The Community Psychologist

Volume 28 Number 3

Contributing Editors

BOOK REVIEWS:
Leah Ganseheimer, University of Missouri
N. Andrew Peterson, University of Missouri

COMPUTERS:
William Hallman, Rutgers University

EDUCATION CONNECTION:
Maurice Elias, Rutgers University
Jim Dalton, Bloomsburg University

CULTURAL AND RACIAL AFFAIRS:
Yolanda Suarez, Loyola University

HEALTH POLICY:
Martin McCarthy, Jr., Northwestern University
Sara Murphey, Edumedia, Inc.

INTERNATIONAL ISSUES:
Adrian Fisher, Victoria University of Technology, Melbourne, Australia
Brian Bishop, Curtin University, Perth, Australia

JOBLINE:
Joseph Ferrari, DePaul University

LIVING COMMUNITY PSYCHOLOGY:
Catherine Ward, University of South Carolina

MEMBERSHIP ACTION:
Rod Watts, DePaul University

NATIONAL PREVENTION COALITION:
Sandra McEhaney, National Mental Health Association

PUBLIC POLICY:
Brian Wilcox, American Psychological Association
Andrea Solarz, American Psychological Association

STUDENT ISSUES:
Stephanie Hoyt Wilson, University of South Carolina
L. Sean Azelton, University of Illinois, Chicago

TRAINING ISSUES:
Catherine Stein, Bowling Green State University

WOMEN'S ISSUES:
Deborah Salem, Michigan State University
Kara Fisher, Duke University

ESSAY SERIES: Bringing Together the History and Future of Community Psychology and SCRA

13 If I Was Doing It Over Again Seymour B. Sarason

14 Understanding Human Environments: A Personal Odyssey Rudolf H. Moos

16 Reflections on the Status and Future of Community Psychology Steven J. Danish

FEATURE: Comparative Community Psychology

18 Introduction to the Third International Feature Adrian Fisher and Brian Bishop

21 Community Psychology in Aotearoa/New Zealand Heather Hamerton, Linda Waimarie Nikora, Neville Robertson, and David Thomas

24 Community Psychology in South Africa Sandy Lazarus and Rachel Prinsloo

27 Community Psychology in Venezuela Maritza Montero

30 Community Psychology in Great Britain Jim Orford

33 Community Psychology in Norway Arvid Skutle

SOCIETY NEWS

36 Interest Group Bulletin Board

39 1994-95 Regional Coordinators

40 Announcements
### Executive Committee 1994-95

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Roger Weissberg</td>
<td>University of Illinois, Chicago</td>
</tr>
<tr>
<td>Past President</td>
<td>Chris Keys</td>
<td>University of Illinois, Chicago</td>
</tr>
<tr>
<td>President-Elect</td>
<td>Irwin Sandler</td>
<td>Arizona State University</td>
</tr>
<tr>
<td>Treasurer</td>
<td>William Davidson</td>
<td>Michigan State University</td>
</tr>
<tr>
<td>Secretary</td>
<td>Meg A. Bond</td>
<td>University of Massachusetts, Lowell</td>
</tr>
<tr>
<td>Student Representatives</td>
<td>Stephanie Hoyt Wilson, University of South Carolina</td>
<td></td>
</tr>
<tr>
<td></td>
<td>L. Sean Azelton</td>
<td>University of Illinois, Chicago</td>
</tr>
<tr>
<td>APA Council Representative</td>
<td>Ed Seidman</td>
<td>New York University</td>
</tr>
<tr>
<td>Members-at-Large</td>
<td>Fabiolo Balcacer</td>
<td>Institute for Study of Developmental Disabilities, Chicago</td>
</tr>
<tr>
<td></td>
<td>Thom Moore</td>
<td>University of Illinois, Champaign</td>
</tr>
<tr>
<td></td>
<td>Rod Watts</td>
<td>DePaul University</td>
</tr>
</tbody>
</table>

### Join SCRA’s E-mail Network

**Greetings! We invite you to join SCRA’s very own e-mail list!** The name of the list is SCRA-L, and it can be accessed by anyone with an e-mail address. Through this list, you can receive updates on current events concerning SCRA. You can also post messages to all SCRA members signed-on the list. We hope that this list will become a forum for discussions within the society, and we encourage all SCRA members to sign-on and participate.

It is quite simple to become connected with other SCRA members on the e-mail list. It requires two steps:

1. **Send an e-mail message TO:**
   
   LISTSERV@UICVM.UIC.EDU.

2. In the **body** of the message, type:
   
   SUBSCRIBE SCRA-L followed by your first and last name with a single space between each word. For example, John Doe could sign on the list by typing: SUBSCRIBE SCRA-L JOHN DOE.

Within 24-hours, you should get a message back from listserv stating that you have been added to the SCRA-L list. If there was any problem with your mail command, it will instead inform you of the problem.

**An introduction to LISTSERV is available!** Once you log on to the list, you can get an introduction to LISTSERV documents with two steps:

1. Send an e-mail message TO:
   
   LISTSERV@UICVM.UIC.EDU.

2. In the **body** of the message, type: GET LISTSERV REFERENCE

A file (LISTSERV REFERENCE) will be sent to you which gives a general introduction to LISTSERV commands and their usage.

**Sending group messages to SCRA members on e-mail.** To post messages to the list members:

1. E-mail your message TO: SCRA-L@UICVM.UIC.EDU.

2. Type and send your message in your normal manner.
   
   The message will be forwarded to all signed-on members.

   If you have any questions or problems, please feel free to send an e-mail message to SCRA’s National Students Representative, Sean Azelton, at L.Sean.Azelton@uic.edu. If you need social support or want to hear a human voice during this process, call Roger Weissberg at (312) 413-1012. Welcome online!

### Membership Information

The Community Psychologist and the American Journal of Community Psychology are mailed to all APA Division 27 members. Students and Affiliate members may receive the Newsletter by sending $15.00 for students and $29.00 for affiliates and members per calendar year to William S. Davidson, Department of Psychology, 129 Psychology Research Building, Michigan State University, East Lansing, MI 48824-1117.

### Mailing List Information

Change of Address notices for Members and Associates should be sent to APA Central Office, Data Processing Manager, for revision of APA mailing lists, as well as to William Davidson, Department of Psychology, 129 Psychology Research Building, Michigan State University, East Lansing, MI 48824-1117.

### Submission Information

Articles, Columns, Announcements, and Features should be typed double-spaced, accompanied by IBM WordPerfect (or Mac, double density) computer disk, and sent to: Jean Ann Linney, Office of the Dean, College of Humanities and Social Sciences, University of South Carolina, Columbia, SC 29208, e-mail: mlney@scarolina.edu.

Deadlines for the issues are: January 1, March 1, May 15, August 1, and October 15.

Opinions expressed in The Community Psychologist are those of the individual authors and do not necessarily reflect official positions taken by the Society for Community Research and Action.
Building a Great Society: Findings from SCRA’s Membership Involvement Survey

Two of my mentors (Emory Cowen and Ellis Gesten) emphasized the importance of providing feedback to people who complete your surveys. Participant-conceptualizers in program development and evaluation typically find that sharing results stimulates informative discussion, new understandings, and innovative directions. In addition, when people see that their efforts are put to good use, they participate more actively and thoughtfully in future invitations to collaborate. Given these views, my second Presidential column summarizes findings from the Membership Involvement Survey included in the Fall Presidential mailing. These data help to guide our efforts to build SCRA into a “Great Society” (Weissberg, Fall 1994 issue).

In October 1994, we mailed a 1-page (2-sided) SCRA Membership Involvement Survey to 767 APA members, 280 non-APA members, and 372 student members (Total n = 1,419). Thus far, 140 people (9.9% of the membership) have returned the survey, including 105 professionals and 35 students. I interpret this response rate from the perspective of seeing the glass as one-tenth full rather than nine-tenths empty. Most important, the 140 people who expressed interest in Society participation represent a wonderful resource. I will link these individuals with relevant SCRA interest-group and committee chairs. In addition, there is the critical challenge of engaging 1,279 members more actively in Society endeavors!

Overall, it appears that the interests and opinions expressed on the survey may be fairly representative of the views held by the broader SCRA membership. It would be wrong to assume, for example, that non-respondents are not interested in being involved in Society activities. An exploratory analysis focused on 63 members who are currently highly engaged in Society activities (i.e., Executive Committee Members, Committee and Interest Group Chairs, Regional Coordinators) indicated that only 16% returned the survey. Perhaps the major differences between the 140 members who responded and those who did not are that the former group is more compulsive about reading and responding to their mail (a person-centered hypothesis!), or had fewer demands at the time the survey arrived in their mail boxes—if indeed the survey was successfully delivered to the correct address (environmental- and system-oriented hypotheses!). The rest of this column summarizes key survey findings and their implications for Society directions and initiatives.

... when people see that their efforts are put to good use, they participate more actively and thoughtfully in future invitations to collaborate.

Welcome to the Communications Age!

One of the more stunning findings reflects the impact of advances in communications technology of SCRA members. Overall, 65% of the respondents provided a FAX number and 51% provided an e-mail address. My first column identified the priority of bringing the Society into the e-mail era. Aided by the hard work and computer wizardry of Sean Azelton (a National Student Representative who is also enrolled in UIC’s Community and Prevention Research Program), we have established three Society e-mail networks.

1) SCRAEXEC permits current members to the Executive Committee and the editors of the American Journal of Community Psychology and The Community Psychologist to communicate more effectively and efficiently about the ongoing details of Society business.

2) SCRA-P is a communication network comprised of Past SCRA Presidents and the Executive Committee (Thus far, 16 of the 26 Past Presidents have shared their e-mail addresses). This network—which is an attempt to foster the continued active involvement of Past Presidents—will make it easier for the Executive Committee to seek the input and wisdom of Past Presidents about major Society issues and initiatives.

3) SCRA-L is the e-mail bulletin board for all SCRA members. So far, there are approximately 140 members on the network, including the 72 respondents who provided their e-mail addresses on the survey. SCRA-L is proving to be a useful forum that provides timely information (e.g., job/conference announcements, requests for community psychology texts and references, SCRA election and award results) and discussion of critical issues (e.g., How can the results of community psychology research be disseminated more widely and effectively to policy makers and practitioners?).

I encourage all SCRA members—especially students—to join the SCRA-L network. Send a message to: LISTSERV @UICVM.UIC.EDU. Then, in the body of the message, type: SUBSCRIBE SCRA-L followed by your first and last name. For example, I wrote: SUBSCRIBE SCRA-L ROGER WEISSBERG. See page 38 of this issue for more details about the sign-up process.

Interest Groups, Committees, and Other Opportunities for Involvement

The Society has 14 interest groups and standing committees that are currently functioning, and two new groups that are in development (i.e, Disabilities; Lesbian, Gay,
and Bisexual Concerns). These groups are listed below with the number of survey respondents who expressed interest in learning more about them. The telephone number of each Committee Chair is also listed. I mailed each contact person a list with the names and addresses of all interested SCRA members. Ideally, they will communicate with you to supply information about current activities and proposed goals for two organizational planning meetings to be held at the Biennial Conference on June 14 and 16, 1995. If you haven’t heard from them, I urge you to call them directly to mobilize action.

79-Prevention—Jean Ann Linney (803) 777-7161 and Irwin Sandler (602) 965-7420
62-Children and Youth—Mark Aber (217) 333-6999
42-Community Health—Rich Jenkins (301) 294-1880, x1125
42-School Intervention—Marsha Klein (203) 789-7645 and Joseph Zins (513) 556-3341
41-Racial and Cultural Affairs—Yolanda Suarez (312) 508-2961 and Randy Potts (901) 448-6378
36-Women—Marion Terenzio (518) 270-2221 and Marg Schneider (416) 431-1639
34-International Community Psychology—Fabricio Balcazar (312) 413-1646
30-Self-Help/Mutual Support—Keith Humphreys (415) 493-5000, x2814
27-Stress and Coping—Fran Norris (404) 651-1610 and Manuel Barrera (602) 965-7296
27-Increasing Undergraduate Awareness in Community Psychology—Kim Kobus (312) 996-3036 and Eden Avery (404) 370-0120
21-Rural Psychology—Michael Blank (804) 979-8372
17-Disabilities—Glen White (913) 964-4840
12-Lesbian, Gay, & Bisexual Concerns—Interim Contact: Meg Bond (508) 934-3971
11-Aging—Margaret Hastings (312) 663-0040

Members also expressed the desire to become involved and support the Society’s efforts in other important ways.

57-Review articles for AJCP—Ed Trickett (301) 405-5893
38-Review proposals for the 1996 APA Convention—Fabricio Balcazar (312) 413-1646
36-Review proposals for the 1997 Biennial Conference—Roger Weissberg (312) 413-1012
9-Serve as a Regional Coordinator—Andrea Solarz (202) 336-6067 and Carolyn Feis (202) 512-3864

Reactions to Society Publications
Below are two relevant survey statements about Society Publications with the percentages of members who agreed or disagreed with them.

I am satisfied with the American Journal of Community Psychology.

Strongly agree 22%
Agree 66%
Disagree 11%
Strongly disagree 1%

I am satisfied with The Community Psychologist.

Strongly agree 40%
Agree 55%
Disagree 4%
Strongly disagree 1%

Overall, these reactions are quite positive, but there remains some room for improvement. The two scholarly, energetic editors of these publications (Ed Trickett/AJCP and Jean Ann Linney/TCP) are eager to receive constructive suggestions about ways to improve them. In addition, the SCRA Publication Committee—chaired by Chris Keys—is focusing on ways to advertise AJCP more aggressively, accelerate the publication schedule of AJCP, and make publications more responsive to the needs of community practitioners. In addition, there is excitement with Jean Ann Linney’s plan to publish The Community Psychologist five times rather than three times per year.

Updates on the Biennial Conference
The Fifth Biennial Conference for Community Research and Action will take place in Chicago from June 14 to 17, 1995. The positive, enthusiastic reactions to the Conference have been extraordinary. We are thrilled with the fact that there will be three outstanding keynote speakers, nine critical issue groups, almost 200 posters, and more! In response to the survey question about plans to attend the Conference: 43% said they will attend, 34% indicated they might attend, and 23% stated they couldn’t make it. By the time you read this column, you should have received the program in the mail. Please submit your registration materials and contact the Bismark Hotel to make lodging reservations by May 1, 1995 at the latest. There are lots of events—although none are more important than the Biennial!—that take place during June in Chicago. We have been warned that people who wait until the last minute to reserve hotel accommodations may have difficulty securing rooms at the reasonable rates the Conference Planning Committee has negotiated.

A Final Comment about Open-ended Responses
One of my joys in sending this membership survey involved reading the comments and suggestions that members and friends offered about how to make SCRA a Great Society. About 99% of these comments were constructive and 1% appeared “psychotic!” Although space limitations prevent me from summarizing the many beneficial suggestions, I assure you that I considered them all, and the Executive Committee was influenced by many at our recent Midwinter Meeting. In contrast, there was one recommendation—that was completely rejected—from a member who wrote: “Re-elect R. Weissberg as SCRA President. Down with term limits!” Never has it been so easy for me to differentiate a constructive comment from one that is out of touch with reality!
Over the past several decades, dramatic changes have occurred in family life throughout the nation. Increases in divorce and out-of-wedlock births have contributed to the growing number and proportion of children who live in single-parent homes; many of these children receive little or no financial support from their noncustodial parent (House Comm. on Ways and Means, 1994). Since 1970, the number of female-headed families with children increased by 164 percent (House Comm. on Ways and Means, 1994). In 1993, 1.2 million children were born out-of-wedlock in the United States. These changes reflect the growing need to improve child support enforcement efforts.

Traditionally, states have had primary responsibility in the area of family law, including child support enforcement. However, Congress has assumed increased responsibility for child support enforcement largely as a measure to help control federal spending on the Aid to Families with Dependent Children (AFDC) program. Along these lines, in 1975, Congress passed Title IV-D of the Social Security Act, which established requirements for state programs aimed at locating absent parents, establishing paternity, obtaining support orders and collecting support payments. Under Title IV-D, each participating state (all fifty states participate) designs its own plan for a child support enforcement program based on state laws and procedures which are in substantial compliance with the federal regulations. Many of the recent amendments to Title IV-D require states to supplement or replace traditional case-by-case judicial procedures for enforcing child support orders with more system-wide administrative procedures aimed at improving the efficiency and effectiveness of efforts to collect child support. Recent federal welfare reform proposals also reflect this trend toward more systemic, administrative approaches to child support establishment and enforcement (Work and Responsibility Act, 1994). Overall, these policy changes are an outgrowth of increased public dissatisfaction with existing child support enforcement efforts.

In an attempt to come into compliance with new federal standards, both in the area of child support enforcement as well as other areas of social services, the state of Nebraska adopted a Welfare Reform Act (1994). Many aspects of the Welfare Reform Act (1994) went beyond the federal requirements by providing for the establishment of special committees to study novel proposals for welfare reform. One such special committee was the Governor’s Child Support Study Committee. The Committee consisted of twenty community members representing the Departments of Social Services, Health, Labor, Revenue, Motor Vehicles, Administrative Services, the State Court Administrator’s office, and representatives of county attorneys, clerks and judges of the district court, custodial and noncustodial parents, the Nebraska Bar Association, and the Nebraska Bankers Association. The Committee’s purpose was to study and make recommendations regarding the feasibility of proposals for reform of the state’s child support enforcement system.

Recognizing the potential difficulties of bringing together twenty diverse (and sometimes adverse) interests and attempting to work toward a consensus for recommendations on emotionally charged issues, the Department of Social Services approached the Center on Children, Families, and the Law (CCFL) for assistance in coordinating the Committee’s efforts. CCFL is a department of the University of Nebraska closely associated with the Nebraska Law and Psychology Program and employs a number of psychologists including community and community-minded psychologists, several of whom have legal training. In the remainder of this column, we will provide an overview of CCFL’s role in reforming Nebraska’s child support enforce-
mulation. The values guiding policy development in this area were those of the democratically elected legislators rather than those of the Committee members or the CCFL. Emphasizing this point was critical both from the standpoint of helping to keep the Committee members focused and of maintaining the credibility of the CCFL in this highly partisan arena.

Our second concern was getting twenty diverse individuals including lawyers, non-lawyers, business people, public servants, and public activists up to speed on the legal and social issues the Committee faced. We began this process by providing a presentation on the background of child support legislation in Nebraska and other states at the initial Committee meeting. In this presentation, we outlined each of the seven specific proposals before the Committee. We then divided the Committee into eight subcommittees—one for each of six proposals and two for the seventh proposal. Committee members chose the subcommittee or subcommittees on which they would work with the sole guidance that each of them had been chosen by the Governor to sit on the Committee because of their special expertise and that they should assume subcommittee assignments that would best utilize their expertise.

The seven proposals focused on the following areas: (1) adopting administrative processes to supplement the existing and often sluggish court-based system of child support enforcement, (2) establishing a centralized registry for newly hired or rehired employees in an effort to track parents who change jobs frequently to avoid child support obligations, (3) creating an administrative lien against the bank accounts of parents who owe child support, (4) allowing for the suspension or revocation of professional and motor vehicle licenses for parents who owe child support, (5) intercepting or requiring disclosure of certain prizes and winnings for child support enforcement purposes, (6) adopting a conciliation system to replace aspects of the current adversarial approach to issues of child support, visitation and custody. The conciliation proposal, which proved to be the most controversial and emotion laden for both committee members and members of the public, drew most heavily upon social science research.

The purpose of adopting conciliation procedures is to streamline the system while remaining responsive to the complexities in this area of family law. However, non-custodial parents often view any new procedures as strengthening the means by which non-custodial parents are held accountable for paying court-ordered child support but doing little or nothing to ensure the visitation rights of the non-custodial parent or to ensure that the child support monies are actually expended for the benefit of the child. As a matter of law, payment of support and visitation are independent. Yet the payment of support and visitation are intimately linked both empirically and in the minds of parents (Thompson, 1994). Fathers who have visitation rights and regularly spend time with their children are more likely to pay support than fathers who are denied visitation rights (Thompson, 1994).

