



The Development and Practice of Community Psychology

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OPENING EXERCISE

In Chapter 1, we presented community psychology as offering an alternative paradigm for how community challenges might be defined and addressed. In the coming chapters, we emphasize how an understanding of contextual factors can improve efforts to address problems and improve communities. In this chapter, we present the foundations of how community psychology action and research are carried out. Before we present how community psychology understands community phenomena and social intervention, we first need to put the field into historical context and describe the practice of community psychology. Like other fields of study and human institutions, community psychology has stories about why, where, when, and how it developed. The stories that a group tells about itself communicate its values and purposes. Briefly consider what stories are told about the founding of your country? What values do they communicate? How are they different from other countries' stories?

Now consider the founding of a new field of research and action focused on linking individuals and communities. Why did psychologists believe that they needed to develop a new field? To understand what community psychologists do, it is helpful to understand how the field developed. For example, there must be

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reasons why community psychologists emphasize prevention and health promotion as major modes of intervention. Similarly, why do community psychologists emphasize a link between research and action in their practice? Examining the historical links between the development of community psychology and its contemporary practice will reveal that some contextual factors were instrumental in building a new field and others were helpful in articulating a new direction for psychology.

The viewpoints we present here are not the only ways to view the history of community psychology and its practice. Indeed, our goal is to stimulate you to think about the field critically—for yourself and in dialogue with others. Based on our experience, we focus on community psychology in the United States but also recognize its international roots and that it is now a global field.

COMMUNITY PSYCHOLOGY AS A LINKING SCIENCE AND LINKING PRACTICE

Community psychology can be viewed as a *linking science and practice* (Stark, 2009). As a linking science, community psychology looks for relationships among factors across micro to macro levels of analysis to construct a more comprehensive understanding of what can influence an individual's health and well-being. As a linking practice, community psychology brings together multiple stakeholders, some of whom are often overlooked, to address community issues (Community Psychology Vision Group, 2006).

Consider the first chapter's description of community psychology's shift in perspective about how psychology can be helpful in addressing human problems. Community psychology explicitly connects its core values to different ways of defining social problems. It uses conceptual tools (e.g., ecological levels of analysis) to show how problem definitions are related to approaches for intervention. Furthermore, as the core values of collaboration and empowerment suggest, community psychology is deliberate in thinking about how psychologists and persons interested in social change can work together to address community-based challenges. The metaphor of linking helps to understand the purpose and scope of the field and helps describe what community psychologists do. This is why we have titled our book *Community Psychology: Linking Individuals and Communities*.

Community psychology in the United States is usually considered to have originated at a conference of psychologists in Swampscott, Massachusetts, in 1965. Psychologists attending this conference were interested in linking their training and resources to addressing community problems. They proposed creating a new field to support these efforts. Yet the story does not start there. The Swampscott Conference was nested in the historical and cultural context of mid-20th-century U.S. society and psychology. U.S. psychology was greatly influenced by European-trained psychologists and the events of two world wars. In fact, community psychology was evolving in many locations before its first conference, and it has continued to grow. We must go back before the beginning (Sarason, 1974) to set the stage. First, we consider two characteristics of psychology that led psychologists to look for new models to conduct research and interventions: an overly individualistic focus and limited interest in cultural understandings on human behavior.

INDIVIDUALISTIC SCIENCE AND PRACTICE IN PSYCHOLOGY

If [early psychologists] had put not one but two or three animals in a maze, we would have had a more productive conception of human behavior and learning. (Sarason, 2003b, p. 101)

Psychology, especially in the United States, has traditionally defined itself as the study of the individual organism. Even social psychologists have studied primarily the cognitions and attitudes of individuals. The tradition of behaviorism, which does emphasize the importance of environment, has seldom studied cultural-social variables. Psychodynamic, humanistic, and cognitive perspectives have focused on individuals rather than on persons in their environments. This stance has had considerable benefits but also limitations that led to the emergence of alternative viewpoints, including those of community psychology.

Individualistic Practice

Professional psychological practice also focuses primarily on individuals. The psychometric study of individual differences has long been linked to testing in schools and industry. Individuals are measured, sorted, and perhaps changed, but the environments of school and work seldom receive such scrutiny. In addition, much of Western psychotherapy is based on the assumptions of individual primacy. The client focuses inward to find new ways of living that yield greater personal happiness. Concern for others is assumed to automatically follow from this concern for self (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985). This approach is often helpful for those whose lives are in disarray. However, it may overlook interpersonal, community, and social resources for recovery. As a general philosophy of living, it emphasizes self-fulfillment and says little about commitment to others. An individualistic perspective frames the ways we picture ourselves, the discipline of psychology, and our communities and society.

However, changing settings, communities, or society is often necessary to improve quality of life for individuals. Our point is not that individually based research, testing, and psychotherapy are useless but that psychology relies heavily on individualistic tools when others are also needed. Community psychology seeks to identify and work with those other tools.

Psychology did not have to develop with so much focus on the individual. Two prominent early psychologists, John Dewey and Kurt Lewin, defined psychology as the study of how individuals are related to their sociocultural environment (Sarason, 1974, 2003b). In developing psychological practice, Lightner Witmer's Psycho-Educational Clinic—the first psychological clinic in the United States—opened in Philadelphia in 1896. Concerned with educational problems of children, Witmer asserted that every child can learn. He altered teaching methods to fit the needs of each child and worked collaboratively with public schools, anticipating later themes of community psychology (Levine & Levine, 1992). Despite these examples, later psychological practice focused on individual disorders and on professional assessment and treatment, primarily with adults. Kurt Lewin and Marie Jahoda

fled Europe with the rise of the Nazi Germany. They encouraged others to ask new research questions focused on social relations and contextual factors related to health, and they demonstrated how research could be used as an active force to improve the social world. It should be noted that at these formative stages for psychology in the United States, ideas and examples from Europe were influential on persons interested in studying individuals in relation to their social environments. Witmer had studied for his Ph.D. in Germany, and Lewin and Jahoda brought their ideas to the United States as they escaped Nazi persecution a generation later. These early developers of psychology laid the groundwork that would later be picked up by U.S. psychologists interested in forming the field of community psychology.

Psychology in Cultural Perspective

For most of its history, psychology has been primarily conceptualized, researched, and practiced by European and European American men, often with research participants from the same background. When women were studied directly, it was often within a theoretical framework based on male experience. The experiences of persons of differing racial and ethnic backgrounds were seldom a focus of study until recently and often within a northern European or North American cultural framework. This approach to psychological inquiry assumed that individuals are largely independent of each other and that research findings were largely universal across contexts and people. As we will discuss in more detail in Chapter 7, contemporary discussions of cultural influences on behavior, interdependence in relationships, and the relationships of individuals to communities are important for community psychology, although they have been secondary concerns or ignored by much of the field of psychology (e.g., Miller, 1976; Sarason, 1974, 1994; 2003).

In a classic challenge to traditional ways of thinking about psychology, Kenneth Gergen (1973, p. 312) argued that from a cross-cultural perspective, many psychological concepts would seem very different. High self-esteem—prized in Western, individualistic cultures—could be considered an excessive focus on oneself in cultural contexts that emphasize interdependence among group members. Similarly, in many world contexts, seeking to control events and outcomes in one's life might communicate a lack of respect for others. Social conformity, something to be resisted in the worldview of Western individualism, could be interpreted in a collectivist cultural context as behavior cementing the solidarity of an important group. This is not to say that individualistic concepts are mistaken, simply that they are not universal.

Power and control are psychological concepts especially influenced by individualistic thinking (Riger 1993; van Uchelen, 2000). Psychologists often have focused on whether an autonomous individual can exercise control over his or her circumstances. Believing that you hold such internal control, in general, is often associated with measures of psychological adjustment in individualistic contexts (Rotter, 1966. 1990). This approach assumes an independent self with a clear boundary between self and others. While applicable in individualistic contexts, such a view does not hold in contexts where interdependence is prized: in non-Western cultures or in close-knit communities in Western cultures (van Uchelen, 2000). Individuals in those contexts assume that to exert control, they

must cooperate with others. This weakens the psychological distinction between “internal” and “external” control. Moreover, feminist thinkers (e.g., Miller, 1976; Riger, 1993) have noted that psychological conceptions of control often equate pursuit of one’s goals or interests with dominating others. But greater control of one’s circumstances can often be pursued through cooperation (Shapiro, Schwartz, & Astin, 1996; van Uchelen, 2000).

These examples are only a few of the issues for which cultural awareness is needed in psychology. Many areas of the discipline, including community psychology, are now beginning to study individuals within cultural and social contexts. Yet as we shall see in this and later chapters, this is not always easily put into practice.

Community psychology represents both a reaction to the limitations of mainstream psychology and an extension of it. The field developed through this tension and continues to experience it today. To understand further how the field has developed in the United States, we briefly consider events in U.S. society during the mid-20th century.

THE FORMATIVE CONTEXTS OF COMMUNITY PSYCHOLOGY

During the 1930s and 1940s, most countries of the world were confronted with a disastrous economic depression and involvement in World War II, which had wide-ranging effects on social life. While fighting and casualties were limited on U.S. territory, the social forces of the depression and war shaped community life in ways that had not been expected. Women entered the paid workforce in unprecedented numbers. Many of them were laid off at war’s end, but their competence had been established and helped fuel later feminist efforts. African Americans and other persons of color served their country and returned home less willing to tolerate racial discrimination. American troops of Japanese ancestry earned recognition for bravery, while at home, Japanese Americans were incarcerated in detention camps. Anti-Semitism, openly practiced in academia and elsewhere, lost influence in the wake of the Holocaust. Social forces and the importance of environmental factors in people’s lives were accepted as major influences and thus the focus of study and intervention.

