Community Psychology: Why this gap in Britain ?[1]

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Abstract

Community psychology has developed in other parts of the world, but not in the UK. We contrast the development of psychology, in its wider social context, between 1960 and 1980 in the UK and the USA, in order to try to understand some of the reasons for the absence of community psychology in the UK. A scheme of enquiry is proposed which includes exploration of the different social policy contexts; ways in which the ideological and theoretical character of psychology equipped psychologists to use opportunities arising in the broader social context; analysis of the availability of appropriately oriented psychology graduates; and the relative absence of other community orientated workers. It is argued that each of these factors illuminates key differences between the USA and UK in terms of the development of community psychology. It is suggested that contemporary social conditions in the UK may facilitate moves towards a more community-focused psychology.

INTRODUCTION

Community Psychology is a body of work that goes well beyond the practice of individual applied psychology in community contexts. One recent definition is 'Community Psychology concerns the relationships of the individual to communities and society. Through collaborative research and action, community psychologists seek to understand and enhance quality of life for individuals, communities, and society (Dalton et al., 2001, p. 5). Whilst this is a useful working definition, it fails to incorporate the values underpinning community psychology or its links with social change. Most see community psychological practice as juggling values, participatory research and action (Montero, 2002; Prilleltensky & Nelson, 1997; Rappaport, 1977; Seedat et al., 2001).

Community psychology is a field in its own right in other parts of the world (with an American Psychological Society Division and an Australian Psychological Society College, for example), but is significantly underdeveloped in Britain. Table 1 compares the state of the discipline in the UK, USA, Canada and Australia. It developed as a distinctive sub-discipline in North America in the 1960s and 1970s (Levine and Perkins, 1997; Dalton et al., 2001; Prilleltensky and Nelson, in press), and rather later in Australasia (Bishop et al., 2001; Bishop et al., 2002; Thomas & Veno, 1992), Latin America (Montero, 1994, 1996; Sánchez et al., 1991) and South Africa (Seedat et al., 2001). However, despite some isolated and relatively recent examples (for example, Orford, 1992; the establishment of the Journal of *Community and Applied Social Psychology* from 1991 and *Community Work and Family* in 1998) and what might be viewed as some earlier false starts (Bender, 1972, 1976, 1979), its absence has been notable here. This paper attempts to offer and explore a framework for explaining why during the period of its establishment and growth elsewhere (1960 to 1980) Community Psychology did not take off in the UK.

Table 1

This presents us with something of a strange task – to explain the absence of an event. We can recognise community psychology elsewhere and compare the different contexts, and we can look for factors that might have impeded its initiation and growth here, but our investigation concerns a missing body, and that makes our task both less and more difficult than if there was a presence that needed explaining.

To explore this problem, we can suggest some of the factors that might support the development of a discipline:-

1   A social policy context that is supportive of the development and establishment of the discipline, through providing

a) a favourable ideological climate,

b) organisational niches, and

c) resource niches.

2   The ideological and theoretical character of psychology nationally in equipping psychologists to use the opportunities in the broader social context.

3   The availability of appropriately orientated people to become community psychologists.

4   The relative absence of other community orientated workers in competition.

In what follows we shall use this scheme of enquiry to advance a hypothesis about the lack of Community Psychology here in Britain.

1   A SUPPORTIVE SOCIAL POLICY CLIMATE

A supportive social policy context for the development of a discipline would have ideological, organisational, and economic dimensions. That is to say, social policy involves a

structured (if not necessarily coherent) set of ideas, beliefs and expectations, and the organisation of resources in a variety of ways to meet (or not meet) human social needs. For the sake of exposition we will treat the ideological, organisational and economic dimensions separately, although in reality they are intimately connected.

The ideological context

We find it helpful to characterise the ideology of social policy in terms of two dimensions: individualism versus collectivism as a model of response to human need, and state versus civil society in terms of the proper focus of delivery. We are mindful that this is something of an oversimplification. It leaves out the market (although for the period we are considering market models were not yet strong in social policy), and (of relevance to the project of community psychology itself) it conflates civil society with community. It does not distinguish different levels, such as the local versus national state. Nevertheless it seems heuristically useful in picking out some differences between contexts – specifically between the North American and British contexts. We also contend that it is important to separate these two dimensions which have sometimes been combined (for example, George & Wilding, 1985; see Mishra, 1984; Taylor-Gooby & Dale, 1981, for related discussions of ideology and social policy in the period under examination).