We saw first hand the intimate and complex relationship between visitation and support payments. All Committee meetings were open meetings, and an opportunity was provided for public comment at each meeting. The public commentary was more often directed toward issues of visitation and the custodial parent’s spending than any other issue. The public comments were usually highly emotional, involved personal experiences, and came from non-custodial as well as custodial parents. Such commentary was useful in informing Committee members about which issues were of critical importance to the public and in providing the public with a sense of participation in the process. However, the commentary often severely slowed the proceedings because large numbers of citizens attended the meetings and most of them wanted an opportunity to tell their story. Consequently, we had to strike a reasonable balance between providing an open and democratic forum and providing an efficient and effective forum. Although we tried to avoid limiting the number of people who were allowed to voice their concerns, often, this meant limiting the time that a member of the public was allowed to speak.

After hearing the public testimony and reviewing the legal and social implications of the Governor’s proposal, the subcommittee on conciliation recommended the adoption of a non-binding mandatory mediation process as well as a process to provide for expedited handling of matters pertaining to visitation interference. The proposal to establish an administrative procedure to provide for an accounting by custodial parents of their use of child support monies was rejected, largely because of the potential for its use as a harassment tool.

The final Committee report submitted to the Governor, the Nebraska State Legislature, and the Governor’s Welfare Reform Round Table supported its recommendations with relevant social science research and scholarship. We were able not only to provide the Committee with such information, but also to ensure that it was utilized in a responsible and accurate manner. Although the case for administrative procedures was strong from an empirical standpoint, the recommendations were up against Nebraska case law finding previous innovations in this area in potential conflict with the Nebraska Constitution. This conflict of empirical evidence and state constitutional law highlights the difficulty of bringing social science to an arena controlled primarily by legal precedent and not by empirical evidence.

Community Psychology and the Resulting Legislation

Throughout our work in coordinating the Committee’s efforts, we emphasized participatory decision making. Although this approach was often difficult and time consuming, we believe that the value of a community oriented approach was reflected in the quality of the final report. The report, which detailed the recommendations of each of the subcommittees, was largely drafted by CCFL and included literature reviews done by graduate research assistants as supporting attachments. The final report was well received by the Governor’s Welfare Reform Round Table, and CCFL received several letters from government officials commending our participation in the project. Ultimately, the Nebraska Department of Social Services requested that

Backlash is a graphically detailed account of how American women have been defined by their male dominated culture. Faludi powerfully articulates the feminist agenda and the backlash phenomena which prevents attempts to negate its advances. According to Faludi, "Feminism's agenda is basic: It asks that women not be forced to 'choose' between public justice and private happiness. It asks that women be free to define themselves—instead of having their identity defined for them, time and time again, by their culture and their men" (p. xviii).

Faludi defines backlash as "a powerful counter assault on women's rights" (p. xviii) and describes the backlash of the 1980's as a period of increased antifeminism in direct response to perceived feminist gains. She sets forth two important, recurring themes throughout the book. The first involves the three sequential steps which establish a backlash, i.e., the antifeminist sentiments held by religious leaders, which infiltrate the federal government, before they are spread by our popular culture. The second theme is that while backlash is born out of fear of future feminist gains, defense against such fears is in devaluing past gains.

In the first part of the book, "Myths and Flashbacks," the author systematically dismantles three commonly held myths about women's abilities, specifically their inability to find a spouse, economically survive a divorce, and conceive on demand. To refute the fourth myth, that single women were more depressed in the 80's than in prior decades, is tougher without past studies; however, Faludi suggests that the impact of the backlash has given them reason to be depressed. Part I concludes with a historical analysis of backlash periods that have occurred throughout American history.

In Part II, "The Backlash in Popular Culture," media participation in creating the backlash period is discussed. Faludi attributes antifeminist nomenclature such as "man shortage," "biological clock," "the mommy track," and "postfeminism" to the press, and says that the ultimate insult was in the portrayal of women as having achieved equality and being miserable about it. These notions of women were incorporated into the decade's movies and television shows. She cites multiple examples of the media's portrayals of single women as the afflicted, disenfranchised, or dead, or as brainless beauties. Finally, Part II addresses the contributions of the fashion industry to the backlash, and discusses media-promoted cosmetic surgery and what it has cost women in human suffering.

Part III, "Origins of a Reaction: Backlash Movers, Shakers, and Thinkers," focuses on the origins of the 1980's backlash. Faludi credits the Reagan administrations' "New Right" movement to giving expression to "the central argument of the back-
lash—that women’s equality is responsible for women’s unhappiness” (p. 230). “New Right” women, by gaining access to positions where they could espouse their own feminist ideologies, were able to launch antifeminist campaigns promoting the idea that feminists were materialistic, immoral, and put their own self-worth above that of the family. They helped to elect the Reagan administration, who were eventually responsible for disassembling government structures that were previously concerned with women’s issues. While the Reagan administration was “chilly for New Right women, it was poisonous for feminists” (p. 259). Faludi asserts that surviving the Reagan era, being ignored in the 1988 presidential election, and suffering the 1989 Webster decision restricting access to abortion, has currently left feminists angry. Part III concludes with a discussion of neo-conservative and neo-feminist groups, who Faludi holds responsible for finishing what the “New Right” started. For example, when television talk shows were no longer interested in interviewing “New Right” leaders, they turned to academicians and popular writers who professed a philosophical neutrality in assessing feminist ideology. In reviewing the efforts of nine of these neutral authorities, Faludi suggests that they too were stakeholders in the outcome of the feminist movement and misused data from feminist-oriented studies to further their own careers.

Part IV, “Backlashings: The Effects on Women’s Minds, Jobs, and Bodies,” examines the mental, economical, and physical effects of the backlash. For example, Faludi says that “pop psychology” targeted single women mentally by mass producing therapy sessions and best selling books on the shortcomings of feminism. Among other things, these publications instructed women to marry and to have children before it was “too late.” She also points out that “masochistic personality disorder” (i.e., women like to be battered) and “premenstrual dysphoric disorder” (implying that the disorder is mental rather than physical in origin) have recently been added as provisional diagnoses in the appendix of the DSM III-R. Unlike other provisional disorders, these two diagnoses have become insurance reimbursable conditions. In this section she also addresses the misrepresentation of economic opportunities and pay status for working women, and the physical effects of the backlash such as the inaccessibility to safe and legal abortions and a male-defined dominance over women’s bodies. No one has better articulated the physical hazards women face just because they are women.

In the Epilogue, Faludi is unrelenting in her opinion of the horror women have experienced as a result of the 1980’s backlash, but she urges us to remember that while gender bonds can be used to hold women back, they can also be used to promote beneficial growth and change. However gloomy the 1990’s feminist forecast is, Faludi encourages feminists to struggle on, because “no one can ever take from the American woman the justness of her cause” (p. 460).

The primary strength of this book is Faludi’s insistence on placing the 1980’s backlash in a historical context making it possible for us to look at the cultural act of defining women through an ecological perspective. More critically, due only to the unsettling nature of the subject, the book was often difficult to read. Faludi’s clever use of dialogue, however, helps to pull the reader along. In fact, even those who would disagree with Faludi’s assumptions and assessments would find it hard to put the book down. The second criticism is that the book concluded on the downbeat note suggesting that the 1990’s may not be the decade of feminist advances, while I disagree and believe strongly that advances will occur.

Reviewed by Cynthia G. McNiel
University of Missouri-Kansas City


This latest collection of essays by Seymour Sarason is a rich resource for deep thinking about germane topics that often are not considered by community psychologists or when considered, put aside. The book consists of reflections on eleven distinct and different topics, only one of which has been published. Essay Four was as an invited centennial address at the American Psychological Association meetings in 1992. It was subsequently published in AJCP, 21(2), 185-202 as: American Psychology and the Needs for Transcendence and Community.

In Essay One, the title of the book, Sarason illuminates those aspects of Freud’s contributions which have endured. The tribute is a rebuttal to those who have banished Freud without appreciating his far reaching contributions. After presenting a compact appraisal of Freud’s contributions, Sarason adds his major criticism of Freud, namely the absence of the social matrix as a source of explanation for behavior. Sarason reminds us once again of the power of larger social forces, such as the industrial revolution, which “ensured a revolution in the family and everything else in the social matrix.” (p. 19). In closing the essay he offers a challenge that requires increased attention. “Psychological theories are about encapsulated individuals in very encapsulated settings. It would be more correct to say that the theories are about parts of people, a fragmentation isomorphic with the social matrix.” (p. 19-20).

In Essay Two, Posterity The Cruelest of Critics, Sarason focuses on American psychology, and points to the negative consequences of specialization of our field, and writes about why it is difficult to have a common core of topics and subjects in the field. For example, Sarason believes that an American cultural value for individualism is a powerful social force which limits the time faculty devote to examine fundamental educational objectives that would lead to a common core.

In Essay Three, stimulated by published biographies of Henry Murray and of Christina Morgan, Sarason details Murray’s efforts to go beyond individual analysis. For Sarason, Murray’s work is also an indictment of American psychology’s focus on the individual.

He ends the essay with a hypothesis that can stimulate more than one doctoral dissertation on the history and the sociology of science.

“I offer the hypothesis, well illustrated in the Murray and Morgan biographies, that among the wealthy who served as conduits to America for psychoanalysis, there was a hunger both for novelty and excitement, and for life’s meaning. They were people dissatisfied with American puritanism and values they saw as confining and frustrating. Psychoanalysis was a magnet, an answer, a justification for departing from tradition and conventional life styles” (p. 75).

Readers of The Community Psychologist are no doubt familiar with Essay Four, in which he challenges the field of psychol-
ogy for not considering the need for transcendence as a vital part of life. "Must we resign ourselves to a modern psychology that is completely a reflection of modern living? Was our fall from earthling grace a manifestation of modern psychological theory?" (p. 99).

Essay Five reviews five core American values (optimism, superiority, pluralism, individualism, and interconnectedness). This is a must chapter for community psychologists, for it compels us to examine our cultural support systems and our cultural assumptions—which we usually take for granted, often do not discuss, and seldom analyze. This chapter is particularly salient for understanding the constraints on designing preventive interventions which are often based solely on concepts of individuals.

Essay Six is Sarason's discovery of a businessman, Alexander Bryan Johnson, from Utica, New York, who in the nineteenth century published a treatise on language. Johnson's tenets have held up—and are taken seriously by philosophers and linguists today. Johnson's work is most salient for community psychology's research activities. For Johnson suggested that there is a subtlety, complexity and mystery about a person's relationship to others—that cannot be grasped by one measure, particularly one measure of individual characteristics.

Essay Seven, Explaining the Sixties, is important as an elaboration of the historical times which generated the community mental health movement and the Swampsott/Boston Conference on Psychology and Community Mental Health (May 4-8, 1965). This is a particularly rich essay which gets at the events prior to the sixties. Sarason identifies a substrate for values—that became part of the new world view—such as "what we want and expect out of life we will want, not in a distant future. ... We are morally obliged to prevent our children from experiencing what we have experienced and continue to experience" (p. 151-152). As catalysts for these values Seymour cites (1) the 30's depression, (2) Pearl Harbor and World War II, and (3) the G.I. Bill of Rights. He also includes two events of 1948, the publication of B. F. Skinner's Walden Two and the publication of the Kinsey Report on male sexuality—which Sarason posits gave hope and curiosity that there was a new basis to think and act in new ways. Sarason argues that all of the above factors contributed to an era of personal redefinition—where person's generated higher expectations to move beyond societal views for them... "blacks, women, gays, religious people (e.g., catholics and their church) nurses, artists (e.g., abstract expressionists) and youth began to redefine who they were" (p. 167). These social forces, and events, serve as an "unconscious" world governing our lives, that is unrecognized in psychological theory. Sarason's charge to us is to focus on a personal—transactional/historical world view as a preferred basis for understanding behavior.

Essay Eight, "Leadership and Machiavelli," is a common sense discussion of the realistic aspects of what it takes to be a leader. Sarason notes that after World War II a demand for participatory democracy increased, where leaders began to consider that followers had needs and rights. Sarason finds that "what is missing (in the research since then) and bothers me is how little there is on the phenomenology of leaders, that is the psychological transformations experienced in their roles, how the nature of the role engenders conflicts about what one should do, how one should do it, and how to justify what one wants to do or actually does when what one does is a violation of the democratic ethos as one's personal moral code or even the obligations of courtesy" (p. 195-196). This is a compelling statement for re-directing inquiry on leadership. To help the reader dig into this topic he presents a compelling discussion of Machiavelli, who it turns out should not be reviled, but appreciated for his realistic and insightful grasp of the topic.

For Essay Nine, he focuses on the genesis of difficulties in education. Sarason asks the question: "When you review your experiences as a student, what were the characteristics of those instances when you felt a sense of insight, or of growth, or what may be called productive learning—the feeling that you have learned something causing you to see yourself and the world differently, be that difference personal or intellectual or both?" (p. 203). As you might guess, the responses are almost always a puzzled silence. Sarason gives a detailed exposition of the root problem, namely that classrooms today are organized on the basis of a wrong conception of productive learning. May we faculty read this essay and free ourselves to chart new educational structures.

Essay Ten on Deinstitutionalization is written with a reference to his first position at the Southbury Training School along with his observations on the contemporary scene. A major thesis of the essay is that the very existence of institutions for the mentally ill and developmentally disabled "short-circuits the capacity to come up with bold and creative alternatives to institutionalization" (p. 226). Sarason argues, consistent with his presentation in other books, that "research on how settings are created will ultimately have a more beneficial impact on the quality and varieties of residential care than any other single thing we might do" (p. 229-230).

The closing chapter is a poignant, painful discussion of the limitations in the health care system. His trenchant analysis and his expressions of pain with personal experiences, involving his mother, and his own recovery from an auto accident which killed Esther, his wife of fifty years, gives us more than a glimpse of the pervasive inhumane, inadequate, treatment when we are in the role of "patient." He points to the systemic forces that operate within hospitals and institutions and which governs the education, training and evaluation of health professionals. He charges that there is no morality for contemporary health care.

Each one of these 11 essays is a gem that includes an analysis of a significant professional, or national issue. Throughout all the essays Sarason presents vivid examples, of why the study of historical processes is more than apt and why an analysis of personal transactions is essential. Both of these transcending ideas are not a surprise for the avid Sarason reader. But these theses become more valid and more pressing after reading these essays.

A treat when reading this book is that we learn who Sarason reveres. This gives us an additional opportunity to gain new insights as we read the works of historian Hugh Trevor-Roper, psychologists Henry Murray, John Dollard, Roger Barker, Wendell Garner; sociologist Robert Nisbet; the quintessential essayist of America, Alexis de Toqueville; anthropologist Thomas Gladwin; philosophers George Santayana, William James, D. Schwartz, and the writings of H. R. and A. P. Turnbull. Sarason makes it possible for each of them to become part of our historical treasure of ideas for community psychology. I recommend this book as a source of inspirations and insights, and a challenge for community psychologists to embrace in our work the pivotal themes of history, context and morality.

Reviewed by James G. Kelly
University of Illinois at Chicago
Community Psychology Training: A Story of Fireman Small

In the middle of town, where buildings stand tall
There lives a little man called Fireman Small.
The only firefighter this side of the bay,
Fireman Small works night and day.

-Fireman Small
Wong Herbert Yee

Those readers without two year olds may not know the story of Fireman Small. Each time Fireman Small “walks upstairs one step at a time” to go to sleep, he is called to do his job. In a day’s work, Fireman Small gets the cat down from the tree at Farmer Pig’s Farm, rescues Little Bunny from the well, and singlehandedly puts out a blazing fire at Bakerman’s store. Yet, the only firefighter this side of the bay is not without social support. In fact, just as he climbs into bed for the fourth time, his friends stop by to thank Fireman Small for all of his help that day. We leave Fireman Small “pulling the covers over his head,” a tired, but recognized member of his community.

I like Fireman Small. I think he has a place in training community-oriented psychologists. As President of the Council of Community Psychology Program Directors, I am struck by the variety of university programs where community research and action are demonstrated. In describing the structure of their programs, some training directors take understandable pride in discussing the significant number of community courses and practica that their programs offer. Yet, many program directors apologetically explain that their programs offer only a seminar or two explicitly devoted to issues in community psychology. Some community psychologists have dropped out of the Council stating that they have “no community psychology program to speak of” since they are the only faculty members in their departments who do community work. I worry that there is an implicit assumption that more courses and practica in community psychology are synonymous with “better” outcomes for students and for the field.

I would hate for our discipline to automatically equate the institutionalized structure of community training programs (e.g. the number of community courses a program offers or the size of its community faculty) with setting factors that foster learning and commitment to the values and techniques of community psychology. I submit that many community programs have a lot in common with the story of Fireman Small. One or two faculty members who “represent” a community psychology perspective and do research and teaching consistent with community values is characteristic of many of our training programs. Faculty in such programs may offer an alternative voice and way of thinking about what students should be learning and doing in graduate school. Perhaps community-oriented faculty sometimes capitalize on their small numbers or “non-mainstream” roles in their departments to demonstrate to students how to change the department status quo, create new educational opportunities and resources, or how to just plain “work around the system.”

As educators, training women and men to be good “Fireman Smalls” may be a large part of what we do and should be doing. Whether in academic or applied settings, community-oriented psychologists are often people who bring alternative approaches to dealing with intractable social problems. Although there may not be a high concentration of like-minded people near by, community psychologists, like Fireman Small, somehow try make things a little better. The techniques of the two may differ, as a community psychologist might have helped foster better daycare alternatives so that Little Bunny would not be playing near the well, or may have helped to empowered Farmer Pig to rescue his cat himself. But chances are that “Community Psychologist Small” is tired at the end of the day, and may even be appreciated for his or her small, but purposeful activities.

I feel that meaningful discourse about community training starts with occasions to learn about and appreciate the ways that community-oriented faculty operate in their university settings and how students in those settings have come to embrace community approaches. What is missing for me from typical “surveys of community training programs” are stories from students and faculty about how they have come to understand what they are doing. Perhaps this column on training can provide one small opportunity to exchange stories about what we learn and what we do.

I would like to invite readers of The Community Psychologist to share their feelings and experiences about their community psychology education. As a starting point for discussion, I am hoping that readers might reflect on their current or previous experiences and respond to one or more of the following questions:

• As a graduate student, can you describe a person, event, and/or set of experiences in your training that helped you to “decide” on community psychology?

• As a faculty member, can you describe how you try to demonstrate community psychology principles and techniques to your students?

• What factors in your educational setting would you identify as most important in creating and sustaining a personal commitment to community-oriented research and practice?

These are general issues that I personally wonder about when I consider community training, but please feel free to describe other thoughts and experiences you may feel are more relevant to community education. Please don’t feel that you need to be currently involved with graduate education as a student or faculty member to share your experiences. You may wish to respond to these issues from reflections on your own graduate education or respond to what is important in community training given your work in the field. It is important to me if you could give a little context to help understand your views, such as descriptive information about yourself or some brief information the nature of the training program you are using as a reference point for discussion. If pos-
Dialogue on Mentoring: The Students' Perspective

Leonard A. Jason, Trina M. Haney-Davis, Mike T. Ropacki, and William D. Billows
DePaul University

In 1991, I was honored with the Division 27 Minority Mentorship Award. Because I received this award, Maurice Elias asked me to write an essay on mentoring. I asked three of my recently hired employees: Trina, Mike and Bill, to aid in verbally describing the mentorship process. They had joined my team in order to gain experience in action oriented community research before applying to clinical-community graduate programs. By seeking information from students early in our relationship, I felt it could help me better understand what they wanted in a mentoring relationship.

Before turning on the tape recorder, we all sensed the conversation was risky; however, we agreed to participate in this unhearsed, spontaneous exchange of viewpoints.

