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Context and Overview

In the first part of this book, we set the field of community psychology (CP) in context and provide an overview of CP. The first part of the book addresses what CP is, where it comes from, where is it now and where we think it should be going. In order to look forward to the future of CP, it is important to look back at its historical roots. There are two chapters in this part of the book, the first of which looks at the history of CP and contemporary issues, while the second provides the conceptual framework for the book.

We begin the first chapter with a discussion of the value of metaphors as a way of guiding thinking and action. We use the metaphor of a journey as way of understanding the context and history of CP. We then describe three types of journeys in CP:

- a. the journey of the field of CP
- b. the journeys of the two authors/editors of the book, Geoff and Isaac, and
- c. the journey of the reader of this book.

We note that these journeys intersect in many different ways. The fate of CP and community psychologists is tied to that of disadvantaged people. The wellness and liberation of those of us working in the field of CP cannot be complete until those disadvantaged people with whom we work experience wellness and liberation. We invite the readers to join us in this journey.

In Chapter 2, we introduce the conceptual framework underlying the book. The framework consists of four main components:

- a. issues and problems
- b. values
- c. principles and conceptual tools and
- d. the science of CP.

Using this framework, we discuss the ‘problems’ that have been the focus of CP. CP is an action-oriented field that strives to address problems and create change. This is why values are so important for CP. Science can tell us what *is*, but not what *should be*. We need values to guide us to what *should be*. We examine the values that underlie CP and discuss which values have received the most emphasis and which values require more attention.

The way that problems are framed depends on one's values and principles. We note that the ways that CP frames problems have changed over time, and we clarify the principles and conceptual tools that are used to frame problems. These different principles and concepts reflect different values. Finally, the science of CP helps us to understand how wellness and liberation can be promoted.

Community Psychology: Journeys in the Global Context

Chapter Organization

The Journey of Community Psychology

◆ What Is Community Psychology? ◆ The Emergence of Community Psychology in the United States; *The Foreshadowing of Community Psychology; The Roots of Community Psychology in the United States; Factors Leading to the Emergence of Community Psychology in the United States* ◆ The Emergence of Community Psychology Around the World; *Community Psychology in English-speaking Countries; Community Psychology in Continental Europe; Latin American Community Psychology; Community Psychology in Other Developing Nations*

The Journeys of the Authors/Editors ◆ Geoff ◆ Isaac

The Journey of the Reader

Chapter Summary COMMENTARY: Values and Principles of Community Psychology: Views from Ghana

Glossary

Resources

Warm-up Exercise

Please reflect on the following questions as you begin your journey in community psychology (CP):

- What drew you to the course that you are taking in CP? Describe some of your motivations for pursuing CP.
- What particular issues or topics would you like to learn more about in CP?
- Where do you see yourself headed in the future in terms of work, further education and participation in the community?

In this chapter, you will learn about

- the defining features of CP
- the roots of CP in the United States
- factors leading to the emergence of CP
- how CP has developed around the world
- a bit about the two authors of this book.

We begin this book with a brief history of the field of community psychology (CP). History is about the roots of a subject, where it comes from and why. As Rappaport and Seidman (2000) stated in the introduction to their *Handbook of Community Psychology*, ‘every field requires a narrative about itself – a vision of its

possibilities, a story that explains why it studies what it deems to be important' (p. 1). In the case of CP, a historical review provides an analysis of the development of the identity of the field. In order to look forward to the future of CP, we need first to look backwards to our history and the lessons that we have learnt from the past.

Throughout this book, we use metaphors as a way of understanding the field of CP, its phenomena of interest, key concepts and methods. In this chapter on the history of CP, we use the metaphor of a journey as way of understanding the context of CP. Journeys have personal, community and historical dimensions; journeys are about individuals and communities and how their stories unfold over time. Journeys are also stories or narrative accounts that describe important milestones and turning points, highlight the contributions of key players and settings, note main themes and trends and different points in the journey and provide coherence and meaning about the journey. Are you ready to travel with us? Then let us begin the journey.

The Journey of Community Psychology

The first journey that we describe is that of CP. CP is a sub-discipline of the larger discipline of psychology. While the roots of psychology were in Europe, the field of psychology expanded at a rapid rate in the United States during the 20th century. CP was a part of this growth. The specific historical context of the United States in the 1960s played an important role in shaping the field of CP. At the same time, however, CP has grown and developed in other countries around the world as well. In this section, we trace the roots of CP in the United States and in other countries. Before we consider where CP comes from, we first consider what it is.

What Is Community Psychology?

In one of the first CP textbooks, Julian Rappaport (1977) argued that CP is difficult to define precisely, because it is more of a new paradigm, perspective, or way of thinking, whose contours are constantly emerging, than being a distinct and fixed entity. In discussing what CP is, Rappaport wrote about the following themes: its ecological nature (the fit between people and their environments), the importance of cultural relativity and diversity so that people are not judged against one single standard or value ('an attempt to support every person's right to be different without risk of suffering material and psychological sanctions', p. 1) and a focus on social change ('toward a maximally equitable distribution of psychological as well as material resources', p. 3). Moreover, Rappaport (1977) argued that CP is concerned with human resource development, political activity and scientific inquiry, three elements that are often in conflict with one another. As the subtitle of his book *Community Psychology: Values, Research and Action*, suggests, CP is a balancing act between values, research and action.

Several writers have proposed definitions of CP. For example, Dalton, Elias and Wandersman (2001) provided the following definition:

Community psychology concerns the relationships of the individual to communities and society. Through collaborative research and action, community psychologists seek to understand and to enhance quality of life for individuals, communities, and society. (p. 5)

UK community psychologists Carolyn Kagan and Mark Burton have proposed the following definition:

Community psychology offers a framework for working with those marginalised by the social system that leads to self-aware social change with an emphasis on value-based, participatory work and the forging of alliances. It is a way of working that is pragmatic and reflexive, whilst not wedded to any particular orthodoxy of method. As such, community psychology is one alternative to the dominant individualistic psychology typically taught and practised in the high income countries. It is *community* psychology because it emphasises a level of analysis and intervention other than the individual and their immediate interpersonal context. It is *community psychology* because it is nevertheless concerned with how people feel, think, experience, and act as they work together, resisting oppression and struggling to create a better world. (Burton, Boyle, Harris & Kagan, p. 219).

Because we believe that CP represents a different paradigm or world view of psychology, we find it useful to describe how it is different from the more traditional fields of applied psychology (e.g. clinical, educational, industrial/organizational, see Table 1.1). Key elements of Kagan and Burton's definition of CP are included in Table 1.1.