Figure 1 depicts the two dimensions.

Figure 1

It is possible to contrast the emphases of British social policy in the 1960s with those in North America. Social policy in Britain represented a fading 'Butskellite' consensus between social democrats and one-nation conservatives, itself deriving from the post-war settlement between capital and labour (Mishra, 1984, Chapter 1). In the United States, on the other

hand, the consensus was more individualist, and less statist than in the UK, despite a relative move in both those directions in the post World War II period. As Mishra (1984: 49) put it:

> In the United States the situation is very different. Compared with Britain, and Western Europe more generally, the [North] American welfare state has a weaker base of support and legitimacy. The current of neo-conservative thinking on welfare runs deeper. The counterweight of a political party based on a relatively coherent philosophy of welfare and social spending, such as the socialist parties of Europe, is absent. Trade union membership is a good deal lower than in Europe and the influence of labour much weaker generally.

Similarly, the resistance to 'Big Government' runs a lot deeper (and has not been universally reactionary e.g. Thoreau, 1849/1960, Goodman, 1969), and there is the suggestion that the organisations of civil society are often stronger and more involved in the delivery of social welfare. US writers, such as Wandersman (1984), were able unselfconsciously to use the terms 'citizen' and 'citizenship', which before the 1990s were unusual in the UK (and perhaps still jar when US concepts such as 'citizen advocacy' or 'active citizenship' are imported). It could be that the two dimensions are correlated, with the more collectivist societies favouring more state-based forms of welfare delivery. The existence of the European Christian Democratic / Christian Social model would suggest otherwise: in contrast to free-market conservatism in both the USA and the UK, it has been at once collectivist and civil society-orientated (Esping-Anderson, 1990). We therefore keep the dimensions at least provisionally separate.

The two ideological contexts are plotted in Figure 2.

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Figure 2

Organisational niches

In the UK there was a three-tier system of government, (district, county and national), with clear social remits at each level, and with bureaucratic and professional modes of organisation (Clegg, 1981) of service and benefit delivery throughout. Elsewhere (outside Scandinavia) the system seems to have been less 'tight', and more pluralistic with, again, less reliance on state and local state institutions. Where the governmental organisations were both more enabling and controlling of community-based welfare provision, there was less of an opening for third parties such as the largely university-based community psychologists found in the USA, who either provided services directly or worked in conjunction with community groups and organisations. In Britain, for example, there is not such a strong tradition of community based organisations approaching psychology departments in universities for help with social problems (Clarke, 1990), as has happened elsewhere (for example, Sánchez, et al., 1991).

Resource niches

Despite some tight moments, social spending increased through the 1960s and 1970s in the West. However, in the UK it was channelled through existing organisational conduits – particularly through local government – that appear to have been relatively inaccessible to a community psychological approach. In the USA the Kennedy administration created social programmes including Head Start and the Community Mental Health Centres where funding could be applied for by any group (Heller et al., 1984: 39-43). This emphasis was continued by the Johnson administration under the umbrella of the War on Poverty. Community Development Corporations were similarly established, again within civil society rather than

under state or local state auspices, the number of these exceeding 3,000 by the mid 1980s (Levine and Perkins, 1997, p. 397). In the UK, the Seebohm report on Local Authority and Allied Social Services was published in 1968 (HMSO, 1968). The organisational recommendations were implemented in 1971 following legislation (HMSO, 1970), and new, large departments of Social Services were formed. These departments could, and often did include a community work or community development section. They were part of the local authority, with resources channelled almost exclusively through these structures (Jones, 1983). It was only with the Care in the Community reforms of the early 1980s (Department of Health and Social Security, 1981, 1983) that this monopoly began to break down, subsequently accelerated through the Griffiths reforms of the National Health Service and Community Care Act, (Department of Health, 1989; HMSO, 1990) and the Blair government's Best Value policy framework.[is 'methodology the right word? policy? - suggest 'policy framework']