Lenny: I thought we could start by finding out what you feel are some characteristics of a good mentor?

Mike: The most important thing mentors provide is support. A mentor is there for support when times are good and when the times are bad. Another important aspect of being a great mentor is not allowing their personal biases to affect your decisions. They will lay out your options and let you forge the way guiding you subtly, but not pushing you in any one direction.

Trina: I agree, it is good to have help, but the best mentors I have experienced allowed me to attempt it myself, then helped me with corrections or later showed me a better way to accomplish something.

Bill: A mentor's help is valuable, but a mentor needs to have something to teach you. Some mentors I've had are not willing to help or they cannot help you advance your knowledge of a particular topic.

Lenny: Are there other things that you would not want a mentor to be doing, that might interrupt what you hope to accomplish and how you feel in your job?

Trina: The worst thing a mentor can do is discourage you from an area you have not attempted, because you may never find out for yourself if you like the area of interest or not.

Bill: Yes, if you have a mentor with personal biases, they may push their values on you. If a mentor gives his opinion, I listen, then choose the final decision based on all the information.

Mike: I agree and will add communication. Communication is a big part of mentorship. If there is not good communication between you and the mentor, it creates problems.

Trina: I also feel a good mentor is approachable. In the past, I've had problems feeling my mentor was not someone I could ask a basic question for fear of

References
appearing unintelligent.

Lenny: What types of things would a mentor do to make you feel unintelligent?

Mike: If a mentor were very class oriented, where you have to address them in a certain way, use the most accurate of terms, and when speaking to them they constantly correct you, it could create a class division and communication problems.

Lenny: It sounds like communication is important, to be able to talk to your mentor and have some type of open access of thoughts. How can you open communication when you have things you wish to relate to your mentor?

Bill: Some people can find themselves in over their head and they need to ask for help. A good mentor understands some situations require assistance and is willing to help you.

Trina: It is difficult to approach a mentor when I’ve fallen short of my goals and do not wish to tell them. But a mentor can do things to make themselves appear more approachable. They can show interest in you as an individual, and talk about other areas in your life.

Mike: One thing I’ve always thought as an ideal, is a mentoring relationship where you can sit perhaps away from the school situation, over coffee or something and talk. You could just chat about either school or other things as well. Just develop a bond, a friendship.

Lenny: I hear you all saying support and knowledge are important characteristics for a mentor to possess. But as important, if not more important, is for the person to be your friend.

Bill: Right, they do not have to be your closest friend but it’s definitely someone you respect; it’s about having mutual respect and a rapport of cooperation.

Mike: I agree. It is someone whom I want to see and speak with as a friend. I called a mentor last week just to say, “Hi, I’m in Chicago now, this is my address and my phone number.” Caring, caring is a big part about being a good mentor.

Trina: And once a relationship is established you accomplish your best work, because you want to work hard, and you want to impress the person whom you have so much respect for.

Lenny: So both groups win. If the mentor can provide that type of support and caring then the students are going to do better and be more invested in their work.

Is there anything we have not covered that anybody wants to mention?

Trina: It is important to remember that everyone has something to teach you, and you have something to teach everyone. You are a role model.

Mike: Also, a good mentor will see your weaknesses and shortcomings. They can relate those areas on to you and try to help you develop more fully toward your potential.

Lenny: I want to thank you for sharing your thoughts and feelings.

As our group later reflected on this conversation, we realized the bases of the mentoring relationship rests on students feeling valued and accepted by a mentor. The connection, the friendship, and feelings are central, and the statistical expertise and experimental approaches, however important, are clearly secondary. In addition, the issue of quality time is critical. A mentor needs to have the time to invest in the individual, and each moment within the time can be very special. Every word and nonverbal gesture has an affect on the relationship. Mentors need to look at these more subtle processes if we are to understand our influence and affect on students.

Our Division was founded to encourage efforts to do research and practice that rely on active involvement and participation with our collaborators. The community approach is more egalitarian, it has more horizontal organizational structures, and it is willing to share rather than control resources and power. Our group felt that this exercise on mentoring captured the spirit of active participation and collaboration.

---

**Essay Series**

Maurice J. Elias, Editor
Rutgers University

In the Fall 1994 issue of *The Community Psychologist*, readers were treated to essays from 10 of our past award winners and other distinguished contributors to the field. To allow for the continued “presence” of the award winners in the minds and hearts of current SCRA members (especially those who are current students and new professionals), we are continuing to feature similar essays. The present group of writers—Seymour Sarason, Rudy Moos, and Steve Danish—have given you very personal accounts of their views on our past and future, and areas where they believe our efforts should be directed with greater purpose. I invite you to read and to become inspired; dialogue with these authors, contact your local, regional, or national SCRA representatives, and become involved.

All past winners of any Division 27 or SCRA Award or any Past President are welcome to contribute to this series. If you did not get the request to participate or you now feel you would like to do so, please write to me at your earliest convenience and we will put you in the queue. Please contact Maurice Elias at the Department of Psychology, Rutgers University, Livingston Campus, New Brunswick, NJ 08903 (Fax (908) 445-0036).
If I Was Doing It Over Again

Seymour B. Sarason
Yale University

Having lived through the early years of community psychology I find the field somewhat unrecognizable. Predictably, those changes have their pluses and minuses but I shall refrain from elaborating on that here, except to say that I miss the sense of controversy in the field. What I shall do is to say something about what I would do differently if I could live those days over again. More correct, what one thing I would add to what I and my colleagues did at the Yale Psycho-Educational Clinic.

Community psychology as a field makes no sense to me unless it is committed to employ its findings for purposes of remediation and prevention. That, of course, does not mean that all or most findings are so substantial and clear that they can serve either of these purposes. Nevertheless, I believe all of us should feel the obligation to examine what each of us do, or what others in the field do, from the standpoint of applicability to the problems of communities. If studies seek to illuminate the nature of our social world, is it sufficient to publish those studies in our journals, leaving it to chance whether the significance of those studies for our social world will ever impact on that world? My value judgment is that it is not sufficient. I shall not attempt to give all the reasons I hold that judgment but there is one I consider crucial for the viability of the field. When you seek to illuminate our social world—when you think your findings are valid as descriptions and explanations—one of the tests of applicability and generalizability is to try to change the contexts from which the findings emerged in order to subject your thinking to a test which may or may not be confirmatory, or which may or may not cause you to broaden your views, or to see the problem in a more realistically complicated way. Indeed, just as it is safe to assume that the sun will rise tomorrow, it is safe to assume that trying to change something in our social world will in some way alter your view of that world. David Bekan once said that the best experiment—where things come out exactly as you predicted—is one that tells you nothing you did not know before. There have been few, if any, "best" experiments in psychology generally. I should hasten to add that I am in no way suggesting that community psychology embrace the conventional and narrow method of experimental design, although it has its place. What I am trying to say here is that the aspect of the experiment we should treasure is that which says that if you want to understand something about human behavior, try to change it in some way. And in community psychology that means trying in some way on the level of action to determine what happens when you take seriously what you think you have learned from your research studies or theories.

If I were doing it all over again I would connect the graduate training program to those who are in the "legislative-administrative-political system": national, state, and local. For one thing, I would want students to understand the "actors" better than they do now, as well as how the system operates formally and informally. I would want them to become knowledgeable about how legislation and policies arise: where their points of origins are in communities, how and why the issues are posed as they are, and the implicit and explicit criteria by which proposed actions will be judged. The fateful question the student must confront is what is there in the corpus of writings and research in the field that is relevant to the issues? If you take that corpus seriously, how, if at all, could it be reflected in legislation and implementation? Can this be done in a way that may allow you to learn more than you already know? The student would have several obligations: to know the relevant facts and knowledge the field possesses, to be able to convey them clearly, and to be able to suggest ways in which they might be reflected in proposed actions. The student would be an agent of the field, not a hired hand of others. That kind of role is not easy, the dangers of cooptation are real, but since when is "easy" a criterion for action? One example: the origins and sustenance of Headstart is not comprehensible apart from the role of Ed Zigler who has spent a large part of his days and years educating legislators about what is known about child development, with what degree of security, and how that knowledge might or should support action. And he did this in ways that earned him the respect (and ears) of people as different as Senator Kennedy and Senator Hatch. His various accounts of Headstart (then and now) should be known by every student venturing into the arena of social action and change, which is to say venturing into the "real" world.

This is not the place to spell out the details of how I would do things differently. That would require a modest sized book. Besides, I do not have a corner on truth and wisdom in this regard. There are different ways to think about this; it does contain issues that will be controversial because it will alter (in some ways) the experience and days of students and faculty. I may be wrong but I see community psychology today as too encapsulated, too isolated from the world it purports to understand and change. The field began as a reaction to the narrow confines of clinical psychology. Did it successfully go beyond those confines to end up in an equally narrow one? Were we, so to speak, victims of success?

From my perspective, the core of community psychology is wrapped up in two questions: What is the nature of our social world? Why and how does it change "naturally" as well as to planned interventions. All of the social sciences deal with the first question. I always thought that community psychology was literally unique in its focus on the second question.

My most recent book, Psychoanalysis, General Custer, and the Verdicts of History—published by Jossey-Bass in 1994—is a collection of essays. (The book's title is that of the first essay.) One of the essays is "Posterior the Cruelest of Critics", in which I express the opinion that psychology never had and does not now have a common core; it is a Tower of Babel, a congeries of unconnected fields and problems. Community psychology has some of those same features, precisely I would argue, because it has lost its emphasis on the change process. That is why I value so highly Emory Cowen's near life-long studies of a particular type of intervention in schools. Although his work has not received the general attention it clearly deserves, it has been an amazingly successful one, in part because he became sophisticated about how to use the political system (broadly speaking) to gain support for the spread of his research far beyond the city of Rochester. He was not content to prove a point and go on to another problem; he wanted to have an effect on...
schools in general. To students in community psychology I recommend, as I have in Ed Zigler’s case, that they study how his efforts developed in the directions they took. That brings me to a final point: students have the responsibility to be active learners, one ingredient of which is reading not only what you are required to read but what your curiosity and need to feel connected requires you to read. John Dewey said that knowledge is external and knowing is internal, i.e., knowing is a consequence of motivated, personal, transforming action. When John Dewey started his lab school a hundred years ago at the University of Chicago, it was for the purpose of testing out and transforming external knowledge into personal knowing. But today who reads John Dewey?

Nothing in what I have said should be interpreted as a writing off of community psychology. It still is the one place in psychology where thinking about and acting on the real world stand a chance of being fruitful. But, I have to emphasize to new students, the manifestation of that potential will depend on a number of factors not the least of which is your ability to remember the difference between knowledge and knowing. It is a difference that makes a world of difference over a lifetime. The logo of my travel agent was see the world before you leave it. The community psychologist should experience the world before he or she takes off for the elsewhere.

I am sorry I agreed to make these comments. The assigned number of pages is understandably few, my thoughts too many, to allow me to make sense, let alone be helpful. Abstractions are not a mold into which the concreteness of knowing can be put. Students have a surfeit of abstractions. It is the obligation of faculty to provide the contexts for the experience of and knowing about the real world.

Seymour B. Sarason is affiliated with Yale University, Department of Psychology, P.O. Box 208205, New Haven, CT 06520-8205.

---

### Understanding Human Environments: A Personal Odyssey

Rudolf H. Moos
Department of Veterans Affairs
and Stanford University Medical Centers

Early in my research career, I developed a healthy curiosity about human environments. My curiosity was fueled by a growing appreciation of the impact on individuals of enduring or powerful environments, such as prisoner of war and concentration camps, orphanages, and utopian communities. A summer spent as a psychiatric aid at what was then the New Mexico State Insane Asylum (now a mental hospital) turned my attention toward psychiatric treatment environments, especially therapeutic communities, which I thought might help to cure mental illness. I also worked at San Quentin, a state prison in California, and saw firsthand the destructive effect on individuals of conflict-ridden and controlling environments.

As a graduate student, I began to focus on the decay of treatment effects and on how individuals’ extratreatment contexts might influence the outcome of treatment and psychosocial adaptation. At that time, other researchers in psychology were not focusing primarily on these issues. I was stimulated by a moderate person-environment mismatch and thus adopted a somewhat contrarian stance in my research. I sought out intellectual traditions and mentors to nurture my ideas and was influenced by Roger Barker’s Ecological Psychology, J. McV. Hunt’s ideas about experience and intelligence, Saul Sells’s work on stimulus determinants of behavior, George Sternglass’s concepts and assessment procedures focusing on people-in-context, and Gerald Caplan’s and Erich Lindeman’s conceptualizations of life crises and transitions.

### Conceptualization and Measuring Social Climate

The first decade of our work in what was then the Social Ecology Laboratory focused on the measurement of social climate. I was intrigued by the idea of perceived climate and thought that environments should be assessed as seen through the eyes of the people who participate in them. Our research group developed a set of Social Climate Scales that focused on hospital-based and community-based treatment environments, total institutions such as correctional facilities and military basic training companies, educational settings such as junior high and high school classrooms and university residential facilities, and the major community settings in which individuals function (families, the workplace, and social and task-oriented groups).

In addition to the psychometric and normative development of these Scales, one of our contributions was to conceptualize three major sets of dimensions that characterize varied types of social settings. These sets of dimensions reflect the quality of interpersonal relationships in the setting (relationship dimensions), the directions in which the setting facilitates personal growth (personal growth dimensions), and how the setting is organized and managed (system maintenance dimensions).

I had trained as a clinical psychologist and always wanted to use my knowledge to improve social conditions. Thus, our work emphasized practical applications at both the environmental and the individual level. We developed profiles of the social climates of a wide range of environments, compared the perceptions of important sets of individuals (such as patients and staff in treatment facilities and teachers and students in educational settings), developed a way to assess individuals’ preferences about social climates and to
compare actual and preferred environments, and formulated ways in which such information could be used to enrich social settings. We also used information about family and work climates to enhance clinical case descriptions and facilitate family counseling. I believe these aspects of our work led to the Distinguished Contribution Award from the Division of Community Psychology in 1983.

In the past decade, our research group has evolved as the Center for Health Care Evaluation (CHCE). The thrust of our work is in four main areas: the expansion of environmental concepts and measures, stress and coping processes, the outcome of treatment for alcohol abuse and depression, and the assessment of individuals' life contexts and coping responses.

Expansion of Environmental Concepts and Measures

One criticism of our work on social climate was that it focused primarily on perceived or subjective aspects of the environment. To address this issue, we considered three other environmental domains: suprapersonal factors or the average characteristics of the individuals in a setting, physical and architectural features, and organizational and policy factors (which include health and treatment services). Together with Sonne Lemke, a colleague at CHCE, this conceptualization guided us in the development of the Multiphasic Environmental Assessment Procedure (MEAP), which is composed of four main sets of instruments that assess social climate and these three additional environmental domains. The MEAP applies primarily to residential facilities for older adults. Christine Timko, a colleague at CHCE, employed this conceptual framework to develop the Residential Substance Abuse and Psychiatric Programs Inventory (RESPPI), which also is composed of four main sets of instruments that assess these four environmental domains.

We have used these multiphasic environmental inventories to evaluate and improve programs (Moos & Lemke, 1994). One of our special interests is to try to understand how the social climate evolves from the residential context, suprapersonal environment, physical features, and policies and services in a facility. We have also used a model of person-environment congruence to help explain the differential impact of program factors on residents who vary in functional and mental status. Most important, and consistent with my wish to apply our concepts and findings, we have used these inventories to monitor program change, guide program design, and shape programs to better meet residents' needs.

Stress and Coping Processes

My interest in life crises and transitions and how individuals cope with them led to the development of initial measures of approach and avoidance coping responses. In collaboration with Jeanne Schaefer, a colleague at CHCE, we developed a conceptual model for understanding the outcomes of life crises and transitions. In addition to considering background and personal factors, this model has a strong contextual focus; it includes physical and social environmental factors and event-related factors (that is, characteristics of the actual crisis or transition).

Contextual factors had not received primary emphasis in this literature, but we found that such factors affect the adaptive tasks individuals and their families face, and the choice and outcome of the coping skills they use. We also found that many individuals do very well in spite of, or perhaps because of, the harsh conditions of life. Together with Josh Holahan of the University of Texas, this led us to conduct several projects on stress resistance and personal growth after experiencing a life crisis.

Outcome of Treatment for Alcohol Abuse and Depression

In this line of work, we tried to integrate our interest in the quality of treatment processes with a focus on extratreatment or life context factors. We formulated a conceptual model of treatment outcome that incorporated life context factors prior to and after treatment, aspects of treatment process, and the symptom and functioning characteristics of individuals who did or did not enter treatment. We used this model to conduct prospective, naturalistic studies of the ten-year outcome of treatment for alcohol abuse and depression, and to compare treated individuals and their family members with case controls and their family members.

One of our key findings was that life context and coping factors may make as much difference in treatment outcome as does individuals' prior history on entering treatment. We also found that when patients with relatively severe alcohol problems remit, their spouses and children improve. These hopeful findings emphasize the importance of contextual factors and are consistent with the idea that we live in a "fluid world" in which process and function are as important as pre-existing history and structure. This work led to a monograph on the context, process, and outcome of alcoholism treatment, coauthored by John Finney and Ruth Cronkite, who are colleagues at CHCE (Moos, Finney, & Cronkite, 1990).

We are now expanding this work with a naturalistic, longitudinal study of initially untreated alcoholic individuals, some of whom remained untreated, while some entered only Alcoholics Anonymous (AA) and others sought out formal treatment and AA. Our findings thus far suggest that involvement in treatment and/or AA (which we see as environmental factors) and extratreatment life context factors are associated with both short- and medium-term outcomes. In addition, individuals who enter AA and/or formal treatment improve significantly more than do individuals who remain untreated.

Assessment of Life Context and Coping

Almost 30 years ago, I developed an image of an "environmental status examination" which would provide a picture of an individual's current life context. After an initial unsuccessful attempt to realize this dream, we began a project to construct a Life Stressors and Social Resources Inventory (LISRES). More than five years of developmental work led to a version of the LISRES that has been used in a number of studies, including an examination of how life stressors and social resources influence problem drinking, depression, and other aspects of functioning among late-middle-aged and older problem drinkers (Moos & Moos, 1994).

Because of our interest in life context factors among youth and the idea that contextual factors affect youth as much or more than they affect adults, we also developed a Youth Form of the LISRES. In the next few years, as we and other researchers apply and adapt the LISRES, we hope to find out more about its research and clinical applicability.

Applications to Health Care Evaluation

Currently, I direct the Center for Health Care Evaluation (CHCE), an applied health services research group composed of individuals trained in epidemiology, public health, community and clinical psychology, evaluation research, social psychology, medical sociology, and health economics. Our aim is to conduct and apply health services research that results in more effective and humane health care. In order to achieve this aim, we focus on five main areas: the organization and delivery of health care services; decision aids, screening procedures, and clinical decision-making; treatment for substance abuse and psychiatric disorders; treatment for older adults; and health services research methodology. The basic concept is a simple one: process and outcome evaluations are an integral part of the delivery of effective health care.
Reflections on the Status and Future of Community Psychology

Steven J. Danish
Virginia Commonwealth University

Introduction

It is 1974. I am a faculty member at Penn State, just having submitted my materials for tenure and promotion to Associate Professor. Now it is time to begin the task of determining what directions I should pursue during my next few years. The phone rings; it is Emory Cowen. One hour later the call ends. I have to go to the bathroom to laughing so hard at his repartee. I am also very excited. He has asked me to prepare a paper on the training of paraprofessionals for the Austin Conference. It is the beginning of my career in community psychology.

I have been involved in a number of activities within the Division, culminating in my election as President in 1981. My 20 year association with the Division has taught me much about community psychology (my training is in counseling psychology), introduced me to wonderful people, and frustrated me. It is my hope that in 2015 community psychology still exists so that I have been able to continue learning, meet more new people, and yes, have new frustrations. Notice I said new frustrations; I’d like to resolve some of the old ones. If we (SCRA) don’t resolve some of them, we will not have a community psychology and this will be detrimental to communities and SCRA members alike.