Similarly, large-scale interventions were seen to be effective during the 1930s and 1940s. Roosevelt’s New Deal created social safety net structures that continue to this day (e.g., Social Security). The social policy established by the postwar G.I. Bill sent many veterans to college and broadened the focus of universities and helped to spur economic development. Government policy was seen as an active force in promoting individual and community well-being. If the government could organize a response to win a world war fought on three different continents, what could it not do (Glidewell, 1994)? In terms of health care, the U.S. government responded to widespread psychological problems among returning combat veterans by funding the expansion of clinical psychology; this was an instrumental step in establishing the modern field of clinical psychology. There was a widespread belief that we can improve society with policy and resources. Similarly, countries in Western Europe began exploring ways that they might cooperate economically

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and politically, resulting in the creation of the European Union and a common currency. Many countries created new initiatives to address human needs and avoid the pain and suffering inflicted by economic crisis and war.

These events set in motion important changes in societies from the 1950s to the 1980s that have led to the emergence of community psychology across the world (Wilson, Hayes, Greene, Kelly, & Iscoe, 2003). We will describe five forces that influenced this emergence. (Admittedly, this framework oversimplifies the many factors involved.) All five forces reflect increasingly community-oriented thinking about personal, community, and social problems: (a) interest in preventive perspectives, (b) reforms in mental health systems, (c) developments in group dynamics research and action, (d) movements for social change and liberation, and (e) an undercurrent of optimism about social change efforts. (See Levine, Perkins, & Perkins [2005] for a detailed alternative account of these origins.) The relative importance of each factor varies by national context. For our discussion, we begin with examples from the United States, where community psychology first gained prominence as an academic discipline and field of practice.

Preventive Perspectives on Problems in Living

No mass disorder afflicting humankind has ever been eliminated or brought under control by attempts at treating the affected individual. (Albee & Gulotta, 1997, pp. 19–20)

The first of these forces involved the development of a preventive perspective on mental health services—influenced by the concepts of the discipline of public health. Public health is concerned with preventing illness more than with treating it. Prevention may take a variety of forms: sanitation, vaccination, education, early detection, and treatment. Moreover, public health takes a population perspective, focusing on control or prevention of disease within a community or society, not merely for an individual. As implied in the quotation, long-term successes in controlling such diseases as smallpox and polio have come from preventive public health programs, not from treating persons already suffering from the disease. Treatment is humane but does not lead to wider control of disease. Responding to a greater need for mental health services after World War II, a few psychiatrists began applying public health perspectives that emphasized environmental factors in mental disorder. They proposed early intervention for psychological problems and community-based services as primary modes of intervention rather than isolation in hospital settings. Furthermore, they wanted to use community strengths to prevent problems in living (Caplan, 1961; Klein & Lindemann, 1961; Lindemann, 1957). This new approach emphasized the importance of life crises and transitions as the points of preventive intervention for mental health services. Rather than waiting for full-blown disorders to develop, the mental health clinics could develop education about coping and support for the bereaved to have a preventive effect.

The public health prevention model was also applied to programs that addressed the mental health needs of children in schools. In 1953, in St. Louis County, Missouri, psychologist John Glidewell joined Margaret Gildea to establish programs in schools and with parents designed to prevent behavior disorders in children (Glidewell, 1994). In 1958, in Rochester, New York, Emory Cowen

and colleagues began the Primary Mental Health Project in the elementary schools of Rochester, New York, seeking to detect early indicators of school maladjustment in students and intervene before full-blown problems appeared (Cowen et al., 1973). These innovative programs involved collaboration with community members that helped to initiate second-order change. They also evaluated their efforts with empirical research. Thus, they helped forge the community psychology values of wellness, community collaboration, and empirical grounding.

Although not within a public health framework, another early program in schools was noteworthy. Seymour Sarason and colleagues at the Yale Psycho-Educational Clinic began collaborating with schools and other institutions for youth in 1962. (Sarason took the clinic's name from Lightner Witmer's early clinic mentioned previously.) Working alongside school staff, the clinic staff sought to understand "the culture of the school" and to identify and foster "contexts of productive learning" to promote youth development. The clinic focused on understanding and changing settings, not just individuals, by taking an ecological approach that foregrounded important community psychology themes (Sarason, 1972, 1995).

While prevention initiatives represented important innovations, they encountered sharp resistance by advocates of traditional clinical care and did not yet enter the mainstream of either psychiatry or clinical psychology (Strother, 1987).

Reforms in Mental Health Systems

They had more patients than beds, more patients than blankets. It was run like a feudal estate that turned money back to the state every year.... One of our group documented all these things and brought it to the state legislature, which had a special session and appropriated more money for all the state hospitals.... This is an example of how, if you take action, good things can happen. (Edgerton, 2000)

A second force leading to the emergence of community psychology involved sweeping changes in the U.S. system of mental health care. These began with World War II and continued into the 1960s (Levine, 1981; Sarason, 1988). After the war, a flood of veterans returned to civilian life traumatized by war. The Veterans Administration (VA) was created to care for the unprecedented numbers of veterans with medical (including mental) disorders. In addition, the National Institute of Mental Health (NIMH) was established to coordinate funding for mental health research and training. Both of these federal administrations decided to rely heavily on psychology (Kelly, 2003).

These events led to a rapid expansion of the field of clinical psychology and continue to influence it today. Clinical training became a specialized program within university psychology departments. Clinical skills were primarily learned in medical settings (often in VA hospitals, working with adult male veterans). This medical approach to psychology was codified at the Boulder Conference in 1948. Its emphasis on individual psychotherapy was a product of the needs of the VA and the treatment orientation of a medical model. The environmental perspective of Witmer's and other early psychological clinics—another possible pathway for the new field—was largely overlooked and became an important missed opportunity (Humphreys, 1996; Sarason, 2003b).

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Also emerging in the postwar society was a movement for reform in the quality of mental health care (Levine, 1981; Sarason, 1974) and reducing the reliance on large mental health hospitals. Journalistic accounts and films documented inhumane conditions in psychiatric hospitals, and citizen groups advocated reform. Advances in psychotropic medication made prolonged hospitalization less necessary, strengthening reform efforts. Over the past 50 years, the number of regional mental hospitals has been greatly reduced throughout most industrialized countries, as many have been closed and deemed not worth reforming (Kloos, 2010). Between 1972 and 1982, the number of hospitals with more than 1,000 psychiatric beds was reduced by 50–80% in Denmark, England, Ireland, Italy, Spain, and Sweden (Freeman, Fryers, & Henderson, 1985). Similar patterns occurred in North America and Australia (Carling, 1995; Newton et al., 2000). With so many large mental hospitals closing, new models of care were needed.

In 1961, the federally sponsored U.S. Joint Commission on Mental Illness and Mental Health recommended sweeping changes in mental health care (Joint Commission, 1961). In one of the commission's studies, psychologist George Albee (1959) reviewed recent research that documented surprisingly high rates of mental disorders, compared this with the costs of training clinical professionals, and concluded that the nation could never afford to train enough professionals to provide clinical care for all who needed it. Albee and others called for an emphasis on prevention. Psychologist Marie Jahoda headed efforts to broaden thinking about mental illness by defining qualities of positive mental health—a forerunner of current concepts of wellness, resilience, and strengths (see Box 2.1). Jahoda also

Box 2.1 Marie Jahoda: A “Foremother” of Community Psychology

The work of social psychologist Marie Jahoda foreshadowed and influenced today's community psychology. In 1930, Jahoda and her associates formed an interdisciplinary team to research the psychological effects of unemployment (Jahoda, Lazarsfeld, & Zeisel, 1933/1971). They studied Marienthal, an Austrian village where the principal workplaces closed as worldwide economic depression deepened. Their study was the first to connect unemployment with psychological experiences, which ranged from resignation and despair to practical coping and hardy resilience. The research team focused on studying the community as well as individuals and used documents, questionnaires, interviews, individual and family histories, and participant and nonparticipant observation. They collaborated as partners with community members and found practical ways to serve the community. They sought to understand Marienthal in its own terms, not to test hypotheses for generalization to other locales. Their research has influenced much later work, including community psychology research today (Fryer & Fagan, 2003; Kelly, 2003). When fascists took power in Austria, Jahoda was jailed and then allowed to

emigrate to Britain; she also lived in the United States (Unger, 2001).

Partly because of her research on resilience and strengths among Marienthal families, in the 1950s, the U.S. Joint Commission on Mental Health asked Jahoda to lead an interdisciplinary committee to define positive mental health—not simply as absence of mental disorder but as the presence of positive qualities. The group's report identified criteria of positive mental health, including a strong personal identity, motivation for psychological growth, pursuit of values, resilience under stress, independent choices and actions, empathy, and adequacy in love, work, play, and interpersonal relations. Jahoda and associates concluded that positive mental health is a value-laden concept influenced by social context. For example, they argued that for Western cultures, autonomy is a key component of positive mental health but that it may be less important elsewhere (Jahoda, 1958; Jahoda, in Kelly, 2003). The report defined qualities of persons but not of conditions that might foster mental health. Yet it was an important advance, foreshadowing current concepts of community psychology and positive psychology.

advocated identifying conditions that inhibited personal mental health and altering those conditions through prevention and social change (Albee, 1995; Kelly, 2003). However, in their final report, most Joint Commission members remained committed to individualized professional treatment (Levine, 1981).

As a response to the Joint Commission report, the NIMH proposed a national system of community mental health centers (CMHCs; Goldston, 1994; Levine, 1981). With the support of President Kennedy, whose sister suffered from a mental disorder, and through timely advocacy by members of Congress, the NIMH, and the National Mental Health Association, Congress passed the Community Mental Health Centers Act in 1963. CMHCs were given a different mandate than traditional psychiatric hospitals, including care for persons with mental disorders in the community, crisis intervention and emergency services, consultation with community agencies (e.g., schools, human services, and police), and prevention programs (Goldston, 1994; Levine, 1981). Indeed, in many countries, community mental health centers were founded with the charge of developing care for serious mental health problems within the community contexts where people lived rather than at remote hospitals (Kloos, 2010). The implementation of the CMHC approach led directly to discussions that resulted in the emergence of community psychology.