2 THE IDEOLOGICAL AND THEORETICAL CHARACTER OF PSYCHOLOGY NATIONALLY

We have considered the social policy context for the development of community psychology. Now we need to look at the internal context of the discipline, asking what kind of shape psychology was in to fulfil the mandate of a praxis whose orientation was to the community rather than to the individual. Psychology has developed in part locally, and in our period there was still relative isolation between nation states, continents, and linguistic communities (this may be less so today). Consequently the types of psychology that developed in each country were distinctive, offering distinctive intellectual resources and sources of legitimation for the development of practice.

British applied psychology has had significant roles in the administration of elements of the social welfare system, and during our focal period its role was largely individualistic and orientated to state (and local state) organisations. So, in the 1960s the emphasis in clinical psychology was chiefly on assessment. This changed in the 1970s with an increasing emphasis on therapy, but again with a few exceptions (Feldman and Orford, 1980; McPherson and Sutton, 1981; Orford, 1976, Tully et al., 1978) this was an individually focussed area of work. Work at the system level was less common, and again chiefly took place in relation to the state's welfare systems.

In psychology there have always been alternatives to the dominant outlook, but it is arguable that in the 1960s these were almost insignificant in the UK, in contrast to both the US (consider the wartime influx from central Europe which included figures such as Adorno, Fromm and Levin, the influence of the Chicago school, and closer links with the micro-sociology of writers such as Goffman and Lemert), Europe (with the influence of structuralism, phenomenology, Marxism and critical theory), and Latin America (with both the European continental influences as well as Liberation Theology, Participative Action Research, and Popular Education [are caps correct here? are they names? yes] (Montero, 2002; Sánchez et al. 1991)). This is not to suggest that US psychology was not also predominantly located on the individualist end of the spectrum, but rather that there were sufficient other orientations to feed a developing community psychology.

Figure 3 suggests the locations of UK and North American Psychology on the two dimensions previously discussed.

Figure 3

The 'crisis in social psychology' that erupted in the 1970s in all these regions (see, for example, Armistead, 1974; Parker, 1989; de la Corte Ibañez, 2001: 191-194) might have

been expected to facilitate the adoption of alternatives to individualist and empiricist practice (cf. Reason & Rowan, 1981), but from what we can tell it had little impact on psychological work in field contexts in the UK, with much of the effort remaining within the academic community at a highly theoretical level (e.g. Adlam et al., 1977; Henriques et al., 1984). This differs, for example, from the situation in both Northern Europe (Nissen, 2000) and Latin America (Martín-Baró, 1986; Montero, 1991), where there has been a closer linkage between critical psychology and community social engagement. Indeed, in the Latin American case, it was chiefly from social psychology that community psychology emerged, whereas in the USA clinical psychology was the main point of departure.

3. THE AVAILABILITY OF APPROPRIATELY ORIENTATED PEOPLE TO BECOME COMMUNITY PSYCHOLOGISTS

There is a contrast between the much larger and earlier production of psychology graduates in North America and the later growth of the discipline and number of graduates in the UK. This is demonstrated through the significant number of unemployed psychologists in 1930s North America (Finison, 1985), and the deployment of psychologists to replace psychiatrists during the war effort. There were no parallel phenomena in Britain, and the shortage of psychology graduates persisted until the late 1970s. Indeed, if clinical psychology were to have been a springboard for the development of community psychology, as it was in the USA (but not elsewhere) the very small size of this profession (only 914 in the UK by 1979; Barden, 1979) could have been a serious constraint. A comparative figure for the USA (for licensed psychologists) was 20,000 in 1975 (Kohout, 2002). In 1975, 2,751 PhDs in psychology alone were awarded in the USA (NSF, 2002).