Where We Need to Go and Why We Are Not There

My biggest frustration with SCRA may best be stated by summarizing something Nehru said—our chief defect is that we are given more to talking than to doing. In today’s language, we can “talk the talk” but can’t “walk the walk.” For the most part, community psychologists have not devoted the necessary energy to develop “prevention” technologies and strategies that work. By “work,” I am referring to “programs” that are not only effective in the domains or settings in which they are initially implemented, but can be replicated and transferred to other settings as well, and are sufficiently cost-effective that they can be transferred without the need of a significant outlay of federal funds.

Replication and reliability have been key concepts in psychology. Initially, the issue of replication related only to research; recently, however, professional psychology has begun to establish guidelines for identifying effective therapy interventions. A goal of this effort has been to identify a complete list of empirically validated treatments with documented...
efficacy. If we are to develop a science of primary prevention, we too need to be concerned about this issue. Where do we begin?

Ask yourself: a) how many journal articles (in the American Journal of Community Psychology, Journal of Primary Prevention, and/or the Journal of Community Psychology) describe primary prevention programs; b) how many of these programs have been implemented more than once; c) how many of these programs have been implemented in other sites by individuals, groups, or organizations other than the original developer; d) how many of these programs have been implemented with support from non-federal funding sources; and e) how many of these programs have been implemented with support from the private sector? The same questions can and should be asked about programs described in the Fourteen Ounces of Prevention book edited by Price and his colleagues. Perhaps we need to do a content analysis similar to that used by Speer et al. (1992) to ascertain the answers to these questions.

Why Primary Prevention Successes are Limited

First, we have a definitional problem. We need to decide whether what we do is the primary prevention of psychopathology or the promotion of healthy development (Perry and Jessar, 1985) and the teaching of life skills (Danish, 1994). I have discussed these issues elsewhere (Danish, 1983; Danish & D’Augelli, 1977) but perhaps this brief story will delineate the problem policy makers have. Two men are on a train riding across the country. They begin to talk. One man asks the other, “What do you do?” The second man replies, “I am a psychologist and what do you do?” The first man says, “My job is to keep the elephants off the tracks.” “What elephants?” replies the second man. The first man then states proudly, “See what a good job I am doing!” The elephant chaser may do a very good job but it will be hard to attribute his success to him. We have a much easier task determining whether certain life skills have been taught.

Second, the concern with victim-blaming has gotten out of hand. When Ryan (1971) wrote his book, it was very timely, as there were real concerns that the inequalities in our society were producing victims. Now we have gone to the other extreme. There are always unintended consequences for every prevention program implemented. These unintended consequences can produce victims. In our present society, we seem intent on finding stories and histories of individuals who are or have been the victims of these unintended consequences. The individuals’ stories are highlighted as reasons why we should not conduct (repeat) an intervention. The result is that we do not act, or at the very least, limit our intended actions, thereby hurting no one, but helping no one to any great degree. We then are free to talk about what could/should have been done if we had more money, time, resources, or support. Instead of adopting the utilitarian principle of doing the greatest good for the largest number of people, we have adopted a perspective that can only be described as trying to do something good for a few people while minimizing the damage to any one individual. The medical dictum, “Above all else, do no harm,” has been poorly generalized by community psychologists.

Third, we have become dependent on, almost addicted to, federal money to support our programs. While money is needed to conduct programs, receiving federal, and to some extent state funding, has unique problems. The major problem is that funds are usually available to test programs but not to maintain them or transfer them to other settings. As a result, we may actually hurt the community by teasing them with a program that may help and then withdrawing it when we have gotten it to work.

Fourth, the domains in which “prevention” programs are carried out are overlapping and confusing. At the federal level, there are NIMH grants to fund programs for mental health problems (called prevention); law enforcement grants to fund programs to reduce violence and delinquency (safe street initiatives); HHS grants to reduce dependency on welfare (job readiness); and DOE grants to aid the school to work transition. Despite the different program names, they are likely to be very similar. In fact, the same individual may be in all the programs simultaneously. Yet there is little or no communication among the agencies. Instead they fight over program ownership in the same way that different branches of service fight over the ownership of various weapon systems. Since the programs tend to be so similar it would be much cheaper and more efficient to subsume them under one umbrella. More money might be available for program transfer.

Improving Primary Prevention Programs

There are two elements that are critical for improving programs, especially if we are seeking long-term effectiveness. The first critical element is that programs must be directed at a more generic target, such as life skills. In some cities, violence prevention has become the “hot” topic; in other cities, it is pregnancy prevention or drug abuse prevention. Having a life skills focus enables one to meet a number of needs and to complement other programs, often mandated by the state. A life skills program also is less controversial in terms of its content. Finally, a life skills program will be especially attractive to the private sector as they see these skills as essential for future employees. As a result, the private sector will be more likely to fund and be involved in such programs, which is essential if we wish to transfer them from setting to setting and make them permanent.

Life skills are those skills that enable us to succeed in the environments in which we live. Life skills are both behavioral and cognitive. Some of the environments in which we live are in families, schools, workplaces, neighborhoods, and communities. Most individuals must succeed in more than one environment. As one becomes older, the number of environments in which one must be successful increases. Environments will vary from individual to individual, thus the definition of what it means to succeed will differ across individuals, as well as across environments. However, even among different individuals there are some basic skills needed to achieve success.

Individuals in the same environment are likely to be dissimilar from each other as a result of the life skills they have already mastered, their other resources, and their opportunities, real or perceived. For this reason, life skills programs must be sensitive to developmental, environmental and individual differences and the possibility that the needed life skills may not be the same for individuals of different ages, ethnic and/or racial groups, or economic status. While it is necessary to be sensitive to these differences, it is also important to recognize that individuals can often effectively apply and transfer life skills learned in one environment to other environments as appropriate (Danish, 1994).

The second critical element is that program developers must become instructional technologists. Programs must have a curriculum that is printed and available for dissemination. When programs depend exclusively on the charisma of the leader, they are less likely to be successful. An Operations Manual describing how to adapt the program, train staff, implement and evaluate the program is also necessary. Issues such as how to transfer the program from one site to another and how to work with various organizations must be included. Furthermore, staff should be hired who have been employed in the setting in which the program is to be implemented. It is critical when establishing relationships with systems that a credible local person assist in developing contacts and serve as a champion for the program. When discussions about
implementing the program take place, an atmosphere must be developed so that the school or agency feels that the program is being done with them, not to or for them. Finally, the cost of the dissemination must be reasonable so that the program can become an ongoing part of the organization. Some programs cost as much as $1000 or more per student. A cost per hour per student is helpful to determine. This cost should be such that private sector organizations can sponsor the program in a setting.

Concluding Comment
Our past has sensitized us to the importance of making explicit our values, our responsibility to the community and our commitment to collaboration. For our future, we must be prepared to use what we have learned to make a difference for the communities and the individuals who live in these communities. Community psychologists must become more than psychology’s conscience; we must become the instructional technologists able to teach life skills to promote the competence of individuals, groups and communities. Our graduate programs must make a commitment to teach our students not only to question but to do. To paraphrase Rau and Ogle (1994), if what we have learned in the past (our values, knowledge and skills) are seen as ends in themselves without practical application, if the fruits of this learning are not used to nourish our society, then our education is like a Christmas tree; it is useful and decorative for a time, but it does nothing to enrich our future.

References

I would like to thank Valerie Nellen for her very thoughtful comments and suggestions.

---

The Third International Feature
Comparative Community Psychology

Adrian Fisher
Victoria University, Melbourne, Australia
Brian Bishop
Curtin University, Perth, Australia

This presents the third in a series of features in *The Community Psychologist.* It is presented under the auspices of the new International Standing Committee of the Society for Community Research and Action.

Besides the auspice being different, we are also taking a different direction with the Third Special Edition. Both the first (Toro, 1990) and second (Balcazar, 1992) drew together eclectic groups of articles demonstrating the reach of the teaching and practice of community psychology in a variety of countries around the world. Our direction has been to work within a tight thematic framework of fewer articles, focused on a specific set of topics given to the authors. In this way, we have attempted to provide the readers with a set of articles through which they might gain a deeper understanding of the commonalities and divergences of community psychology, its development, and its practice.

The direction we have taken was guided by a quotation from Murray Levine in his Foreword to an Australian/New Zealand book of community psychology readings. He said:

*My own view has been narrowly North American, to my detriment, I have been*
enriched by the opportunity to read the chapters in this volume and heartily recommend it to my American Col-
leagues... I look forward to continuing international exchange, and to the developments that will occur as our
colleagues in Europe, Asia, South and Central American, and Africa begin to share their efforts and insights (Levine,
1992, p. 11).

To follow his advice to learn more about the community psychology of other parts of the world, we set about the task of trying to
decide what we wanted to know, but what also fitted into the philosophical underpinnings of community psychology—cultural
relativism, diversity, and social ecology (Rappaport, 1977). To a degree we also
drew upon the content that your editors used in their own contributions to the first two

In the end we developed a set of topics and posed them to the authors. They are:
1. Provide a brief history of community psychology in [your country].
2. What are the major theoretical underpinnings of community psychology in [your country]?
3. Describe important political and/or cultural influences on community psychology in [your country].
4. Availability of formal education and training opportunities in community psychology in [your country]. Has there
been much influence from academics coming from other places, or students travelling to study or train?
5. What professional bodies are there in community psychology and what is the relationship with the peak Psychology body
of your country?
6. Provide information about a couple of sample programs or projects in community psychology in [your country].

Once we had the first set of questions, we also needed to identify authors who could provide responses indicative of the ways in which community psychology had developed and is practised in their areas. Some were chosen because of works they had written (e.g., Orford on Britain because of his recent community psychology textbook), or because we knew them, or of them. The others were by recommenda-
tion or good luck. We were also restricted because some countries of interest were represented in very similar works already
produced in this series which essentially addressed the same issues (e.g., Ferris & Squire, 1992; Keupp & Stark, 1992).

After developing these ideas and contac-
tacting most of our authors, we found that
Wingenfeld and Newbrough (In press) had also used a very similar process. They have
used authors from 12 countries to explore variations in community psychology in the international context—with each author writing on a set of topics that were them
synthesized by Wingenfeld and Newbrough. Their chapter provides a wealth of information
about community psychology in the countries represented—and provides strong
listings of activities and projects being undertaken.

However, Wingenfeld and Newbrough's
(In press) approach more often seems to be
a contrast with what occurs in the USA
rather than highlighting the diversity of
styles of community psychology which have
been shaped by the local cultures and polit-
ics. It is our aim with this set of articles to
allow the reader to gain an understanding of
community psychology in its context. Of
course, we are supplying some synthesis of
the ideas presented as they fall under the
structure we provided. In so doing, we will
focus specifically upon the first three topics
posed.

A Brief History of
Community Psychology

Each of the authors has indicated what
we already know, that community psychol-
ogy per se has a rather short history. They
are only able to trace the formal notion back
couple of decades at most, with the British
being an even shorter time period than most
of the others, and South Africa's an even
more recent response to the political oppres-
sion evident in that country. Norway seems
to have the longest history with its commu-
nity psychology beginning to emerge soon
after World War II.

Despite the relatively short formal his-
tories, most of the authors are able to point
to activities and philosophies which pre-
date the formal emergence of community
psychology. Monro talks of the need for
community development responses to pov-
erty belts created by urbanization in the
1940's in Venezuela; Skutle speaks of the
long involvement of psychologists in the
school system in Norway.

Of interest in the historical develop-
ment of community psychology practice
and philosophy is the British experience.
Here, Orford places a great deal of emphasis
on the role of clinical psychologists in the
National Health Scheme. As a socialized
medical system, the diversity of clients pre-
senting would be much more varied than in
a private practice. Added to the social diver-
sity in Britain, this would necessitate earlier
shifts in forms of practice to adequately
serve the client base.

Wegenfeld and Newbrough's
(In press) approach more often seems to be
a contrast with what occurs in the USA
rather than highlighting the diversity of
styles of community psychology which have
been shaped by the local cultures and polit-
ics. It is our aim with this set of articles to
allow the reader to gain an understanding of
community psychology in its context. Of

The Major Theoretical
Underpinnings of
Community Psychology

The authors have given us two quite
separate ways of considering what under-
pins community psychology in their coun-
tries. One is the more mainstream sub-
discipline of psychology which informs their
type development and problem conceptual-
ization; the other reflects the forms of
action that are undertaken by community
counselors in their countries.

Of the articles presented, only one indi-
cates the direct roots of community psychol-
ogy being based in clinical practice. Orford,
from Great Britain, presents quite a cogent
discussion of the dissatisfaction with tradi-
tional individual therapy in resolving prob-
lems that keep presenting and the search for
a new paradigm within which to operate. It
is worth reiterating his point that the bulk of
these clinical psychologists were employed
in the National Health Scheme dealing with
a varied client base, but seemingly relying
on training which did not equip them for the
job that needed to be done. Perhaps the
Newark Conference will reflect a new
Swampscott.

Each of the other countries reflect a
community psychology much more aligned
to social psychology. The clearest image of
this is presented by Montero in her discus-
sion of Venezuela. Indeed, even the title of
the program she describes is "social com-
munity." However, it reflects a model of
psychology most suited to the community
development and political orientations of
her country.

In both New Zealand and Norway, so-
cial psychology seems to play a pivotal role
in the formation of the community psychol-
ogy models of those countries. Both also
have a strong role to play in health and
education as well as in the way more direct
psychological services are provided. Each
country is grappling with social concerns
and ways in which psychology can contrib-
utively positively to their resolution.
South African community psychology reflects a mix of a number of sub-disciplines, with each trying to claim community psychology as its own. Lazarus and Primlo discuss the uneasy place it has in the Division of Counselling and Community Psychology, but as not yet having its own separate identity. They are looking much more at the contribution that can be made by community psychology to all forms of the discipline, not just establishing their own separateness.

The ways in which practice is informed by theory shows an interesting degree of coming together. Amongst the common themes from each of the countries contributing is the need for both primary and secondary prevention work. All have realized the extent of the problems to be faced and that treatment is not necessarily the best response.

Another salient theme represented is empowerment, discussed from the more ‘neutral’ psychological stance to the highly political place it plays in challenging social inequalities. The South African example is one in which people’s life and liberty were often at risk as a result of taking positions which challenged the dominant ideology.

The last application of theory that is highlighted is community development. Again this is a key element in the work of many community psychologists and often reflects the social needs and political circumstances within which they work.

Political and/or Cultural Influences on Community Psychology

The cultural and political influences that have impacted upon the development of community psychology in the five countries differ markedly. In Norway the re-emergence of social democratic values after the second World War created conditions that encouraged psychological intervention in health, mental health and education. Prevention and community psychological principles grew out of that practice. Skutle demonstrates that the form of community psychology, and all psychology education, are linked to the social goals of the country.

In Britain and in Venezuela, community psychological thinking was a response to governmentally created social change. Through the establishment of the National Health Service in Britain, and social welfare programs in Venezuela, psychologists were brought into contact with underprivileged and marginalised people. This necessitated forms of responses and interventions often not taught in a psychology curriculum.

In Venezuela, the input can be seen as coming from other directions. The strength of the liberation theology movement in developing the rights of individuals and groups can be seen as contributing to the ways in which many conceptualize problems and develop interventions. This is clear in the work of people such as Freire (1972).

In both cases, the winding back of these services has sharpened the view of the need for a community approach. In Britain the disenchantment of social psychologists in the 70s (in the context of broader social conflict) also led to the conceptualization of issues at a community level.

In South Africa and in New Zealand, it has been racial issues that have developed the awareness that psychologists need to work in social and political arenas. The post-colonial treatment of Maoris in New Zealand and apartheid in South Africa are part of the political bases of community psychology. In both cases, other areas of inequality have also provided a breeding ground for community psychologists.

Applied Projects

The examples of research and practice from the five regions are varied and yet quite similar. While the social contexts may be different, they do indicate principles that can have meaning in other contexts. The contributors conceptualize community psychology as post-modern and as such, the nature of theory is as much about process as it is about content. Community psychology has always had difficulty formalizing theory (Reiff, 1968). This is partially because the discipline stands between more easily demarcated territories of the individual and the society. In seeking to see things as a whole, community psychology has recognized that the science’s collective and individual world views are as important as what is being done. Narratives of what community psychologists are doing are important because they are the embodiment of values in action, and they allow the opportunity to develop theory from the observation of practice. As such, they help in the formalization of understanding about different levels of knowledge (John, 1994).

The presentation of these five articles by community psychologists from around the world is, we hope, a contribution to this multi-level understanding. It has provided us, as contributing editors and educators, a better grounding in the varieties of community psychology. We hope that this is but one part of the broader continuing education and dialogue.

References


Community Psychology in Aotearoa/New Zealand

Heather Hamerton, Linda Waimarie Nikora, Neville Robertson, and David Thomas
University of Waikato, Hamilton, New Zealand.

A Brief History
To understand the history of community psychology in Aotearoa (the original name for this land), it is necessary to understand the historical and cultural context within which it has developed.

New Zealand is a parliamentary democracy based on the Westminster system. Until recently, an agricultural-based economy provided full employment. This and a comprehensive public welfare system meant New Zealanders enjoyed a high standard of living. Since the mid-1980’s, right-wing economic and social policies have ended state intervention in the economy and substantially reduced government-funded welfare measures.

The domestic ethnic group are Pakeha (white New Zealanders of mainly British descent). As is the case in many other former colonies, the indigenous Maori people fight to be self-determining in an environment of Pakeha domination.

In 1840, Maori representatives, negotiating from a position of relative strength, signed a treaty with the British Crown, which guaranteed Maori sovereignty. However, during the subsequent 150 years, the Treaty of Waitangi has been breached repeatedly. British governors assumed executive power. War, land confiscation, legislative controls on the use of land, fisheries and cultural practices, the exercise of economic power, and the establishment of a landholder democracy all helped the settler society establish dominance. Urbanisation and assimilationist policies have further damaged Maori society. Today, Maori comprise approximately 12% of the population, control less than 5% of the land and struggle to retain important cultural practices despite a significant cultural renaissance over the past 20 years.

Within this post-colonial context, psychology developed as a distinct discipline within a university system modelled on that of Britain. In more recent years, American derived theories and approaches have come to dominate the psychological curriculum of the six universities which offer psychology. A partial exception to this pattern has been the University of Waikato, where relevance to the regional and national context has been a major emphasis in the teaching and research of the Psychology Department.

Throughout its 28-year history, the department has included courses in cross-cultural and social psychology in its curriculum, and applied research focusing on local concerns has been an important element of its research program. In contrast to some other universities, the community psychology program at Waikato developed out of applied social psychology rather than clinical psychology. Other universities in Aotearoa now offer courses in community psychology but Waikato remains the only one to offer a full training program.

Theoretical, Cultural, and Political Influences
Community psychology at Waikato University rests on a rejection of the basic assumptions of positivist science, that science is value-free and that there is an objective truth which can be uncovered by rigorous scientific research. Rather we acknowledge that our views of the world are inevitably shaped by our various histories, ethnicities, genders, and social classes. Our practice of psychology is founded in an acceptance and affirmation of this multiplicity of realities and perspectives, and in the knowledge that all our actions as both psychologists and as members of the community are inevitably shaped by our differing values and beliefs. (For a review of some of these ideas, see Gergen, 1992).

Within the social and political context outlined above, honouring the Treaty of Waitangi has wide reaching implications for all New Zealanders, and community psychology has actively attempted to promote and support a number of initiatives towards greater power equity for Maori and an acknowledgment of our diverse cultural and ethnic heritage.

