Principles of Community Psychology: Perspectives and Applications

Third Edition

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Foreword

Prior to this edition, this book was unrivaled for its scope and depth of the obvious and not-so-obvious psychological implications of what American communities are: what problems they face, how they do and do not change. What this new edition makes abundantly clear is that what we call a community is glaringly porous: in the modern, highly technical, mobile world, a community is affected by events near and far from its borders, events that are psychological, sociological, economic, political, and legal. Yes, this is a book written by and for psychologists, but it draws upon the social sciences as no other book in the field. I would go so far as to say that this edition makes clearer than previous editions that this is more than a book about the American community. It is about America. Although this is truly a scholarly book, it is the opposite of a dull one. That is no small achievement. Beginning with the first chapter (“Life Is a Soap Opera”) the writing is clear and stimulating. The details are many, but they are never divorced from the contents from which they emerge and which they illuminate. This is not a dry text but a lively, stimulating one. It is more than an introduction to community psychology. Social, developmental, and clinical psychologists will be well rewarded by reading this book because (without saying so) it makes a mockery of conventional specialties whose labels mask a degree of overlap too long ignored.

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Preface to the Third Edition

This new edition represents not only an update of the past eight years in the field of community psychology, but also a substantial expansion in focus from the first two editions. Each chapter reviews the recent literature, updates the references, and presents the latest empirical work, the current issues and events, and some of the relevant policy debates surrounding them.

The Introduction has been substantially expanded by adding some definitional grounding in what community psychology is and is not, and some of the fundamental principles and values in the field, along with the overview of the organization of chapters. The population parameters in the first full chapter, “Life Is a Soap Opera,” were updated based on the 2000 Census and other currently available social indicators and national surveys. Many new illustrative “sidebar” boxes replace more dated ones. An example in Chapter One is a review of “Psychosocial Adaptation to Health Problems: The Case of Genital Herpes.” Chapter Two on the history of community psychology has been expanded to include not only the field’s origins in the Community Mental Health movement but also the “Influence of Applied Social Psychology and the War on Poverty” and a new box on issues and research on homelessness. Chapter Three presents the guiding conceptual orientation of the book based on Dohrenwend’s contextualized model of stress and includes updated references. Chapter Four includes a new box on behavior-environment congruence in Geel, Belgium, based on material that was scattered and not highlighted in the last edition as well as some new material. It is used to illustrate the ecological principles of adaptation and niche.

Chapter Five has been substantially expanded and reorganized from three psychological conceptions of the environment—perceived social climates, behavior settings, and social roles—toward a delineation of both social and physical environmental influences on behavior and wellbeing, as well as behavior settings representing a melding of social and physical contexts. The social environment includes not only social climates and roles but also key community “social capital” con-
cepts such as citizen participation and empowerment, sense of community, and neighboring, which have been studied extensively in community psychology but received less attention in previous editions. All of these concepts are illustrated in a revised box on the classic Fairweather lodge social experiment.

Chapter Six on labeling theory and the sociology of deviance has been updated and a new section on the use of law to reduce stigma added. In Chapter Seven, we have included new research findings on adaptation, crisis, coping, and social support, and added a box on “Pollyanna and the Glad Game” as an apt but largely forgotten historical antecedent to the literature on coping.

In Chapter Eight, we have updated the section on HIV/AIDS prevention and the boxes on Project Head Start (and now early Head Start) and on preventing child maltreatment as an illustration of the problem of false positives. We have also added a box on a successful school change effort as well as new sections on schools as a locus of prevention and on community-based health promotion. Chapter Nine on self-help/mutual assistance groups has been revised and updated.

Chapter 10 includes two new sections. One is on organizational change, development, and learning and the other is on problems in planned change on a statewide level, which focuses on the so-called “Texas miracle” of educational reform. Chapter 11 on school desegregation as a societal-level intervention has been updated and includes two new sections on political and legal events since desegregation and on future problems in this arena. In Chapter 12, on community-level change, we have greatly revised and expanded the section on community development and created an up-to-date box discussing the Center for Health, Environment, and Justice and the Environmental Justice Movement.

