# **Chapter One**

**Community Psychology**

1. **Introduction**
	1. **Definition of** **Community Psychology**

The term community psychology appears contradictory because the word psychology (the study of individual behavior) seems to contradict the concept of community. Community suggests the idea of persons coming together in some shared endeavor or at least geographic proximity (e.g., groups, neighborhoods, and larger structures).

Let us define the two terms separately.

* ***Psychology***: is a scientific discipline that is mainly concerned with the study of individuals’ behavior, cognition, and emotions.
* ***Community***: refers to a group of people within a larger society having something in common (at least geographic closeness) and act together based on their common interest. The level of community could vary from neighborhood, networks of friends, family, village, voluntary association, university, work group, sport club, religion, ethnicity, to culture. People could belong to different communities.
* **Community Psychology** studies the relationships of individuals with communities and societies in order to enhance quality of life for individuals, communities, and societies through action oriented research. It is guided by its core values of promoting individual and family well-being, preventing harm, sense of community, respect for human right and diversity, social justice, reducing oppression, empowerment and citizen participation, collaboration and community strengths, action-oriented research and social action, and influencing public policy. CP is multidisciplinary in focus.

Community psychology focused on health promotion (‘salutogenic’) rather than responsiveness to problems (rehabilitation). Community psychologists are interested in effective ways to prevent problems rather than treating them after they arise. The field emphasizes promoting healthy functioning for all members of a community rather than intervening when problems develop for a few of those members.

* 1. **Community Psychology Versus General psychology**

There are various differences between traditional applied psychology and community psycholog

The following are some of the emphases of traditional applied psychologists as compared to community psychologists:

* General psychology primarily emphasizes on the individual (blaming the victim). In contrast, CP emphasizes on ecological level (micro, meso, and macro). In CP, problems are seen in terms of context.
* Traditional psychologists rely on the principle of universalism and absolutism. However, CP strongly believes in the principle of relativism.
	+ *Universalism/Absolutism*: refers to the assumption that basic psychological processes are the same across cultures and absolutism refers to. Universalists focus on *determinism* (every behavior is determined by either biological or psychological factors) and *reductionism* (studying behavior by reducing it to lower and simpler parts such as neuron, gene, etc.).
	+ *Relativism*: the assumption that psychological processes are context dependent.
* Traditional psychologists target at reducing *maladaptive behavior* (treatment oriented). On the other hand, Community psychologists are interested in effective ways to prevent problems rather than treat them after they arise. The field emphasizes promoting healthy functioning for all members of a community rather than intervening when problems develop for a few of those members. And they focus their research on factors at the neighborhood, community, and societal level that support or impede healthy development rather than internal psychological processes or biological factors. CP is largely interested at promoting well-being and competence.
* Psychologists generally follow *empirical positivism*, scientific approach. On the contrast, community psychologists are interested at action oriented participatory research rather than on the scientific approach. In addition, CP acknowledges the multiplicity of methods.
* Traditional psychology is bases on expert approach. However, CP primarily relies on the resources of the community and individuals as agents of change.
* Individual based general psychology appears to be “objective” or “culture free”. It follows reductionism (studying deterministic) approach.

***In general, community psychology involves a shift in perspective—from individualistic perspective to structural/ecological perspective. By using ecological perspective community psychologists need to think about how organizations, neighborhoods, communities, and societies are structured as systems and how those systems impact the lives of individuals and families rather than merely blaming the individual and the family.***

* 1. **Historical Development of CP**
* CP emerged in 1950s. However, the strong influence came from civil right movements, human right movements, anti-poverty movements, environmental activists, feminists movement, peace activist, etc. in 1960s and 70s (Harrell, 2006).
* After WWII clinical psychologists started to play secondary role (next to psychiatrists) in treating veterans of the war.
* Professionals became more interested at treating mental health based on ecological models.
* CP developed rapidly because of:
	+ The gap between the scope of mental health and the available professionals.
	+ Dissatisfaction with the medical model.
	+ Recognition of the importance of social environment.
	+ Deinstitutionalization of people with mental health problems.
	+ The Swampscott Conference 1965 decided to applied mental health concepts to CP

***Using this perspective requires you to think about how organizations, neighborhoods, communities, and societies are structured as systems and how those systems impact the lives of individuals and families. In community psychology, this is generally presented as taking an ecological perspective, and that is how it will be discussed in this book.***

* 1. **Boundaries of Community Psychology**

Community psychology theories and research are reflected or directly cited in the work of public health experts, social workers, sociologists, public officials, and other psychologists.