It is necessary to recognise also the power relations within which we operate. Within a right-wing country governed by (mostly) middle-class white men certain groups have far greater access to power than others, and certain views are privileged, and accorded higher status. Community psychology, as a discipline founded within the mainstream academy (and psychology in particular), has had to struggle to gain acceptance since it rejects the dominant paradigm of mainstream psychology (positivism) and has favoured qualitative research methods over quantitative. Nevertheless it needs to continue to use its position of relative privilege, within universities and society at large, to enhance community well-being through collaborative working relationships with grass-roots community organisers. Although more Maori are entering universities, they remain under-represented, especially among staff and graduate students.

Community psychologists in Aotearoa have typically taught from a perspective of empowerment, equality, cultural pluralism and social justice. Given the position of community psychology in mainstream universities, such an approach is insufficient by itself to bring about extensive social change to enhance the well-being of powerless groups within the New Zealand context. We have done fairly well at promoting empowerment and working with community groups to evaluate and improve their services, but we still need to address more directly the redistribution of resources in a genuinely equitable fashion. Realising this, we have looked towards the Treaty of Waitangi to inform, shape and interpret those fundamental values and approaches typical of community psychology.

We have found the Treaty of Waitangi, with its emphasis on the fundamental right of peoples to self-determination and on values of active protection, participation, partnership, and reciprocal obligations, to provide an effective framework for moderating and managing power and for guiding the practice of community psychology in
Aotearoa. The result has been a small step towards "localising" community psychology in Aotearoa/New Zealand.

The community psychology program at Waikato University attracts many more women than men students. An explicit agenda in recent years has been to increase the focus on issues in the community relevant to women's lives and experience. Having feminist psychologists on the community psychology staff team has facilitated a more participatory and egalitarian approach to learning and supervision, and wider opportunities for students to undertake coursework and research on feminist topics which affect them personally, and which have led to social action. Research topics have included: teenage pregnancy, mothers in prison, women and depression, empowerment in childbirth, women's unpaid work, and health issues for young lesbian women.

Another important feature has been the community of women in psychology who have met regularly both locally in Hamilton, and together with other women from both Aotearoa and Australia. The ongoing networking and support available to women within this group has crossed the usual barriers of status between students and staff, and resulted in frequent (often riotous!) social gatherings. The continuing high enrollment of women students in community psychology courses bear testimony to their popularity and success.

Training in Community Psychology

Several universities include community psychology in their teaching programs. The only full community psychology graduate training program available in Aotearoa is that offered by the University of Waikato. Three other universities offer limited training opportunities.

At the University of Waikato, community psychology is offered within the Masters of Social Science degree (M. Soc. Sci.), as a specialist three-year Diploma (PG Dip. Psych (Com)), or as a specialised area of doctoral study (D. Phil). Graduates of the post-graduate Diploma (for which Masters is a co-requisite) are eligible for registration as a psychologist under the statutory licensing system. At the undergraduate level, a year three paper is offered.

Three specific training features are evident in the Waikato program: an emphasis on skill acquisition (such as evaluation skills) as well as theory, a gradual transition from primarily university-based training to primarily community-based training over the three years of the programs, and involvement in community organisations leading to job opportunities. Because of the regional visibility of the Waikato program, students are able to select research and training tasks from requests made by community organisations. These opportunities help ensure that research agendas are set primarily by community needs and the community involvement provides students with valuable practical skills. Graduates from the Waikato program have typically found employment in health promotion, and as service planners and evaluators in both government-funded and non-governmental human services.

At other universities in New Zealand, a course is available within the psychiatry and behavioural sciences program in the Medical School at the University of Auckland. Massey University offers a third year undergraduate paper in community psychology as part of its options for a major in psychology. For a number of years, Victoria University has provided a community orientation to the training of clinical psychologists.

Although a number of American academics have contributed to the development of training in Aotearoa, over the past ten years there has been an emphasis on localisation: the reinterpretation of concepts assumed to be "universal" to fit "local" cultural patterns (Thomas, 1994) and an emphasis on nurturing the development of an indigenous psychology. Thus while exchanges with American psychologists continue, relatively more emphasis has been placed on networking with psychologists in New Zealand and Australia (which shares a similar history of colonisation) and other interested local workers outside the formal discipline of psychology.

Professional Organizations

The New Zealand Psychological Society (NZPsS), which began life as a branch of the British Psychological Society, is the principal professional organisation for psychologists in Aotearoa. Although not all community psychologists belong to the NZPsS, those who do are affiliated with the Community and Social Psychology Division of the Society. The NZPsS provides its members with ethical cover, continuing education, advocacy and a forum for academic pursuits. It does not control the licensing of psychologists: that is the responsibility of a statutory body, the Psychologists Board. Relatively few community psychologists are registered (the registration provisions are of more immediate relevance to clinical psychologists). In fact, many of the professionals who identify with community psychology work in roles which do not carry the title "community psychologist" and may owe professional allegiances to other organisations (in the health, social research and evaluation fields).

Projects

Cultural pluralism, agenda setting and voice gaining. Considerable effort has been needed to ensure that Maori people as a non-dominant ethnic group gain a voice (Thomas, 1992) within the discipline and organisation of psychology in Aotearoa. Community psychologists have contributed to this effort, along with Maori students and colleagues from other areas in psychology.

Numerous attempts have been made to place the goals of indigenous development on the agenda of the New Zealand Psychological Society. In 1978 Jules Older called for the Society to work to increase the number of Maori psychologists to numbers at least proportional to the percentage of Maori in the general population. The manuscript containing his proposal was rejected by the editorial board of the New Zealand Journal of Psychology. Almost 10 years later, Max Abbott and Mason Durie (1987) noted the complete lack of Maori graduates from professional psychology programs in Aotearoa over the previous two years and described psychology as "probably the most monocultural, in terms of Maori representation, of all New Zealand professions." (p. 67). The successful publication of their paper in the New Zealand Journal of Psychology, which had rejected Older's paper in 1978, possibly reflected a change towards a more pluralistic attitude in New Zealand psychology generally.

In 1989, the Psychology Department at the University of Waikato appointed its first Maori staff member. Linda Nikora's appointment provided opportunity to challenge from within the monocultural nature of psychology, and to promote the goals of indigenous development.

Later that year three staff from the Waikato program were part of the Social and Community Division of the Society which submitted a remit to the annual general meeting of the Society, re-iterating the challenge posed by Older in 1978 and urging the Society to use its resources to train more Maori psychologists and to alleviate social problems plaguing Maori peoples.

Full membership (and therefore voting rights) of the NZPsS is limited to people with at least a masters degree in psychology. Very few Maori are eligible for membership according to this criterion: others do not...
belong either because of the expense, because they can see no benefit, or as a form of protest. However, Maori still attend annual conferences, and find it frustrating to observe non-Maori discussion on a remit concerning Maori people! In 1989 members of the Social and Community Division moved that the annual general meeting allow a Maori person the right to speak to the motion being discussed.

More than just speaking rights were needed, since a lone voice can be easily squashed by the opposition especially if the speaker is not of the dominant group within that setting. In addition, a Maori person might address an issue and not even be heard, while a Pakeha professor might say the same thing and the message is accepted without a squeak.

Despite opposition, the remit was accepted along with a working party established to advise the Society on its implementation, the Kaupapa Maori Working Party, made up primarily of community psychologists. The group viewed their role as collaborators and presenters of information contributed by Maori, opening the way for Maori to gain voice in decision-making. In 1990 a contingent of Maori people, including staff and students, requested the Society to fund their travel and accommodation to support their paper at the annual general meeting. They also asked that discussion of the Kaupapa Maori Working Party paper be scheduled at the top of the agenda, and that they be accorded speaking and voting rights. In a meeting with the Council the previous night, it was agreed that since voting rights could not be conferred on non-members, they would be allowed to address the annual general meeting only after it moved to suspend its proceedings. In a context where Maori expected to receive a hostile response, the contingent felt that the opportunity to speak to members prior to the voting was better than no opportunity at all. Although the paper was successfully tabled and accepted, it was not without substantial opposition and obstructive manipulation of annual general meeting procedures on the part of a conservative minority.

In the above process, community psychologists through the Social and Community Division provided access for Maori people and their voice into Society decision-making processes. They also supported the Maori person allocated speaking rights by reiterating his message in the meeting proper. Through collaboration, they found a way for Maori to gain voice and affect the agenda of the Society.

Since 1989, community psychologists have undertaken a number of other activities with regard to cultural pluralism, agenda setting and voice gaining. These have included the establishment of a National Standing Committee of the NZPsS on Bicultural Issues. The Standing Committee monitors the development of bicultural initiatives, organises symposia at annual conferences, disseminates information on issues relevant to indigenous development, and formulated the following new constitutional rule for the NZPsS.

"In giving effect to the objects for which the Society is established the Standing Committee shall encourage policies and practices that reflect New Zealand's cultural diversity and shall, in particular, have due regard to the provisions of, and to the spirit and intent of the Treaty of Waitangi."

These activities have had some effect. Eight Maori people now fill a variety of positions in three of six university psychology departments with two further positions still unfilled. At least four new courses focused on Maori development have been introduced at three universities, and at Waikato University Maori students constitute about 25% of its first year psychology undergraduate intake. Scholarships are available to students of Maori descent training in clinical psychology, although none are available for community psychology students.

Although community psychology has contributed to some of the changes described above, by no means can it be the first to take credit for the changes that have resulted. Credit must in the first instance go to Maori students of psychology and Maori clients of psychological practice for the painful experience of pointing out psychology's inadequacies and demonstrating that there are different, yet valid world views. Neither should community psychology rationalise inaction through a focus on what it already has achieved. Critical examination and reflection is still needed to effect change within our own discipline. When the indigenous people of Aotearoa deem that the goals of indigenous development have been achieved we hope that community psychologists can genuinely claim that they have contributed in some way.

Violence reduction. A continuing series of projects in the program at Waikato has focused on reduction of violence, especially violence directed against women and children within the domestic sphere. As well as being a major cause of non-accidental death and injury, domestic violence is implicated in other significant problems such as school failure, chemical dependency and teenage runaways. The distinction between the private and public spheres has meant few communities have provided effective protection to women and children within the family. Work at Waikato has included: the piloting of an assertive arrest policy which took the onus off victims to press charges against their abusers (the policy was subsequently adopted nationally); an evaluation of the bicultural development process within a local women's refuge (shelter); a study of breaches of protection orders made against domestic abusers which attracted national attention for its criticisms of judicial attitudes towards victims of abuse (the majority of the recommendations have been incorporated into draft legislation about to be considered by Parliament); evaluations of a Child Abuse Pilot Project and of medical practitioners' referrals of suspected child abuse cases; and the evaluation of a criminal justice system reform project in which refuges, police, probation and the courts provide a coordinated and victim-referenced response to family violence. In addition, a number of students and staff have been active in women's refuges, rape crisis organisations and men for non-violence groups.

Note: The term "kaupapa" is often taken to mean "philosophy" however, this must be read as a simplistic interpretation.

References


Community Psychology in South Africa

Sandy Lazarus and Rachel Prinsloo
University of the Western Cape, South Africa

A Brief History

One could argue that ‘community psychology’ in South Africa has been around for a long time, in small ways, but not under that label. Various psychologists over this century have used their expertise to address social issues and influence policies (Vervoer—the infamous architect of apartheid in South Africa—was a psychologist involved in the empowerment of Afrikaaners at a time when they were oppressed in a ‘British’ system!), while individual psychologists have tried in various ways to extend their services to disadvantaged communities. This is all no doubt true for psychology in all countries.

Over the last fifteen years, however, there has been significant development of a more ‘relevant’ psychology in South Africa—relevant to the diversity of cultures that characterises South Africa; relevant to the struggle against apartheid; and relevant to the reconstruction and development of a new South Africa. Some of this has gone under the title of ‘community psychology’—where an awareness of this field has been evident. Other initiatives have developed under other labels, such as ‘critical psychology’ or ‘social psychology’; while other initiatives have developed under no particular label, but have reflected the values and aims which underpin community psychology as developed in the USA.

Briefly, the developments referred to above have included interventions leveled at social issues—particularly those relating to apartheid and its devastating effects on the lives of all South Africans, but also at other issues relating to oppression of various groupings (women, gay groupings, working class, ‘disability’ groupings, children, and so on); influencing policy, particularly in recent times, in the reconstruction and development process occurring within South Africa; and attempting to make psychological services more accessible to communities who have thus far been excluded, often for race, gender, or class reasons.

Some organizations and groupings have made a particular contribution to the above developments. The Psychology and Apartheid grouping, consisting primarily of black psychologists (many of whom received training in community psychology in the USA), has played a central role in highlighting issues relating to apartheid, violence, and other aspects of the context in which we live. The Organization for Appropriate Social Services in South Africa (ASCI), which emerged in 1983 and then more recently merged with progressive medical and welfare groupings to form an interdisciplinary organization, South African Health and Social Services Organization (SAHSSO), has also made a contribution to these developments in various ways. Over the last decade volunteer psychologists throughout South Africa have involved themselves in various ASCI projects, including: crisis intervention—particularly with victims of apartheid; various community development projects; advocacy work—particularly with political prisoners, and with children; and policy development—particularly with regard to education, health and welfare.

Within the past Psychological Association of South Africa (PASA), the mainstream psychological organization until recently, there were also sporadic developments, showing themselves particularly in the growing number of papers presented at the annual national conferences on issues relating to the values and aims of community psychology. Publications dealing with typical community psychology issues have increased in both the main journals of psychology in South Africa: The South African Journal of Psychology, and Psychology in Society; an alternative journal emerging in the early 80s. The latter has constituted the major ‘progressive’ mouthpiece for various psychologists seeking a more relevant theory, research, and practice of psychology in South Africa. The majority of the papers published in this journal have focused on issues of direct relevance to the field of community psychology, although, once again, they have not necessarily used that label to frame their concerns.

Within other contexts, particularly universities and specific institutes, various other community projects have arisen—usually linked to the beginnings of community psychology education and training modules in the masters professional courses (which in South Africa lead to registration as a psychologist). These projects cover a wide spectrum of activities and concerns.

Community psychology—either explicitly or implicitly—has been incorporated in one way or another in most areas of psychology in South Africa: the registrable/licensed areas of clinical, counseling, industrial-organizational; educational, and research psychology; as well as other areas such as social, developmental, and health psychology. There is evidence, particularly in the way professional courses are being developed; in the development of the new psychology society (Psychological Society of South Africa—PsySSA—founded in January 1994); and in policy initiatives in the various fields of psychology—that suggests that a very strong community psychology ethos has developed in South Africa at present.

It is interesting to note that PsySSA’s Division of Counselling Psychology (which existed as an ‘institute’ in the previous association: PASA) has changed its name to ‘Division of Counselling and Community Psychology’. It has been hypothesized that this is because of the perceived similarities between paradigms and aims of counselling and community psychology; that it is an attempt to locate counselling knowledge and expertise more directly in the service of disadvantaged communities; and that it reflects a political move, perhaps a professionally self-protective one, to incorporate the progressive forces into mainstream organized psychology. This is the first time that the label of ‘community psychology’ has been officially used, although there is still a great deal of debate as to whether there should be a separate area called ‘community psychology’ or whether it should be infused into all other areas. To date, the latter approach has dominated.

In concluding this section, it should be noted that while the values and aims of community psychology are strongly evident in South African psychology at present—explicitly and implicitly (that is, under the label or not)—this approach is interpreted in different ways depending on the particular perspectives and theoretical leanings of the psychologists concerned.
Major Theoretical Underpinnings of Community Psychology in South Africa

As with the rest of the world, theoretical frameworks for a community psychology in South Africa are relatively underdeveloped, although there is evidence that various attempts are being made to address this issue (here and internationally). It seems that systems and ecological theories are the predominant perspectives used and developed in this context. Critical (neo-Marxist) social and psychological theories are another group of theoretical perspectives being used by many psychologists, either together with a broad systems/ecological approach, or on its own.

More specific theoretical perspectives are adopted for particular purposes in certain particular contexts. In educational psychology, for example, where a community psychology perspective is being developed, a social constructivist approach is evident.

A further central perspective underpinning the development of a community psychology approach to educational psychology as well as other areas in South Africa is that of prevention and 'health promotion'. This links with trends within the World Health Organization (WHO) and other international developments, and, of course, within community psychology itself.

Models of community psychology, as conceptualized by some within the USA which appear to be relevant in the South African context include: (a) a community mental health approach (which includes clinically orientated community services, as well as psycho-educational training programmes for various community groupings), (b) a social action model (which includes rural and urban developmental, community-based projects, and political action), and (c) an organizational development model (which includes the redefining of the role of industrial/organizational psychology—particularly in relation to non-governmental and community-based organizations, and labour).

As noted in the previous section, various perspectives are being developed under the umbrella term of 'community psychology'. This reflects the different meta-theoretical positions from which psychologists operate. Generally, however, it is recognized that there is a need to develop theoretical conceptualizations based on rigorous research—for the purposes of strengthening the development of this approach, generally, but also within the particular context of South Africa.

Important Political and Cultural Influences

There is no doubt that the explicit and implicit development of community psychology in South Africa over the last fifteen years is largely attributable to social forces. While the influence of a few individuals—some of whom were influenced by their studies in the USA—committed to this area, has helped to mobilize resources around community psychology in this context, the strong acceptance of and movement towards a community approach has been directly linked to the need for psychologists in this context to examine their roles in a society undergoing radical transformation.

The intensification of the struggle against apartheid (and, to a lesser extent, patriarchy and capitalism), and the growing democratic alliances and fronts in South Africa over the last fifteen years, has created a professional identity crisis for psychologists in this context. The search for more relevant psychological theories, research and practice was the name of the game. Because of its commitment (a) to addressing social issues, and in particular, its commitment to empowerment, and (b) to providing access to psychological services for all, community psychology became one important route for exploring a more relevant psychology in South Africa.

Community psychology's commitment to policy development links directly with the need for groupings—psychologists included—to engage in the policy development process in South Africa in recent times. The role of psychologists in the development of the Reconstruction and Development Programme (RDP) in South Africa is a crucial one. The profession as a whole is being challenged to make a contribution to the development of a healthy society. One example of a specific request for the inclusion of psychological expertise in the process of the country's reconstruction and development is the request to participate in workshops for the Truth and Reconciliation Commission.

In summary, therefore, the struggle to develop a democratic and nondiscriminatory society has created a ripe environment for the development of community psychology in South Africa. Insofar as this approach provides a useful framework for providing opportunities for psychologists to make a useful contribution to the development of a healthy society, it will flourish. It should be noted, however, that an analysis of the history of community psychology in other contexts, in particular in the Western world, has resulted in skepticism by many in this context—in particular—the apparent tendency for conservatism to creep in when the pressures for radical changes lessen.

Formal Education and Training Opportunities

As referred to above, the development of community psychology as an approach in South Africa has been directly linked to the development of university programmes—particularly for psychologists-in-training at the masters degree level. In the mid-1980's, various universities started to incorporate a community psychology approach to the training of psychologists. This was particularly prevalent in some research and clinical training programmes, but has become part of the training of psychologist in all areas of specialization: clinical, counselling, educational, industrial-organizational, and research psychology. As mentioned previously, the counselling specialization field has seen a particular relevance of community psychology for its particular focus.

The ways in which the community approach has been incorporated in these pre-service professional development of psychologists has been varied, but it seems that they have been included mostly through 'modules' on community psychology, without necessarily an infusion of the values and aims of community psychology in all aspects of the training.

It is interesting to note that the Professional Board of Psychology of the South African Medical and Dental Council (SAMDC), which oversees the professional training and licensing of psychologists in South Africa, has in recent years highlighted the need for community service and, therefore, for accredited internships within various community centers.

The question of the training of psychologists in South Africa is in flux—as with most things in this context. There is some debate as to whether there should be a separate area of community psychology, but this has not surfaced as a serious proposal to date. There is more vigorous debate about the possibilities of training psychologists in aspects relating to a community psychology approach at a post-masters level: within a formal continuing education Programme. These are debates that will no doubt develop into proposals in the not too distant future.

