally imposed* images of disability (Oliver, 1990, p. 77).

There can be rival perceptions. Many oppressed groups and persons out of the mainstream have identification considerations. Native Hawaiian children do not identify with either Japanese or white (Haole) people. African immigrants may not identify with African-Americans. With any given group, social workers must grasp whether messages from the dominant group are “accommodated, negotiated, or resisted” (Grace & Lum, 2001, p. 421).

**Different Standpoints.** The concept of communitarianism, discussed in Chapter 1, helps us avoid getting stuck in tribalism, balkanism, victimization, and martyrdom. However, differences and history cannot be ignored, whether one is working in a military community, with its tendency to reject homosexuals, or in a “gay” (even the language is different) community, where the 1978 murder of San Francisco city supervisor Harvey Milk and the 1969 Stonewall battle in Greenwich Village still have meaning (Duberman, 1993; Simon, 1994, p. 150). Similarly, those who want

blacks to “get over it” and quit bringing up the topic of slavery are ignoring other debasing moments in white history: hideous tortures that served as a preamble to lynchings were considered public entertainment as recently as 70 years ago (Cohen, 2000). Just as the Great Depression and September 11, 2001, still affect people, then lynchings and the *Trail of Tears*<sup>2</sup> also still affect people. A caseworker takes a social history; a community worker digs out a social history of a community and its people. A practitioner involved with the community in capacities such as child adoption needs to know personal and communal social histories and their accompanying worldviews.

Service users and community residents can better share their stories if they realize that we know something about their world. If a sixth grader in a self-esteem group says that she sleeps in the same bed as a parent, we do not need to presume incest when the problem may be poverty. Greif (1994) observes that “working with these parents [from public housing] has taught me to rethink many of my basic assumptions about therapy with poor families and African American families. Twenty years ago I had been trained, for example, that parents should never share a bed with children. Yet these mothers have little choice” (p. 207). Awareness of multiple realities keeps us from making premature assessments. Feminist standpoint theory takes a similar position. “Members of each group must work to understand the standpoint of others to construct views of our shared reality that are less partial,” says Swigonski (1994, p. 392). For direct and indirect practice success, we must listen to and understand the voices of the community (Forte, 2004).

**Different Classes.** Saari (1991) asserts that “members of traditionally disadvantaged minority groups are by no means the only persons in society who must participate in more than one culture. . . . In a complex society, the individual normally participates in a number of somewhat different cultures or shared meaning systems in the course of an average day” (pp. 53–54). Some of these cultures or systems play a greater role than others. For example, it is easy to underestimate class differences if the focus is solely on race and ethnicity.

Those who are more privileged and better educated, with certain tastes, have the idea that they see things as they really are and are sure that “others” lag, without drive, stuck in their provincial or limited realities and behaviors. Less privileged and less educated people of the same heritage, with certain tastes, consider themselves down-to-earth people who see things as they really are but view “others” as fixated on striving and appearances, “uptight and stuck-up,” limited by snobbish realities and behaviors. Each view is ethnocentric and cultural-centric (Berger & Luckmann, 1967). These views are internalized at quite a young age; children know about subtle distinctions, as this telling story shows: A little girl was shown a card depicting five bears who looked exactly alike, but one bear was being shunned by the other four. When she was asked what was happening in the picture, her quick reply was, “He’s not our kind of bear.”

*Insider/Outsider Perspectives on Reality.* Children gain cultural knowledge from a variety of sources, ranging from parental commands (“leave your nose alone”) to peer teaching and observation of their social environments. They also develop a perspective of their own. Sixth-grade girls can “distinguish nearly one hundred ways to fool around,” including “bugging other kids, playing with food, and doodling” (Spradley & McCurdy, 1972, pp. 18–19). Adults have a different perspective on such activities.

We must be aware of how the other person views experience. “The effective communicator learns to acquire and to understand, to the greatest extent possible, both insider (emic) and outsider (etic) perspectives” (Kavanagh & Kennedy, 1992, pp. 45–46). Etic analysis, which is observer oriented, gives us the ability to see similarities and differences and to compare or find commonalities across systems. Such a level of analysis might further a communitarian view by pointing out categories that all humans relate to, such as kinship. In social work, planners and organizers build on such a perspective. In contrast, emic analysis, which is actor oriented, allows us to become immersed in a worldview or lifestyle and its minutiae as a participant or a participant-observer. Emic analysis takes us into a collective, culture-specific mindset. Kavanagh and Kennedy (1992) see trade-offs: “The emic view provides

the subjective experience but limits objectivity, whereas the etic perspective is more objective, but is farther from actual experience of the phenomenon” (p. 23).