Group Dynamics and Action Research

Kurt Lewin was not concerned with research topics considered “proper” within psychology, but with understanding interesting situations.... Lewin was a creative person who liked to have other people create with him. (Zander, in Kelly, 2003; Zander, 1995)

A third force influencing the development of community psychology originated in social psychology: the group dynamics and action research traditions that began with Kurt Lewin (Kelly, 2003; Marrow, 1969; Zander, 1995).

Lewin spent much of his career demonstrating to laboratory-based psychologists and to citizens that social action and research could be integrated in ways that strengthen both. He is known for asserting “there is nothing so practical as a good theory” (Marrow, 1969). Lewin was a founder of the Society for the Psychological Study of Social Issues (SPSSI), long an important voice in U.S. psychology. During the 1940s, as a Jewish refugee from Nazi Germany, he became interested in how the study of group dynamics could be used to address social and community problems.

The first community problem with which the Lewin action research team became involved was not primarily a mental health issue. The team was asked to help develop methods to reduce anti-Semitism in Connecticut communities and it began conducting citizen group discussions (Marrow, 1969, pp. 210–211). The insistence of citizens that they be included when psychologists analyzed these discussions and their disagreement with those psychologists’ views led Lewin’s team to focus on group dynamics and to the creation of training group methods (T-groups; Bradford, Gibb, & Benne, 1964). After Lewin’s death, his students and others founded the National Training Laboratories (NTL) in Bethel, Maine, a center for professionals and citizens to learn about the dynamics within and between groups in everyday life (Marrow, 1969; Zander, 1995). The NTL workshops (still offered

Box 2.2 Exemplary Early Settings in Community Psychology

Community psychology emerged not simply from individuals but from trailblazing *settings*, many of them where psychologists and citizens worked together. We chose four early settings for a closer look: the Wellesley Human Relations Service, the Community Lodge, the Yale Psycho-Educational Clinic, and the Primary Mental Health Project. We have described their work elsewhere in this chapter. Here, we focus on their personal-emotional meaning and how they involved collaboration with citizens, appreciation of community strengths, and second-order change in role relationships. Those themes appear especially clearly in interviews with early community psychologists conducted by James Kelly and students (excerpted in Kelly, 2003).

The Wellesley Human Relations Service was founded at the request of community leaders. While other mental health professionals asserted their special knowledge of mental disorders and treatment, Erich Lindemann, the service's first leader, stressed the importance of learning from citizens and enabling them to take responsibility for the mental health of their community. Donald Klein (1995) described preparing for a meeting with community leaders in which he planned primarily to inform them of what the service could do for their community. "No, no," Lindemann told him, "it's what we can learn *from them* that's important."

Even in interviews conducted decades later, key interpersonal qualities come through when Don Klein and Jim Kelly discuss their years with the Human Relations Service: a certain gentleness, an appreciation of community strengths and of listening carefully, an attention to personal relationships. These are rooted in part in Lindemann's leadership style, Klein's experiences with the National Training Laboratories (based on Lewin's group dynamics work), and the experience

of working alongside citizens as partners in Wellesley (Klein, 1995; Kelly, 1997, 2003).

The Community Lodge went further, creating a setting that empowered men with psychological disorders. George Fairweather and colleagues at a VA hospital began by seeking to improve group therapy with their patients. Their experiences and research eventually led them to finding that a group of men with serious psychological disorders—working together and helping each other in their own daily lives—could live together successfully outside the hospital. The success of the Community Lodge contradicted many professionals' assumptions about the capabilities of persons with mental disorders. Its success was principally due to the emergence of unrecognized strengths and mutual support among its participants. Fairweather's folksy, commonsense style and facilitative-consultative role supported that emergence.

An important point in any community partnership comes when citizens assert control. Fairweather later described the poignant moment when the first lodge members thanked him for his efforts but also stated "it's time for you to go." Fairweather termed this a "horrible moment for a professional," yet he understood and accepted their decision. The lodge had become its own community, and the presence of a professional, however well-intentioned and supportive, would hinder its future development. The original lodge and others have enjoyed sustained success (Fairweather, 1994; Kelly, 2003).

Seymour Sarason described the Yale Psycho-Educational Clinic as having three aims: to understand the "culture of the school" and how that often inhibits productive learning, to gain that understanding experientially through performing services in schools, and to model for university students the everyday practical

today) focus on the development of skills for working in groups and communities. They are not therapy or support groups and are not clinical in orientation. Instead, they embody the social-psychological concern with group dynamics. This approach ran counter to the prevailing individualism and laboratory focus of psychology and involved a collaborative partnership of professionals and citizens.

Several early community psychologists (Don Klein, Jack Glidewell, Wil Edgerton) worked with NTL, thus linking the group dynamics and action research tradition with innovations in prevention and community mental health (Edgerton, 2000; Glidewell, 1994; Klein, 1995). The Lewinian focus on action research, in collaboration with citizens, was a forerunner of community psychology research today. The importance of personal relationships and group process can be seen in three exemplary early settings in community psychology, profiled in Box 2.2.

involvement of their faculty in schools (Sarason, in Kelly, 2003). These goals indicate a willingness to step outside the usual research methods, to ask open-ended questions and learn from rigorous analysis of personal experience, and to take risks to promote learning.

At the outset, Sarason and his colleagues were not entirely sure what they were looking for or what roles and findings might evolve in their work. Murray Levine described his first job at the clinic as being to “go out to the schools and find a way to be useful.” A smiling Sarason later told students how he applied for grants to support the clinic but was unable to specify exactly what he meant by “culture of the school” or what research methods he would use to study it. His proposals were rejected twice. But the clinic’s approach eventually led to influential books, papers, and concepts that permeate community psychology today. Clinic staff analyzed their experiences intensively in Friday staff meetings. These involved deep, wide-ranging scrutiny of personal experiences and events at the school, asking tough questions about their meaning (Levine, in Kelly, 2003; Sarason, 1995; Sarason, in Kelly, 2003).

The Psycho-Educational Clinic experience was deeply personal for its staff and students. Many influential community psychologists testify to the clinic’s importance in their lives. Rhona Weinstein’s innovative work in schools began there (we described her work with “Eric” in Chapter 1). Sarason intervened on her behalf when her application was rejected by those at Yale who did not desire to admit women (Weinstein, 2005). Murray Levine still carries his key to the old clinic building, a token of his personal attachment to the people there (Levine, in Kelly, 2003).

Emory Cowen has been described by George Albee as “the tallest oak in the forest of prevention”

(Albee, 2000, xiii). Much of his stature came from the Primary Mental Health Project (PMHP) and the Center for Community Study (now the Children’s Institute) that Cowen founded and headed at the University of Rochester.

Cowen and colleagues (Cowen, Hightower, Pedro-Carroll, Work, Wyman, & Haffey, 1996; Cowen, in Kelly, 2003) have described how PMHP grew from several mental health revelations of the 1950s: that we lack enough personnel to help all children in need; that early identification of young children with academic, behavioral, or emotional problems and prompt intervention would forestall later, more intractable problems; and that paraprofessionals building positive relationships with at-risk children and helping them learn key coping skills could accomplish at least as much as professional services. In 1963, Cowen and his team developed the role of Child Associates—paraprofessionals working under professional supervision in schools, providing support and tangible assistance to children. Cowen and his teams of colleagues and students built PMHP from a pilot project in a single school to over 2,000 schools worldwide. The Center for Community Study broadened its focus over the years to include action research on such topics as social problem-solving skills training in schools, preventive services for children of divorce, and child resilience. Its work in prevention and Cowen’s (1994, 2000a) concept of wellness helped shape community, developmental, clinical, and school psychology. Many influential community psychologists worked with Cowen on PMHP or other projects; an edited volume honored his conceptual contributions and innovative community work (Cicchetti, Rappaport, Sandler, & Weissberg, 2000).

Movements for Social Change and Liberation

I am sure that we all recognize that there are some things in our society, some things in our world, to which we should never be adjusted.... We must never adjust ourselves to racial discrimination and racial segregation. We must never adjust ourselves to religious bigotry. We must never adjust ourselves to economic conditions that take necessities from the many to give luxuries to the few. We must never adjust ourselves to the madness of militarism, and the self-defeating effects of physical violence. (King, 1968, p. 185)

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A fourth force influencing the development of community psychology in many countries involves movements for social change and liberation. For U.S. community psychology, the civil rights and feminist movements most directly influenced psychology, but the peace, environmental, antipoverty, and gay rights movements were also important. These movements are associated in the popular mindset with the 1960s, although all had much longer historical roots. They reached a crescendo during the 1960s and early 1970s, bringing their grievances and ideals to national attention.

The ideals of these social movements had several commonalities (Kelly, 1990; Wilson et al., 2003). One was the challenging of hierarchical, unequal relationships between Whites and people of color; men and women; experts and citizens; persons of heterosexual and homosexual orientations; and the powerful and the oppressed. Youth often assumed leadership: College students sat in at segregated lunch counters, participated in Freedom Rides through the segregated South, led antiwar protests, and organized the first Earth Day. Values common to these movements match well with some core values of community psychology: social justice, citizen participation, and respect for diversity (Wilson et al., 2003).