Relationship of Community Psychology and the Psychological Society of South Africa

It is interesting to note that the current interim Executive Committee of the new Psychological Society of South Africa...
This reflects a general trend towards coordination of services and programmes, particularly around the Reconstruction and Development Programme (RDP) in the country as a whole. Besides the broad policy work referred to above, numerous projects have emerged over recent years. It would be impossible to do service to all the contributions psychologists have made and are making in South Africa. However, a few broad comments about the scope of these interventions will be briefly outlined.

Projects include a variety of foci and forms of interventions in a number of contexts, including particularly historically underserviced areas such as rural and poverty-stricken contexts. Psychologists work with a range of organizations (including religious, cultural, political, educational) to develop projects and provide broad-based services. In these contexts, psychologists generally work within an intersectoral framework, spanning a broad variety of disciplines and skills areas.

Foci include issues such as: abuse of women and children, sexual abuse (rape and child sexual abuse), violence, peace, gay issues, alcohol and drug abuse, youth development, leadership skills, integration of returning political exiles/returnees, family disintegration, mental and other 'handicaps', human rights, desegregation in schools and other contexts, and so on.

In some cases, particular organizations or institutes have been specifically developed to address one or some of the above issues, for example, The Family Institute, The Centre for Peace Action and Community Policing of Violence and Remediation Attempts, Rape Crisis, Lifeline, Safeline and Childline counselling centers. In other cases interventions are initiated from existing institutions or bodies such as universities, the South African Federation for Mental health, and so on.

Interventions include rehabilitation, counselling in particular, various forms of crisis counseling, psycho-educational programmes and specific skills training (e.g., leadership, lay counselling), policy research and development, advocacy, political action, action research, Programme evaluation, organizational development (particularly of community organizations), and community development.

There are some general community development programmes which have operated from an explicit or implicit commitment to the values and aims of a community psychology approach. These include, for example, the Mannenberg Project which provides general psychological and community services through a community centre in an extremely impoverished area of the Western Cape; a Health Psychology Project which has developed various community interventions in troubled areas in the Gauteng (previously known as the PWV region); the Mamre Project, which has focused on community health in an impoverished area in the Western Cape; the Health Promoting Schools project, where various sectors are involved in a long-term project aimed at the development of schools that facilitate health promotion, and so on.

It is difficult, in the absence of a thorough situation analysis, to provide a global and fair picture of community psychology-type projects in South Africa. This is an area that needs investigation, for the purpose of informing the international community, but also for the purpose of developing the field in the South African context itself.

**Conclusion**

In conclusion, community psychology—warts and all—has explicitly and implicitly made its presence felt in the South African context. The particular challenges facing this context have provided many opportunities for psychologists to reflect on their roles and contribution—both in terms of protest against injustices in various areas, and in terms of the reconstruction and development of a new society. In addition, the development of a new health system within this context provides psychology as a profession with a particular opportunity to attempt to ensure that all citizens have access to mental health care and promotion. This is a challenge we take seriously and hope to address in the years to come.

Sandy Lazarus is affiliated with the Department of Educational Psychology, University of the Western Cape; Rachel Prinsloo is affiliated with the Department of Psychology, University of the Western Cape, South Africa.

---

1. Ms Prinsloo is President of the Psychological Society of South Africa (PsySSA) and Professor Lazarus is a member of the interim/founding National Executive.

2. The authors would like to note that a more extensive and inclusive consultation process would have been desirable for the preparation of this article, however, time constraints prevented this.
Community Psychology in Venezuela

Maritza Montero
Universidad Central de Venezuela

A Brief History

During the late sixties and the seventies, Venezuelan government developed a policy of community development, responding to the need to attend to the people's demands, as well as to the necessity of their incorporation to social changes whose costs could not be entirely afforded by the State. Since the end of the fifties, the social sciences in Venezuela, as in other Latin American countries were developing theories and practices that had as a main objective not only the organization of communities, but also the raising of their consciousness and the overcoming of under-development. The process of urbanization, which began in the forties, had created belts of poverty around the cities, while depopulating the rural areas.

Although government agencies, such as FUNDACOMUN (Organization for the Development of Communities) and FUNDASOCIAL (Organization for Social Development), had psychologists working for them, their contribution usually fell within the scope of traditional psychology. Therefore, psychology was not one of the first disciplines to provide explanations or answers to the problems posed by the social phenomena mentioned above. The lack of involvement was due to both the late recognition of psychology as a science and to its individual focus. By the mid-seventies, it was clear that what social psychology had to offer, was not enough for dealing with the changes in Venezuelan society. Confronted by problems whose complexity and urgency could not be dealt with by the traditional person-centered and experimentalistic approaches, social psychologists began to look elsewhere in order to find ways of intervening and interpreting what was happening.

The academic unrest of the late sixties and early seventies, prepared the way by questioning theories and explanations, and demanded that psychology respond to the needs of the people and the country, providing solutions to social problems, initiating social change, and being part of it. But neither these exigencies nor the activities and studies responding to them, received an immediate recognition as a new branch of psychology. At the beginning, psychological studies and practice concerning communities were introduced in three ways: as part of Group Dynamics courses, through specific research presented as part of the Social Psychology program, and as B.A. dissertations of students (Montero, 1980).

The nomenclature of Community Psychology, or Community Social Psychology, were not used immediately. From 1976 to 1982, different names were applied to that new practice, such as Community Development, Popular Organization, Community Participation, and Self-Management. Around 1982 Community Psychology was accepted, but with some resistance coming from the very same field of Social Psychology that was giving birth to the sub-discipline. Acceptance of its existence did not mean providing an academic niche; although outside academia a demand was growing for "social psychologists working with communities".

In 1985, a course in community psychology was taught for the first time. The unit was offered as an option by the Social Psychology Department of Central University UCV-(Montero, 1985), at the undergraduate level. This situation was maintained until 1994, when the course was offered to students from other departments, and introduced as a core subject. Other universities, both State and private, have recently introduced research programs with a community approach at an undergraduate level.

Community psychology was introduced in a master's course in social psychology (also at Universidad Central) in 1990, and in 1992 a specialisation in community and social intervention was introduced. Other universities have also begun to incorporate courses and develop research programs concerning this sub-discipline.

At a research level, there has been a steady flow of B.A., Masters and Ph.D. dissertations, as well as community interventions jointly carried out by academics and practitioners in governmental and non-governmental agencies, with important and sometimes striking effects. Those links have been central in connecting students with communities in need, and in providing experiences not found in classrooms or laboratories.

Theoretical Orientations

The crisis felt in social psychology during the seventies, due to its lack of social relevance, led those psychologists interested in communities to look for models and theories that psychology could not provide. In Venezuela, we turned our regards toward other social sciences: sociology, anthropology, and popular education, as well as philosophy.

A first influence was that of Colombian sociologist Orlando Fals Borda (1959; 1977; 1985) and the movement called Militant Sociology. He had been working, since the late fifties, with a variation of action-research in community development and had developed a set of psychosocial principles which constituted a platform for psychologists. The work of Brazilian educator Paulo Freire (1969) with its emphasis in the dialogue-oriented practice and the involvement of people, not as subjects, but as social actors, was another important influence. Also the economist and social worker, Ezequiel Andeg-Egg (1963) provided a source of methodological models. To this should be added the fruitful contact begun at the end of the seventies with the researchers at Puerto Rico University, who introduced a social constructionist view (Serrano-Garcia & Irizarry, 1979; Serrano-Garcia & Rosario, 1992) providing new insight about the use of participatory action-research.

The experiences of the eighties, both with urban and rural communities, and contact with political psychologists Ignacio Martin-Baró, from El Salvador (1986; 1989/1992), led some of us to incorporate the perspective of what he called "Psychology of Liberation" in which the new practice has to take into account popular culture, creating new ways to produce knowledge that have the people as central actors, while transforming individuals, communities and society. Later developments of this theoretical tendency (Montero, 1990) include the
historical perspective of social and psychological phenomena, and elaborate more on the energizing and empowering aspects of liberation and the sociocognitive processes involved.

The ecological-cultural models (e.g., Rappaport, 1977; Rappaport, Swift & Hess 1984; Kelly, 1986; Newborough, 1973; 1989; 1991) produced in the United States, have also provided some theoretical concepts and approaches. There are some common aspects between the US models and those that emerged in Venezuela, such as the necessity of linking theory and practice, the emphasis on social change, and on the people’s development of a social consciousness, as well as placing this way of doing psychology in a new scientific paradigm.

Political and Cultural Influences
The development of community psychology in Venezuela was indirectly influenced by the socioeconomic conditions that existed in the country between the late sixties and the seventies, and by the fact that the government at that time followed the policies of a welfare state. Oil revenues, the main source of wealth for the country, reached a peak by the mid-seventies, creating an abundance of money and, allowing many social development projects to be carried out.

Those policies had a strong community orientation. What dominated those policies was a populist tendency, designed to achieve political ends. But if on one hand, those policies generated dependency on governmental aid, at the same time they fermented some forms of popular organization in order to facilitate accomplishing their aims. Those organizations had the effect of making the people more aware about their needs and rights. So, when in 1983 the first signals of an economic crisis began to be felt, what remained from the years of abundance was the certainty that incorporating the people as main actors of their transformation was not only desirable, but absolutely necessary.

Theoretical models were adopted from philosophy and the social sciences which were based on Marxian thought. The concepts of ideology, alienation and social justice had a strong influence in the constitution of the body of ideas and principles of community psychology. While its practice revealed the cooperative orientation of Venezuelan popular culture, in which a main feature is the strong participation of women, it also dealt with the main leaders of most urban and rural community movements. This contact also reinforced the conviction that this psychology deals with the transformations and development of the people and the society; thus making of community psychology a form of political psychology which aims at the empowerment of civil society (Lane & Sawaiia, 1991a; 1991b).

Educational and Training Opportunities
As said above, community psychology is taught as part of the undergraduate courses in psychology and postgraduate studies in social psychology. As yet, it has not achieved independence as a body of studies, although its practice is clearly differentiated and has obtained its own professional space.

At the same time the Venezuelan academic system has been flexible enough to allow students inclined towards the field to pursue their interests through research conducive to the elaboration of their B.A., Masters and Ph.D. dissertations or theses. In this way, a corpus of knowledge has been developed with papers presented in national and international professional and scientific meetings and articles published in journals.

Both the undergraduate and postgraduate programs, as well as some government projects, keep a busy interchange with academic centers from abroad, where community psychology is taught and research on the field carried out. Thus, Irma Serrano-García and Eduardo Rivera-Medina, from Puerto Rico have been visitors, as well as Bob Newbrough, Ed Seidenberg and T. Revenson, from the U.S.A.; Silvia Lane, from Brazil, and S. Barriga, from Spain. At the same time, Venezuelan community psychologists travel frequently to Argentina, Brazil, Colombia, Chile, Costa Rica, Mexico and Peru. This means that close contact with those countries is kept, providing a critical and fruitful dialogue.

Professional Organizations and Community Psychology
In spite of the activity and results accomplished there is not a specific organization uniting community psychologists in Venezuela. What works as a forum or arena for presenting our work is the Venezuelan Association of Social Psychology (AVEPSO), whose Biannual Meetings and journal (Boletín de la AVEPSO) provide the opportunity to communicate research results, theoretical and methodological reflections. Actually that journal has played a key role in the dissemination not only of Venezuelan Community Psychology, but of the Latin American line of theory and research in the field. The professional recognition received by community psychologists is due, in part, to having had access to it. Also, Venezuelan Community psychologists belong to the Community Psychology Network of the Inter American Society of Psychology and, some of them have links to Division 27 of the APA.

Academic Community Psychology Programs
Organization and development in San José de La Urbina. This program was initiated in 1990 at the Department of Social Psychology, Central University. The professor of Community Psychology was approached by an officer at the Community Education Program of the Ministry of Family, in order to attend the demands of the people from a slum in Caracas: San José de La Urbina. The goals of the program are:

a) To link the teaching of the sub-discipline with practice carried out in the community.

b) To develop, along with community members an action program seeking to strengthen organizations within the community, and to foster new ones according to its necessities; to attend to the participants needs. regarding psychosocial processes leading to empowerment and development of their resources; to catalyze a process of social change planned and carried out by community members.

The first step of the program was to assess the needs of the community. This was done with the participation of several organized groups within the community, and to foster new ones according to its necessities; to attend to the participants needs. regarding psychosocial processes leading to empowerment and development of their resources; to catalyze a process of social change planned and carried out by community members.

In order to attend to these demands, a new group with links to those already existing, but incorporating new members, was created to deal with the School problem. The rehabilitation of the environment around the School was a third step. This involved cleaning, painting and teaching the people not to dump garbage in those places, but to put it in containers that can be collected by the Urban Cleaning Service. Workshops about decision making, self-esteem, assertive communication, leadership and, mental health given by the psychologists, at the specific request of the people, have complemented this process.

The action of the organized groups has
achieved what can be considered the first of the positive changes for the School: through their organized activity they were able to present, and defend their case before the Education authorities, and, as a consequence, the School was investigated by a Supervisor, the Principal was changed, and a series of meetings of distrust and malaise existing between them, the children and their parents, were given by the psychologists.

Currently, a process of critical retrieval of the history of the community is being planned, in order to transmit to the young a sense of social identity, leading them to care for, and participate in the activities benefiting the community and transforming it in a better place to live in.

The Casalta Project. This project was carried out by researchers at the Institute of Psychology and students from the School of Psychology (UCV). Its objectives were; to stimulate a process of technological change; to facilitate the achievement of that project of change; the analysis of the political confrontation involved; the retrieval of the history of the Casalta community. In this program community and environmental psychology provided the bases for work.

The first phase of the program consisted in the generation and organization of the group “La Esperanza” (Hope) as a legal association for homeless victims of a landslide produced by torrential rains that destroyed their shanties in one of the mountains around the Caracas valley. This association had as main goal obtaining a plot of land from the city authorities, at Casalta, a quarter in Caracas, and to plan and build several apartment houses and provide service infrastructure. The psychologists contributed by giving assistance to this process and by planning the distribution of the dwellings and common services, as well as the production of building technology, and the process of negotiation between the community and the civil servants. Workshops on communication techniques, patterns of child-rearing, decision making, the effects of crowding and sexual behaviour were given at the request of the community.

In order to receive economic and technical help from the Governor’s office, more families had to be admitted in the association which lead to a loss of clarity about objectives and norms. Group sessions and, role-playing techniques were employed to help the clarification and solution of conflicts emerging during the process. This experience had a modelling effect on other communities with similar problems, and the project has served to train psychology students in psychosocial community work.

Non-academic Community Psychology Programs

Two programs will illustrate the type of community psychology applied outside academia, in Venezuela: A governmental program, the Community Education (PEC), and the Psychosocial Program of CESAP (Center for Popular Action Service), a non-governmental agency.

The PEC was created as a complementary strategy of the Venezuelan government social policy, with the objective of promoting the organization of low income communities, and their participation in the solution of health problems, specifically in preventive actions. To achieve this, PEC has implemented information campaigns, specific courses about nutrition, prevention of gastrointestinal and respiratory diseases, massive vaccination carried out yearly, recreational activities for children, environmental protection campaigns, and attention to pregnant women. In all these actions community members organized in Health Committees, are involved.

CESAP’s program covers a variety of communities in the country, both urban and rural, and many different kinds of participants: there are women’s groups, workers’ groups, youth associations, farmer communities, communities in big city slums. Psychologists and other social scientists and workers provide assistance about organization, legal understanding, leadership training, community participation, decision-making, health education and services, group dynamics, need-assessment, consciousness-raising, and social communication techniques. Psychologists also give workshops about psychosocial processes involved in community transformations. Again, this program is oriented by a conception of social change not as something provided from outside the communities, but from within them, with the psychologists acting as facilitators and agents of change.

References


Montero, M. (1985). Alcance y roles de la Psicología Comunitaria en Venezuela [Role and Scopes of Community Psy-
Community Psychology in Great Britain

Jim Orford
The University of Birmingham, Edgbaston

The Current Position

Community psychology is currently scarcely visible in Britain. There is no Division or Section of the British Psychological Society that carries that name nor any University postgraduate training programs in community psychology. Community psychologists are not a recognized profession and there are few specific employment niches for community psychologists at the present time.

What there is in the U.K, currently, however, is a small but growing number of psychologists dissatisfied with a purely individualistic approach to the practice of psychology and with the social and political naivety of much of the theory that underpins that practice, and concerned to innovate in the area of social and community interventions. Reflected in the list of participants at a recent conference held in Newark, Nottinghamshire, most of this group in Britain are clinical psychologists, with a few educational psychologists; and some social psychologists. Indeed, it is a particular characteristic of this developing British community psychology movement that professional psychology, particularly clinical, is in the forefront. The few British books on community psychology have each been written by clinical psychologists. Bender's (1976), Community Psychology, in the Methuen paperback psychology series, Koch's (1986) edited volume, Community Clinical Psychology, and my own Community Psychology: Theory and Practice (Orford, 1992). The one postgraduate training program that includes the word community in its title is the University of Exeter Clinical and Community Psychology course, in effect it is a clinical psychology training program with a community bent.

This prominence of clinical psychologists lends to the British community psychology movement a particular flavour which may be distinct from that to be found in some other countries. In some writings on community psychology from the USA, for example, there is to be found a distinctly anti-clinical tone. Although many of us in Britain are critical of a bias towards an individualistic, diagnostic or psychopathological approach to human problems, community psychology is not generally seen as antithetical to clinical psychology. This may have a lot to do with the origins of clinical psychology in Britain which are closely intertwined with the coming into being of the British National Health Service (NHS), an experiment in comprehensive and socialized health care to which British clinical psychologists are almost without exception strongly committed. This has meant that most British clinical psychologists have had most of their professional experience working with underprivileged and marginalized groups: people with learning disabilities, with needs for long-term mental health care, with alcohol or drug problems, to name but three client groups. Although there are worrying signs that, after fifteen years of right-wing government intent on tampering with the NHS, some clinical psychologists are being drawn towards private practice, there has until now been no tradition of the efforts of clinical psychologists being drawn away from the public service towards work with the relatively well-off and privileged.

Many clinical psychologists in Britain now have experience of working in community mental health centers, of working alongside non-professionals, groups of health service users, and self-help groups, and of working within the principles of normalization or social role valorization. This is particularly true of clinical psychologists working within the learning disabilities specialty. A number of posts have been advertised in recent years calling for 'community clinical psychologists' or even just 'community psychologists'.

A second route whereby some British psychologists have come to identify, at least tentatively, with the community psychology movement, has been via social psychology.
Out of the identity crisis in social psychology of some years ago, which was partly about the failure of experimental social psychology to produce ecologically valid findings, has emerged a strong desire on the part of some social psychologists to make their subject more applied. This has lead to an inclination to directly address social problems, to carry out field studies, and to mix quantitative with qualitative methods.

The marriage of clinically-oriented community psychology and applied social psychology is reflected in the single British community psychology journal, the Journal of Community and Applied Social Psychology, the first issue of which appeared in 1991. To some extent this is a marriage of convenience, reflecting as it does the absence of an unequivocal British community psychology movement.

British community-oriented psychology has found it as difficult to escape the individualistic approach as have contributors to community psychology journals in the USA (Lounsbury, Cook, Leader & Meares, 1985). Although there are examples of studies investigating important social and community problems from a psychological perspective (e.g., Bagley, 1992; Brown & Harris, 1978; Warr, Jackson & Banks, 1988; Wright, Binney & Kunkler, 1994), it is rare for such studies to involve any attempt to intervene to ameliorate social or community problems, and it is probably not unfair to say that British community psychology is still short on action. This impression is supported by examining the four issues of the Journal of Community and Applied Social Psychology appearing prior to the Newark conference. Of 18 empirical articles appearing in those four issues, only three involved intervention. The methods used in the remaining fifteen studies were limited, one was a laboratory style social psychology experiment, eight involved questionnaires or survey interviews administered once only, one an in-depth interview, three repeated questionnaires or survey interviews, and two analysis of documents. Of the three articles reporting an intervention, one was from North America, and of the two British studies one was at the individual/organizational level, the other at the level of community.