Psychology has traditionally focused on the individual level of analysis. While applied psychology sometimes pays attention to micro-systems, such as the family or peer group, most of the major theories of personality and clinical psychology emphasize individualistic explanations of behaviour and individual strategies of change such as psychotherapy. This is a very Western view that puts the individual in the foreground over the collective, whereas other parts of the world do the opposite. In contrast, CP is the study of people in context. There is a more holistic, ecological analysis of the person within multiple social systems, ranging from micro-systems (e.g. the family) to macro-sociopolitical structures. There is a strong belief that people cannot be understood apart from their context. When problems are defined in terms of individualistic conceptions of human nature, this can lead to a stance of 'blaming the victim' (Ryan, 1971), which is common in the social sciences. Whether intentional or not, victim blaming holds individuals responsible for the causes of and solutions to their problems. However, when problems are reframed in terms of their social context and seen as arising from degrading social conditions, this tendency of blaming the victim is reduced (Caplan & Nelson, 1973). Moreover, CP tends to focus on the strengths of people living in adverse conditions as well as the strengths of communities, rather than focusing on individual or community 'deficits' or problems (Rappaport, 1977). Focusing on problems puts people in a subordinate position to whoever is making such a categorization or diagnosis and suggests that they

Table 1.1 Assumptions and practices of traditional applied psychology and community psychology

Assumptions and Practices	Traditional Applied Psychology	Community Psychology
Levels of analysis	Intrapersonal or micro-systems	Ecological (micro, meso, macro)
Problem definition	Based on individualist philosophies that blame the victim	Problems are reframed in terms of social context and cultural diversity
Focus of intervention	Deficits/problems	Competence/strengths
Timing of intervention	Remedial (late)	Prevention (early)
Goals of intervention	Reduction of 'maladaptive' behaviours	Promotion of competence and wellness
Type of intervention	Treatment-rehabilitation	Self-help/community development/social action
Role of 'client'	Compliance with professional treatment regimes	Active participant who exercises choice and self-direction
Role of professional	Expert (scientist-practitioner)	Resource collaborator (scholar-activist)
Type of research	Applied research based on positivistic assumptions	Participatory action research based on alternative assumptions
Ethics	Emphasis on individual ethics, value neutrality and tacit acceptance of status quo	Emphasis on social ethics, emancipatory values and social change
Interdisciplinary ties	Psychiatry, clinical social work	Law, social work (community development and social policy), political science, planning and geography

Source: Adapted from Prilleltensky and Nelson (1997)

need monitoring and correction, whereas focusing on strengths enables people to build upon their pre-existing resources, capacities and talents.

In terms of intervention, traditional applied psychology intervenes late after problems have already developed, whereas CP emphasizes the importance of prevention and early intervention. While traditional applied psychology interventions have a goal of reducing 'maladaptive' behaviours or overcoming deficits through treatment and rehabilitation, CP has a goal of promoting competence and well-being through self-help, community development and social and political action. From a CP perspective, behaviour is not viewed as maladaptive. People are viewed as adapting in the best ways they can to oppressive and stressful conditions. In traditional psychology, the role of the client is a passive one, with compliance and deference to the professional helper as the norm. CP emphasizes active participation, choice and self-determination of the participants in any intervention, assuming that people know best what they need and that active participation in individual and collective change is healthy and desirable. Community psychologists

eschew the traditional role of the helper as the 'expert' who knows best and who is well versed in the science and practice of assessment, diagnosis and treatment. Instead, community psychologists typically function as resource collaborators, who bring both science and social activism to their community work.

Research in applied psychology is typically guided by a philosophy of science known as logical positivism/empiricism or what we more commonly know as the scientific method. Community psychologists believe that there is no one scientific method, but many, and that their research is often very participatory, action oriented and guided by assumptions of alternative philosophies of science. Research is not conducted just for the sake of developing new knowledge; research is conducted to create knowledge and change social conditions. Since community psychologists do not believe in the 'expert' approach of traditional applied psychology, community stakeholders participate in the creation of knowledge. The question of 'whose knowledge?' is one that concerns community psychologists. The ethics of traditional applied psychology are focused on the individual client or research participant and emphasize values such as informed consent and confidentiality. CP also abides by such individual ethics, but it goes further to consider social ethics and values that promote social change. Traditional psychology often claims to be 'value neutral' when it comes to social ethics, but such a position often provides tacit acceptance of unjust social conditions.

Finally, traditional applied psychology has interdisciplinary ties with other helping professions, such as psychiatry and clinical social work, while CP allies itself with critical perspectives in a range of social and health science and humanities disciplines that focus on the interface between people and social environments (Davidson et al., 2006). The question of how CP differs from social work often arises. Like psychology, social work is a broad field; unlike psychology, social work has more of a professional practice orientation and less of a research orientation. As in applied psychology, the dominant approach to social work training focuses on clinical intervention with individuals, families and groups. CP has much more in common with that part of social work which emphasizes community development and social policy. In CP, research is emphasized much more than social work and is seen as inseparable from practice. Finally, while there is diversity within CP, the field is based on a fairly coherent set of values and concepts. In contrast, social work is a broader field with more diverse strands and less of a uniform ideology.

The Emergence of Community Psychology in the United States

Having provided a brief sketch of CP, we now turn to an examination of the roots of CP. We begin with a focus on the US scene because much of the early history of CP has been centred there. We want to examine the context from which these emphases and themes emerged.

The Foreshadowing of Community Psychology

While the field of CP did not formally coalesce until the 1960s, the work of CP was foreshadowed as early as the turn of the last century. The period between 1890 and 1914 was a time of considerable social unrest in the United States, with

social institutions being plagued with problems related to immigration, industrialization, urbanization and poverty. Community psychologist Murray Levine and sociologist Adeline Levine wrote an important book about this time period, entitled *Helping Children: A Social History*. In their book, Levine and Levine (1992) described how many social programs that are common today throughout North America had their roots during this time period, including mental health associations, the YWCA and YMCA, scout groups, juvenile courts and psychological clinics. While these activities were not typically tied to the field of psychology, in many ways they were the beginning of the journey of CP.

Box 1.1 Jane Addams and Hull-House

One important setting during the time period between 1890 and 1914 was the settlement house, which provided support to immigrants to the United States who were living in large cities. But settlement houses dealt with much more than immigration issues; they served as a base for community organization, social action, education, the labour movement and the peace movement. In her book *Twenty Years at Hull-House*, community developer and social activist Jane Addams (1910) describes Hull-House, a settlement house on the west side of Chicago which consisted of several different ethnic enclaves (Italians, Polish and Russian Jews, Irish). All these groups lived in slum conditions. The description of Hull-House is strikingly similar to contemporary community-driven prevention projects or neighbourhood organizations

with a community development, prevention and social change focus. Hull-House operated a coffee house, a gymnasium, a coal cooperative, cooperative housing, a day nursery and much more. When workers at Hull-House learnt that women and children were working from dawn until late in the evening in sweatshops, they advocated successfully for labour legislation that included an 8-hour day and a minimum age limit of 14 for young people to work. For people like Jane Addams, social issues of women, children, poverty, education, health and social justice were interrelated and thus action was called for on several fronts and at several different levels. Addams went on to found the Women's International League for Peace and Freedom and she won the Nobel Peace Prize in 1931.