Another commonality of these social movements was that they sought to link social action at the local and national levels. Advocates in each movement pursued change in local communities and nationally. “Think globally, act locally” became a familiar motto. The movements advocated changes at each of the ecological levels that we delineated in Chapter 1. For example, the various groups in the civil rights movement used different approaches. For decades, the NAACP (National Association for the Advancement of Colored People) employed policy research and legal advocacy in the courts. Other organizations used community-mobilizing approaches: time-limited mass demonstrations that attracted media attention (Birmingham and Selma campaigns, Freedom Rides, the March on Washington). Less-recognized local people pursued long-term community organizing for voter registration and other aims, an approach that generated fewer famous names but many enduring community changes (Lewis, 1995; Payne, 1995). Women, including Ella Baker, Fannie Lou Hamer, and Septima Clark, often were local leaders (Collier-Thomas & Franklin, 2001). All these coincided with the emerging power of national television to portray social conflicts to national audiences. It became more difficult to deny the existence of racism (Wilson et al., 2003).

A few psychologists played a policy advocacy role in the civil rights movement. The research of Kenneth and Mamie Clark, African American psychologists, was cited in the 1954 Supreme Court desegregation decision in the case of *Brown vs. Board of Education*. The Clarks’ research, which originated in Mamie Clark’s master’s thesis, compared children’s reactions to dolls of differing skin colors to measure the self-esteem of African American and European American children. Advocacy and research, including court testimony, by Kenneth Clark and members of SPSSI was important in the NAACP lawsuits against segregated schools (e.g., Clark, 1953; Clark, Chein, & Cook, 1952/2004). However, the reaction of the professional psychological establishment was mixed. Other psychologists testified to defend segregation. Clark later came to believe that the social science advocacy

that led to the 1954 Court decision had underestimated the depth of racism in the United States (Benjamin & Crouse, 2002; Keppel, 2002; Lal, 2002).

The feminist movement has shared many goals with community psychology and continues to challenge the field (Gridley & Turner, 2010). In 1968, psychologist Naomi Weisstein gave an address with the spirited title “Psychology Constructs the Female: Or the Fantasy Life of the Male Psychologist” (Weisstein, 1971/1993). Weisstein’s paper has been described as an “earthquake ... shaking the foundations of psychology” (Riger, in Kelly, 2003)—a formative event for many women in community psychology and women’s studies. Weisstein questioned whether psychology at the time knew anything about women at all, especially after years of research that systematically excluded women or interpreted their responses from men’s perspectives. Moreover, she emphasized the importance of social context in shaping choices and acts and the ways in which contexts constrained women’s choices. Her critique was one of many roots of feminist scholarship that has transformed concepts and methods of inquiry in many disciplines, including community psychology. Moreover, Weisstein and others in the women’s movement were activists in their communities, founding settings to support women’s development and advocating for social change (Dan, Campbell, Riger, & Strobel, 2003). Although there are substantial common values between feminism and community psychology, there are differences, principally that feminism arose as a social movement willing to take risks (Mulvey, 1988), whereas community psychology originated as an academic discipline.

As the social change movements of the 1960s progressed, many psychologists became convinced that citizen and community action was necessary to bring about social change on multiple fronts and that psychology had a role to play (Bennett et al., 1966; Kelly, 1990; Sarason, 1974; Walsh, 1987). In 1967, Martin Luther King Jr. addressed the American Psychological Association, calling for psychologists to study and promote youth development, citizen leadership, and social action, especially among African Americans (King, 1968). But the vision of a socially involved psychology was not widely supported in the field. King’s speech was arranged by activist psychologists, including Kenneth Clark, over the objections of APA leaders (Pickren & Tomes, 2002).

Undercurrents of Optimism

We had just won a huge war, the biggest ever. And we had started from way back—we had been about to get whipped. If we could do this, we could do anything, including solving all the social problems of the U.S.: race relations, poverty.... There was a sense of optimism ... a messianic zeal.... We believed that we could change the world, and we felt that we had just done it.

Solving social problems is sobering.... To win wars, you kill people and destroy things. To solve social problems, you must build things, create things. (Glidewell, 1994)

Glidewell's remarks illustrate a fifth force that provided underlying support for previous forces we have described: optimism about the ability to find solutions for social problems. That optimism is very American in nature (Kelly, 1990; Levine & Levine, 1992; Sarason, 1994) and supported the emergence of community psychology.

In 1965, the Johnson Administration initiated a collection of federally funded Great Society programs, popularly known as the War on Poverty. These included educational initiatives such as Head Start, job training and employment programs, and local community action organizations. Federal funders of community mental health and of the War on Poverty looked to the social sciences, including psychology, as a source of scientific solutions to social problems. This attitude grew out of a very American faith in science and technology—based on experiences in World War II and the Cold War and gaining clearest expression in the space program. That faith has since been replaced by a more sober sense of the real but limited utility of social science for social change, reflected in Glidewell's remarks.

COMMUNITY PSYCHOLOGY: DEVELOPING AN IDENTITY

As a new field, community psychology had to distinguish itself from other fields, such as clinical psychology, social psychology, sociology, and community mental health. As an emerging field, it needed to develop new conceptual frameworks for linking individual well-being with higher levels of analysis. It needed to propose new ways of conducting research and interventions. A focus on social community and change has helped to orient these developments. Thus, community psychology expanded its scope of potential foci for intervention. Poverty, lack of resources, and organizational functioning were seen as important targets for intervention. As the field developed its own identity, it proposed new ways of defining problems and new kinds of interventions. In the United States and several European countries, it first had to distinguish itself from developments in community mental health.

The Swampscott Conference

In May 1965, 39 psychologists gathered in Swampscott, Massachusetts to discuss training psychologists for new roles in the CMHC system (Bennett et al., 1966). Most of the group described themselves as atypical psychologists because their involvement in community work had transformed their interests and skills (Bennett et al., 1966). Many were forging new connections between academic researchers, mental health professionals, and citizens. At Swampscott, they took over a conference called to design a training model for community mental health and made it a founding event for the new, broader field of community psychology.

The new field would focus on “psychological processes that link social systems with individual behavior in complex interaction” (Bennett et al., 1966, p. 7). It

would not be limited to mental health issues or settings and would be distinct from community mental health, although the two would overlap.

Conferees agreed on the concept of *participant-conceptualizer* to describe the role of a community psychologist. This is someone who would act as a community change agent as well as conduct research on the effectiveness of those efforts. They discussed activities for a new community psychology: consulting with schools and community agencies, developing prevention programs, advocating for community and social change, and collaborating with citizens. Notice that they were distinguishing themselves from activities of clinical psychology (e.g. assessment, testing, and therapy). They also called for interdisciplinary collaboration and humility in the face of complex community dynamics (Bennett et al., 1966).

Swampscott was an energizing turning point for its participants and for those who soon flocked to the emerging field. Many had felt isolated in traditional academic and clinical settings and rejoiced to find colleagues with similar visions and values. “We found each other!” is a common memory among Swampscott participants. Thirty years later, describing the impact of Swampscott to a student audience, Donald Klein spontaneously smiled, drew himself up, and with enthusiasm in his eyes and voice asserted, “[T]he excitement of the conference is still as if it happened yesterday” (Klein, in Kelly, 2003).

Establishing a Field of Community Psychology

After Swampscott, U.S. community psychology gradually developed its own distinctive identity and diverged from community mental health. During the 1970s, community psychologists created many conventions necessary for founding and sustaining a new discipline. These included founding training programs and federal initiatives to fund community psychology research and intervention (Cowen, 1973). Many universities were expanding at this time, and community psychology provided an academic discipline that could help address the social issues so prominent in public discourse. As a new field, textbooks had to be written, which helped shape the field’s identity (Revenson & Seidman, 2002) and are still influential (e.g., Heller & Monahan, 1977; Rappaport, 1977; Levine & Perkins, 1987). The perspectives of this new field’s research and intervention were not always well received or well understood in existing academic psychology journals. In 1973, two new journals were founded that continue to serve as records of the best community psychology research in the United States and for some international authors: the *American Journal of Community Psychology* and the *Journal of Community Psychology*.

During this formative period in U.S. community psychology’s development, several key conceptual frameworks and clarification of values were proposed that have become cornerstones of the field. Initially, community psychologists had some difficulty in charting a new path consistent with the vision of their new perspective. Emory Cowen’s (1973) *Annual Review of Psychology* chapter “Social and Community Interventions” (the first devoted to this topic) observed that less than 3% of community mental health research articles had a prevention focus. Nonetheless, he called for more emphasis on *prevention*, which had been

expected given early adoption of public health perspectives to psychology. Cowen identified a number of interventions, principally dealing with child or youth development, and often focused on disadvantaged populations and collaboration with local citizens, which we discuss in Chapters 9 and 10. Second, James Kelly, Edison Trickett, and others proposed that ecological concepts could enhance the understanding of how individual coping or adaptation varied in social environments (e.g., schools) with differing psychosocial qualities (Trickett, Kelly, & Todd, 1972; Kelly, 1979a). This approach suggests understanding how environments and individuals are interrelated and will be presented in greater detail in Chapter 5. Third, Seymour Sarason published another early critique of the field: *The Psychological Sense of Community* (1974). He proposed that community psychology abandon its individualistic focus on mental health services and embrace a broader concern with the “*psychological sense of community*.” As we discuss in Chapter 6, he argued that community psychology should focus broadly on the relationships between individuals and their communities rather than just on the psychological adjustment of individuals.

Fourth, Julian Rappaport (1977) made persuasive arguments that the field of community psychology needs to focus on its values to guide research and social action. In summarizing the first 10 years of the field’s development, Rappaport proposed valuing *human diversity*, *collaboration*, and *strengths* rather than deficits and *social justice* as unifying concepts that are needed to guide the field’s value in *empirical* investigation of social problems. A few years later, Rappaport (1981) extended these ideas to argue that an emphasis on a community’s *self-determination* and *empowerment* were as vital to the field of community psychology as *prevention* (see Chapter 11). Finally, in her presidential address to the professional community psychology organization, Barbara Dohrenwend (1978) proposed an influential framework for an *ecological model of stress and coping* that integrated many of the emerging themes in community psychology and provided a guide for intervention (see Chapter 8 for a discussion). Many of these concepts are now familiar notions but were innovations at the time. These advancements were critical in helping community psychologists define the field, articulate its core values, and distinguish it from community mental health.

