1

Introduction

THE PURPOSE OF THIS BOOK is to make the case that effective practices of care require that practitioner actions are decided by their situated and timely judgments. The practices of care are those in which practitioner and person served are engaged in a face-to-face interaction. The aim of these practices is the betterment of the individuals served, and the means for achieving this aim includes a caring relationship and skilled and knowledgeable actions. The practices of care include, among others, teaching, nursing, social work, and psychotherapy. While these practices address the whole life of an individual, they aim at the betterment of specific life areas. The aim of the practice of teaching is learning; the aim of the practice of therapy is well-being; the aim of the practice of nursing is health; and the aim of the practice of social work is social support.

In recent decades, the practitioners of care have been challenged to substitute a technologically guided approach for determining their practice in place of their situationally informed judgments. I argue in this book that this move to apply technically generated decisions to the practices of care is part of a more general cultural shift toward a technified worldview. This shift involves the transfer of techniques that have been successful in mastering and transforming nature to the management of human beings. The technification of the practices of care devalues the uniqueness of the human realm by treating its members as if they were simply another resource to be processed. Such treatment, because of the evolved characteristics of the human realm, is not as effective and efficient in achieving the aims of the practices of care. The thesis of this book is that, because of the unique features of human beings, the technical model of practice has limited applicability for the practices of care; thus, successful practice in situations where practitioners engage others in direct fact-to-face interaction requires a practice model that emphasizes the

1

situated judgment of practitioners. The rest of this introductory chapter first introduces the current controversy over what model should govern the decision making of practitioners of care and then explores in general terms the notion of practice.

The main argument of the book is contained in chapters 2 through 7 and draws support for the thesis from current positions in the philosophy of social science. Chapter 2 describes the human propensity to secure control over nature and transform it so that it better serves human needs and desires. The chapter traces the development of this technological control to its current state of high technology and to its expansion in the last century from the mastery of nature to the management and organization of human activity. It closes with an outline of the model for making technical decisions, the technical-rational model. Chapter 3 explores the effect of this expansion on human practices. Foucault, Bourdieu, and Certeau provide descriptions of the manifestation of the technification of modern society through the operations of bureaucratic forms of administration grounded in technical-rational procedures. They investigate the consequences of technification on practice and depict the ways it constricts the range of human actions. Chapter 4 differentiates the realms in which practices are carried out and argues that the practice model used to operate in the physical realm is inappropriate for use in the human realm. Chapters 5 through 7 develop a model of situated decision making for judgment based practices of care. Chapter 5 explores the distinction made by Aristotle between two kinds of practice: the practices of production *(poiesis)* and the practices of the good *(praxis)*. Aristotle held that decisions regarding the practices of the good, which concern the human realm, require a different kind of nontechnical thinking *(phronesis)* than what is required for decisions regarding production *(techne)*. Chapter 6 further develops the judgment model of deliberation through the inspection of the ideas of an expanded notion of rationality presented by Epstein, Lakoff, Gendlin, and Damasio. Chapter 7 draws together the ideas of *phronesis* and expanded rationality with Gadamer's notion of reflective-understanding into a model for practitioner judgment.

The final chapter reexamines the confrontation between the technical and judgment models of the practices of care through a case study of one profession of care: psychotherapy.

The Technical-Judgment Practice Controversy

There is a growing controversy over who and what should determine the helping actions carried out by the practitioners of care. The controversy is about whether the practices of care should be technically based or judgment based.

The technically based side holds that practice should consist of the application of scientifically validated knowledge; the judgment-based side advocates that practice should be comprised of actions informed by situated judgments of practitioners.

Technically based practice is held up as being reliable because it is based on scientifically validated techniques. Practitioners are asked to adhere to scripted sequences of techniques or laid-out programs that have been experimentally demonstrated to accomplish a specified goal. In a technically based approach to practices of care, if the goal is to teach reading to third graders, teachers are expected to follow a scripted reading program by implementing, in order, the activities set out in the script. Technically based practice holds that it is the program or technique that produces change, not the caregiver.

Judgment-based practice calls for the use of professional judgment about what to do to accomplish a specified goal. On the basis of a practitioner's self-knowledge, experience, and training, he or she is expected to make judgments about what actions will accomplish a goal with a specific person, in a specific situation, at a specific time. Judgment-based practice focuses on the practitioner as the factor that produces change. It argues that practitioners can take into account the needs of particular individuals and respond to situational differences.

In the dispute over whether practices of care should be technically or judgment based, the technical position has gained dominance in recent years. It is represented by slogans such as "culture of evidence," "evidence-based decision making," and "empirically supported programs." In the technically based position, these slogans are interpreted to refer to the exclusive use of programs or sets of techniques that have been previously determined by scientific research to produce desired results. A program receives the designation of "empirically supported" when its use with several trial groups has produced mean scores on an index that are higher than the mean scores of comparable control groups.