Returning to Levine and Levine's (1992) historical study of children's services, they found that the progressive era at the turn of the century was followed by a conservative era in the aftermath of World War I during the 1920s. With this shift in political climate, there was also a shift in the ideology of social services from one of social change to one emphasizing individual change and blaming the victims for not 'adjusting' to degrading social conditions. As an example, the field of psychology had created intelligence testing in the United Kingdom (Francis Galton) and France (Alfred Binet) and IQ tests were imported to and refined in the United States during this period. Galton and other psychologists in the area of intelligence testing were proponents of Social Darwinism (Albee, 1996a), which took Darwin's concepts of natural selection and survival of the fittest and applied them to human beings and intelligence. IQ was viewed as an innate quality of individuals, and people with low IQ scores were seen as inferior and unworthy, people who should be 'weeded out' of society because they weakened the genetic stock. The eugenics movement, which was prominent in the 1920s, used the philosophy of Social Darwinism to advocate for the separation of the 'feeble-minded' from the rest of society into institutions, sterilization of people with low IQ, and restrictions on the immigration of people deemed to be inferior (those from Eastern and

Southern Europe, Africa and Asia). Consider the following chilling quotes that Albee (1981) has gathered from advocates of the eugenics movement:

We face the possibility of racial admixture here that is infinitely worse than that favoured by any European country today, for we are incorporating the Negro into our racial stock, while all of Europe is comparatively free from this taint... the decline of American intelligence will be more rapid... owing to the presence of the Negro. (Brigham [Princeton psychologist], 1923)

[Massive sterilization] is a practical, merciful and inevitable solution of the whole problem and can be applied to an ever widening circle of social discards, beginning always with the criminal, the diseased, and the insane and extending gradually to types which may be called weaklings rather than defectives and perhaps ultimately to worthless race types. (Grant [New York Zoological Society], 1919)

Grant's quote foreshadowed the Nazi holocaust against Jewish people, gypsies, homosexuals and other supposedly 'inferior', non-Aryan ethnoracial groups.

Based on their historical review, Levine and Levine (1992) advanced the following thesis:

Social and economic conditions and the intellectual and political spirit of the times greatly influence the mental health problems that concern us and forms of help that flourish.... More specifically our thesis states that there are essentially two modes of help, the situational and the intrapsychic.... We believe that the situational modes of help, which demand that we question the social environment – and change the social environment – flourish during periods of political or social reform.... Intrapsychic modes of help... are prominent during periods of political or social conservatism. (p. 8)

This thesis provides an interesting perspective on the emergence of activities and settings at the turn of the century that bear a striking resemblance to contemporary CP in terms of the values and strategies employed by people working within this Zeitgeist. Psychology was still in its infancy during this period, and thus, the role for psychology in community action was not yet evident. However, by the 1960s much had changed.

The Roots of Community Psychology in the United States

There are three important aspects of the social context to be aware of in understanding the beginning journey of CP in the United States: (a) the growth of mental health services, (b) the rapid expansion of clinical psychology and (c) the social-political context of the 1960s.

The mental health connection. In the aftermath of World War II, the US government devoted considerable attention to mental health issues. Many veterans of the war returned home with mental health problems, variously labelled as 'shell shock' or 'combat neurosis'. Veteran's Administration (VA) hospitals were established to attend to these problems, as well as other problems of health and disability. A Joint Commission on Mental Health and Illness was formed, and this commission released its final report, *Action for Mental Health*, in 1961, along with several other reports. Two years later in 1963, the federal government enacted

legislation establishing a nationwide program of Community Mental Health Centres (CMHCs). While proclaimed as a 'bold, new approach' to mental health, the CMHCs retained a strong medical model and clinical approach to mental health problems. The intrapsychic approach elaborated by Levine and Levine (1992) in the previous section continued to dominate mental health services.

The shift away from clinical psychology. Clinical psychology grew rapidly at this time. The National Institute of Mental Health (NIMH) was established at the end of World War II, and it provided funding for training in the mental health professions and for research in mental health. Clinical psychology emerged as a major sub-discipline of psychology during this time, and the Boulder 'scientist-practitioner' model of training in clinical psychology (named after a training conference held in Boulder, Colorado, in 1949) became the dominant approach to training in clinical psychology. Clinical psychologists were to have a PhD degree, with emphasis on both research and practice. While clinical psychology was expanding, psychiatry continued to be the most powerful player in mental health. Clinical psychology and social work clearly played secondary roles in many hospital and clinic settings, functioning as 'handmaidens' to psychiatry (Rappaport, 1977). Clinical psychologists were often relegated to diagnostic testing and did not play much of a role in treatment, in spite of their training in psychotherapy.

The 1960s and social reform. CP was born in the 1960s, a time of social and political change in the United States. Bob Dylan, an American folk musician who emerged during this time, sang, 'We'll soon shake your windows and rattle your walls, for the times they are a changing.' The 1960s was much like the turn of the century; it was an era of social reform which saw the emergence of several different social movements in the United States, including the civil rights movement, the women's movement, the peace movement in the context of the Vietnam War, and later, the disability rights movement, and gay, lesbian and bisexual movements. Clinical psychologists who began to create the field of CP were aware of how sociopolitical conditions impact the competence and well-being of individuals. Many became active in the so-called Great Society programs of the 1960s, including pre-school education programs (e.g. Head Start), community mental health centres and community action centres. The 1960s was certainly not a radical or revolutionary time period in the United States, but it was a progressive era, much like the period at the turn of the century that Levine and Levine (1992) have written about. It was a time of change, hope and acknowledgement of the important role of the state in addressing social issues.

Summary. CP in the United States grew out of this context and has roots in mental health, clinical psychology and the time of change in the 1960s. Originally, CP was quite strongly tied to the mental health field. In its developing discourse, CP and community mental health were often mentioned in the same breath. A pivotal moment in the journey of CP was the Swampscott conference, named after the Boston suburb in which it was held in 1965. The focus of this conference was on the training of psychologists in community mental health, but those present were dissatisfied with the individually centred approaches of clinical psychology that emphasized the roles of testing and psychotherapy. Conference participants were searching for conceptual and practical alternatives. They

were interested in applying public health concepts of prevention and promotion to mental health, in the creation of innovative program approaches and in social action regarding broader issues of social injustice. The notion of a 'participant-conceptualizer' role was advanced as an alternative to the scientist-practitioner role (Bennett et al., 1966). This role is quite similar to the resource-collaborator role that we described earlier.