Finally, Chapter 13 still focuses on science, ethics, and the future of community psychology, but it has been greatly expanded. In addition to updating the sections on ecology and science and the ethics of community intervention, we have added two new sections on making community psychology more interdisciplinary and recognizing developments in community psychology outside the United States and the need to increase international communication and collaboration in the field. We also added a box that presents a new ecological-psychopolitical model as one direction for future work in the field.

In sum, while no single text can provide all things to all readers, we think that, compared to previous editions, this book is more reflective of the entire breadth of community psychology, from its origins to the latest trends to a future that is bright with new ideas and an expanding vista of issues to address.
Introduction: An Overview of Community Psychology

What Is Community Psychology?

Community psychology represents a new way of thinking about people’s behavior and well-being in the context of all the community environments and social systems in which they live their lives. Our intention in this book is to develop that way of thinking and to show how the perspective is applicable to a very wide range of contemporary problems.

One of the most exciting aspects of community psychology is that the field is still developing and defining itself. It is not easily reduced to the traditional subdisciplines in psychology for several reasons. First, community psychologists simultaneously emphasize both applied service delivery to the community and theory-based research. Second, they focus, not just on individual psychological makeup, but on multiple levels of analysis, from individuals and groups to specific programs to organizations and, finally, to whole communities. Third, community psychology covers a broad range of settings and substantive areas. A community psychologist might find herself or himself conducting research in a mental health center on Monday, appearing as an expert witness in a courtroom on Tuesday, evaluating a hospital program on Wednesday, implementing a school-based program on Thursday, and organizing a neighborhood association meeting on Friday. For all the above reasons, there is a sense of vibrant urgency and uniqueness among community psychologists—as if they are as much a part of a social movement as of a professional or scientific discipline.

The new and disparate areas of community psychology are thus bound together by a singular vision: that of helping the relatively powerless, in and out of institutions, take control over their environment and their lives. Community psychologists must, however, “wear many hats” in working toward the creation of social systems which: (1) promote individual growth and prevent social and mental health prob-
Introduction: An Overview to Community Psychology

Problems before they start; (2) provide immediate and appropriate forms of intervention when and where they are most needed; and (3) enable those who have been labeled as “deviant” to live as dignified, supported, and empowered lives as possible, preferably as contributing members of the community.

For example, a community psychologist might (1) create and evaluate an array of programs and policies which help people control the stressful aspects of community and organizational environments; (2) assess the needs of a community and teach its members how to recognize an incipient problem and deal with it before it becomes intractable; or (3) study and implement more humane and effective ways for formerly institutionalized populations to live productively in society’s mainstream.

What Isn’t Community Psychology?*

It may be useful to describe community psychology by distinguishing it from other disciplines with which it is closely allied. As we will explain more fully below, community psychology is like public health in promoting healthy environments and lifestyles, in considering problems at the population (not just individual) level, and, especially, in adopting a preventive orientation. That is, community psychologists try to prevent problems before they start, rather than waiting for them to become serious and debilitating. But community psychology differs from public health in its concern with social and mental, as well as physical health, and the quality of life in general.

In many ways, community psychology is like social work, except that it has a strong research orientation. Community psychologists are committed to the notion that nothing is more practical than rigorous, well-conceived research directed at social problems.

Community psychology is like social psychology and sociology in taking a group or systems approach to human behavior, but it is more unabashedly applied than those disciplines and more concerned with using psychological knowledge to resolve social problems.

It borrows techniques from industrial and organizational psychology, but tends to deal with community organizations, human service delivery systems, and support networks. Plus, it focuses simultaneously on the problems of clients and workers as opposed to solely the goals and values of management. It is concerned with issues of social regulation and control, and with enhancing the positive characteristics and coping abilities of relatively powerless social groups such as the poor, minorities, children, and the elderly.