The conservatism of the British universities and of the British Psychological Society probably acted as a brake on the development of community psychology. Although social psychology was part (albeit one which need not be studied) of the accredited graduate curriculum and the Qualifying Examination (QE) as prescribed by the British Psychological Society in the late 1960s (W. Foxe, personal communication to CK 18 Oct 2002), it is arguable that British Psychological Society regulation of course content will have constrained the likelihood of university departments developing and exploring the kind of psychology that could have supported a community psychological practice.   Gale (2002:358) puts this argument forcibly: 'To satisfy …(the prescribed)… curriculum requirements departments have to create a programme that has little room except in the final year for much choice or innovation. The QE is inflexible and has put a straightjacket on the degree.'

In the US there has never been a comparable policing of what university departments teach, which means a greater potential range, even if the average is perhaps little different from that taught in the UK. Likewise the clinical psychology courses between 1960 and 1980 (many of them still outside the universities) were almost all narrowly focussed on psychometric assessment and latterly behaviour therapy in hospital contexts (but see Orford 1979 for a partial departure towards the end of our period): it was thought innovative as late as the 1970s to be doing this work in response to direct GP referrals or in primary health care premises.

4   THE AVAILABILITY OF OTHER COMMUNITY – ORIENTED WORKERS

By 1959 in the UK, Community Work was becoming recognised as a discipline – it drew on a variety of sources including North American frameworks, its roots in colonial administration, and a variety of institutional contexts including Councils for Social Services,

the Settlements movement, and local government (Jones, 1983). In the period under consideration there were at least two major reports on the development of community work, and the education and training of its practitioners (Gulbenkian Foundation, 1968, 1973), as well as consideration of community work in the context of other reports (HMSO, 1959, 1968). Community work was developing on a number of fronts without the help of psychology.

In the USA the various strands of community work, community development and community organizing (Dalton et al., 2001, pp. 378-384; Hess, 1999) appear to have emerged with the emergence of the 'progressive' Kennedy-Johnson period following the McCarthy era, when as Alinsky (1971) noted, almost anything that resembled social agitation was suppressed. In contrast to the slow development in Britain, there was a sudden explosion of community work projects in the USA, without a prior build-up of community workers.

INTERPRETATION

We can now try to put together these strands of evidence and argument to suggest a reason for the failure of community psychology to grow and flourish in the UK until the 1990s.

We have argued that in Britain, the social policy context of the 1960s and 1970s was statist and relatively collectivist. This appears to have opened up niches in the state system that the ideologically individualist and small population of British psychologists, despite being state orientated, were not able to exploit as a community psychology praxis. Instead the 'gap' was filled by community workers whose orientation was more clearly social and in tune with the ideological context of social policy. It was these workers who were able to exploit the resource and organisational niches, and until the economic crisis of the 1970s really began to bite, to extend them.

In contrast, in the USA, a larger group of psychologists, with paradoxically more access to less individualist (and less narrow psychometric and experimentalist) traditions, was able to exploit a niche that the more individualist and less state-orientated USA social policies of the Kennedy–Johnson era opened up. Some of this was clinically focussed too – long before similar developments in the UK took place, from the 1980s, in any significant degree. None of this should be overstated: North American community psychology is yet relatively weak in relation to the discipline as a whole, and it is periodically racked by auto-critique and dissatisfaction with its results (as early as Sarason, 1974). Nevertheless it did move into a niche and it developed its own institutional supports (including doctoral programmes, American Psychological Association Division 27, and journals), such that it has to be taken seriously.

The processes we suggest to have been involved are depicted in Figure 4.

Figure 4.

SOME LOOSE ENDS

It should be said that the above is a broad sketch of how these international differences in the development of community psychology might be explained, and it does lack detail. There were some attempts to establish what its proponents called 'community psychology'. A false start to British community psychology was Bender's work in the 1970s. What is striking about this is that in the main his three key publications (1972, 1976, 1979) describe clinical psychological practice in Social Services settings (the project described by Laishley & Coleman, 1978, with day nurseries is similar). Indeed Bender's intervention in 1979 is an argument for exploiting this area of the local state (something that was continued through the 1980s, although not with great force of numbers, by the network 'Psychologists in

Community Settings': indeed, there remains a Special Group of Psychologists and Social Services within the British Psychological Society). By 1980, however, social work as a discipline was in the ascendant in Social Services Departments, and the big boom in community work was already over: for example the Community Development Projects, the UK's state-sponsored excursion into radical community work, had terminated by then (Henderson, 1983). By 1983 Bender was arguing against the development of a postgraduate qualification in community psychology, and in favour of an integrated training in applied psychology (Bender et. al., 1983).

