

The Concepts, Values and Ideas of Critical Community Psychology

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The Concepts, Values and Ideas of Critical Community Psychology

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Abstract

This paper describes part of a larger research project that investigates the relationship between clinical psychology and socio-political factors. Part of this research involved generating statements that represent the concepts, values and ideas of Critical Community Psychology (CCP). A list of 56 individuals involved in CCP was generated through snowball sampling and a modified Delphi methodology was employed to generate the list of statements. 25 individuals provided their thoughts about CCP and this material was reduced to form a list of representative statements. This was further revised in line with the recommendations of 18 individuals who gave their comments on the original list. From this, a final of 43 items was produced. This list is presented in this paper.

Key Words: Critical Community Psychology Values

1. Introduction

1.1 Background

This paper describes part of a larger research project that investigates the relationship between clinical psychology and socio-political factors. Fleming and Burton (2001) define the term socio-political as the areas of linkage between the individual and society. This includes social, political and environmental influences.

The relevance of socio-political factors to clinical psychology is borne out by long established and contemporary research (e.g. Brown & Harris, 1978; Bruce, Takeuchi & Leaf, 2001). More recently this relevance has been acknowledged by the British Psychological Society, who in the guidelines produced by the Committee for Training in Clinical Psychology (CTCP) state that it is necessary “For clinical psychologists to incorporate awareness of the social and political context of people’s lives into their understanding and clinical practice” (Attenborough, Hawkins, O’Driscoll & Proctor, 2000; p.13). Moreover the CTCP criteria states that “Programmes should ensure that the issues of gender, class, race, culture and the influences of society on the individual and their relevance to clinical practice are integrated into all aspects of teaching” (Division of Clinical Psychology, 1999, 8.12).

However, many writers highlight the fact that clinical psychology has tended to ignore socio-political factors, putting consideration of them beyond its disciplinary boundary (e.g. Attenborough *et al*, 2000; Burton, 2004; Danziger, 1994; Fleming & Burton, 2001; Fryer, Duckett, & Pratt, 2004; Murray & Campbell, 2003; Nelson & Prilleltensky, 2004; Smail, 1993). This literature is exemplified by Patel (2003) who states that “Clinical psychologists have, with admittedly the best intentions, ignored the relationship between the individual and the historical, social and political contents which have shaped their lives and given rise to distress” (p.16).

Thus, it seems there may be a tension between the usefulness of including socio-political ideas within clinical psychology and the acceptance of these ideas within the profession more generally. This tension is highlighted by Fleming and Burton (2001) who describe delivering nine hours of socio-political teaching to one cohort of clinical

psychology trainees at the University of Manchester, between 1997 and 2000. The authors report that though some trainees made positive comments about the teaching, there were also many negative comments. These included the suggestion that the teaching did not provide enough practical techniques, was not psychological enough, and was too conceptual (Fleming & Burton, 2001). These negative sentiments are reinforced in a follow-up letter written by the Second-year trainees which suggests that “in order to justify the inclusion of this rather esoteric teaching in a clinical psychology training course, we believe that it should be prepared to address the question of its own relevance to everyday clinical practice” (Second-year Trainees, 2001, p.3).

Accordingly, it appeared pertinent to embark on some preliminary, exploratory research that sought to investigate the relationship between socio-political factors and clinical psychology. One possible way to do this was to present participants from clinical psychology with relevant socio-political material that they could rate and comment on. It was decided to generate this material using the concepts, values and ideas from an alternative form of practice that considered socio-political factors to be vital to its work. A number of potential alternative forms of practice exist e.g. critical psychology (Fox & Prilleltensky, 1997; Parker, 1999; Sloan, 2001) or community psychology (Orford, 1992; Kagan & Burton, 2001; Rappaport, 1977; Sarason, 1974 / 1988). However, this research chose to focus on critical community psychology.

1.2 Critical Community Psychology

In recent times a new area of practice known as Critical Community Psychology (CCP) has appeared which combines aspects of both critical and community psychology. Its prefix, “critical”, is directed towards community psychology itself, which its adherents believe has abandoned the socio-political factors that were central earlier in the discipline’s history (Fryer, Duckett, & Pratt, 2004; Nelson & Prilleltensky, 2004; Prilleltensky & Nelson, 1997). The growing CCP literature demonstrates awareness of the socio-political weaknesses within psychology and, in response to this, writers have highlighted concepts, values and ideas which they believe address these weaknesses (e.g. Burton & Kagan, 2001; Prilleltensky, 2001).