* We thank Marybeth Shinn for many of the ideas in this section.
Introduction: An Overview to Community Psychology

As discussed in chapter 2, although some community psychologists came from, or were trained in, social psychology, the most important field of comparison for understanding community psychology is clinical psychology. Community psychology shares clinical psychology’s action orientation and its goal of helping people in distress. An important difference between the community and the clinical orientation is the helping person’s point of intervention, in terms of both location and timing. Community psychology arose largely out of dissatisfaction with the clinician’s tendency to locate mental health problems within the individual. Community psychologists are more likely to see threats to mental health in the social environment, or in lack of fit between individuals and their environment. They focus on health rather than on illness, and on enhancing the competencies of individuals, small groups, organizations, communities, or higher policy levels. This focus on the person-in-environment is also emphasized by community psychologists outside the United States (e.g., Orford, 1992; Thomas & Veno, 1992).

The timing of intervention also helps to distinguish community psychology, which is more proactive, from clinical psychology, which is more reactive. One of the cofounders of community psychology, Emory Cowen, liked to illustrate this with an anecdote that by the time a child sees a therapist, there has already been a long process of difficulty, informal help-seeking, and frustration on everyone’s part—the child, the family, teachers, friends. In most cases, the clinical psychologist cannot deal directly with the early stages of this process, but enters the picture at the end, after the problem has worsened, become more complicated and difficult to solve. The community approach and this book deal with all that came before.

Clinical psychology did produce the community mental health movement, which served as a kind of launching pad for community psychology. The community mental health movement has been characterized by efforts to deliver services in the local community instead of in a hospital or clinic, to emphasize services other than long-term hospitalization, and to use outpatient services as much as possible. The community movement is also dedicated to the development of innovative services and working relationships with other agencies in the community, for the client’s benefit. We no longer follow the policy of isolating the repulsive deviant in pursuit of some chimical goal of cure. Those adopting the community mental health perspective work to support people in the local community. When hospitalization does occur, the goal of treatment is not to cure illness, but to restore the individual’s equilibrium so that he or she may be returned to the community as rapidly as possible.

This preference for community-based, in contrast to institution-based, treatment constitutes not only a perspective but also an ideology or a set of beliefs that characterize community psychologists. In contrast to the clinical perspective, the community perspective directs
more attention to the conditions of life for the person who is the client. The clinical perspective leads us to be primarily concerned with the person’s inner life and perhaps his or her relationships to family or close friends. The community perspective may incorporate such concerns and interests, but it also leads the helping person to be concerned about living conditions—the availability of housing, employment, recreation, medical care, and transportation. Once the concerns extend far enough to examine the client’s network of support, the community psychologist is focusing on the community, a larger unit than the individual or the family.

Examining successes and failures of mental health practices of the past and present, we become even more aware of the extent to which our service system is embedded in the political structure. An understanding of funding streams is critical in understanding what happens to clients. Especially for the heaviest users of services, those who are seriously and persistently mentally ill, we find that many problems of living are related to welfare policies and laws. In adopting a community psychology perspective, we must use theoretical conceptions that extend beyond those useful in understanding an individual (e.g., diagnostic categories, psychodynamics, traits, and so on) and incorporate larger units of analysis.

Principles of Community Psychology

Community psychology is not only a professional and scientific discipline. It is also a philosophical or value orientation that is applicable to virtually any field or profession. The community perspective challenges traditional modes of thought. It avoids “blaming the victim” for problems or labeling people as “deviant” (chapter 6) and looks at whole ecological systems, including political, cultural, and environmental influences, as well as focusing on institutional and organizational factors (see chapters 4, 5 and 10). Acknowledging that many groups and individuals are suspicious of, or intimidated by, professionals, the community approach encourages client/citizen participation and recognizes the demand for local empowerment, bureaucratic decentralization, and self-help/mutual aid (chapters 9 and 12). It simultaneously stresses the utility of research, not only for theory development, but for program evaluation and policy analysis—and the omnipresence of values (implicitly or explicitly) throughout society and even science (see chapters 11 and 13). An important aspect of the community orientation is its appreciation of the authority of historical and structural contexts (chapter 2). Community psychology values and celebrates cultural diversity (chapter 11). Throughout the book, we show how community psychology emphasizes community and personal strengths and competency, as opposed to weaknesses and pathology.
Some of the viewpoints or theories in the community perspective have been more thoroughly elaborated than others. One important area of theory and research is the human stress process, its environmental causes (and how they can be prevented), how individuals and groups vary in how they cope with it (including the use of family, friends, and others for social support), and what kinds of negative, and even positive, outcomes can occur (Dohrenwend, 1978; see chapters 3 and 7).