COMMUNITY PSYCHOLOGY IN SHIFTING SOCIAL CONTEXTS

As it has developed a distinctive identity, community psychology also has coped with changing social and political contexts. The contexts and conditions that helped to create community psychology in the 1960s and 1970s began to change in the 1980s, requiring community psychologists to examine the relevance of their field as societies changed and to adapt to those changes. Many countries with active fields of community psychology, including Australia, Britain, Canada, Germany, New Zealand, and the United States, became more socially conservative in the 1980s. Over time, countries have elected leaders that are identified as more liberal or conservative, although what is

considered liberal or conservative has shifted. In this section, we consider how ongoing economic, political, and social forces have shaped contemporary community psychology.

In the 1980s in the United States, the community-social perspective on social issues that helped create community psychology was supplanted by strongly biomedical views. Coming from politics, medicine, and science, national discussions changed in how they defined problems, consideration of which problems were important, and support for which interventions were seen as being worthy of funding. These critical changes were propelled in part by genuine advances in biomedical research and treatment. However, the pendulum swing was also the result of social forces. As society and government became more conservative, funding agencies called for psychological research on biomedical causes of mental disorders rather than social causes, and researchers' interests followed suit (Humphreys & Rappaport, 1993).

Federal attention also shifted from mental health to substance abuse. Social factors associated with mental health had been a particular emphasis of the progressive social era. In the 1980s, President Reagan declared a War on Drugs. It focused on causal factors for drug abuse within the individual, such as genes, illness, and willpower. It also greatly expanded the use of police and prisons while shifting attention and resources away from mental health. The federal prison population doubled during the Reagan administration; most of the increase was in drug offenders (Humphreys & Rappaport, 1993).

With these different forces defining and prioritizing social problems differently, research followed this trend. Psychological journals for the years 1981–1992 contained 170 articles for drug addiction and personality and only three references for drug addiction and poverty; similar findings appear if similar index terms are searched. Likewise, primary federal funding for research on homelessness was provided by the Alcohol, Drug Abuse, and Mental Health Administration, not the Department of Housing and Urban Development. Research thus focused on the subgroup of homeless persons with substance abuse and mental disorders rather than on affordable housing and employment—issues that affected all homeless persons (Humphreys & Rappaport, 1993; Shinn, 1992).

After declining during the 1960s and remaining largely steady during the 1970s, the proportion of children living in poverty rose after 1980. In the early 1980s and early 1990s, it returned to mid-1960s levels (U.S. Census Bureau, 2005). Homelessness became a visible problem in many U.S. cities. The focus of community psychology practice shifted and began to address these issues more than explicit mental health interventions (Levine, Perkins, & Perkins, 2005).

In the United States at least, this generally conservative period has persisted into the 21st century, with some variations in intensity, and with either political party in power. This poses challenges and opportunities for community psychology. Many citizens and opinion leaders fail to recognize the impact of complex social and economic forces on personal life. Faced with many voters suspicious of government, elected officials continue to cut taxes and slash funding for many community and social programs, unlike the 1950s. Community programs that are growing tend to focus on helping individuals

and families change and have emphasized a microsystem level of analysis more than higher levels of analysis. For example, involvement in self-help groups and spiritual small groups (not dependent on government funding) has burgeoned (Kessler, Mickelson, & Zhao, 1997; Wuthnow, 1994) while comprehensive, integrated mental systems have not (New Freedom Commission, 2003). Problem definitions that are not socially conservative also have difficulty obtaining funding. Community programs involving sexuality (e.g., teen pregnancy, HIV prevention, or sexual orientation) are especially controversial. Before we discuss how community psychologists respond to these shifts in public perspective, we must consider some lessons to be drawn from the history we have already described about the relationships of community psychology and its social contexts.

Defining Social Issues in Progressive and Conservative Eras

Murray Levine and Adeline Levine (1970, 1992), a community psychologist and a sociologist, wrote a classic historical analysis of how social and political forces in the United States have shaped public beliefs about social problems and helping services. Their historical work concerned services to children and families in the early 20th century, but their analysis also fits several trends in the history of community psychology.

Levine and Levine proposed a simple hypothesis. In times that are socially and politically more progressive, human problems will be conceptualized in environmental terms (e.g., community or societal). Progressive times are not necessarily associated with one political party but are marked by optimism about the possibility of lessening social problems as varied as poverty, drug abuse, crime, psychological disorders, and the educational and behavioral problems of children. In the common sense of a progressive period, social causes of such problems will be emphasized, and community or social interventions will be developed to address these. Persons are to be helped by improving their circumstances or resources, giving them greater freedom and choice in their lives. Not all political progressives will endorse an environmental view, but a progressive trend in society overall tends to strengthen it.

During more politically conservative times, the same problems will be conceptualized in individualistic terms, emphasizing individual causes. The common sense of the era will locate problems within the biological, psychological, or moral makeup of the individual. These individual deficits must be remedied by changes in the individuals themselves, and programs to help them will seek to change the individuals (and perhaps families). This will enhance their ability to cope with environmental circumstances. Conservative times are not necessarily tied to one political party but to pessimism about whether social problems can be lessened or to the belief that individual changes are more important than wider social change. Not all social conservatives will endorse an individualistic view, but a conservative trend in society overall tends to strengthen it.

Social forces influence how a problem is defined and what is done to address it. They also define what research is considered worth doing (and worth funding) and how that research is applied in practice. As we have noted, community

psychology in the United States arose in the 1960s—a progressive time that emphasized social and economic root causes of social problems. As we just described, since the 1980s, individualistic thinking has dominated research and funding in the United States on such topics as mental health, drug abuse, and homelessness. Psychological research and practice cannot be insulated from such swings in social-political public thinking.

The differences between more progressive and more conservative periods and between individualistic and environmental perspectives are not absolute (Levine & Levine, 1992). In any historical period, both perspectives are voiced, and some historical periods are difficult to categorize as one or the other. Moreover, the worldview of individualism—focused on individual happiness and autonomy—often outweighs other American ideals (Bellah et al., 1985). A focus on individuals becomes more dominant in more conservative times, yet is powerful even in progressive times.

Both individualistic and environmental perspectives hold truth; neither completely accounts for personal and social difficulties. Recall that the ecological levels of analysis cover a range of perspectives. Environments (including macrosystems) and personal factors and choices shape our lives. But progressive and conservative advocates articulate very different goals for social policy and community life, and these often reflect differences along the lines we are discussing. As Levine and Levine showed, the political contexts of the time influence which of those ideas are more widely accepted.

Addressing Social Issues and Equality

To illustrate the importance of problem definitions and community contexts, we consider a classic example from community psychology's formation. While the field developed, much effort was invested in examinations of how social issues are defined and addressed, particularly issues associated with inequality. Today, community psychologists continue to examine how people understand social issues and how interventions are carried out.

Blaming the Victim Psychologist William Ryan's 1971 book *Blaming the Victim* provided a classic critique of individualistic thinking about social problems. It had widespread impact and was important in the development of community psychology. When we assume that such problems as poverty, drug abuse, educational failure, crime, or unemployment are caused by deficits within individuals, we ignore such larger macrosystem factors as economic conditions, discrimination, or lack of access to good quality health care. In terms of our ecological levels of analysis presented in Chapter 1, we focus only on one level and ignore the potential factors at other levels of analysis. Even if we assume that personal deficits are caused by one's family or by "cultural deprivation," we still locate the deficit within the person and still ignore larger factors. Coining a now-popular term, Ryan (1971) called this thinking *blaming the victim*.

For example, in a community with underfunded schools, in neighborhoods where violence is common, and where many students do poorly on standardized

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tests, are we to blame the individual students or their parents or something about their community's culture? (All of these can be ways of blaming victims.) Alternatively, we could ask: Why are schools in some communities underfunded? How can the larger society help fund better education for all? What can be done to make all children safe? What community resources could be involved? Are the tests really valid measures of learning, and who decided to use them? These questions address social conditions at multiple ecological levels (see Weinstein, 2002a). The social justice values of community psychology call for us to examine social problems at multiple ecological levels. The pragmatic value of empirical findings leads us to systematically examine multiple ecological levels to account for what contributes to a situation. Focusing on only one level of analysis violates both of these values and will likely be ineffective. An issue unaddressed at one level of analysis usually does not disappear because it is overlooked.

Ryan also questioned whether researchers, policymakers, or others who have never directly experienced a social problem (e.g., poverty) have the best viewpoint for analyzing it. They (often, we) tend to have a middle-class perspective that is not an accurate understanding of poverty's everyday realities. For someone who grew up with the blessings of family and access to community resources, success in school and life may seem largely due to personal characteristics or effort (especially if he or she does not recognize how important those blessings are). However, for persons in poverty and other oppressive conditions, success is heavily influenced by social and economic factors; sadly, the effects of their personal efforts are limited by those factors. Many of the programs that Ryan criticized were "liberal" social and educational programs. These can blame victims, especially if they focus on individual, family, or "cultural" deficits of program participants but fail to address economic and sociopolitical roots of social problems.

Certainly, it is true that personal effort and responsibility do count in life. Nor is every person with a problem necessarily a victim; the term "victim" has been trivialized and stretched far beyond Ryan's original usage (see Sykes, 1992, for a critique). But Ryan drew attention to how social conditions and problem definitions can create or worsen seemingly personal problems. He wanted us to examine how we are trained to ignore those conditions. For Ryan, improving the quality of community life means addressing social and economic root causes.