In 1967, following the Swampscott conference, CP became a Division 27 of the American Psychological Association (it is now called the Society for Community Research and Action or SCRA) and, in 1973, Division 27 started its own journal, the *American Journal of Community Psychology*. Another US-based journal, the *Journal of Community Psychology*, was also developed at this time to provide another outlet for the research of community psychologists. Until the 1990s, these journals published mostly quantitative research based on the traditional scientific method, with few examples of qualitative and participatory studies. Thus, in its early history, CP in the United States tended to adopt traditional research methods, such as those used in clinical research. Since 1987, the SCRA has held a popular and well-attended biennial conference. SCRA has also developed a Council of Education Programs to coordinate and support graduate education in CP. A recent survey identified more than 75 graduate programs in CP in universities across the world (Hazel & the SCRA Council of Education Programs, 2007).

Factors Leading to the Emergence of Community Psychology in the United States

In this section, we consider the question of why CP emerged in the United States during the 1960s.

The gap between the scope of mental health problems and available resources.

First, there was, and there remains today, a large gap between the scope of human problems and professional psychological resources to deal with such problems. For example, studies of the prevalence of mental health problems have revealed very high rates for both adults and children. The Ontario Health Supplement conducted in 1991 found that in a representative sample of adults in Ontario (close to 10,000 respondents) the 1-year prevalence rate for any disorder was 19%, and the lifetime prevalence rate for any mental disorder was 48% (Offord et al., 1994). In the Ontario Child Health study of a representative sample of children and young people (3,000 children) in Ontario, Offord et al. (1987) found a 1-year prevalence rate of 18% for any disorder. More recently, Waddell et al. (2005) have estimated that at any given time 14% or over 800,000 Canadian children aged between 4 and 17 suffer from a mental disorder, which costs Canadians \$14–15 billion annually.

What is most disturbing about these findings is that the majority of adults and children with mental disorders were not receiving any mental health intervention for their problems (Offord et al., 1987; Offord et al., 1994). Based on his report on human resources in mental health, George Albee (1959) concluded that there were not, and never could be, enough trained mental health professionals to provide treatment services to everyone with a mental health problem. Even if therapy were 100% effective, mental health problems could not be eliminated because the

need for services far outstrips their supply. As Albee (1996a) has reminded us, ‘no mass disease (disorder) in human history has ever been eliminated or significantly controlled by attempts at treating the affected individual, nor by training large numbers of individual treatment personnel’ (pp. 4–5).

Dissatisfaction with the medical model of mental health. A second reason for the development of CP in the United States is a dissatisfaction with traditional modes of service delivery in mental health. As we just noted, most people who need help do not receive it. In fact, there appears to be a middle-class bias in the provision of psychotherapy. Schofield (1964) argued that psychotherapy tends to be geared to clients who are young, attractive, verbal, intelligent and successful. To this list we can add that psychotherapy clients are those who have health insurance or can afford this treatment. In their famous study of social class and mental illness, Hollingshead and Redlich (1958) found a two-tiered system of treatment, one for the affluent and one for the poor. Affluent people with less serious mental health problems tended to receive psychotherapy, while poor people with more serious mental health problems tended to be ‘treated’ in mental hospitals with drug therapy and custodial care. Furthermore, while there is a growing trend for people who experience personal problems to use the services of non-medical mental health professionals (Swindle et al., 2000), a large number of people tend to seek more informal sources of support, including family, friends, clergy, hair-dressers, lawyers, job supervisors, bartenders and self-help groups (Cowen, 1982; Swindle et al., 2000). These findings call into question the way treatment services in mental health are organized (Swindle et al., 2000).

Recognition of the importance of the social environment. A third reason for the shift to CP was the recognition of the importance of social environment for the development of competence and well-being. Mental health research had shown that the prevalence of many mental health problems was inversely related to one’s social class position (Dohrenwend & Dohrenwend, 1969; Hollingshead & Redlich, 1958). Later community psychologist Barbara Dohrenwend (1978) formulated a social stress theory to demonstrate and explain the ways that poverty and low social status could cause mental health problems. Also, research from several different strands of psychology (e.g. behaviourism, group and organizational dynamics, family systems) was beginning to indicate the powerful role that social environments play in human welfare. For these reasons, CP recognized the need to consider social and community-level interventions over individually focused approaches to change.

The Emergence of Community Psychology around the World

While CP became a distinct sub-discipline of psychology in the US context, it has developed throughout the world. The stories of how CP developed in other parts of the world bear many similarities to those of CP in the United States. However, the particular contexts of other countries also uniquely shaped the form that CP has taken in those countries. Increasingly, CP has become international in scope. Recently, there have been international CP conferences (Puerto Rico, in 2006; Portugal, in 2008; and Mexico, in 2010) and two books on international perspectives on CP (Reich et al., 2007; Vázquez Rivera et al., in press).

Community Psychology in English-speaking Countries

Overall, CP as a sub-discipline of psychology has been more organized in English-speaking countries in the so-called developed world.

Canada. In Canada, the roots of CP can be traced back to the University of Toronto. Professor Edward A. Bott was the first chair of the Psychology Department at Toronto and served from 1926 to 1956 (Pols, 2000). Bott and his colleagues were concerned with human development and had strong ties to the Canadian National Committee for Mental Hygiene (now the Canadian Mental Health Association). While psychology at the University of Toronto was definitely applied in nature before World War II, it was not until after the war that a CP orientation became clearly evident through the leadership of William Line. It was Line who first coined the term 'CP' (Babarik, 1979), and, as President of the Canadian Psychological Association (CPA) in 1945, Line exhorted his colleagues to resist the status quo and work for social responsibility (Pols, 2000). Line had an international influence through his involvement as President of the World Federation for Mental Health from 1951–2.

In spite of these early roots, the CP Section of the CPA was not formed until 1982. There was an influx of US-trained community psychologists during the 1970s who began to mobilize CP in Canada (Davidson, 1981; Walsh, 1988). Also, in 1982, the first issues of a bilingual (French and English) Canadian CP journal with an inter-disciplinary emphasis, the *Canadian Journal of Community Mental Health (CJCMH)*, were published, with the second issue devoted to CP in Canada (Tefft, 1982). Both Francophone and Anglophone community psychologists have been strongly influenced by US CP. While CP is practised today in both French-speaking and English-speaking Canada, there are relatively few graduate-level training programs and the sub-discipline is marginalized in the broader field of psychology in Canada (Walsh-Bowers, 1998). The programs at the Université du Québec à Montréal (UQAM), Université Laval and Wilfrid Laurier University are the only free-standing training programs in Canadian CP (Nelson, Lavoie & Mitchell, 2007).

Although CP in Canada has been influenced by US-trained community psychologists and, like the United States, has deep roots in the mental health field, there are some interesting differences. First, the particular faculty members at Wilfrid Laurier University espouse a critical, value-based approach to CP with a strong emphasis on social intervention and social justice (Bennett, 1987). Second, Canadian CP has a long-standing tradition of participatory, action-oriented and qualitative approaches to research, as is evident in the research published in the CJCMH.