Community psychology also emphasizes ecological thinking, which leads us beyond trying to change individuals to consider ways to improve the fit, or interaction, between persons and environments, which can have as important an effect on behavior and well-being as each factor has separately (see chapter 4). The ecological viewpoint requires “a concern with the relationships of individuals to each other as a community; as a differentiated social grouping with elaborate systems of formal and informal relationships” (Mann, 1978, p. x). The community perspective includes a “focus on broader ecological levels than the level of the exclusive treatment of the individual” (Heller & Monahan, 1977, p. 16).

A paradigm shift has occurred in that both the questions we must ask and the methods used to obtain answers have changed (Rappaport, 1977). It is necessary to develop research bases for informed intervention, but it is not sufficient. If psychology and social science are to be relevant and useful for the solution of social problems, then conceptual and research approaches will have to broaden to take into account the historical, social, economic, and political contexts within which policies are developed and implemented (Sarason, 1974, 1981a, 1981b, 1982a).

Although community psychologists tend to advocate social more than individual change, one can have less than radical aims and remain within the community orientation. Most psychologists following the community perspective see it as their mission, not to just tear down outmoded ideas and practices, but to help create or improve service organizations and other institutions. They work to achieve the goals of providing humane, effective care and less stigmatizing services to those in need while enhancing human psychological growth and development.

To make human service organizations more effective and more humane, community-oriented psychologists are interested in creating new settings and services consistent with the ecological perspective. That perspective, and the actions that flow from it, differ from the medical model in which the person in need defines his or her own problem and then seeks out help from a professional helper, most often on a fee-for-service basis. The medical model is useful for many people and for many problems. However, the medical model with its emphasis on highly trained professionals is unable to provide for all in need. Moreover certain forms of care may contribute to the perpetuation of
problems because of the way problems are defined in the medical model as residing exclusively within the boundaries of an individual.

In the ecological perspective, human behavior is viewed in terms of the person’s adaptation to resources and circumstances (see chapter 4). From this perspective, one may correct unsuccessful adaptations by altering the availability of resources. Thus new services may be created, or existing strengths in social networks may be discovered and conditions changed to enhance the use of resources. A good example is the way legal and cultural barriers to resources were eliminated as a result of antidiscrimination and voting rights legislation starting in the 1950s. The increased number of African Americans in professional, managerial, and technical occupations, the increase in income among middle- and upper-class African Americans, and the increased number of African American students in colleges and professional schools can be attributed to the civil rights movement. The increasing number of young, unemployed African American males, the correlated increase in single-mother families, and the concentration of social problems such as crime in certain urban areas can be attributed at least in part to a changing job market and the loss of access to jobs, a critical resource for favorable adaptation (Wilson, 1987). From this perspective, solutions to problems in living do not require more professional therapists; instead community psychologists try to work through a variety of institutions and with people who may not have advanced training in the mental health professions to improve and develop resources. The ecological perspective encourages a search for resources instead of a search for psychopathology. It encourages us to view others as having strengths that may be put to good use in the service of their own development if resources are available. It may not be necessary to undo psychopathology first.

Community psychologists have also rallied around the theme of prevention (chapter 8). The concept of prevention comes from the field of public health. Public health professionals argue that the greatest advances result from preventing diseases instead of treating them after they occur. Deadly scourges have been all but wiped out by inoculations and modern sanitary methods. Our increased average length of life, and our better health throughout a longer fraction of that life span, are both more attributable to preventive than to therapeutic measures. The public health model leads us to seek out the causes of pathology and to act to prevent them by either modifying environmental conditions or strengthening the person. It is not clear that the public health model can be adopted wholly when we deal with social and mental health problems. However, it does provide a set of goals and a way of thinking that direct our attention to issues other than individual psychopathology and its treatment.