*Uniting with Consumers and Community Residents.* Often it seems as if there is a world of clients, communities, and causes and also a social worker world, while for practice purposes the ideal is a joint one. The core of critical community practice, indeed social work, is “a commitment to working for social justice through empowering disadvantaged, excluded and oppressed communities to take more control over the conditions of their lives (emphasis original) (Henderson, 2007, p. 17).

Three key ideas derived from the etic–emic discussion are as follows:

- *Those experiencing the social problem have an emic or insider view.* Therefore, “Instead of asking, ‘What do I see these people doing?’ we must ask, ‘What do these people see themselves doing?’” (Spradley & McCurdy, 1972, p. 9). Kavanagh and Kennedy (1992) urge that we “assess from the client’s perspective what the most appropriate goals are in a given situation” (p. 24).
- *Social workers and clients may not share the same context or realities during an interaction.* What we say may not be what clients hear, and vice versa. “It is essential,” writes Pozatek (1994), “for practitioners to be aware of this phenomenon, and to socially construct, through dialogue with the client, a shared reality that they agree is a representation of their interaction” (p. 399).
- *Clients have reasons for what they do or decide.* We must individualize (Al-Krenawi & Graham, 2000). Green (1998) warns that if social workers view intervention modes as having universal applicability, such thinking constitutes applied ethnocentrism.

One area in which we want to build a shared reality is in constructing the story of the problem as it is told by individuals, families, groups, or community residents (Chrystal, 1999; Donaldson, 1976; Finn, 1998; Marcus, 1992; Saleebey, 1994). We may be the experts on resources and options, but our clients are the experts on their own needs and problems

(Hartman, 1992). We must convert the question “What can I as a social worker do to help out those poor people?” to a question to mull over: “What are they saying to me?”

The second way to build a shared reality is through mutual hope, mutual expectation, and a shared sense of efficacy. Saleebey (1994) sees narrative and the building of hope as connected. If only negative tales are being told (e.g., by residents in public housing), then counterstories of success or “grace under pressure” might be spread and “scenarios of possibility” might be opened up (pp. 356–357). Most individuals and advocates have such stories to tell. Since “meaning . . . can inspire or oppress,” suggests Saleebey, “why not take the time to work with individuals to articulate those meanings, those stories, those possible narratives that elevate spirit and promote

action?” (p. 357). An awareness of the client’s or community’s symbolic associations will increase the effectiveness of the intervention (Forte, 2004, p. 522) as Asherah Cinnamon exemplifies in Box 3.8.

### Social Problem Intervention: A Brief Overview

To recapitulate, we can analyze the nature of a social problem by:

- knowing our own minds and ideas, being critical practitioners, and learning how clients or consumers of services see the problem’s implications for them
- figuring out which significant actors or community segments can potentially provide resources

#### BOX 3.8.

#### A Problem Solver Starts a Months-Long Process

Asherah Cinnamon is the director and sole paid staffer of the East Tennessee chapter of the National Coalition-Building Institute (NCBI), an organization that addresses intergroup tensions. This social worker, who coordinates 20 to 30 local volunteers, demonstrates sensitivity to her community:

Three days in January, though not routine for me, nevertheless represent the culmination of three years of local organizing and relationship-building. At 8 p.m. on a Monday night, I hear that a black church [and its radio station and day-care center] in our city has been burned to the ground in the early morning hours. Recovering from shock, outrage, and grief about this, I begin making phone calls to find out more about it and learn that the church is one of more than 20 that have burned to date in the Southeast USA in the past 16 months. . . . That same night, we put together a statement of support to present to the congregation of the burned-out church as quickly as possible. Calls go back and forth at 10 p.m. with the first draft of the statement, to check with the NAACP president and several chapter members to make sure that the statement is appropriate and will indeed be seen by the African community as a genuine offer of support.

Early the next morning I begin faxing the statement out to key community leaders, especially white church and synagogue leaders, for their signatures. . . . I make more phone calls to encourage other local leaders to sign the statement. . . . The vast majority

of people I speak with thank me for giving them the opportunity to show their support. Many say they did not know what to do, and their shock kept them immobile until I called.