Australia and New Zealand. In Australia and New Zealand, CP has roots in mental health, but it has also been influenced by other applied areas of psychology (Fisher et al., 2008). As in Canada, CP formally emerged in these two countries in the early 1980s. The National Board of Community Psychologists was founded in Australia in 1983, and now the College of Community Psychologists of the Australian Psychological Society (APS) plays an important role in enhancing the profile of the profession (Gridley & Breen, 2007; Robertson & Masters-Awatere, 2007). CP has a prominent profile in Australia, particularly in Victoria and western Australia. Gridley and Breen (2007) have noted a growing interest in social justice

issues in CP, particularly in three different areas: feminism, peace and indigenous issues. There is also a peer-reviewed on-line journal, the *Australian Community Psychologist*.

New Zealand community psychologists have played an active role in the New Zealand Mental Health Foundation and contributed to the journal *Community Mental Health in New Zealand*. There is a graduate training program at the University of Waikato, in which there is a major focus on feminist issues, diversity and social justice (Thomas, Neill & Robertson, 1997). New Zealand and Australian community psychologists have close ties and hold joint biennial CP conferences (the Trans-Tasman Community Psychology conferences). Within New Zealand and Australian CP, there is an emphasis on issues of social justice, with a particular focus on colonization of aboriginal people and the need for reconciliation through healing and depowerment of the dominant white majority (e.g. Huygens & Sonn, 2000).

The United Kingdom. In the United Kingdom, CP has been growing for more than a decade. CP also has roots in both clinical psychology and mental health and in applied social psychology. Jim Orford of the University of Birmingham has written a CP textbook (Orford, 2008) and co-edited the *Journal of Community and Applied Social Psychology*, launched in 1991. Critical psychology is another influence on UK CP. Ian Parker and Erica Burman of Manchester Metropolitan University have developed a program in critical psychology, and a new journal, the *Annual Review of Critical Psychology*, and a network called 'Psychology Politics Resistance'. Moreover, the program at Manchester Metropolitan University (Carolyn Kagan, Mark Burton, Paul Duckett, Rebecca Lawthorn) strive to integrate critical and CP. Several CP conferences have been organized in the United Kingdom beginning in the 1990s. Interest groups also hold several meetings during the year. Many of the people who identify with CP in the United Kingdom work in traditional clinical settings but have an affiliation with the field. Another emerging trend in the United Kingdom is the association between health psychologists and CP. For instance, David Marks and Carla Willig of London's City University and Michael Murray of Keele University engage in health psychology research and action that is very much in line with the vision and values of CP. A more in-depth history of CP in the United Kingdom can be found in Burton et al. (2007).

South Africa. The legacy of colonization, oppression and segregation of black people under the system of apartheid is the backdrop against which CP has developed in South Africa (Pretorius-Heuchert & Ahmed, 2001). CP emerged as part of a critique of the individual-centred approach of mainstream psychology in South Africa, which did not challenge the status quo of racism in the state. Thus, it is not surprising that CP in South Africa has a more radical and political edge than CP in other English-speaking countries. In fact, one of the chapters in a recent South African CP text is entitled 'Towards a Marxist CP: Radical Tools to Community Psychological Analysis and Practice' (Seedat et al., 2001). The journal *Psychology in Society* has provided an outlet for the work of critical and community psychologists in South Africa. In addition to focusing on social change, South African CP has also been concerned with mental health issues and health promotion/prevention, particularly with respect to widespread HIV/AIDS (Bhana,

Petersen & Rochat, 2007; Pretorius-Heuchert & Ahmed, 2001). Training in community and critical psychology is offered at several South African universities.

Community Psychology in Continental Europe

CP has also developed in some countries on the European continent, including Italy, Germany, Greece, Norway, Poland, Portugal, and Spain (Reich et al., 2007). In Italy, the Division of CP of the Italian Psychological Association was created in 1980. As was the case in the United States, CP grew out of social protest movements and government legislation in human services and mental health (Francescato et al., 2007). There have been major reforms in the mental health system in Italy, and there has been training in CP for over 20 years. A European Network of CP, including the United Kingdom, was formed in 1996, and meetings and conferences have been held. While there are pockets of CP in continental Europe, the field is very much in its developmental stages.

Francescato and Tomai (2001) assert that European CP differs from US CP in at least three ways. First, there is less emphasis on the individual and more emphasis on the collective. Moreover, the individual and the collective are considered within the broader trends of globalization and free trade. Second, following from the first point, Western and Northern European countries have stronger social policies than those in the United States, particularly those that emphasize income redistribution.

Most European community psychologists have underlined the importance of not importing US-specific values from the United States and of preserving as a precious resource the European tradition of valuing social capital and welfare policies that mitigate economic inequalities (Francescato & Tomai, 2001, p. 374).

Third, they argue that European CP emphasizes theory (theory that strives to integrate traditional, postmodern and critical approaches) more than US CP, which tends to be more pragmatic. In noting these differences between European and US CP, Francescato and Tomai (2001) underscore the fact that some community psychologists in Germany, Italy, Spain and Portugal have experienced living in a fascist dictatorship.

Latin American Community Psychology

According to Montero (1996b), the origins of Latin American CP are more diverse than those in other countries because Latin America constitutes a large area, composed of many different states. CP is practised in many different Latin American countries (Montero & Varas Diaz, 2007), some of which have training programs in community and social psychology. While there are parallels with the US field of practice, Latin American CP has had many unique influences and emphases (Montero, 2008).

In the 1950s and 1960s, the popular education approach developed by Brazilian Paulo Freire (1970) was very influential in social intervention throughout Latin America. Freire's work with illiterate, poor people linked education with emancipation from oppression through a highly participatory and action-oriented process. He introduced the concepts of conscientization – the process whereby students develop awareness of the psychological and sociopolitical circumstances

oppressing them – and praxis, which refers to critical ‘reflection and action upon the world to transform it’ (1970, p. 33). This cycle of reflection and action in social intervention has been a model for Latin American CP.

Within the Latin American academic community, CP is closely related to Latin American sociology, social psychology, critical theory and other social science disciplines (Montero, 2008; Montero & Dias, 2007). Ortiz-Torres (2008) has emphasized the transdisciplinary nature of Latin American CP. Colombian sociologist Fals Borda emphasized the need for social scientists to be engaged in social and community intervention with disadvantaged people. Community and social psychology are much more strongly linked in Latin America than in North America and have a strong social activist and community development orientation. The social and political engagement of El Salvadoran social psychologist Ignacio Martín-Baró is an example of this emphasis. For Latin American community and social psychologists who live under repressive dictatorships, their political engagement is very risky. Martín-Baró, who argued for a psychology of liberation, was assassinated by death squads for his beliefs and actions in 1989. Montero (1996b) has asserted that while the development of CP was impeded in Latin American countries in which there were or are repressive dictatorships, such conditions also ‘forged a powerful and lasting link between CP and political causes related to the development of social consciousness’ (p. 593). Latin American community and social psychologists have been practising research that is participatory and action oriented for many years, and they have been influenced by critical, alternative philosophies of science (Montero, 2008).