CP shares something with the following disciplines: CP is highly related to critical sociology, public health, philosophy, law, political science, and social work.

***Sociology*.**

* Sociology generally studies the society at large, however, give less emphasis to individuals. Community psychology focuses on the group with individual consideration.

***Social work*.**

* Psychologists give attention to research rather than professional practice. However, social workers focus on clinical intervention with individuals, families, and groups rather than research. Similar to social workers, community psychologists also work with community intervention. However, community psychologists emphasize on research than intervention.

***Public health*.**

* Public health focuses on preventing diseases, accidents, and disability and promoting healthy life among the entire population. Community psychologists borrowed the concept of prevention and promotion from public health and they applied this concept to the area of mental health.

***Philosophy*.**

* Philosophical concepts on the nature of reality (ontology), philosophies of research.

***Law*.**

* The concepts of social justice and inequalities in community psychology are strongly related to law.

***Political science*.**

* Political scientists are concerned with the study of politics, how people use and resist power. Oppression, disempowerment, and empowerment are concepts related to political science raised in CP.
	1. **Roles of Community Psychologists**

Community psychologists can have the following major roles (Nelson & Prilleltensky, 2005; Kloos, et al., 20012).

* *Research and consultancy* on prevention and promotion programs, social services, and social change.
* Developing, organizing, evaluating, and monitoring community programs
* *Alternative setting*: preparing alternative plans, approaches, and strategies when the traditional system fail to address the needs of specific group.
* *Community organizing*: bringing together citizens, community institutions (such as, church, school, police, etc.), and community members to identify problems and address those problems in collaboration.
* *Policy research and advocacy*: conducting research in order to inform the decision makers (government officials) whether oppression, poverty, unemployment, homelessness, drug abuse exist in a community. Community psychology researchers speak on the behalf of the oppressed.
	1. **The core Values of Community Psychology**

**Defining value**

Values are deeply held ideals about what is moral, right, or good. Or they are accepted principles or standards that guide activities of groups or individuals. Values may concern ends (goals), or means (how to attain goals), or both. Similar to individuals, families, communities, and cultures can hold values.

1. **Empowerment and citizen participation**
* **Empowerment**

Refers to enhancing possibilities on gaining influence, mastery, control or power over issues of concern to us (Orford, 2002). It is the processes by which the individual, the community and the larger society as a whole gain mastery over their own affairs, issues.

* It involves gaining access to **resources** and exercising **power** in collective decision making.

There are different kinds of empowerment such as;

* *Psychological empowerment*: enabling people to be able to control/exercise their belief, opinion, and behavior.
* Social empowerment
* Gender empowerment
* Economic empowerment
* Political empowerment
* **Citizen participation**:

Refers to the ability of a community to participate in decisions by larger bodies (e.g., macro systems) that affect its future.

* It is a democratic process of making decisions that allow all members of a community to have meaningful involvement in the decision, especially those who are directly affected.
* It is related to procedural justice. For example, Grassroots citizen groups, neighborhood organizations, should be involved in designing community programs.
1. **Social justice**
* **Social justice**

Can be defined as the fair, equitable allocation of resources, opportunities, obligations, and power in society as a whole.

There are two types of social justices:

* ***Distributive justice***: deals with the allocation of resources (e.g., money, access to good quality health services or education) among members of a population. For example, quality education and mental health services should be provided to all citizens, not only the rich.
* ***Procedural justice***: deals with processes of collective decision making that include a fair representation of citizens. It concerns the outcomes of a program or social policy, while distributive justice concerns how it is planned and implemented.

**Social justice** perspective is often most concerned with advocacy for social policies (e.g., laws, court decisions, government practices, regulations) and for changes in public attitudes, especially through mass media.