The last mentioned of these studies was a social enquiry and action project carried out in a community near the centre of Nottingham, a large industrial town in the East Midlands of England, not far from Newark. Much of the area covered was categorized as extremely or seriously disadvantaged. A clinical psychologist providing a therapy service at the primary care level involved herself in a local Community Forum along with other people working and living in the area who were concerned to develop a cohesive and coordinated approach to improving the area by encouraging local people to voice their needs and aspirations. In her role as a community psychologist she encouraged the carrying out of a community survey and played a major role in analyzing the data. Members of the Forum acted as interviewers and interviewed a total of 123 local residents.

The survey resulted in the identification of the main perceived harmful influences upon health and causes of stress in the community, including litter, dog excrement, air and traffic pollution, feeling unsafe to go out at night, and lifestyle-related issues such as smoking and diet. Results were reported at a public meeting and publicized in the local newspaper, local libraries, shops and community centers. This resulted in setting up a network of groups concerned with different issues, e.g., play space for children, local leisure facilities for teenagers, a parents' and toddler's group, a stress management group (Bostock & Beck, 1993). Amongst further activities was the setting up of a survey of doctors initiated by women patients. The report contrasted good and bad doctors from the women's perspective, naming the doctors concerned and making specific suggestions for improvement. The doctors themselves and members of the local authority responsible for primary health care services were invited to a meeting at which the report was discussed (Bostock, 1994).

In many ways this project represents an excellent example of action research, with the psychologist acting as a facilitator of others, and the research forming part of the process of attempted intervention. There are many interesting points about this particular piece of work. One is that the psychologist concerned developed the role of community psychologist as a result of working in the community as a clinical psychologist. Another concerns the compromises that have to be made in order to mount effective action research. As Janet Bostock reported at the Newark Conference, she "never won the argument" about the need for a representative sample of interviewees for the survey, although she clearly had many successes in other ways. Such compromises are inevitable when 'the participants' in community psychology research really are participants in making decisions about the conduct and interpretation of the research (Serrano-Garcia, 1990).

Sue Holland is another clinical psychologist who has found a way of combining psychotherapy and community action. Her work with women in a housing estate in the White City area of London (Holland, 1988) has had considerable influence in inspiring community clinical psychologists in Britain. The women participants in the project, often suffering from depression which had been viewed in a highly individualized way and treated with psycho-active drugs, commenced by engaging in individual therapy. From there they moved to an involvement in groups which aimed to consider women's mental health within a family and social context, and from there developed collective social action in which women became involved in attempts to change aspects of their local environment and to raise mental health as a social issue within the estate. Thus the participants would move from a position in which their difficulties were construed in terms of personalized troubles and individual symptoms, through a stage during which they would question the wider origins of their difficulties, and perhaps further to a 'radical structuralist' position in which they might be able to engage in social action to alter social conditions. As Holland stated:

Prevention must... be addressed to both the internalized social structures of the human psyche and the external social structures of society and state. The prescriptions of 'treatment' which follow from such a model include both psychotherapeutic intervention at the psychic level, and political actions at the structural level (p 126).

A number of other British clinical psychologists are recognizing the conceptual and practical limitations of individual therapy. One who has written eloquently on this theme is David Smail (1987,1994). In his book, Taking Care: An Alternative to Therapy, he wrote:

... as long as we seek the explanation for pain, despair and catastrophe inside people, we shall fail to observe that they are in fact the result of our construction of a society serving the functions of power and interest as they operate coercively and manipulatively between people (1987, p.68 original emphasis).

Another is Craig Newnes who has recently written in The Psychologist, the monthly professional journal of the British Psychological Society:
Clinical and Counselling Psychologists are in a position of privilege—not because we have magical ways of helping people but because our rhetoric and the needs of others has created an illusion that we are experts in misery... Our professional body might look at ways of promoting [knowledge about] links between poverty, cruelty, unemployment and distress 1994 (p. 314).

David Fryer is an example of an applied social psychologist who has identified himself with the growing British community psychology movement. He has reviewed a great deal of evidence consistently showing a relationship between unemployment or employment conditions, and mental ill-health. He describes this as being as impressive a body of work as can be found anywhere in twentieth century applied social psychology (Fryer, 1994a). He has been critical of theories such as Jahoda's (1988) and Warr's (1987) regarding the psychological functions of employment, and himself has developed an 'agency' theory that supposes that unemployment and other adverse labor market conditions (low paid work, insecure work and unsafe work, etc.) restrict and undermine people's ability to initiate action, to assert themselves, to influence and cope with events, and to plan their lives in line with values, goals and expectations.

Fryer's own recent work has been with fifty families in an area of poverty in Edinburgh Scotland. Within each family a number of informants provide information about their socio-economic circumstances and how they are coping with them, and are given computer-based advice about welfare benefits (Fryer, 1994a). Fryer is one of those who sees virtue in the fact that British community psychology does not at present constitute a coherent, identifiable, theoretically unified discipline. As he says: 'I regard 'community psychology' as an attractive label precisely because it refers to a field that is relatively undefined in terms of theoretical hobby horses, methodological preferences and substantive issues, and is relatively immune from the attentions (at least in the U.K.) of professional protectionist organizations (Fryer, 1994b, p. 13).

Time will tell whether community psychology in the U.K. will remain in this loose and flexible form or whether it will move towards greater coherence and institutional fixation.

References


Professor Jim Orford is affiliated with The University of Birmingham, School of Psychology, Edgbaston, Great Britain.

This paper is based on a chapter entitled "Community Psychology in the U.K." to appear in A. Martin Gonzalez (Ed.), Community Psychology: Foundations and applications, in 1995.
Community Psychology In Norway

Arvid Skutle
The University of Bergen, Norway

A brief history

Generally, psychologists have been considered as ‘second line’ health personnel, to be called upon by ‘first line’ personnel when they encounter problems beyond their own level of competence. Although this model sounds rational and reasonable, it overlooks the fact that differences exist between physical and mental disorders, and that several decades of great investments have been made in the building up of publicly supported somatic health facilities at the local level, while very little has been done to develop comparable mental health facilities. It also overlooks the fact that ‘the first line’ of care for mental disorders is social institutions like the family and a person’s social network, consisting of neighbours, friends and acquaintances (Christiansen, 1981).

This was expressed by the most prominent community psychologist in Norway, Bjørn Christiansen, almost 14 years ago. Since then, there has been a positive development of many aspects of the community psychology area in Norway. In sum, the history of community psychology in Norway is rather brief. The psychological work at the local health centres started in the late sixties, and the role of community psychologist with a close attachment to the social welfare service, started in the mid-seventies. There have also been other branches of psychology, for instance in the educational system and in the alcohol and drug area, where the central principles in community psychology have been applied: decentralization of the service, more outreach work and an emphasis on prevention.

Psychologists have for years been working in the educational system and schools. Because this service is required by law, all the municipalities in Norway (almost 500) have a school psychologist service for all children and youngsters. The main psychological activities are counselling, consultation to teachers in the schools and kindergartens, to parents and also consultation to other professionals in primary health care.

Another characteristic of the professional tradition in Norway, is the role as so-called community psychologist. In the rural area, the community psychologists cover a broad range of methods, including crisis intervention, counselling and psychological examination, consultation and short-term treatment. The community psychologists are most often situated at the local health and social centre in the municipality, and collaborate with other health professionals at the centre. In this way, the community psychology service is relatively easily available to most local people and to the other groups of professionals like the general practitioner, nurse and social worker.

Evaluation of this service showed that the main benefit for the municipalities was a more cost-efficient treatment and prevention system, characterized by a more available service in terms of location and economy (Christiansen, Iversen, & Stephansen, 1983). The community service resulted in a better matching of the treatment system to the client’s needs, and that the service took place at a low level in the treatment system. Furthermore, the training of, and consultation with, other professionals had resulted in a valuable competence building that has made the communities more independent of professional assistance from the specialist agencies.

Another community psychology tradition is the work at the local health centres for children, where psychologists have been involved in various kinds of preventive work. These centres are responsible for preschool children and their physical and mental health, especially the vaccine programs. Some centres have psychologists in full-time positions, but most centres receive psychological assistance from external consultants on a regular basis. More than 90% of the Norwegian children up to seven years of age are reached by the centres, in this way representing a very important preventive agency. The main activities for the psychologists have been counselling work with pregnant women and with parents of newborn and small children about general problems in the upbringing of children. Beyond these primary preventive activities, the centres are responsible for screening and early detection of mental and physical disabilities, and referrals to the specialist agencies. They are also involved in the habilitation process for the disabled children.

Theoretical Underpinning

Norwegian psychology has been strongly influenced by the many branches of American psychology. There are several exchange programs between the major American universities and the Norwegian universities. For this reason, our basic textbooks in community psychology have been imported from the USA, and I will mention only a couple of important contributors: Community Psychology: Values Research and Action by Julian Rappaport (1977), and Psychology and Community Change by Kenneth Heller, Price, Reinharz, Riger and Wandersman (1984).

The cultural differences between our two countries make it sometimes difficult for the students to accept or understand the specific issues presented in the books. Still, it has been important for us to present the more international and culture-independent principles of community psychology, and discuss how they can be applied within our own cultural and political environment.

A more recent textbook by Jim Orford, Community Psychology: Theory and Practice (1992), has been well received in Norway, and has contributed to bridging some of the cultural barriers. Since prevention, and especially primary prevention beyond the individual level, is an important area in community psychology, I will also mention another student textbook of ours: Health Promotion at the Community Level edited by Neil Bracht (1990).

Although the values and principles of community psychology fit very well into our political and welfare traditions, community psychology in Norway is still in its infancy as an academic discipline. However, during the last five years or so, there has been a positive and significant increase in the number of research projects and more action oriented studies, where scientists work in
close collaboration with the practitioners, especially in the areas of prevention and evaluation.

Political and Cultural Influence
The Norwegian Psychological Association was established in 1934, strongly influenced by the psychoanalytical traditions. After the second world war, the Norwegian society was built on social democratic principles where justice, equal rights and opportunities for everyone were important principles. Furthermore, the strengthening of the local group and community identity was another important principle. Mental health and well-being were no longer regarded as individual factors, but rather as determined by societal, economic, and environmental factors.

According to recent political priorities, prevention of mental health and psychosocial problems has received more attention than ever before (Stortingsmelding nr. 37, 1992-93). There has been a development of professional roles and activities in this area, with an emphasis on prevention of mental health problems, support of self-help groups and decentralization of the traditional mental health services. To a large extent, psychologists have been regarded as key personnel in coping with mental crisis in the general population (i.e., related to accidents and disasters) and in the development of health promotion and prevention oriented activities in the schools, health centres, outreach units, child guidance, refugee centres and in the public service centres for the elderly (NOU, 1988:33). Furthermore, the formal education and training opportunities for psychologists interested in community psychology have been improved over the last five years, both at the graduate and postgraduate level. There is a need of elaborating the ideas, theories and models in the various fields of community psychology. The scientist-practitioner model, which is based on a close collaboration between university staff and practicing community psychologists, has a long tradition in our country.

Education and Training Opportunities
The Department of Psychology at the University of Oslo was established in 1909. This was the start of the academic psychology in Norway, where psychology was a branch of philosophy. Currently, four universities in Norway offer a graduate program in psychology, characterized by a broad psychological orientation. The programs satisfy official standard norms for university programs in psychology, as defined by the health and educational authorities. They include a broad range of psychological topics such as biological and medical psychology, cognitive psychology, social psychology, personality, and developmental psychology, research methodology, clinical psychology, and finally the psychosocial issues—including work and industrial psychology, community psychology, and educational psychology. All the university programs in psychology in Norway include all the mentioned topics.

As an illustration, I will give a brief description of the program that I am most familiar with, at the University of Bergen. The training program in community psychology is offered by the Department of Psychosocial Science that is part of the Faculty of Psychology, one of the very few psychological faculties in Europe. The program emphasizes the individual in an environmental context, and the reciprocal influences of the various levels and hierarchies in society as they structure and form individual potential. Community psychology is primarily oriented towards preventive intervention and evaluation of various programs in the health and social service system. The training program has an outwardly-oriented and applied approach and involves cooperation with many different community bodies. The program’s main political goal is to strengthen an important, growing field with the competence and interest of newly trained psychologists. Furthermore, the program prepares the student for a variety of relevant community psychological issues and methods. The program includes both theoretical aspects, methodology and also role performance aspects associated with work in these areas.

The Norwegian Psychological Association offers three different postgraduate training programs, each lasting for approximately five years. A Cand. Psychol. degree (six years) is required to enter the postgraduate program. The program consists of four major components: relevant practice, supervision, several specific courses and conferences, and a paper or publication approved by a committee. Fulfillment of the program requirements entitles the psychologists to call themselves a ‘specialist’ in the specific area. The three areas are clinical psychology, work and industrial psychology and finally community psychology. Consequently, community psychology is well covered in the Norwegian educational system.

Professional Bodies of Community Psychology
There has been a combined licensing and certification law for psychologists in Norway since 1973. Practicing psychologists are required to have a higher degree in professional psychology: the Cand. Psychol. degree. This degree is awarded after six years of academic and professional study, and is equivalent to an American doctorate, or to a British MA or MSc. plus diploma.

Now, there are nearly 3000 psychologists in Norway, most of them members of the Norwegian Psychological Association. The majority work in the health or educational systems. Only a small percentage work in industry. There is a great demand for psychologists in Norway, including community psychologists. Currently, more than 400 positions are vacant, especially in the rural areas. The general tendency from 1990 to 1994 was that psychologists moved away from the traditional work areas like the mental health treatment area and the educational system. More psychologists have established private practices that normally have better economic outcomes. There is also a tendency for more psychologists to work in the public administration as planners of the health and social system, or work in the primary health and social service. An increasing number of psychologists are also involved in research and higher education.

The psychologists trained in community psychology work within a very broad range of the Norwegian educational, health, and welfare system. A common characteristic is that they often work as single psychologist in close collaboration with other professional groups within a variety of settings. This is, to some extent, different from the situation in the specialist area, where many psychologists are working together, giving them an opportunity to establish a professional, psychological identity. It is for this reason that the training program for community psychologists is so important, because they get together and exchange professional experiences and ideas, contributing to the development of a professional identity as community psychologist.

Projects in Community Psychology
I will now briefly present two projects in community psychology in Norway, as illustrations of at least some professional activities in the area. It is always difficult to select among the variety of ongoing activities, but I think that the two projects represent basic community psychological prin-
The Norwegian Bereavement Care Project was initiated in 1986, as a collaboration between the national health authorities, the church, and several non-governmental organizations (Thuen, in press; Thuen & Skutle, in press). The main objective was to establish an opportunity for local support for bereaved people. The project included a training program for various professional groups about grief reactions, crisis intervention and how to support bereaving persons, both individually and at a group level. Community psychologists have been responsible for the development and national coordination of the project, and for the training programs. Furthermore, another group of community psychologists, at the Department of Psychosocial Science, University of Bergen, are responsible for the evaluation of the project.

The project is a kind of strengthened self-help movement since professionals are involved in the groups to a certain extent. Currently, about 40 municipalities have established local steering committees to coordinate the support measures, organizing more than 60 bereavement groups. The evaluation of the project focuses on three different levels. At the individual level the research issue is to identify psychosocial factors associated with a healthy adoption to the loss and satisfaction with the support in the group. Another relevant issue concerns the group level, where attention is paid to the group structure and group processes associated with favourable outcome. Finally, at the organizational level the major research issue is to identify organizational, demographic, and economic factors associated with an efficient organization of the groups at the local level. Preliminary findings from this study strongly emphasize that social support, from either family members, friends, or from the bereavement groups, is perceived as valuable by the recipients and is of great help to them in their grief process.

The next project that I will mention, is aimed at health promotion and substance abuse prevention among young adults in Western Norway (Iversen et al., 1994). This is a community based action research program that currently takes place in five selected municipalities, with an emphasis on empowerment and control to local authorities in their preventive efforts against alcohol and drug problems. The main objective is to reduce the level of drinking, drunkenness, drug use and also the negative consequences from these habits. The planning of the project was initiated by the national health authorities in collaboration with the Department of Psychosocial Science, University of Bergen. The project is based on an initial analysis of the involved communities, where local resources, key persons and organizations are identified (Bracht & Kingsbury, 1990). A survey study among young adults, 16 to 25 years of age, is also included in the analysis, where the primary aim is to define the needs, goals, and relevant strategies in the preventive work. The basic assumption is that the communities themselves are the experts, and probably know best what they need. The project’s central steering group, with representatives from the participating county, from the National Ministry of Health Social Affairs, and from the University of Bergen, helps the local committees in their planning and in the carrying out of their plans.

The initial phase of the project has recently started in the municipalities, and it certainly requires much local resources and personnel. Still, it has been very well received, and it seems like the community psychology approach is very easily accepted and adopted by the communities. The local steering groups include both health and social representatives, politicians, young adults, and representatives from volunteer organizations. Currently, the group members attend a training program where the basic principles in primary prevention, health promotion and community psychology are presented and discussed.

The project is being evaluated by a team of community psychologists, applying both qualitative and quantitative methods (Iversen et al., 1994). The main focus will be on a process evaluation, but also a summative, effect-oriented evaluation of selected components of the program will be carried out. The process evaluation takes place throughout the project period, in cooperation with the project coordinator situated at the county’s health administration.

Conclusion

In Norway, community psychology as an academic discipline and professional area competes with the attraction of clinical psychology, at both the graduate and postgraduate level. We are also in a position where community psychology is introduced to other professional groups. Therefore, I will emphasize the importance of research and documentation. It is not satisfactory to present our basic community psychology values, ideas and hypothesis, unless we are willing to invest in theoretical and empirical research. We need to know if our methods and strategies work, and how and why they work, and for whom they work.

References


Associate Professor Arvid Skutle is affiliated with the Department of Psychosocial Science, The University of Bergen, Norway.
### Interest Group Bulletin Board

<table>
<thead>
<tr>
<th>Aging</th>
<th>Applied Settings</th>
<th>Children and Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>The <em>Aging</em> interest group focuses on the productive role of aging in the community and the prevention of mental health problems in the elderly. For more information, contact Margaret Hastings (708) 256-4844.</td>
<td>The <em>Applied Settings</em> interest group explores the roles and contributions of people working in applied community psychology settings. For more information, contact David Chavis (908) 932-0512.</td>
<td>The <em>Children and Youth</em> interest group facilitates the interests of child and adolescent development in high risk contexts, especially the effect of urban poverty and community structures on child and family development. For more information, contact Mark Aber (217) 333-6999.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rural</th>
<th>Self-Help</th>
<th>Stress and Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>The <em>Rural</em> interest group is devoted to highlighting issues of the rural environment that are important in psychological research, service, and teaching. For more information, contact David S. Hargrove (601) 232-7383.</td>
<td>The <em>Self-Help</em> interest group is an international organization of researchers, self-help leaders, and policy makers that promotes research and action related to self-help groups and organizations. For more information, contact Keith Humphreys (415) 493-5000, x2814.</td>
<td>The <em>Stress and Coping</em> interest group aims to preserve the Society’s ties to an area of research that has been important historically in the development of community psychology and facilitate communication among researchers in this area and with other community psychologists. For more information, contact Fran Norris (404) 651-1610.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Health</th>
<th>Undergraduate Awareness</th>
<th>School Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>The <em>Community Health</em> interest group focuses on health promotion, disease prevention, and health care service delivery issues as they relate to the community. For more information, contact Rich Jenkins (301) 294-1880, ext. 1125; Fax (302) 294-1896; E-mail: <a href="mailto:jenkins@usuhs.usuhs.edu">jenkins@usuhs.usuhs.edu</a> or Frank Wong (617) 522-0714.</td>
<td>The aim of the <em>Undergraduate Awareness</em> interest group is to promote the awareness of community psychology among undergraduate students and increase student involvement in community psychology. For more information, contact Kim Kobus (312) 996-3036.</td>
<td>The <em>School Intervention</em> interest group is being established to focus on the theories, methods, knowledge base, and setting factors pertaining to prevention and health promotion programs in schools. For more information, contact Marcia Klein (203) 789-7645.</td>
</tr>
</tbody>
</table>
Aging and Mental Health Interest Group

Margaret M. Hastings

The rapid growth of the aging population is one of the most significant demographic changes in the United States. In May 1995, the last White House Conference on Aging in this century will be held. A special focus for this meeting will be generational interdependence. The Aging Interest Group will build its 1995 activities in concert with the conference agenda.