CP in Latin America is distinctly political (Ortiz-Torres, 2008). Unlike North America, where there is more of a pull towards mainstream psychology, in Latin America the political and the professional are closely intertwined. This is why there is a close affinity between community and political psychologists in that continent. The political overtures of CP in Latin America have much to offer to the practice of the field in other areas of the world.

Box 1.2 Community psychology in Cuba

Of particular interest is CP in Cuba, which, as a communist country, has a strong ideological commitment to economic equality and collective well-being (see Bernal & Marín, 1985). Cuba’s social policies emphasize full employment, universal health care and education and housing, with the goal of promoting quality of life and preventing social problems (Nikelly, 1987). In spite of material deprivation resulting from the embargo by the United States and the loss of support of the former Soviet Union, Cuba boasts high rates of literacy and few problems related to malnutrition, homelessness, anti-social behaviour or alcoholism. What role has psychology played in Cuba? It is interesting to note that some more traditional clinical practices have been retained in Cuban psychology, such as the emphasis on

psychological testing (Bernal, 1985). At the same time, however, Cuban psychology is guided by a ‘pragmatic, action-oriented model focused on resolving social and community needs in areas such as health and education’ (p. 234). Cuban psychologists work in practically all sectors of society: industry, education, health, human services and corrections among others (Ardilla, 1986). Currently, research is directed at the effects of the ‘special period’ on the Cuban family, formation and strengthening of values and the impact of tourism on society (Torre & Calviño, 1996). Psychologists are aware of the impact of the ‘special period’ on their own subjectivity and professional behaviour, as they are not immune to the adverse effects of the social and economic crisis (Sánchez Valdés et al., 2002).

Community Psychology in Other Developing Nations

CP is in its incipient stages in many developing countries, particularly in Africa and Asia (Reich et al., 2007). We believe that the defining characteristics of CP are compatible with the values and needs of collectivist societies, including the emphasis on extended family, community and collective well-being. Moreover, there is a clear need for prevention and health promotion interventions in Africa and Asia. Consider the widespread poverty and alarmingly high rates of malnutrition and various diseases, such as the AIDS epidemic, found in many developing countries (Prilleltensky, 2003a; UNICEF, 2001). Community approaches to the prevention of disease and death and the development of individual, family, community and economic well-being are sorely needed.

There is currently a trend to ‘internationalize’ psychology in such developing countries (see the American Psychological Association’s Office of International Affairs and their newsletter *Psychology International*). However, community psychologists who are interested in working with developing countries or preparing students to work in such countries need to be careful not to engage in paternalistic ‘helping’ responses. Just as trade agreements between industrial powers of the world and developing nations have led to exploitation of people in developing nations, a growing division between ‘have’ and ‘have not’ nations (the North–South divide), and ‘Third World debt’ (Korten, 1995), ‘exporting’ Western CP to developing nations might unintentionally serve to colonize psychology in developing nations.

A better stance for community psychologists might be to work with psychologists and disadvantaged people in developing nations to help them construct their own indigenous forms of CP as community social psychologists have done in Latin America (Montero, 2008). Consider the following quote from a Canadian psychologist who speaks of her experiences in preparing students to work in developing countries:

There is nothing like hands-on applications to alert one to the relevant elements of one’s knowledge and skills. I learned this humbling lesson when a former student spoke to my current class about her summer experience with a Ghanaian local NGO (non-government organization). She spent two months solving daily survival issues and learning from her Ghanaian colleagues, before even thinking to unpack her text and lecture notes on delivering health promotion messages and constructing latrines and safe water sites. (Aboud, 2001, p. 4)

The work of community psychologist Brinton Lykes (2001a, 2001b, 2001c) with Mayan women in Guatemala stands out as an example of how to work in solidarity with disadvantaged people in developing countries (for more information, see the Commentary at the end of Chapter 7 by Brinton Lykes.)

The Journeys of the Authors/Editors

In this section we discuss our journeys – those of the two authors/editors, Geoff and Isaac. We think that it is important that you know something about who we

are and where we are coming from. This will help you, the reader, to understand our construction of this book and the field about which it is written. As feminist writers have argued, it is important for researchers and writers to own their location and position in their field and the larger social order. In the social sciences, it is the norm for researchers and writers to be objective and dispassionate. We do not believe it is possible to be completely objective, because all of us have values and biases. Objectivity is important, but so is subjectivity. Moreover, we think that it is sad if people are not passionate about their field of work. For us, CP theory, research and practice are passionate and engaging – a major part of our personal and professional lives – and it is often impossible to draw a boundary between the personal and professional. In fact, we have learnt that it is important for our identities to connect the personal, professional and political parts of ourselves, as feminists have argued. In what follows, we provide a brief biographical sketch of ourselves and our involvement in the field of CP.

Geoff

I grew up on the south side of Chicago in the 1950s, back when the Prudential building was the tallest skyscraper in the city. My family moved ‘downstate’ to central Illinois in the 1960s. My concern with social issues came at an early age from my mother and father, and I became active in social issues when I attended the University of Illinois as an undergraduate, between 1968 and 1972. This was the era of the Vietnam War and my friends and I were involved in anti-war protests. I was in the first class of students to take a new course in CP introduced by Julian Rappaport. There wasn’t even a textbook in CP then (and if someone had told me at the time that I would someday be the author of a CP text, I am sure I would have seen this as ludicrous). Sometimes people take a university course that makes a lifelong impression and serves as a turning point in their life journey. That’s what happened to me. I resonated to the readings, the lectures, and my field placement experience working in a Head Start program for disadvantaged pre-school children. This course brought together my interests in psychology, mental health and working with people and my views about politics and the need for social change.

In 1972, my wife Judy and I moved to Canada where I attended graduate school in psychology at the University of Manitoba. I pursued my interest in CP through coursework, pushing my program to offer more community-oriented courses; through employment and practicum placements, including conducting research and doing front-line work with a storefront community health clinic and crisis intervention centre; consulting with resident advisory groups to promote citizen participation in city government; helping to create community mental health programs in rural areas in southern Manitoba; and through a one-year internship at the Mendota Mental Health Institute, which was a very progressive, community-oriented setting in Madison, Wisconsin.