Fair Play and Fair Shares: Contrasting Definitions of Equality These individualistic and environmental perspectives correspond to Ryan's discussion of two differing definitions of the cherished American value of equality (1981, 1994). The **Fair Play** definition of equality seeks to assure rules of fairness in competition for economic, educational, or social advancement. The central metaphor is that of a competitive race, with everyone starting at the same place and rules of the contest treating all individuals similarly. If the rules of the race are fair, Fair Players accept great differences in the outcome of the competition, assuming that those differences are caused by individual merit, talent, or effort. "The Fair Player wants an equal opportunity and assurance that the best get the most" (Ryan, 1994, p. 28).

A Fair Play orientation often leads to agreement with statements such as "The most important American idea is that each individual would have the

opportunity to rise as high as his talents and hard work will take him” (Ryan, 1994, p. 29). Examples of Fair Play social policies include basing educational and employment decisions on test scores and flat rates of taxation (all income groups are taxed the same percentage).

Ryan (1981, 1994) described an alternative perspective of **Fair Shares**, which focuses on fairness of procedure but is also concerned with minimizing extreme inequalities of outcome. Adopting a Fair Shares perspective does not preclude Fair Play rules, but it goes beyond them to consider other factors. The central metaphor of the Fair Shares perspective is a family or community taking care of all of its members. For example, Fair Shares involves limiting accumulation of wealth so everyone has some minimum level of economic security. While achieving absolute equality is impractical, a Fair Shares approach seeks to avoid extreme inequalities (Ryan, 1994).

Fair Sharers tend to agree with such statements as “For any decent society, the first job is to make sure everyone has enough food, shelter, and health care” and “It simply isn’t fair that a small number of people have enormous wealth while millions are so poor they can barely survive” (Ryan, 1994, p. 29). Examples of Fair Shares social policies include universal health care, enriching educational opportunities for all students (not just the gifted), affirmative action in college admissions and employment, and progressive taxation (in which persons with higher incomes pay a higher percentage).

Ryan (1981, 1994) emphasized that although both perspectives have value, Fair Play thinking dominates American discussions of equality and opportunity. Yet Fair Play presumes that all participants in the race for economic and social advancement begin at the same starting line and that we only need to make sure the race is conducted fairly. In fact, few citizens really believe that all persons share the same economic or educational resources, the same chances of employment in well-paying jobs, or the same starting line for advancement. In the United States, as in many countries, a very small proportion of the population controls a very large proportion of the wealth. In our view and in the view of many community psychologists, some methods of strengthening Fair Shares seem necessary to set up truly Fair Play.

Bottom-Up and Top-Down: Contrasting Approaches to Social Change

Whatever our theories about causes of a community or social problem, we can address that problem in either of two ways. Both are important for citizens and community psychologists to understand; both were involved in the social initiatives of the 1960s.

Bottom-up approaches originate at the “grassroots”—among citizens rather than among professionals or the powerful. They reflect attempts by ordinary people to assert control over their everyday lives. They reflect the experiences and ideas of people most affected by a community or social problem (Fawcett et al., 1995). **Top-down** approaches are designed by professionals, community leaders, or similar elites. These may be well intentioned and grounded in

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research findings but also inevitably reflect the life experiences, worldviews, and interests of the powerful and usually preserve the existing power structure (perhaps with some reform). They also often overlook the strengths of a community (Kretzmann & McKnight, 1993).

Professional mental health care represents a top-down approach; self-help groups tend to use a bottom-up approach. Centralizing decisions in city hall offices is a top-down approach; enabling neighborhood associations to make local decisions is a bottom-up approach. Relying only on psychologists or other professionals to design a program to prevent drug abuse is a top-down approach; involving citizens in making decisions about that program is a bottom-up approach.

Neither approach is always best. Values of social justice, empowerment, citizen participation, collaboration, and community strengths are linked to bottom-up approaches. Yet outside resources (funding, expertise) are often easier to acquire with a top-down approach, which may also better apply research findings on effective programs elsewhere. The two approaches can complement each other, such as when mental health professionals and mutual help groups collaborate or when psychologists and citizens collaborate on research that assists the community.

Opposing Viewpoints and Divergent Reasoning

Social issues involve opposing viewpoints. In many cases, opposing views can both be true (at least, both hold some important truth). Already in this book, we have discussed several such oppositions: persons and contexts; first-order and second-order change; potential conflicts among community psychology core values; individualistic and environmental perspectives on social issues; progressive and conservative viewpoints.

Recognizing important truths in opposing perspectives forces us to hold both in mind, thinking in terms of “both/and” rather than “either/or” (Rappaport, 1981). (This thinking has roots in the dialectical philosophies of Hegel and Marx but is not identical to either system.) Rappaport (1981) advocated **divergent reasoning** for community psychology: identifying multiple truths in the opposing perspectives; recognizing that conflicting viewpoints may usefully coexist; and resisting easy answers. This is *not* to say that attempts to address social problems are useless. But the best thinking about social issues takes into account multiple perspectives and avoids one-sided answers.

Dialogue that respects both positions, rather than debate that creates winners and losers—can promote divergent reasoning. A good metaphor for this process, often suggested in feminist theory (Bond, Belenky, & Weinstock, 2000; Reinharz, 1994) is a frank yet respectful conversation among multiple persons. It involves boldly setting out one’s views in one’s own voice but also careful listening to others and recognizing that many positions hold some truth. Divergent reasoning recognizes conflict between differing perspectives as a path to knowledge. It is not a search for complete objectivity but a process of learning through dialogue. In community psychology, that conversation is often multisided, not simply two opposing poles.

Divergent reasoning also involves questioning the status quo or commonly accepted view of an issue (Rappaport, 1981). In discussing a social issue such as poverty, there is often a dominant, widely accepted view and an opposing pole

that is largely ignored. The dominant view serves the interests of the powerful by defining the issue and terms of debate. Psychology has often adopted or been co-opted by dominant views rather than questioned them (Gergen, 2001; Humphreys & Rappaport, 1993; Riger, 1993; Ryan, 1971, 1994; Sarason, 1974, 2003b). Often, this happens as psychologists and citizens think solely in individual terms, ignoring the importance of contexts (Shinn & Toohey, 2003). Questioning the status quo often involves listening carefully to the voices of persons who have direct experience with an issue, especially those whose views have been ignored. For example, research that investigates the experiences and perspectives of persons with mental disorders can illuminate their strengths and focus on their rights to make decisions in their own lives as well as their needs for treatment and support (Rappaport, 1981).

Finally, divergent reasoning requires humility. No matter how strong your commitment to your own viewpoint, it is likely to be one-sided in some way, and there is likely to be some truth in an opposing view. Remember Rappaport's Rule: "When everyone agrees with you, worry."

Community Psychology Responses to Political Contexts

Despite differences in how problems are defined and prioritized, opportunities for community psychology research and action exist in conservative or progressive social times and locations. Sarason (1976) articulated the "anarchist insight" (with which many conservatives agree) that government interventions for social problems may undermine the sense of community and mutual aid among citizens. Lappe and DuBois (1994) and Wolff (1994) noted that many conservatives and progressives agree that social problems must be addressed at the community level, where many community psychologists are engaged.

Some very influential perspectives in community psychology are related to conservative as well as to progressive thinking. For instance, Sarason's (1974) concept of sense of community and Rappaport's (1981) concept of empowerment are both locally focused and reflect a skeptical view of top-down government interventions. Progressives will likely engage community psychologists' problem definitions that emphasize structural factors and levels of analysis. Interestingly, conservative or progressive views can be at odds with community psychologists who challenge the status quo and current power structures in their efforts to promote social change. When the values of community psychology can be addressed in a locality or particular political context, collaboration is quite possible. However, there are many instances where political views are narrowly individualistic, victim-blaming perspectives (Levine & Levine, 1992; Rappaport, 1981; Ryan, 1971, 1994) or when political views emphasize one set of values to the exclusion of others (e.g., liberty while overlooking justice). Such views often fail to understand or appreciate human diversity and often keep money and resources in affluent communities rather than using them where there are pressing needs.

Furthermore, what one means by empowerment can differ greatly from what most community psychologists mean by those terms (see Chapter 11). Prilleltensky and colleagues have emphasized the role of critical reflection in community

psychology work and suggest that it is helpful to seek a balance of classic Western values of liberty, fraternity, and justice as contexts and conditions change (Nelson & Prilleltensky, 2010). In conservative or progressive locales, indeed, in all of our work, community psychologists of any political persuasion need to be explicit about their values, understand differing values, support their claims with research findings, search for common ground with those who differ, and engage in divergent reasoning about promote well-being and community life.

Training for Community Psychology

As the field emerged, the shift in perspective of community psychology required new models of training. Universities needed to create undergraduate and graduate courses in community psychology. Prevention of psychological problems and promotion of social competence, especially in schools, represented one important theme at the first conference on training held in Austin, Texas, in April 1975 (Iscoe, Bloom, & Spielberger, 1977). A second theme concerned social advocacy to address such issues as poverty, racism, and sexism. Austin's conference participants were more diverse than Swampscott's, reflecting a third theme of emerging diversity. Swampscott's participants were all White and included only one woman. At the Austin conference, the perspectives of women and persons of color were voiced to a degree that had not happened before, although these groups were concentrated among students and junior professionals, not among senior professionals who were slower to engage these perspectives (Mulvey, 1988). Reports from working groups of Blacks, Hispanics, and women called for translating espoused values of the field into tangible changes in training, research, and action (Iscoe et al., 1977; Moore, 1977). Currently, there are master's-level training programs in community, counseling-community, or clinical-community (e.g., Canada, Egypt, Italy, New Zealand, South Africa, the United Kingdom, and the United States) and doctoral programs in community, interdisciplinary studies, social-community, or clinical-community (e.g., Australia, Canada, New Zealand, Portugal, Puerto Rico, and the United States).