Orford's work (e.g. Orford, 1976, 1979; Feldman and Orford, 1980; Orford, 1992) has consistently provided a conduit for community psychology concepts in the British context. In his 1979 article describing some of the teaching at the University of Exeter he was careful to distinguish the community psychology that had developed in North America from both the move of clinical psychologists into primary health care settings, and Bender's Social Services model. Again, however, as he himself acknowledges, his own work has been from a clinical base with an emphasis on mental health. As a result his influence has chiefly been on clinical psychologists, whose work in this genre still usually resembles the Bender model (see Phillips et al., 1998). In 1991, the journal *Social Behaviour* was transformed into the *Journal of Community and Applied Social Psychology*, and Orford was one of the four authors of the Editorial in the first issue (Mansell, Orford, Reicher and Stephenson, 1991). This development came eleven years after the end of our period of study, in the context of a very altered set of social conditions.

AND NOW?

It has been argued (Dalziell, 2000) that conditions today are particularly ready for the development of community psychology in Britain. New Labour, with its Health Action Zones, New Deal for Communities, Social Exclusion Unit, and so, on has created a context wherein community psychology could develop, and in some places it has. It will be worth watching developments with the aid of the ideological map we have offered. New Labour is shorthand for the take-over of the labour movement by <u>neoliberalism</u>: an ideology that is inherently individualist and victim blaming. It both facilitates the commodification of human relations and the marketisation of civil society, while both reducing the direct role of the state in welfare and strengthening its authority. Elsewhere (Kagan and Burton, 2001; see also Kagan & Burton, 2000) we argue for a new radical community psychological praxis that prefigures social justice in its interventions, while learning simultaneously about social change, people's consciousness, the systemic nature of the social world; and about social rights, how to create a better society and what it might look like. It remains an open question how much the openings and contradictions of the current policy context (cf. Mayo, 1975; Gough, 1979) can be exploited in such a way rather than leading to a cycle of disillusion followed by reinvention.

AN EMPIRICAL NOTE

This paper is based on a search through British psychology journals (chiefly the *Bulletin of the British Psychological Society*, *Journal of Social and Clinical Psychology*, *Journal of Community and Applied Social Psychology*) reviews of community work and social policy, and accounts of the development of Community Psychology by North American community psychologists (Dalton et al., 2001; Levine & Perkins, 1997; Heller et al., 1984; Muñoz et al.

1979; Sarason, 1974; Prilleltensky and Nelson, in press). The emphasis was on the period

1960-1980, although our reading did go beyond this, especially in relation to critical texts on

social policy. As the title of this paper indicates, very little was found in the British literature

that could be termed community psychology until the 1990s. The exceptions were the Bender

articles, and one, perhaps closer to usually accepted definitions of community psychology, by

an interdisciplinary group (Tully et al. 1978). There were some flurries of correspondence in

the 1970s, mostly about the idea of community psychology, the context of psychological

work and the social responsibility of psychologists (the latter is a debate that re-emerged in

the *Psychologist* in 2001), but nothing more substantive in terms of community psychology

theory and practice. Some mentions of 'community psychology' now look distinctly odd,

such as the article by Murphy (1979) whose use of the term bears no relation to any accepted

definition of community psychology, but rather appears to describe routine practice as an

educational psychologist.

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Note

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Table 1. Community psychology: international comparisons

Country and population	Number of postgraduate programmes	National organisation
UK 58,000,000	2[*]	None
USA 269,000,000	49[†]	APA Division 27, the Society for Community Research and Action
Australia 18,000,000	4	The College of Community Psychologists (part of the Australian Psychological Society)
Canada[‡] 30,000,000	2	Community Psychology Section of Canadian Psychological Association.