The concept of prevention offers different times and places for intervention. It asks us to think about whether it might be possible to
take action before the undesirable behavior actually appears, or in the alternative, learn to position assistance—resources—so that problem resolution can occur very early in the history of a problem. As clinicians we are generally called in after an intolerable situation has developed for an individual or a family. In the preventive perspective, we are encouraged to think systematically about the beginnings of the process that results in a person defining him or herself, or being defined by others, as a “case.”

Preventive approaches also require us to function in new organizational settings. Historically, the setting for mental health professionals was the clinic, the hospital, or the private practice office. In preventive work using the community perspective, it becomes necessary to leave familiar settings and learn to live, work, and adapt in environments that are at best unfamiliar or uncongenial, and at worst may be actively hostile to strangers and to change efforts, no matter how benignly intended. It is necessary to work with and through schools, welfare departments, recreation facilities, the mass media, the legislative and the political process, and people representing many varied interests and values.

Community psychology directs attention to the larger context within which plans are developed and implemented. The possibilities for gaining resources must be carefully evaluated. The political climate supporting one type of programming at one time and another at another time must be understood. What is feasible at one time and under one set of political and economic conditions may often be approached only with great difficulty at another time or under other circumstances (Levine & Levine, 1992). Competition among agencies and groups for the same pool of limited resources becomes a crucial factor influencing what kinds and amounts of resources will be available and to whom. When we adopt the community perspective, our professional concerns necessarily broaden.

In this book we will examine some of the theories and programs in community psychology, and some of the research related to them. We are interested in showing the interrelationships among problems and theories and in trying to develop as systematic a framework as we can for thinking about problems and their solutions. At this point in the development of the field, we can try to convey an orientation and a way of thinking. Hard knowledge is in short supply, and may never be sufficient to satisfy the most “hard-nosed” critics. The problems of interest to this field will persist, however, and we will continue to develop better—if imperfect—ways of addressing them. 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.
Organization of Chapters

The content of the book is organized as follows. The first two chapters establish a philosophical and temporal context for community psychology. Chapter 1 examines the nature and scope of issues and problems facing the field and discusses the implications of a view that asserts that the definition of a problem involves its situational context. Chapter 2 reviews the historical background of this perspective. Chapter 3 presents Barbara Dohrenwend’s unified model of the community psychology field and the various activities it endorses, on which the rest of the book elaborates. Chapters 4 through 7 describe and assess the major conceptual foundations of community psychology, including principles of ecology, conceptions of behavior in a social and physical context, labeling theory, and the increasingly useful concepts of stress and support. These concepts are also used to design programs for those who need long-term assistance with chronic problems.

The remainder of the book gives more attention to applications of community psychology principles while maintaining the focus on concepts. Chapter 8 outlines and discusses community psychology’s perspective on prevention. This chapter pays particular attention to interventions involving individual competence building and interventions to reduce risks in important settings such as schools. Some of the ideas derived from prevention are applied in chapter 9 to the condition of people who need help on a more chronic, long-term basis. Selfhelp groups offer an important alternative to traditional clinical services in the way they conceptualize problems and the nature of their approach to overcoming a problem.

The remaining chapters elaborate on these issues. Chapter 10 considers the problem of change at the level of individual settings and organizations. Creating new settings and changing existing settings are both discussed, along with two illustrative case studies. Perspectives in community psychology also offer insights into the process of change at larger levels. School desegregation, for example, the focus in chapter 11, was a change of nationwide proportions in which psychologists and other social scientists played a relatively important role. Chapter 12 examines the nature of problem definition in a community context and some of the alternative interventions (e.g., within community development there are both professional planning and grassroots organizing models) that follow from different definitions. Chapter 13 completes the book with a community perspective on scientific research and the ethics and politics of intervention. We hope that everyone who reads this book will learn from it, but if we only stimulate the reader to think about these issues our most essential objective will have been accomplished.
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