Morgan and Vera (2006) states that Social justice is defined as the full and equal participation of all groups in a society that is mutually shaped to meet their needs. Social justice includes a vision of society in which the distribution of resources is equitable and all members are physically and psychologically safe and secure(p.430).

But it can also guide clinical work with members of oppressed populations and research on psychological effects of social injustice or changes in social policy.

1. **Promoting well-being**
* **Well-being**

Refers to positive state of affairs when personal, relational and collective satisfaction is achieved.

* It also refers to a state of *physical and psychological health.*
* Indicators of wellness include symptoms of psychological state and such *measures of positive qualities* as *resilience, social-emotional skills, personal well-being, and life satisfaction*.
1. **Personal well-being**: the need of a person related to self-determination, caring, and personal health.
	* *Self-determination/autonomy*: it is related to human rights, the ability of a person to pursue his/her own life based on his choice. Controlling over one’s own life.
	* Caring and compassion
	* Personal health
2. **Relational well-being**: refers to considering the needs, and desires of others (without contradicting self-autonomy). If relational well-being and personal autonomy contradict, we need to resolve it. Here, the following points are essential:
* Appreciating diversity
* Collaboration: Supportive relationship, horizontal harmony
* Social cohesion: intimate relationship among members of our community
* Sharing power: sharing power to members of the community
1. **Collective well-being**: when the entire community enjoy a quality of life. It is associated with social justice, peace, and protection of the environment.

\* The value of collective well-being centers on fighting *oppression, insecurity, poverty, discrimination, illness, disability*, etc.

1. **Collaboration and Community Strength**

Psychologists serve as researchers, clinical or educational professionals, and organizational consultants; collaborate *with community members*.

* Community psychologists search for personal and community strengths that promote change.
* They need to honor the life experiences, wisdom, passionate zeal, social networks, organizations, cultural traditions, and other resources (in short, the ***community strengths***) that already exist in a community in order to overcoming problems.
1. **Respect for diversity**

This value recognizes and honors the variety of communities and social identities based on gender, ethnic, or racial identity, nationality, sexual orientation, ability or disability, socioeconomic status and income, age, or other characteristics.

* To be effective in community work, community psychologists must understand the traditions and folkways of any culture or distinctive community with whom they work.
* Respect for diversity also must be balanced with the values of social justice and sense of community—understanding diverse groups and persons while promoting fairness, seeking common ground, and avoiding social fragmentation.
1. **Liberation**

Liberation refers to *setting people free from oppression, social bondage, and identification with the enemy*. Liberation also refers to *creating alternative order instead of the status quo*. Liberation is all about serving the need of the popular oppressed people such as, drug addicts, the poor, unemployed, women, mental health survivors, etc.

1. **Holism**

Holism refers to focusing on the whole person including his/her strengths, contexts, and complex relationships. Community psychologists does not rely on specific situation, trait, or attributes of a given person.

1. **Sense of community**

Sense of community refers to a perception of belongingness, interdependence, and mutual commitment that links individuals in a collective unity. Sense of community is a basis for community and social action as well as a resource for social support and clinical work.

***1.7 Goal of community psychology***

* *To prevent or minimize the incidence of psychological disorders.*
* *Understanding individual behaviour in socio-cultural context, assessing high-impact contexts, and working in and with communities to improve their resources and influence over their futures.*
* *To assessing the effects of community contexts on individuals.*
* *Emphasis on community research and community intervention.*
* *To promote social justice and citizen empowerment in varied socio-cultural community contexts.*

**1.8 Characteristics of community psychology:**

The following core principles characterizes community psychology

1. Assumptions about the cause of problems: is an interaction, over time, between person and social power (context)
2. Level of analysis: micro-level to macro, especially at the level of the organization and the community or neighbourhood.
3. Research method: includes quasi-experimental designs, qualitative researches, action researches, and case study methods.
4. Location of practices: **As near as possible to the relevant, every day social contexts**
5. Approach to planning services: Proactive, ‘seeking out’ assessing needs and special risk in community
6. Practices emphasis: **On prevention rather than treatment**
7. Attitude to sharing psychology with others: Positive toward formal and informal ways of sharing including consultation
8. Position on working with other-non-professionals: Strongly encouraging of self-help and non-professionals and seeks to facilitate and collaborate.