I moved to Kitchener-Waterloo, Ontario, in 1979 to take a faculty position in a CP program at Wilfrid Laurier University. This position has been a very good ‘fit’ for me. I have had the good fortune to work with colleagues and graduate

students in CP and community members, with whom I share many values, experiences and interests. I have been able to pursue my research and action interests in community mental health, community development and prevention – some of the main themes of CP. Over the past decade, I have become increasingly concerned about the growing power of transnational corporations and the impacts that this trend is having on global economic inequality, democracy, the environment and the diminishing role of the state in providing social policies that promote human welfare. These larger global issues are having an enormous impact on the issues, people and interventions that are the concern of CP. I believe that education about these issues, civic participation and political action must become part of the mainstream of CP.

I am well aware that I lead a very privileged life. As a White, male, well-paid full professor, I am often in a position of power in relation to other people. I enjoy a wonderful family; Judy and I have three children. The eldest, Nicole, is working on a PhD on the social, ethical and legal aspects of genetics at Cornell University. Imagine that, a scientist, who is also a feminist social activist! Then there are our twins, Laura and Dan, who are both teachers. The fact that Laura and Dan both live just a few kilometres away from us helps me to realize the importance of the local community. I also have cherished friends, colleagues and community partners, and I live in a safe, prosperous and relatively progressive community. I lead a comfortable life. I also spend much of my time working with people who have only dreamed of having all the advantages that I have. These experiences, my values about social justice and the vast gaps between what the world *is* like and what I believe it *should* be like are constant sources of discomfort which motivate me in my personal and professional life to work with disadvantaged people and like-minded individuals for social change.

Isaac

I was born in Argentina and grew up during turbulent times. There was constant and consistent persecution of social and political activists and there was marked anti-Semitism. As a young Jewish boy I remember going to school and reading graffiti on walls imploring fellow Argentinians to ‘be a patriot, kill a Jew’. I joined a Zionist Socialist youth movement at a young age. We were taught how to decipher the news and the media and to become political actors in a highly charged environment. My sister was one of the people who were made to ‘disappear’ by the dictatorial government. She was one of the very few people who ended up in exile, who was not killed or thrown from an aeroplane in chains into the freezing waters of the Atlantic.

My parents died when I was young and I spent a lot of my time with friends in the youth movement, talking and discussing politics, injustice and the fate of some of our friends and relatives who ‘disappeared’. I emigrated to Israel in 1976 with a group of friends. Paradoxically, I had a couple of very quiet years while I was finishing high school there. Compared to Argentina, Israel was a calm place. I met Ora, my wife, during my MA studies and we moved together to Canada. In Winnipeg, our port of landing, I completed a PhD at the University of

Manitoba and worked for the Child Guidance Clinic of Winnipeg for six years. Upon completion of my PhD, I joined the faculty of the CP program at Wilfrid Laurier University, where I worked for nine years. I moved with my family to Melbourne, Australia, in 1999, and then to Nashville, Tennessee, in 2003. After three and a half years at Vanderbilt University's Community Research and Action program, we moved to Miami, where I assumed the position of Dean of the School of Education in August of 2006.

My affiliation to CP is no doubt connected to my early political experiences and family circumstances. In my present family we experience a physical disability which reminds me of how little attention societies pay to the needs of people with different abilities and disabilities. Ora and I talk a lot about social and psychological issues. Matan, our son, who is also a very good conversationalist, keeps me honest in terms of my espoused values and is quick to point to incongruence between espoused and lived principles. Thanks Matan.

Throughout my adult life I've been involved with various child advocacy and community groups trying to promote the well-being of children and families. I struggle to contribute to community wellness in ways that are not just ameliorative but transformative as well. This is my biggest personal and professional challenge, a challenge that is only matched by my arduous attempts to live the values that I write about.

Like Geoff, I consider myself privileged. Although I grew up very poor, I belong now to a privileged class of academics. Sometimes I find myself having more privileges than I ever thought I could. Some of my efforts to contribute back to the community involve volunteer work in social change and policy efforts, especially in the field of early intervention and prevention. Currently I'm involved in a research project promoting a strength based, preventive, empowering and community-change orientation in health and human services.

The Journey of the Reader

We want to briefly consider the journey of you, the reader. We invite you to join us in the journey of this book, which is your introduction to CP. You will learn about the story of CP, its mission, its founders, key ideas and applications. This journey may be bumpy, jarring and upsetting, both emotionally and intellectually, as we consider the gaps between our own privilege and the disenfranchisement and pain of those with whom we work. In this book we challenge the field of CP to expand its boundaries and to consider new ways of thinking and acting. Many of you who read this book will be students taking your first course in CP. You may have a field placement experience as part of your course, in which you will come face to face with the issues that we discuss and the disadvantaged people with whom we work.

We encourage you to go gently into these uncharted waters, listening respectfully to disadvantaged people, suspending judgement and constantly reflecting on your thoughts, actions and experiences. Don't take everything that we or the other authors or commentators say as 'gospel'. The ability to think critically, challenge ideas, question assumptions and develop alternative arguments based on

experiences, values and evidence is fundamental to CP. Remember that social change movements have often started with student activism. What follows in the book and in your journey may be very sobering, disturbing or eye-opening for those of you who are new to the field of CP. At the same time, however, we want to convey a message of hope and inspiration that change is possible and suggest ways that you can contribute to personal and collective change.

Chapter Summary

In this chapter, we used the metaphor of a journey to introduce the field of CP. We began by outlining the contours of CP and differentiating it from mainstream applied psychology. We then traced the origins of the journey of CP in the United States and other parts of the world to put CP in its global context. We then introduced you to ourselves, the authors/editors, and told you a bit about our journeys.

Values and Principles of Community Psychology: Views from Ghana

Charity Akotia

Commentary

I grew up in several towns and villages in Ghana as both my parents were teachers and were frequently transferred from one community to another. During this period, I learnt of the many struggles that people go through to make life a little more comfortable. Everywhere my parents stayed, they played key roles in the community. They served as church leaders and 'counsellors' in the community as a whole. They joined the community in initiating and executing projects and also advised on healthy practices. I followed their lead and also got involved in community work. I became convinced about the need to do something to improve people's quality of life.

On moving to the city, the contrast between life in the rural areas and the city became obvious to me. Many people, especially those in the rural areas, were struggling to make ends meet. Many of them, particularly women, were living in very challenging environments compared with residents in the cities, who were better off economically and had better access to social services.

In 1990, I started my journey to Waterloo, Ontario, Canada, as a graduate student at Wilfrid Laurier University (WLU). This was a turning point in my life not only because I was leaving my country for another but also because the program reinforced my desire and determination to be involved in the community, giving a hand to improve the quality of life. The practical experiences shared with my colleagues in the program, the approach to teaching and so on, all served different purposes in my life. CP actually provided a fit between my goals and how to put these into practice.