As we have previously discussed, the development of community psychology led to a divergence of community mental health and community psychology training over the past 40 years. While community mental health remained focused on mental health services, community psychology expanded its focus to schools, workplaces, neighborhoods, community development, and advocacy for social change. Individual/family wellness remained an important concern of community psychology, but the field gradually began to focus on other values as well, such as sense of community, social justice, respect for diversity, and citizen participation. We discuss current training opportunities in greater detail in Chapter 14.

WHAT DO COMMUNITY PSYCHOLOGISTS DO?

As part of developing a new field, community psychologists examined the roles and skills required to promote social change and work at different ecological levels. As you might guess, this has involved active roles in community settings

and adopting models of professional relationships that expanded on those taken by clinicians. In 2010, the Community Psychology Practice Council of the Society for Community Research and Action developed a statement to help advertise the unique skills and perspectives of community psychologists to prospective employers (Ratcliffe & Neigher, n.d.); this statement is included with a longer discussion of community practice in Chapter 14.

Community psychologists work collaboratively with others to help strengthen systems, provide cost-effective services, increase access to resources, and optimize quality for individuals, private and governmental organizations, corporations, and community groups. Community psychologists build on existing strengths of people, organizations, and communities to create sustainable change.

The professional roles of community psychologists range from consultants, trainers, and grant writers to human service managers and program directors, to policy developers and evaluators, and to educators and professors. Today, community psychologists work at social service agencies, in private policy organizations, and in government departments or institutes (e.g., Center for Disease Control and Prevention). Many have their own consulting businesses, and a large number work at colleges and universities. Over the course of a career, a community psychologist may work in several different capacities. For example, since I (Bret) completed my doctoral training, I have had many different professional roles. I have worked as a program director for a housing program for persons who were homeless. I was a coordinator of a statewide self-help network. I have been an evaluation and program development consultant to human service programs. I have been a researcher on large, federally funded grants and small local initiatives. I have served on boards of nonprofit organizations and citizen committees. During my career, I have also worked in a wide variety of settings. I have worked in a mental health center, a nonprofit agency, and a university. I regularly collaborate with state departments of mental health, human services agencies, community organizers, and community coalitions.

Many community psychologists work in multiple settings where their perspectives and skills are helpful. We will highlight the work of community psychologists and others involved in social action in most of our chapters with sidebar features where you can learn about their work. We call this feature “Community Psychology in Action.” Box 2.3 presents the experiences of community psychologists in Portugal who have used their academic training to create an alternative setting to address the needs of persons with mental illness and their family members that were not sufficiently well addressed by existing resources.

Community psychology promotes training in a wide range of skills required to engage in social change. Each community psychologist develops skills particularly suited to her or his social change interests. Wolfgang Stark outlined a useful framework for thinking about skills needed for community psychology (Stark, 2009). Some of these skills are *design skills* in formulating evaluation and research questions, developing programs and policy, analyzing social conditions, and planning intervention. Some of these skills are *action skills*, such as consulting,

Box 2.3 Community Psychology in Action**Social and Political Change in the Mental Health System in Portugal**

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(Association for Study and Psychosocial Integration)

The mental health system in Portugal during the '80s was structured around large psychiatric hospitals or wards integrated in general hospitals, and institutional facilities managed by religious congregations. In 1987, through a small grant provided by the State Mental Health Department, we began to organize group meetings with people in the community who were discharged to the community of Olivais in Lisboa. Our group created a nongovernmental organization named *Association for the Study and Psychosocial Integration* (AEIPS) to implement a community-based service system, which has involved over 750 mental health services users to date.

Drawing upon values and concepts from community psychology, we sought to promote opportunities for social integration of people with mental illness, accessibility to individualized housing, professional alternatives, and participation in community life as any other person. We wanted to create settings that would allow people with histories of psychiatric treatment to choose the location where they would live, work, study or socialize. In the housing area, we have helped create a range of options by providing group or individualized opportunities with tailored professional intervention focused on the maintenance of the housing, even in crisis situations. Currently, one of the most relevant and recognized services provided by our organization is the supported employment program. It is a system to

assist people with the experience of mental illness to work in the open labor market. The program promotes opportunities to reach the labor market, and actively participate in society, and emphasizes the diversity of employment options depending on a person's interest, educational background, or specific training. The model is one person working in one company. The supported education program is focused on opportunities to return to school for this group that often has unfinished degrees. In creating opportunities to address the concerns of persons with mental illness, we seek to support the transformation of individual's lives by emphasizing processes of building (or renewing) social support systems and participating in community life.

The main lesson that we have learned over the past 25 years is that applying an empowerment paradigm to mental health services requires consistent attention and measurement of processes and results. While this new perspective has helped us to see how we needed to create new settings to address the interests of persons with mental illness to participate in community life, we realized that we need to collaborate with stakeholders (mental health services consumers, families and professionals) at all ecological levels to promote individual, family, and community well-being.

community organizing, community development, coalition building, conducting evaluation, and research. Finally, community psychologists need well-developed *social skills*, both those that people develop naturally (e.g., active listening, rapport building, and conscientiousness) and those that may require specialized training (e.g., group facilitation and conflict resolution).

Recent initiatives by community psychology practitioners are bringing more expertise and focus to the development of practice skills useful in community psychology. As we discuss in greater detail in Chapter 14, a Summit on Community Psychology Practice was held in 2007 that has promoted a rich dialogue within the field. You can read about these developments in *The Community Psychologist*, which is published by the U.S. community psychology professional organization: the Society for Community Research and Action. A link to the website is included at the end of this chapter.

THE GLOBAL CONTEXTS OF COMMUNITY PSYCHOLOGY

Distances between diverse cultures, communities, and persons are shrinking. Communication media, travel, trade, cultural exchange, and, sadly, exploitation and violence are becoming increasingly global in scope. Here, we briefly present how community psychology has developed in different countries. Given the emphasis on understanding context in community psychology, it is not surprising that the priorities and development of community psychology varies by national context.

Unique Development in Different Contexts

The 1970s and early 1980s saw the emergence of community psychology across the world. The origins and the focus of social change efforts differed by national contexts. In South Africa, opposition to apartheid was a unifying force. In West Germany, social movements for women and the environment played important roles. In Australia, New Zealand, and Canada, similar social movements were central to efforts to organize a new perspective on psychology as well as disenchantment with purely clinical concepts of human strengths and problems. Today, community psychology is a burgeoning international field. Learning from and working with indigenous peoples is a focus in several countries—for instance, the Maori in New Zealand, Aboriginal peoples in Australia, and Mayan peoples in Guatemala (Glover, Dudgeon, & Huygens, 2005; Lykes, Blanche, & Hamber, 2003; Wingenfeld & Newbrough, 2000). The *Journal of Community and Applied Social Psychology* carries articles from an international array of community psychologists. Training programs and practitioners now exist across Latin America, Europe, Japan, New Zealand, Australia, Israel, South Africa, Canada, and the United States. There is not space in this chapter to review community psychology in each country. We have selected a few to give you an idea of community psychology's diversity.

Community Psychology in North America

Canada has a four-decade history of community psychology that shares in many of the contexts that were formative for the field in the United States but have developed uniquely Canadian features. Nelson, Lavoie, and Mitchell (2007) suggest that there have been six main areas of emphasis in Canada: values and ethics, community mental health, health promotion and prevention, social network intervention, promotion of inclusion, and community economic development. Several universities offer training programs in French and English. Conferences and journals are published with translations in both languages.

Mexico has also had a community psychology tradition for over 30 years at several universities (Montero, 2007). Several community psychologists have developed interventions working with indigenous communities, documenting cultural traditions, and collaborating to preserve cultural traditions and to

respond to poverty and infrastructure needs in rural areas. In 2010, Universidad Iberoamericana hosted the third International Conference on Community Psychology.

Community Psychology in Latin America

During the 1970s, community psychology developed among psychologists throughout Latin America—largely independent of North American trends (Comas-Díaz, Lykes, & Alarcon, 1998; Montero, 1996). The Latin American movements for community psychology and liberation psychology grew out of social psychology and social change movements rather than from clinical psychology. In some countries (e.g., Chile, El Salvador, and Guatemala), these trends were a response to repressive government regimes and overt conflict. These developments were influenced by liberation theology, which combined many values of Christianity and Latin American liberation struggles. At the community level, liberation theology and psychology emphasized empowerment of citizens and struggle against injustice (Martin-Baro, 1994). Another influence was the approach of Brazilian educator and activist Paulo Freire (1970/1993), who focused on new methods of education as means of raising consciousness of the impact of social conditions on personal lives and as beginning points for social transformation. Freire focused on practical, local initiatives for social change.

A distinctive Latin American social-community psychology emerged, more explicitly concerned with social critique and with liberation than North American community psychology at the time. It emphasized democratic participation, social justice, concepts of power and ideology, and social change and established a presence in Venezuela, Colombia, Brazil, Argentina, Chile, Cuba, and other countries (Montero & Varas Díaz, 2007). Much of the work in Latin America is not well known in the United States because of language barriers; however, the ideas have been influential, particularly in liberation psychology.

Community psychologists from Puerto Rico have been particularly influential in the development of social-community psychology. Having established a training program for 35 years, Puerto Rican community psychologists have developed textbooks (Serrano-García, Figueroa-Rodríguez, & Pérez-Jiménez, 2008), conducted large-scale federally funded research projects, and produced over 100 graduates in the past three decades (Montero & Varas Díaz, 2007). As a field, it has had to defend its viewpoint in contrast to other subfields in Puerto Rico, with a particular emphasis on producing psychologists that are “interested and committed to intervention in research, promoting interventions simultaneously with research projects” (Montero & Varas Díaz, 2007, p. 71).