The technically based approach for the determination of practice was developed by businesses to manage their employees. It has since been adopted by government agencies, health care institutions, and professional organizations to determine the activities of practitioners of care. For example, the news release of the United States Department of Education says that "the use of research-proven strategies is one of the key principles of *No Child Left Behind* [legislation]" (United States Department of Education, 2002, August 7). It describes the development of a national clearinghouse "which will summarize evidence on the effectiveness of different programs, products, and strategies intended to enhance academic achievement" and provide an "educational interventions registry that identifies potentially replicable programs, products, and practices." The program calls for "transforming education into an evidence

based field." Managed health care programs have adopted a similar approach to determining practices through their policies of limiting payments only to procedures that have been experimentally validated (Polkinghorne, 2001). Psychologists have advocated that psychotherapy training focus on preparing graduates to deliver manualized, empirically supported treatments and have suggested that it is unethical to use treatments that have not been empirically validated.

Judgment-based practice represents a more traditional approach to the practices of care and emphasizes individual differences and the uniqueness of personal histories. Its approach to the idea of the culture of evidence is that positive outcomes are to be valued over adherence to a set of predetermined techniques. Accountability should be focused on the outcomes produced in a particular situation, not on the prior selection of a validated program or procedure. Because of individual differences, it holds that better outcomes are produced by adjusting practitioner actions to the characteristics of specific situations and to the changes taking place in the individuals being served. Evidence of the effect of actions in a situation is used to judge what action should be undertaken next to move the work toward a positive outcome. Judgment-based practice also recognizes that the effect of actions varies as a result of the particular personal characteristics of the practitioner undertaking it. Thus, a culture of evidence should attend to the actual outcomes produced in particular situations rather than to predictions of which programs might bring about positive outcomes.

Neither technically based nor judgment-based practice is adequate in and of itself. Experimentation with and evaluation of programs and techniques provide a knowledge base of the kinds of technical procedures found to be generally helpful in various settings. However, the simple implementation of a program or application of techniques because it has empirical support is not sufficient to accomplish the goals of caregivers. Determining whether an empirically supported program is appropriate for a particular group or if its protocols are appropriate for an individual requires practitioner judgment. Also, meeting the needs of those cared for by practitioners often requires the invention of new activities as well as creative responses.

Discussions about whether the actions of practitioners of care should be technologically or judgment based have traditionally focused their attention only on the situations of caregiving in which the actions are undertaken. However, the practices of care are social practices, and discussions about them need to be approached from the broader perspective of social practices in contemporary society. Thus, the discussion needs to address issues such as the nature of practice in contemporary society, in what ways practical decisions are determined, and the relation of the social context to the practices of care. The technological-judgment controversy about practices of care cannot be isolated from the general views of practice in current society. The purpose of this book

is to examine the controversy from this broader perspective and to argue for the necessity of judgment-based practices of care.

The philosophy of social science has traditionally concerned itself with methodological and epistemological questions (Hollis, 1996). It has differentiated the human realm from the physical realm and asked if methods for generating knowledge about human beings need to be different from those used by the sciences of nature. However, in recent decades the understanding of the methods of the natural sciences has undergone significant changes. Natural science is now viewed less as means to pure knowledge and more as a human practice (Bachelard, 1958; Kuhn, 1970). The sharp division between the means for developing knowledge about the physical realm and the human realm has become somewhat dulled. However, although a sharp distinction between the natural and human or social sciences need not be maintained in terms of their methods, it does need to be maintained in terms of the objects under inquiry (Caws, 2000).

A philosophy of social science inquiry about practice draws a significant distinction between practices aimed at transforming physical materials into useful objects and practices involving human interaction. A premise of this book is that this distinction has faded in contemporary society and that technically informed decision processes appropriate for determining practices concerned with physical objects have been applied to practices in the human realm. This expansion of decision processes developed for the control and transformation of the realm of nature to the control and management of human behavior is an aspect of the general *technification* of the social world.

UNDERSTANDING PRACTICE

The general definition of the term *practice* includes all the things that people do. Theories of practice concern not only the things that people do but also why they do them. Practices range from tying shoelaces to writing books. Some practices require careful deliberation, while others occur without conscious thought. Practice is sometimes differentiated from theory, doing something as opposed to thinking about something. However, the distinction is overdrawn. Action and thought (both conscious and nonconscious) are interactive. Practices are grounded in understandings people have about the world, and these understandings are, in turn, influenced by the effect of their practices on the world. Contemporary practice theory focuses on the point of interaction of people with the world and others. While traditional theories have attended to people's subjective experiences or the objective region of physical objects, practice theory attends to the area of engagement and interconnection between subjects and objects. When this is the focal point,

humans do not show up as bounded monads but as embodied beings actively involved in the world. Practice theory should be distinguished from pragmatism. Pragmatism is a philosophy that emphasizes that statements about the world should be evaluated primarily in terms of their usefulness or effectiveness in accomplishing a task. It argues against the position that statements should be judged on the basis of their accuracy in representing an independent reality.