Upon completion of the program in 1992, I joined the faculty at the University of Ghana and introduced CP into the existing psychology programs. As the sole community psychologist at the university, I have taught several undergraduate students over the years. CP always serves as an eye-opener to my students. Often they wonder why this

field of psychology is late in arriving in Ghana, considering its values and their relevance in solving the multifaceted problems in the country. Currently, past students of CP are all over the country (and abroad) serving in various positions and helping to develop the various communities. I am learning a lot from teaching and working with students and other community members. In the past years, I have worked with refugees. I have also been involved in community health-related issues in some rural communities. Currently, my research focus has been on obstacles faced by professional women in Ghana. I am collaborating with some colleagues in one of the universities in Norway on this project. I also involve myself in debates and discussions on social and community issues on radio and in newspapers.

Are the concepts, ideals and values of CP applicable in the Ghanaian society? As the authors point out, although the field of CP did not formally coalesce until the 1960s, its work was foreshadowed as early as the turn of the century. In the same way, in Ghana, many people have been practising the values and principles of CP without its being officially referred to as such. The ideals, concepts and values of CP are very much applicable in Ghana. In the following paragraphs, I shall highlight some values and concepts and indicate how applicable and relevant they are in our society.

The shift from treatment to prevention is also an ideal option in Ghanaian society. Just as there were too few mental health professionals in the United States to handle the throngs of patients in the hospitals at the time of the birth of CP, so there are even fewer in Ghana in relation to the number of patients needing professional attention. In addition, social conditions in the country are very challenging. Many citizens live in poverty. Diseases such as malaria, tuberculosis, diarrhoea and HIV/AIDS abound, yet the few medical professionals we have often leave the country in search of greener pastures in the developed countries. Those who stay seem to be overconcentrated in the cities to the neglect of the rural areas. Furthermore, there are no major health insurance schemes in the country, making it difficult for the poor to attend hospital when they fall ill. This makes prevention very applicable and relevant in the country.

Understanding and enhancing community and individual life, rather than the individual, is crucial to community psychologists. Our culture is based on collectivism, rather than individualism which characterizes many Western cultures. Thus, Ghana is already a natural fit for this value. The happiness of community members depends on the happiness of each individual within the community. Consequently, the quality of life of both individuals and the community are intertwined (Prilleltensky, 1999).

Sadly, however, the communal system that has held the communities together for centuries is being lost gradually to Western individualism without the benefit of Western intervention programs and social policies. For example, there is a break in our external family system (Asenso-Okyere, 1993; Nukunya, 1992), as many families, especially those in the urban areas, now focus on the nuclear family system. Thus, the emphasis on community well-being rather than individual well-being helps bring back the original Ghanaian value.

Unlike mainstream psychology, which focuses on person-centred approaches in studying behaviour, CP advocates for the use of a wider framework in understanding behaviour. According to Orford (1992), behaviour is a function of the person, his or her environment and the interaction of the two (i.e. $B = f[P, E]$). Studying people out of their social context only leads to 'blaming the victim', as indicated by the authors in this chapter. In Ghana, for example, many people hold strong beliefs and taboos about eating certain types of food. Avoiding these foods may pose health problems. To change the beliefs of this group of people, one needs to go beyond the individual and look at the wider cultural context. In a study, Ofori Atta (2001) suggested that in dealing with problems, therapists must go beyond the person and look at the wider environment. The identified patient, according to her, may not be the one who bears the symptoms, but rather the system within which the individual operates.

Serving as 'resource collaborators' rather than 'experts' is also a laudable and feasible idea in Ghana. People generally want to feel respected and recognized by others. Indeed, it is more enjoyable working with others in this type of role than in the role of an 'expert'.

Personal experiences with the rural folks in Ghana, who comprise most of the country's poor, clearly show how ready these people are to share information and give out ideas if they are treated with respect. CP's value of active participation of citizens in any planned change is therefore healthy for Ghanaian society.

I personally think the ideals of social change advocated by CP are the ultimate desire of every Ghanaian. According to the authors of this chapter, mainstream research is usually basic in nature. However, CP believes research should go beyond this and bring about change in the lives of people and their communities. Considering the poverty in which people live and the feeling of helplessness among many of them, particularly in the rural areas, one can think only of helping to plan change in their lives. Furthermore, it is not easy to get the government's support for change in many communities. Thus, social change as a value is also very helpful and feasible in our communities.

In recent years, Ghana has seen the emergence of many non-governmental organizations that are helping in various ways to bring change in the lives of individuals. They help build community clinics, school and roads and also provide drinking water to many communities. From experience, it works better when people are involved in defining their own problems and in finding solutions to the problems. The best sustainable projects in the country are those that involve the community in identifying needs and planning and implementing change in the community. Thus, citizen participation as a value of CP, though time consuming, is also very relevant and applicable in our communities.

In conclusion, personal experiences with some people living in rural Ghana clearly show how applicable the values of CP discussed above are in Ghana. Even though the authors advocate that the field should be left to develop within the sociocultural context of each country, I believe the multifaceted problems faced by many developing countries make the values adopted by the field already a natural fit in these countries.

community psychology the sub-discipline of psychology that is concerned with understanding people in the context of their communities, the prevention of problems in living, the celebration of human diversity and the pursuit of social justice through social action

conscientization the process by which individuals become aware of the sociopolitical and psychological conditions that oppress disadvantaged people

eugenics movement a movement guided by the philosophy of Social Darwinism, this movement asserted that certain groups of people were of inferior genetic stock and advocated restrictive immigration policies to keep some people (e.g. African Americans) out of the United States, as well as institutionalization and sterilization

to prevent people with intellectual and mental health challenges from procreating

informal support social and emotional support that comes from one's informal network (e.g. family, friends, spiritual advisors, mentors) rather than formal sources (i.e. professionals)

logical positivism/empiricism the scientific method as we understand it traditionally, including a focus on describing, explaining and predicting reality through objective research and hypothesis testing, which aims to discover natural laws

participatory action research collaborative research between professionals and disadvantaged community members towards the goals of knowledge creation and social change

resource collaborator in contrast to the 'expert' role of diagnostician or therapist, this is a role taken by the community psychologist to offer resources and collaborate with community groups

social stress theory a theory that emphasizes the role that social stress plays in the causation of psychological problems

strengths orientation an emphasis on the strengths and capacities of individuals and communities, rather than a focus on deficits

victim blaming holding individuals responsible for problems that they experience without acknowledging the role that various ecological contexts may play in contributing to such problems

Websites in Community Psychology

Community Psychology UK, <http://homepages.poptel.org.uk/mark.burton/>

Council of Community Psychology Program Directors, <https://www.msu.edu/user/lounsbu1/cpdcra.html>

European Network of Community Psychologists, <http://userpage.fu-berlin.de/~cpbergol/>

Society for Community Research and Action, <http://www.scra27.org/>

Videos relevant to community psychology, <https://www.msu.edu/user/lounsbu1/clearfilms.html>

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