A majority of older persons in our country are healthy, educated and represent a major natural resource for our communities. Organizing and utilizing that resource is critical for our nation's children and their schools as well as for many other community institutions that run and/or depend on volunteer energy. At the same time, fostering and keeping a meaningful place in our communities for the elderly can prevent isolation and depression that can lead to poor nutrition, inactivity, and unnecessary mental and physical decline. Many preventive programs such as self-help groups can be essential in maintaining wellness of the aging, promoting health of elderly caregivers, and managing chronic conditions.

An example of the contributions of our elderly are evident in the growing role of grandparents in our society. Over 50% of the nation's grandparents report spending twenty hours or more a week in doing child care for their grandchildren. More than one million children are being raised and supported solely by grandparents.

Of special interest to SCRA is the fact that there is little public knowledge about these programs or research on their effectiveness including their impact on communities as well as on the health and well being of the elderly. This finding suggests important directions for the aging interest group.

1994-95 Directions for the Aging Interest Group

The aging interest group goals are:
1. To examine the roles of the elderly as a major natural resource for improving life in our local communities,
2. To develop ways to prevent, delay onset, and/or lessen the severity of disease and disability among the aged through maintenance and discovery of worthwhile roles for the elderly in our communities, and
3. To assess and demonstrate the potential of self-help in promoting wellness among the elderly and preventing mental disability, isolation, and disease among the elderly.

Activities for 1994-95

To move toward accomplishing these goals, a basic set of activities will be:
1. To identify members of SCRA interested in aging issues, develop a directory of those members and their interests, and establish an ongoing working group for realizing interest group goals.
2. To provide information on the areas discussed above through publications in TCP and AJCP.
3. To develop specific program proposals for the 1995 APA convention, and
4. To develop a special seminar and other activities for the upcoming Biennial Conference, related to productive aging, intergenerational programs, and the elderly as a major resource for community well-being.

Join the Interest Group

Please join our efforts by sending or faxing your name, address, phone and fax numbers, current position, current activity and research interests in the aging field. Please include any special ways you would like to contribute to the interest group mission. Send information to Margaret M. Hastings, Ph.D., Box 228, Kenilworth IL 60043; Phone/Fax (708) 256-4844; or Phone (312) 663-0040; Fax (312) 663-9058.

Stress and Coping Interest Group

This interest group was approved by the SCRA Executive Committee in January, 1994. At present, it has 47 members. Fran Norris of Georgia State University and Manuel Barerra of Arizona State University are chair and chair-elect, respectively. The group's purposes are to: (a) preserve and promote the Society's ties to an area of research that has been important historically in the development of community psychology; (b) facilitate communication among researchers in this area, between group members and other community psychologists, and between community psychologists and other stress researchers; (c) build bridges and respect between researchers and activists in the stress and coping field; and (d) represent the interests of group members within the larger SCRA.

Because the group is newly formed, no activities were held in the first half of 1994. In July, a mailing was sent to all group members that included their names and phone numbers, the group's mission statement, and a letter of introduction from the chair. Members were asked to think about activities we might sponsor as a group at either the SCRA Biennial or APA meeting next summer. Because it was not possible to plan a formal meeting for the 1994 APA Convention, members were asked to look for one another informally at the Social Hour. Group members also were asked to send the chair short descriptions of their specific interests and recent activities to be circulated among other members of the group. For more information about the group, please write or call Fran H. Norris, Ph.D., Department of Psychology, Georgia State University, Atlanta, VA 30303, (404) 651-1610.
School Intervention Interest Group

The school intervention interest group will be hosting a breakfast at the Biennial Conference on Saturday, June 17, at 8:00 a.m. The specific location will be posted near the registration desk. If you would like further information, please contact Marsha Kline at (203) 789-7645 or Joe Zins at (513) 556-3341. To be placed on our mailing list, you may call Marsha or write to her at The Consultation Center, Yale University, 389 Whitney Avenue, New Haven, CT 06511.

Self-Help/Mutual Support Interest Group: The International Scope of the Self-Help Movement

Membership in the self-help/mutual support interest group reflects the international scope of the self-help movement. Between our mailing list and our electronic communication network, the interest group gives information to and facilitates connections between researchers and self-helpers in over a dozen countries from Hong Kong to Finland.

Thanks to the assiduous efforts of interest group members Francine Lavoie, Thomasina Borkman, and Benjamin Gidron (who, not incidentally, are from three different countries), the current issue of Prevention in Human Services features a sampling of self-help research from around the world. Francine, Thomasina, and Ben organized the research track at the 1992 International Conference on Self-Help/Mutual Aid. The conference brought together researchers and self-helpers from five continents for a lively exchange of ideas and experiences.

The special issue of Prevention in Human Services, subtitled “International and inter-cultural research on self-help mutual aid groups,” presents revised and expanded versions of the papers given at the Ottawa conference. Topics addressed include the role of self-help groups in Japanese culture, the contrast between American and Israeli mutual aid groups, and the character of self-help in the former East Germany. In combination with the founding of the International Society for Third-Sector Research’s self-help interest group, this collection of papers presages a bright future for international collaboration and expansion in the self-help movement and its research.

Join SCRA’s E-mail Network

Greetings! We invite you to join SCRA’s very own e-mail list! The name of the list is SCRA-L, and it can be accessed by anyone with an e-mail address. Through this list, you can receive updates on current events concerning SCRA. You can also post messages to all SCRA members signed-on the list. We hope that this list will become a forum for discussions within the society, and we encourage all SCRA members to sign-on and participate.

It is quite simple to become “connected” with other SCRA members on the e-mail list. It requires two steps:

1) Send an e-mail message TO: LISTSERV@UICVM.UIC.EDU.

2) In the body of the message, type: SUBSCRIBE SCRA-L followed by your first and last name with a single space between each word. For example, John Doe could sign on the list by typing: SUBSCRIBE SCRA-L JOHN DOE.

Within 24-hours, you should get a message back from listserv stating that you have been added to the SCRA-L list. If there was any problem with your “mail command,” it will instead inform you of the problem.

An introduction to LISTSERV is available! Once you log on to the list, you can get an introduction to LISTSERV documents with two steps:

1) Send an e-mail message TO: LISTSERV@UICVM.UIC.EDU.

2) In the body of the message, type: GET LISTSERV REFCARD.

A file (LISTSERV REFCARD) will be sent to you which gives a general introduction to LISTSERV commands and their usage.

Sending group messages to SCRA members on e-mail. To post messages to the list members:

1) E-mail your message TO: SCRA-L@UICVM.UIC.EDU.

2) Type and send your message in your normal manner. The message will be forwarded to all signed-on members!

If you have any questions or problems, please feel free to send an e-mail message to SCRA’s National Students Representative, Sean Azelton, at Sean.Azelton@uic.edu. If you need social support or want to hear a human voice during this process, call Roger Weissberg at (312) 413-1012. Welcome online!
<table>
<thead>
<tr>
<th>Region</th>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
</tr>
</thead>
</table>
| Northeast | Pat O'Connor  
Sage Graduate School  
The Sage Colleges  
Troy, NY 12180  
(518) 270-2221 or 445-1735  
Fax: (518) 271-4545 | Paul Speer  
Ctr. for Social & Comm. Development  
Rutgers University-Livingston  
Bldg 4086, Rm 139  
New Brunswick, NJ 08903  
(908) 932-0152  
Fax: (908) 932-4154 | Jan Gillespie  
Department of Psychology  
SUNY College at Brockport  
Brockport, NY 14420  
(716) 395-2433 |
| Southeast | Leah Gensheimer  
Department of Psychology  
University of Missouri-KC  
5319 Holmes  
Kansas, MO 64110  
(816) 235-1065  
lgensheimer@umkcvax1 | Joe Ferrari  
DePaul University  
Department of Psychology  
2219 N. Kenmore  
Chicago IL 60614 | Terrie Sterling  
Community Health Promotion Branch of CDC  
4770 Buford Hwy. NE, Mailstop K46  
Atlanta, GA 30334  
(404) 488-5429 |
| Midwest  | Debra Srebnik  
Dept. of Psychiatry & Behav Sci.  
CH-13  
University of Washington  
Seattle, WA 98195  
(206) 298-2703 or 526-2165  
Fax (206) 298-2755  
srebnik@uwashington.edu | Mark Roosa  
Family Resources & Human Devel.  
Arizona State University  
Tempe, AZ 85287-2502  
(602) 965-5430  
Fax (602) 965-5430  
atahr3@asuacad | Charles Guaraccia  
Department of Psychology  
University of North Texas  
Denton, TX 76203-3587  
(817) 556-2577  
guaraccia@tертв1.unt.edu |
| Southwest | Richard Mendez-Calderon  
Ville Caparra Tower  
Street A, Apt 1-A  
Guiayabo, Puerto Rico 00657  
(809) 728-1515 x335 | Toshi Sasao  
Department of Psychology  
University of California, Los Angeles  
405 Hilgard Ave.  
Los Angeles, CA 90024  
(310) 206-8610  
sasao@psych.sscnet.ucla.edu | Kelly Naylor  
The Children's Hospital  
1056 E. 19th Ave.  
B516  
Denver, CO 80218  
(303) 764-8402 |
| Rocky Mountain | Richard Jenkins  
c/o Henry M. Jackson Foundation  
1 Taft Court, Suite 250  
Rockville, MD 20850  
(301) 294-1880  
rejenkins@usinh.usuhs.mil | South Pacific  
David Thomas  
Department of Psychology  
University of Waikato  
Hamilton, New Zealand  
001-64-7-61-889  
d.thomas@waikato.ac.nz | Michael Arthur  
Social Dev. Research Group  
146 N. Canal St., Suite 211  
Seattle, WA 98103  
(206) 685-3858  
mthurner@uwashington.edu |
| West | David Toth  
Social Dev. Research Group  
146 N. Canal St., Suite 211  
Seattle, WA 98103  
(206) 685-3858  
mthurner@uwashington.edu | South Pacific  
Arthur Veno  
Monash Univ. Gippsland  
Social Sciences  
Switchback Rd.  
Churchill, Victoria 3842  
Australia | South Pacific  
Heather Gridley  
Victoria Univ. of Technology/Psych.  
P.O. Box 14428, MMC, Melbourne  
Vic. 3000, Australia  
(001) (61) (3) 365-2333 or 484-7935  
agrom@cougar.vut.edu.au |

Canada  
Richard Walsh-Bowers  
Wilfrid Laurier University  
Department of Psychology  
Social-Community Psych Programme  
Waterloo, Ontario N2L 3C5 Canada  
(519) 884-1970 x2630  
rwalsh@mach1.wlu.ca

Latin America  
Luis Mendez-Calderon  
Ville Caparra Tower  
Street A, Apt 1-A  
Guaynabo, Puerto Rico 00657  
(809) 728-1515 x335

Asia  
Richard Jenkins  
c/o Henry M. Jackson Foundation  
1 Taft Court, Suite 250  
Rockville, MD 20850  
(301) 294-1880  
rejenkins@usinh.usuhs.mil

Mid East  
Gunduz Vassaf  
Calikusu 11  
1. Levent-Istanbul  
Turkey

Europe  
Wolfgang Stark  
Munich Self-Help Resource Center  
Bayerstr. 77a  
D-8000 Munchen 2  
Germany
pushtohaveresearchersrecognizethevalues implicitintheresearchmethodstheyselect initypsychology. Given this emphasis, having
basbeeoanimportantCOJlICI'Stoneofoommu- does much to constrictthe questionsto be knownthattheresearchmethodchosen in thisdebatehasbeentheincreasinglysalient feministagenda. "Thedrivingforcebehind yearsin questionssuchas "Canyouconduct
and "Arethere researchmethodsthatare relyingon traditionalresearchmethods/" but those reoommitmentto the self-identificationof researchersas
sizethe self-identificationof researchersas
researchbase. This section will focus on theoreticalarticles addressing the intersection of	community psychology and feminist
theory.

The three section will focus on articles dealing with social action issues. Articles will be selected which report on projects which the researchers clearly identify as involving a feminist approach, feminist methodology, or feminist values. This approach will emphasize the self-identification of researchers as overtly feminist, rather than attempting to use objective criterion. Particularly sought will be articles involving social policy issues.

If you have a project that you feel would be appropriate for the special issue please send a brief description to Jean Hill or Marion Terenzo. The deadline for submissions is April 1, 1995. Contact:

Jean L. Hill, Ph.D.
Department of Behavioral Sciences
New Mexico Highlands University
Las Vegas, New Mexico 87701
or
Marion Terenzo, Ph.D.
The Sage Colleges
Troy, New York, 12180

Teaching About Child Abuse and Neglect: Request for Information

In 1992, the APA's Coordinating Committee on Child Abuse Issues convened several working groups to summarize current knowledge about child abuse and neglect and recommend plans of action for addressing child abuse and neglect issues. The Working Group on Implications for Education and Training was asked to create a strategy to encourage the expansion of teaching about child abuse and neglect issues. The working group's report included specific recommendations to promote education and training about child abuse and neglect from the high school through the postdoctoral levels. These recommendations will be published in 1995 in the Journal of Clinical Child Psychology, along with the reports of the other working groups.

Some of these recommendations are now being implemented. One recommendation was to gather together child abuse and neglect education materials that are currently being used, create a packet that includes several sample curricula, reading/reference lists, and other materials, and then make this packet available to teachers, professors, and clinical supervisors. Members of the working group believed that such a packet would encourage teachers at many levels to insert child abuse and neglect information into current classes, update information that they may already be presenting, and consider developing entire courses devoted to child abuse and neglect issues.

If you teach about child abuse and neglect, either as a distinct course or as a subject within a more general course (e.g., a health, child development, or family issues course), you are encouraged to submit information for inclusion in this packet of information. The information that you submit may include: (a) class syllabi or schedules showing the topics you cover, (b) readings for the students, (c) books or articles that you found useful when preparing your lectures or presentations, (d) projects or activities that you have students complete, or (e) films, videotapes, or other supplementary materials that you use. This information will be compiled and made available to other teachers. Your name will not be associated with the specific material that you send; however, the names of all those who contribute to the packet will be listed.

Please send whatever material you believe would be useful to others teaching at your level to:

Mary Campbell
American Psychological Association
750 First Street NE
Washington, DC 20002-4242

For additional information about this project, please contact:

Jeffrey Haugaard, Ph.D.
Dept of Human Dev. & Family Studies
Van Rensselaer Hall
Cornell University
Ithaca, NY 14853
e-mail:jh15@cornell.edu
Call for Nominations: RHR International Award for Excellent in Consultation

The RHR International Award is given to an APA member whose career achievements reflect outstanding service to public or private organizations by helping them respond more effectively to human needs. Primary emphasis is placed on the practice of consultation rather than other accomplishments, such as teaching or research. This award, accompanied by a check for $1,500, is funded annually by the consulting firm of RHR International in honor of a founding member who epitomized the standards of excellence which they and the Division of Consulting Psychology seek to perpetuate. Nomination dossiers should include a letter of nomination, the nominee’s current resume or c.v. and appropriate supporting documentation such as letters from colleagues or clients, publications, or other evidence of the significance and impact of the nominee’s work. Send nominations to:

Paul Lloyd, Ph.D.
Chair, Division 13 Awards Committee
Lloyd & Associates
808 Alta Vista
Cape Girardeau, MO 63701

VCPPP Conference on the Prevention of Heterosexism and Homophobia
June 14-17, 1995
Burlington, Vermont

Now in its 21st year, the Vermont conference on Primary Prevention, Inc. will focus on Prevention of Heterosexism and Homophobia. Internationally-distinguished leaders in the field will offer paper, workshops, and discussion groups on various aspects of the prevention of heterosexism including keynote speaker: Celia Kitzinger, University of Loughborough, England, Speaking of oppression: Psychology, politics, and the language of power. Factors of strength and strain in our communities:
1. The stress of coming out, taking on an identity, finding a community
2. Sexual/Partnered Relationships
3. Lesbian and gay parents and their children
4. Lesbians and gay men who are members of ethnic minority groups
5. Immigrant and refugee lesbians

Prevention of risk factors and unique stressors in our communities:
1. Substance use in the gay and lesbian communities: A harm reduction approach?
2. Challenges and coping among lesbian, gay, and bisexual youth: Queer kids in postmodern American Society
3. Acculturation, social supports, and life events stressors in gay men
4. Heterosexism and antigay hate crimes

Advocacy: Toward the elimination of heterosexual bias
1. Rejecting therapy; using our communities
2. Using the political system: Where do we go from here

Workshops
1. Prevention of heterosexism in the health setting
2. Prevention of heterosexism in the educational setting
3. Prevention of heterosexism in the corporate setting
4. Prevention of heterosexism in the therapy setting
5. Gay and lesbian youth: The case of Vermont
6. Heterosexism and AIDS

A one-week, three-credit graduate/undergraduate psychology course (psy 295) on “Prevention of Heterosexism and Homophobia” will be offered in conjunction with the conference through the University of Vermont.

For more information regarding the conference or the related course, please contact:
UVM Conferences, Attn: VCPPP
30 South Park Drive
Colchester, VT 05446, USA
(800) 639-3188
Fax: (802) 656-3891

Poster Presentations and Discussion Sessions Invited!
A poster session allows for extended discussion of the topic with the author, using illustrative materials (tables, graphs, data) placed on a poster. Discussants will be selected for their expertise in an area related to the conference theme. To propose a poster or discussion hour please send three copies of proposal: typed, maximum three pages plus a cover page with poster/discussion session title and name, address, telephone number/ fax of each author. Submit the proposal for a poster or discussion session to:

Anna Myers-Farelli
Attn: VCPPP
Department of Psychology
John Dewey Hall
University of Vermont
Burlington, VT 05405
Fax (802) 656-8783

Call for Abstracts: AJCP
Special Issue on Community Interventions to Promote Youth and Family Development

The past decade has seen an increasing focus on issues concerning U.S. youth. Social critiques and new policy proposals, educational reforms, and governmental as well as privately sponsored programs have targeted an oft-cited litany of problems, including inadequate mastery of academic skills and high rates of school dropout, violence, early and out-of-wedlock pregnancy, and substance use and abuse. Low income teenagers, particularly urban youth of color, have received the bulk of the attention through these initiatives.

More recently, there has been a growing recognition that poverty is the common element in many if not all of these issues—a root cause and a compounding factor—and that, therefore, effective preventive strategies and solutions to these problems need to be comprehensive and holistic, focusing on young people’s real lives and including their families. Not surprisingly, these are particularly challenging programs to evaluate.

The American Journal of Community Psychology plans to publish a special issue dealing with community interventions to promote youth and family development. Papers are invited in the following areas: descriptions of successful or promising community-based models and their implementation in the U.S. and abroad, evaluations of such programs, methodological advances in the evaluations of such programs, and policy analyses. The special issue is meant to illuminate the subject area and illustrate community-based psychology interventions.

Abstracts are due no later than June 30, 1995, and will be reviewed as submitted. For additional information, to discuss potential paper ideas, and to submit abstracts, please contact:

Sharon L. Rosen, Ph.D.
Executive Director
The Bingham Program
New England Medical Center
750 Washington Street, Box 396
Boston, MA 02111
Fax: (617) 636-7301