That evening, I meet with the Methodist minister who helped me draft the statement, to attend the prayer service in the parking lot of the burned-out church. It is a freezing January night . . . and our toes feel frozen soon after we arrive. We are introduced to the presiding minister, who welcomes us and invites us to read our statement of support after the service. I do so and then list some of the community leaders who have signed. I notice the faces of the 50 or so congregants who are gathered in this place of violent destruction. As I read, I see one woman elbow her friend with an excited air as she hears the names of the signers. . . . One woman’s eyes sparkle with unshed tears. . . . It is a small thing, really, to put words together and send around a statement of support. But for these people, it is a sign of hope, and a contradiction to their isolation as victims of violence and their isolation as members of a minority group in the midst of a majority culture which has too often let them down.

Source: From Cinnamon, A. (1999). Community organizing for social change. In L. M. Grobman (Ed.), *Days in the lives of social workers: 50 professionals tell real life stories from social work practice* (2nd ed., pp. 295–300). Harrisburg, PA: White Hat Communications. Copyright 1999 by White Hat Communications. Reprinted with permission of the author and White Hat Communications.

- on any issue, finding out our profession's stance, reading in other disciplines and studying the media, and reviewing past and present general views regarding solutions, as well as conservative and liberal positions
- discovering the collective definition process this problem has undergone to date and an appropriate role, if any, for our agency. If we plan to intervene, we must also look at what others have done and consider what we can do.

While the model presented in this chapter is not the only way to construct social problems, it is useful for conceptualizing social problems for purposes of social intervention and social policy. It provides a framework for determining to whom and why (costs, deviance, ideology) a social condition is problematic. The framework recognizes that different social conditions have different profiles and the same social condition can have different profiles to different groups within society and over time, although the condition may be unchanged, depending on ideology, costs, affordability, and technology.

The framework generally ignores the notion of a fundamental conception of need. Need beyond survival is a very elusive concept and is highly individualized as well as being culturally relative. Poverty in the United States is not poverty in Haiti.

The model's usefulness for social problem analysis is that it directs the analyst to:

1. determine the quantifiable nature of the condition and whether that quantifiable definition is generally shared (the basis for staging the condition as a social problem and the basis for social intervention)
2. determine specific deviations and from whose norms, standards, and ideology it deviates (the basis for coalition building and social and political support)
3. determine whether the deviation or behavior is viewed as individual and/or a social deviation; what parts are individual and what parts are socially caused
4. determine the ideological frame of reference used by definers, which shapes all other definitions
5. determine the elements, degree, and interrelationships of social etiologies while not

assuming unitary causation, which provides a direction for intervention

6. determine the social costs and to whom and by what criteria the condition represents a social cost (or who pays) to form the basis of social policy decision making, remediation, and cost allocation
7. determine preferred outcomes states
8. determine protocol or procedures of interventions and remediation to lead to desired outcomes

Basically, problem identification, structuring, and staging, discussed later in the methodology section of the book, sets the perspective on intervention.

Our problem-framework components relate to intervention in social problem construction. We must work toward a shared construction of a problem. The way a condition is constructed as a problem will expand or narrow the number and variety of people who will join the action. It has become clear, for example, that the phrase "right to life" was successful as a recruitment and umbrella term for diverse constituencies, while "anti-abortion" was more limiting. In the same way, the term "pro-abortion" was problematic because abortion is not something many want to endorse, in comparison with the idea of "pro-choice." Community organizers sometimes call this "cutting the issue" (Mizrahi, 2001; Staples, 1997). If we are clear that we will be working with people of many minds, our appeals can be better directed to reach a broad group. The same holds true as we try to build an action coalition. To lobby with the community requires us to find core beliefs that unify. Problems create common denominators for citizens even while being distinctively experienced.

How does a strategic grasp of problems influence our practice? The practitioner becomes clear about what community members understand to be social problems and achieves a joint vision with them, then looks for ways to get forces in the community to work toward desired outcomes. The practitioner may strive to have defined as a problem something the community cares about or wants to change, or could strive to get something currently seen as a problem to be viewed as a non-problem or, more typically, a different kind of problem. Suppose that the

current understanding of the problem is adverse to community interests or siphons off resources that should go toward solving problems in the community's interests. The effort to stop terrorists from injuring U.S. citizens is an example. A prevailing political understanding is that immigrants, foreign visitors, and men from the Middle East are potential risks (See Box 3.7). Social workers who work with immigrants and refugees may be able to reframe the problem, at the community level, to protect those we serve. Certainly, all the money put into military and security programs represents money that could have been used to meet community goals and to solve social problems.