The idea of practice covers human activity aimed at accomplishing a variety of tasks. Carpenters are engaged in practice when they work with physical materials to build houses. Scientists are involved in practice when they design and undertake research. Babysitters are practicing when they are caring for children. While the single term *practice* covers all of these situations, practices that involve working with physical materials differ from practices that involve working with people. Even though some activities involve working with both materials and people, the distinction needs to be maintained. For example, a father helping his son build a tree house will relate to and treat the wood in a manner that is different from the way he relates to and treats his son. Not only are humans inherently different from things, but the methods and procedures that lead to effective work with materials do not bring about the same results when used with people.

In this book the term *practice* is used primarily to refer to engaged action or activity. However, 'practice' has taken on some auxiliary meanings in English, and in the interest of clarification, it is worthwhile to review them. 'Practice' is used to refer to activities in which people engage to increase a skill; for example, practicing the piano. The term is used with a similar meaning in reference to preparation for a performance; a baseball player takes batting practice before a game to loosen up and refresh his or her timing. 'Practice' has also taken on the evolved meaning of carrying on a profession or occupation, as in the practice of law or medicine. I sometimes use 'practice' with this meaning in referring to the practices of care. The term *practical,* which comes from the same root as 'practice,' refers to the doing of something; an idea is practical when it is something that can be carried out. 'Practical' is also used as an adjective to note that something is related to practice; knowing what to do to accomplish a goal is practical knowing.

'Practice' has become current in sociology and anthropology to refer to the mainly nonconscious activities engaged in by members of a society or culture. Of interest in these studies is the diverse ways activities are carried out in various cultures and historical periods. Several of these studies (by Foucault, Bourdieu, and Certeau) that have investigated the practices of contemporary Western society will be discussed in this book. Turner, in his book *The Social Theory of Practices* (1994) claims that current philosophers and social theorists are using the term *practice* for what their predecessors used

the terms *traditions, tacit knowledge, worldview, paradigm, ideology, framework,* or *presuppositions.* Although these studies have served to correct the view that people's actions are always determined by conscious, reflective thought, I believe their emphasis on the social determination of what people do is sometimes too strong.

Practices are most often engaged in to bring about a result. For example, people exercise each morning in order to achieve or maintain good health. Thus, practice has a means-end or instrumental structure. Explanations of a practice have a primitive narrative structure in which the meaning of an activity is its contribution to achieving a goal (see Polkinghorne, 1988). The explanation for why students engaged in the practice of intense studying would consist in giving a reason for this practice; for example, they wanted to achieve a high grade on an examination.

Its means-end structure allows the inquiry into a practice to be divided into two questions: what goal is being sought, and what is being done to accomplish that goal? Practice goals can focus on achieving results meant to serve oneself, to serve other individuals, or to serve a group or community (such as one's family, organization, nation, or all humanity). In addition to seeking knowledge about the goals of a practice, inquiry about practice is concerned with what activities need to be undertaken to achieve those goals. *Know-how* is the understanding of what to do to accomplish a goal. The sources of one's know-how are multiple. One can come to know how to attain a goal from trial and error learning, in which successful actions are differentiated from unsuccessful ones. One can derive knowledge from the various avenues through which social and cultural understanding is passed on to individuals. Over time, individuals build up a fund of knowledge from these sources and can call on this fund to accomplish new tasks. Some of the fund of know-how remains available to conscious recall, and some of it recedes into the background of awareness, where it is hidden from reflection but still available to inform actions. Part of the knowledge in the background is embodied, such as how to stay upright on a bicycle or how to hold a cup without spilling the coffee in it.

Once knowledge about how to do things is developed, it can be shared with others. Thus it can become the possession of a whole society, spreading among its members through various modes of communication and social institutions. For example, experts hold public discussions on how to make money in the stock market or how to find a mate. Teachers instruct children on how to do arithmetic and how to read. Technical schools, as advertised on television, train students on how to repair computers and other electronic equipment. Often, over time, new and better ideas on how to do something are invented. Our culture has gone through a series of transitions in which the "old" ways of doing things have been replaced with "new" technically informed ways.

As we go about our daily lives, the informal practical knowledge we accumulate is usually sufficient for knowing how to accomplish ordinary tasks. If a strategy based on one source of knowledge proves unsuccessful, not much is lost; one can try an alternate plan based on a different source. However, when the goal has greater significance, such as performing an operation to correct a diseased heart, building a bridge, or teaching a child to read, it is essential that the practical knowledge used to guide actions is sound and that by acting upon it the surgeon, the bridge builder, and the teacher will accomplish their respective goals. In such situations, the reliability of the source of practical knowledge becomes an issue. For our contemporary technological society, the legitimized source of practical knowledge is science. Thus, when the task is significant, it is thought that one should rely on instructions that have been validated scientifically. The practitioner's experientially accumulated fund of knowledge is considered less trustworthy.

The next two chapters explore the development of the technological control of nature and the expansion of the technological view into the social realm. The technical model of decision making for the practices of care is an expression of this expansion.