Key concepts within CCP include the ideas of social action, social justice, social change, the ecological metaphor, the distinction between working at micro, meso and macro levels, praxis, powerlessness, politics, diversity, oppression and liberation (Burton & Kagan, 2001; Prilleltensky & Nelson, 2002; Prilleltensky, 2001).

There has been some attempt to define the values of CCP in the literature (e.g. Angelique & Kyle 2002; Prilleltensky, 2001) however there is no clear agreement on what they are. While it would have been possible to extract these values from a literature review, to do so from outside CCP (indeed from outside community psychology) would undoubtedly have introduced error and researcher bias. In addition, the close proximity between CCP and community psychology in general may have confused a researcher from within clinical psychology. Therefore, an initial aim of this research was to develop a consensus on the values of CCP by gathering information from those who hold knowledge about the area.

2. Method

Practitioners of CCP were approached using snowball sampling (Vogt, 1999). In this technique, one participant gives the researcher the name(s) of other potential participants who are then contacted and may in turn provide the names of further participants. Practitioners who agreed to participate were asked to generate statements that outlined the concepts, values and ideas they felt described critical community psychology. The material was collated and reduced to form representative statements. These statements were then fed back to sample for their comment and revision (a process known as iteration).

The method outlined above is similar to a consensus gathering method known as the Delphi methodology. Jones and Hunter (1995) describe consensus methods as “a means of harnessing the insights of appropriate experts” (p.376). (The term “expert” refers to an individual who has knowledge about the area under investigation). The Delphi methodology has advantages over other consensus methods (such as the nominal group technique) because:

- It can embrace a geographically dispersed sample of experts (Jeffery, Ley, Bennun & McLaren, 2000; Murphy *et al*, 1998)
- It is a confidential process whereby each participant is equally able to make their contribution privately, unhindered by dominant or patriarchal influences (Dawson & Brucker, 2001; Linstone and Turoff, 1975; Melpignano & Collins, 2003).

3. Results

The snowball sampling produced 56 different individuals who other participants thought could usefully provide information about the concepts, values and ideas of CCP. Analysis of the sampling procedure shows that 13 names (23%) were repeated once, 3 names (5%) were repeated twice and 1 name (2%) was repeated three times. (N.B Participants were aware of which individual had recommended their participation, so would not have included that name in any list they subsequently generated).

Each of the 56 individuals were contacted by e-mail and asked to generate statements about the concepts, values and ideas that they brought to their work as a critical community psychologist. One reminder e-mail was sent approximately a fortnight later. 25 individuals responded (44% response rate). These individuals came from different geographical locations including Australasia, Europe, North and South America. Responses varied from a short list of key words to complete books or papers that the individuals had written. The researcher employed simple content / theme analysis to reduce this wealth of material down into 44 representative statements.

In order to limit the influence of researcher bias, the original list of statements was sent back to the original sample of 56 individuals for their comments, responses and revisions. Again, a reminder e-mail was sent after 2 weeks. Eighteen replies were received (32% response rate) and this material was used to revise the original list of 44 statements. At this point the data collection finished and a final list of 43 statements was produced (see Table 1). The statements below are not presented in any particular order; the numbers do not represent the relative importance of any given statement.

Table 1. The concepts, values and ideas of Critical Community Psychology

1.	Working towards a just world
2.	Collaborating with other social movements who are working towards a just world
3.	Identifying and working against oppression in all its forms
4.	Acknowledging that much human suffering is a result of social injustice
5.	Working with the poor, marginalised, oppressed and disadvantaged
6.	Reflecting on and responding to criticisms of psychology (in all its forms)
7.	Bringing a sense of social responsibility to psychology's work
8.	Acknowledging that psychology needs to do more to bring about a just world
9.	Acknowledging that psychology's current position perpetuates social injustice
10.	Recognising the explicitly political nature of psychological work
11.	Working collaboratively and forming partnerships with others (i.e. working 'alongside of ' not just 'on behalf of')
12.	Drawing on the skills, knowledge and expertise held by individuals and communities
13.	“Giving psychology away” by sharing psychological knowledge with others
14.	Recognising that professionals are not the only people who hold expertise
15.	Promoting individual and collective resilience
16.	A focus on social and collective action as opposed to purely academic or philosophical discussion
17.	Working towards transformation as opposed to amelioration (i.e. trying to achieve more permanent and fundamental change than can be achieved by working with one person or one problem at a time)
18.	Aiding conscientization (1) (i.e. where the oppressed develop an awareness and understanding of the nature of their oppressing circumstances)
19.	Aiding conscientization (2) (i.e. where oppressors develop an awareness and understanding of how they contribute towards oppression)
20.	Promoting praxis (i.e. the integration of critical research, reflection and action (the combination of all three elements – not just researching without acting, or acting without reflecting))
21.	Promoting social justice (i.e. the fair and equitable allocation of bargaining power, resources, and burdens in society)
22.	Promoting empowerment (i.e. a process by which people gain increasing control over their lives and circumstance)