### Putting Oneself in the Picture: Exercises

1. In her empowerment guide for people engaged in social action, Katrina Shields (1994) proposes ways to connect the personal and the political. We adapted some exercises she suggests:
  - (a) Relax, close your eyes, and remember a time when you felt that some action you took made a positive difference. What

happened? Who was involved? What was the setting? Remember as vividly as possible your feelings at the time.

Share your memory in small groups or pairs, or write about the incident in your journal.

- (b) If you were totally fearless and in possession of all your powers, what would you do to heal our world (or do about a social problem that concerns you)? With whom would you like to join forces?

Share in a circle in pairs, or write your thoughts in your journal.

- (c) How do you "disempower" yourself? How do you perceive others as doing this? Do you have a myth, belief, or story that helps you put the current times in perspective, and to persist when the going gets rough?

Ask yourself these questions or discuss them with others (see Shields, 1994, pp. 19, 23, 77, for original exercises).

2. Mainstream media ignore positive changes brought about by grassroots groups. Start a scrapbook of success stories about community problems and issues.

### Discussion Exercises

1. Did you disagree with any of the premises or arguments set forth in this chapter? Over which sections do you think you and your parents or you and your neighbors would have the most disagreement?
2. On what basis should social workers take action regarding social problems? Consider these possibilities: stopping the spread of AIDS in Africa; condemning Islamophobia in the United States; legalizing marijuana or euthanasia; replacing old, faulty voting equipment; regulating violent content in video games; rewarding never-married welfare recipients who marry; stopping abortion. Review the elements in framing a condition. What are your first three steps?
3. For a study of alternative realities, watch *Rashomon* (1951), the classic Japanese film about a lady, a gentleman, and a bandit; consider their widely differing points of view about whether there was a sexual assault and about virtues such as bravery. How can we take differing realities into consideration without losing confidence that there is any solid ground on which we can stand to practice?
4. Discuss similarities and differences in societal perspectives over time regarding honor and respect.
 

*Think about ghetto deaths resulting from "being disrespected" (disrespected) and 19th century nobility deaths from dueling.*
5. Imagine a society in which parents have their children with them for only 4 years; then the children go to live with a series of other families, randomly selected. Eventually, parents and children are reunited for 4 years. In general, children would spend about 10 of their first 26 years with their birth parents (this is based on Sandra Feldman's "Child Swap Fable" in Eitzen & Zinn, 2000, p. 547). Discuss what difference this would make in what families care about and in the U.S. budget.
6. Spector and Kitsuse (1987) suggest a rudimentary approach to analysis and action: cut out community newspaper clippings; put down fundamental ideas and your own beginning knowledge about a situation that should be addressed for personal or professional reasons. The requisite activities are these: (a) describe a condition; (b) tell why it is annoying, disturbing, harmful, unethical, destructive, or unwholesome; (c) identify what causes the condition; (d) describe what should be done

about it; and (e) explain how one would begin to accomplish this (pp. 161–162). Experiment using this exercise in the field with a client. If you're working with an organization, examine an issue collectively with your group.

7. Do not forget the importance of collecting data and obtaining a firm grasp on specifics. As a young labor organizer, Eugene Debs endeavored to protect the rights and lives of firemen on U.S. railways. To orient himself, "He set up a sheet of brown wrapping paper on one wall of his room and drew it off into squares. On the left-hand side he put the job the worker was doing; in the first column he set up the hours, in the next the wages, in the next the ratio of employment to unemployment, in the next the proportion of accidents, and what responsibility the employer took for them; and in the last column the conditions under which the men worked" (Stone, 1947, p. 44). He also learned

the realities for the wives and children, "He knew to an eighth of a pound and half of a penny how much of the poorest grade of hock meat and bones they could buy, to the last pint of milk and thin slice of bread how much nourishment could go into each of the children; how much longer the threadbare clothing on their backs could endure" (p. 81). Find documents that pinpoint such data about a problem and about a group that are of grave concern to you.

8. Brief research: Is rape of females viewed as a condition or as a problem in the United States, Mexico, Canada, and England? What about rape of males, especially in prison, in the same countries? Content analysis: Check to see if newspaper accounts about this act of violence use passive voice (that is, "A woman was raped last evening") or active voice ("A man raped a woman last evening") (Blezard, 2002). Does wording matter?

## Notes

1. Schneider and Sidney (2009) present a similar model, although more policy-driven.
2. Most Amerindian nations can recall their own "Trail of Tears" and ethnic cleansing imposed by the United States on them separate from the more known expulsion imposed on the Cherokee Nation.

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