Community Psychology in Europe, Australia, and New Zealand

Community psychology in Europe, Australia, and New Zealand is quite varied in emphasis. In Portugal and Spain, the fields emerged as fascist regimes were pushed out of power in the 1970s. In northern Europe and Australia,

development of community psychology paralleled developments in the United States and Canada of extending community mental health and eventually branching out into other areas (Reich et al., 2007). Community psychologists in New Zealand have made collaboration with Maori peoples a keystone of their work that extends to examining its philosophy of science to its methods for intervention (Robertson & Masters-Awatere, 2007). The development of community psychology in Australia and New Zealand draws upon influences from Europe through shared cultural history. However, contemporary expressions of community psychology emphasize the realities of their location in the Asia-Pacific region.

Italy has a rich history of community psychology research and intervention. The development of community psychology emerged as a new, decentralized model for health services was being implemented. The perspectives of community psychology were helpful in defining new roles for psychologists, promoting self-help groups and changing the culture of health care. Promoting and measuring sense of community have been particular concerns in Italy, as has working for action that results in a balance of individual efficacy, collective resources, and well-being. Italian community psychologists have been active in promoting European views of community psychology, hosting conferences and serving as leaders in European professional networks (Franscscato, Arcidiacono, Albanesi, & Mannarini, 2007).

To date, there is not a single European community psychology. However, the professional society—the European Congress on Community Psychology—holds regular conferences and exchanges across countries. Jose Ornelas, Maria Moniz-Vargas, and other community psychologists in Lisbon, Portugal, hosted the second International Community Conference on Community Psychology, which included training institute courses by community psychologists from around the world to promote this perspective in Portugal.

Community Psychology in Africa and Asia

Community psychology practitioners have been active in Africa and Asia for 30 years, but formally organized programs are more recent. In Ghana, Cameroon, Egypt, and South Africa, psychologists have been drawn to perspectives of community psychology to address the shortcomings of traditional psychological approaches. In South Africa, community psychology's focus on liberation and social justice was resisted by psychologists during the apartheid years. There was more interest and support for community psychology in English-speaking universities than Afrikaans. While community psychology is still not recognized as its own discipline in South Africa, it has become a valuable resource for clinical psychologists who now have a compulsory community service requirement due to changes in health care laws (Bhana, Petersen, & Rochat, 2007). Two journals and edited books have been developed to feature community psychology. An interesting discourse for a global community psychology is emerging in South Africa about the need to adapt North American and European conceptualizations of community psychology to be relevant in

poor areas of Africa. Seedat (1997) has been particularly active in articulating the tensions between northern hemisphere community psychology and that of the southern hemisphere.

In Japan, a professional society was organized in 1998. Much work has focused on school settings and promoting adaptation of students. Although much of Japanese community psychology has paralleled that in North America, Japanese community psychologists are working to develop cross-cultural models to enhance understanding of community psychology perspectives in Japan (Sasao & Yasuda, 2007). In Hong Kong and India, community psychology is an emerging discipline (Reich et al., 2007), although there are long helping traditions and histories of addressing social conflict. Developments throughout Asia and Africa will enrich community psychology throughout the world as critics of current practice and innovators for their cultural contexts.

Moving Toward a Global Community Psychology

Since the last edition of this book, several important developments mark the emergence of efforts to create global understandings of community psychology. As noted previously, an important book documented the development and practice of community psychology in 37 countries on six continents (Reich, Riemer, Prilleltensky, & Montero, 2007). In 2006, the first International Conference on Community Psychology was hosted in Puerto Rico. This was an exceptional site for bringing together community psychologists from different traditions and different countries. Puerto Rico's unique history as a leader of community psychology in Latin American and many connections with U.S. community psychology were instrumental in linking community psychology traditions from different countries. The second international conference was held in Lisbon, Portugal, in 2008, demonstrating the vibrancy of community psychology in Europe. At the third international conference in Puebla, Mexico, in 2010, international exchanges continued to build on the rich traditions of community psychology in different countries while struggling to articulate what a global community psychology might be. A fourth conference is planned for Barcelona, Spain, in 2012, where new conventions for presentations and cross-cultural exchange will aim to support the development of global understandings of community psychology.

CONCLUSION

"The major job was getting people to understand that they had something within their power that they could use, and it could only be used if they understood what was happening and how group action could counter violence...." (Baker, p. 2)

“When those of us working in this field in the early 1960s began, we were innocent of the questions as well as of the answers. Now at least we are developing an intellectual framework within which diverse experiences make some sense. We can at least ask questions that are more meaningful than ones we were able to ask 40 years ago. (Levine, Perkins, & Perkins, 2005, p. 9)

Developing during the 1960s, U.S. community psychology was shaped by the civil rights movement and a conviction that addressing social conditions and engaging community members as citizens were important aspects of improving individual and community well-being. Ella Baker’s quote helps to capture the spirit of the period, as she worked with the Southern Christian Leadership Conference and the Student Nonviolent Coordinating Committee. In this chapter, we discussed how the contexts of these important periods of community psychology’s development have shaped its perspective, practices, and values. We also discussed how changing contexts have an impact on the continuing development of the field around the world.

As the Levine, Perkins, and Perkins quote illustrates, community psychology is still maturing as a field. It has made important contributions to understanding and intervening with social issues. However, even the most experienced community psychologist is still a student of relationships between individual and community life at many ecological levels. Every generation of students builds on the experiences of prior generations as they reinvent community psychology in new contexts.

CHAPTER SUMMARY

1. Psychology in the United States has been strongly influenced by individualism and defined itself as the study of the individual, with little attention to social context. Psychological practice is also individualistic, which is useful in many ways but one-sided and limited.
2. Community psychology emerged in the United States in the mid-20th century. Among the many forces that led to this development, we identified five important ones: (1) a preventive perspective; (2) reforms in mental health care; (3) action research and group dynamics; (4) social change movements, such as civil rights and feminism; and (5) optimism about solving social problems. The Swampscott Conference in 1965 identified community psychology as a new field.
3. During the 1960s and 1970s, community psychology in the United States diverged from community mental health. This development parallels community psychology in other countries. Changes in the mental health system and the limitations of government social programs influenced this. Blaming the victim occurs when social problems or programs are defined by focusing only on individual causes, not social factors. Top-down approaches to change are designed by the powerful, while bottom-up

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approaches reflect the ideas of ordinary citizens. Both have advantages and limitations.

4. During the 1970s, conceptual frameworks appeared for the field: prevention, an ecological perspective, sense of community, social justice, valuing human diversity, self-determination and empowerment, and multiple interventions to promote coping. These developments continue to be influential in community psychology.
5. In the 1980s, in the United States and many Western countries, the socio-political context grew more conservative. The Levine and Levine hypothesis predicts that, in politically progressive times, environmental explanations of social problems will be favored, leading to programs to change community environments. In conservative times, individualistic explanations of social problems will be favored, leading to programs to change individuals. These are also related to two definitions of equality. Fair Play—a more conservative view—defines fairness in terms of rules for fair competition for economic success. Fair Shares—a more progressive view—defines fairness in terms of providing basic necessities for all.
6. For community psychology, thinking about social issues requires divergent reasoning: understanding how opposing viewpoints may both hold truth, responding to such conflicts with “both/and” rather than “either/or” thinking, being open to dialogue with those who hold different views, and questioning the status quo while searching for viewpoints that are not being voiced or recognized.
7. Political eras and political contexts of different locations can provide challenges and opportunities for community psychology. Areas of common ground between the field and conservative views include skepticism about top-down programs and a focus on local decision making. Progressives have common ground with community psychology’s structural critiques of social problems. However, community psychologists may have differences with progressive or conservative leaders when those leaders are more interested in maintaining the status quo rather than addressing the issues of concern to community members.
8. Training in community psychology includes many options for both master’s- and doctoral-level training. These include community psychology, clinical-community psychology, counseling-community psychology, and interdisciplinary approaches to community research and action. While still evolving, the training is more closely realizing the values of the field than when it was founded.
9. Community psychologists practice in a wide array of settings and professional roles. They may work in nonprofit organizations, government agencies, companies, start their own businesses, or work in education. The professional roles include consultants, program developers, policy specialists, community organizers, community developers, and evaluation specialists.

10. Community psychology is now an international field. Community social psychology emerged in Latin America with a distinctive social change focus. Empowerment, feminist, liberation, and critical perspectives have become important perspectives, and collaborative, participatory research methods have emerged.

RECOMMENDED READINGS

- Revenson, T., D'Augelli, A., French, S., Hughes, D., Livert, S., Seidman, E., Shinn, M., Yoshikawa, H. (Eds.) (2002). *A quarter century of community psychology: Readings from the American Journal of Community Psychology*. New York: Kluwer/Plenum. [Classic articles from community psychology's history, with four essays on the development of the field.]
- Ryan, W. (1971). *Blaming the victim*. New York: Random House [especially first chapter]. Or: Ryan, W. (1994). Many cooks, brave men, apples, and oranges: How people think about equality. *American Journal of Community Psychology*, 22, 25–36.
- Reich, S.M., Riemer, M., Prilleltensky, I. & Montero. (2007). *International community psychology: History and theories*. Springer: New York.

RECOMMENDED WEBSITES

- Global Journal of Community Psychology Practice:
<http://www.gjcpp.org/en>.
- Society for Community Research and Action:
<http://www.scra27.org>.
- SCRA Community Psychology Practice Council:
<http://www.scra27.org/practice>.
- The Community Psychologist:
<http://www.scra27.org/resources/scrpublic/tcp>

RECOMMENDED VIDEODISC

- Kelly, J.G. (Director/Producer) (2003). *Exemplars of community psychology* [DVD]. Society for Community Research and Action. Available through: SCRA Membership Office, 4440 PGA Blvd #600, Palm Beach Gardens, FL 33410, info@scra27.org, 561-623-5323. Excerpts from interviews of pioneering community psychologists and others on the early development of the field in the United States. Their personal stories often reveal sources of ideas, support, emotion, and conflict not addressed in print.