23. Working outside of the accommodationist paradigm (i.e. accommodationist practice accepts injustice believing change is outside of its remit of legitimate work)

24. Challenging the dominance of medical / psychiatric conceptualisations of distress

25. Awareness, monitoring and management of the uses and abuses of power within therapeutic settings

26. Awareness, monitoring and management of the uses and abuses of power outside of therapeutic settings

27. Working at the micro or personal level (i.e. with individuals)

28. Working at the meso or relational level (i.e. with families, schools, workplaces)

29. Working at the macro or collective level (i.e. with communities and society)

30. Understanding problems from an individual perspective

31. Understanding problems from a community perspective

32. Understanding problems from a national perspective

33. Understanding problems from a global perspective

34. Acknowledging and understanding the impact of political factors on suffering

35. Acknowledging and understanding the impact of sociological factors on suffering

36. Acknowledging and understanding the impact of economic factors on suffering

37. Acknowledging and understanding the impact of cultural factors on suffering

38. Acknowledging and understanding the impact of environmental factors on suffering

39. Acknowledging and understanding the impact of religious / spiritual factors on suffering

40. Challenging governments and other institutions that perpetuate social injustice

41. Challenging the purpose and prevalence of globalisation in contemporary society

42. Challenging the purpose and prevalence of capitalism in contemporary society

43. Challenging the purpose and prevalence of individualism in contemporary society

4. Discussion

The above research sought to generate a list of statements that represented the concepts, values and ideas of critical community psychology. Twenty five (out of 56) individuals identified as being associated with CCP helped generate an initial list of 44 statements, which when fed back to the original sample was commented on by 18 / 56 people. From this a final list of 43 statements was produced (see Table 1.)

This paper does not set out to discuss the statements generated above. Instead, it intends to present the concepts, values and ideas of CCP suggested in Table 1 directly to a wider audience for their own interpretation. It is hoped that making these results available to those involved in the area of CCP will enable them to discuss, revise and develop the list as they see fit.

Though this research used a modified consensus method known as the Delphi methodology it does not claim to have arrived at a universal consensus or discovered the “correct” answer (Jones & Hunter, 1995). Instead, as Haste *et al* (2001) state, the technique helps provide a useful pointer to current concerns. Equally, it is acknowledged that the statements in Table 1 do not necessarily represent a comprehensive account of the make-up of CCP. The reported concepts, values and ideas may differ if another methodology was employed, or if a more lengthy and comprehensive sampling strategy was adopted. Moreover the values themselves may change over time. However the list does usefully represent a preliminary account of the concepts, values and ideas of CCP gained using the methodology described above.

A number of other points need to be made about the methodology used in this research. The potential influence of the researcher in the final appearance of the statements can not be overlooked. Though attempts to reduce this influence were made, by including a process of iteration, the final decision about what statements were (or were not) included rested with the researcher. Equally, it has to be remembered that the statements were produced as part of a wider research project. The 43 statements went on to be rated by UK trainee clinical psychologists. Accordingly, the appearance / wording of the statements may consciously or unconsciously reflect this wider context.

Finally Jenkins and Smith (1994) note that response rates for other Delphi studies seem poor in comparison with traditional standards. However, they add that Delphi research tends not to highlight these lower response rates as weaknesses. However, sending more reminders or conducting the research at another time of the year may have resulted in higher response rates. The current research originally contacted participants between March and June. Many of the participants worked in academic environments and were understandably busy at this time of year.

Key Concluding Points

- This paper reports part of a larger research project that investigates the relationship between clinical psychology and socio-political factors.
- Part of this research involved generating statements that represent the concepts, values and ideas of Critical Community Psychology.
- These statements were produced using Snowball Sampling and a modified Delphi Methodology.

- Initially, 25 individuals provided material that was reduced to form 44 representative statements.
- Through a process of iteration, the comments of 18 individuals were used to revise the contents of the original list.
- A final list of 43 statements was produced which represented the concepts, values and ideas of Critical Community Psychology.
- This paper does not seek to discuss the statements themselves but to present them to a wider audience for consideration, revision and to add to the future development of Critical Community Psychology.

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