Sources: Bishop et. al. (2001), Community Psychology Net (2002), Prilleltensky and Nelson (in press), IteM (1999), authors' contacts.

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[*] These are the Clinical and Community Psychology course at the University of Exeter, which is in the main a clinical psychology training programme, and a new Masters programme in Community Psychology at Manchester Metropolitan University. There are also possibilities of studying community psychology at undergraduate level and for research degrees in an increasing number of universities: we are currently aware of six.

[†] 31 of these are community-clinical programmes, the remainder straight community.

[‡] One is English language and one French language-based.

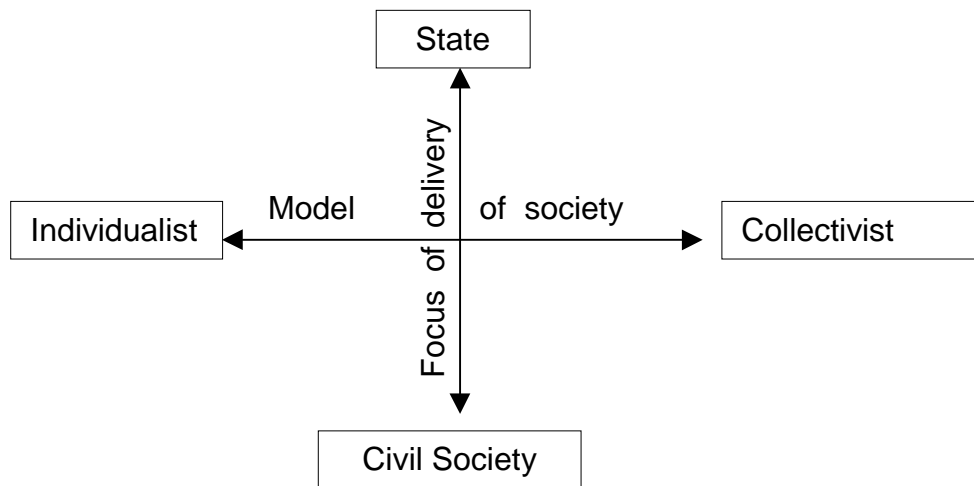*Figure 1: Two ideological dimensions of Social Policy*

Figure 2: Ideological positions of social policy in the UK and USA in the 1960s.

State

UK Social Policy

USA Social Policy

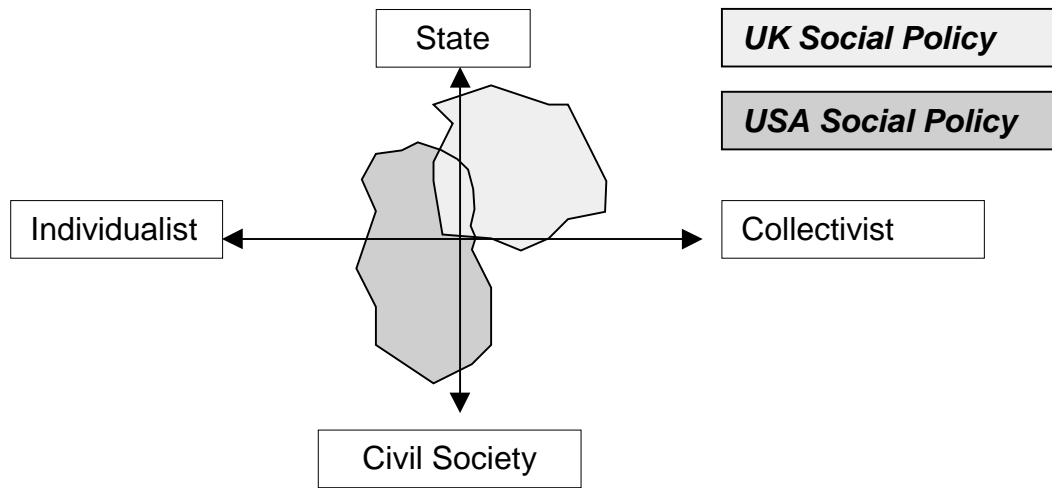Individualist

Collectivist

Civil Society

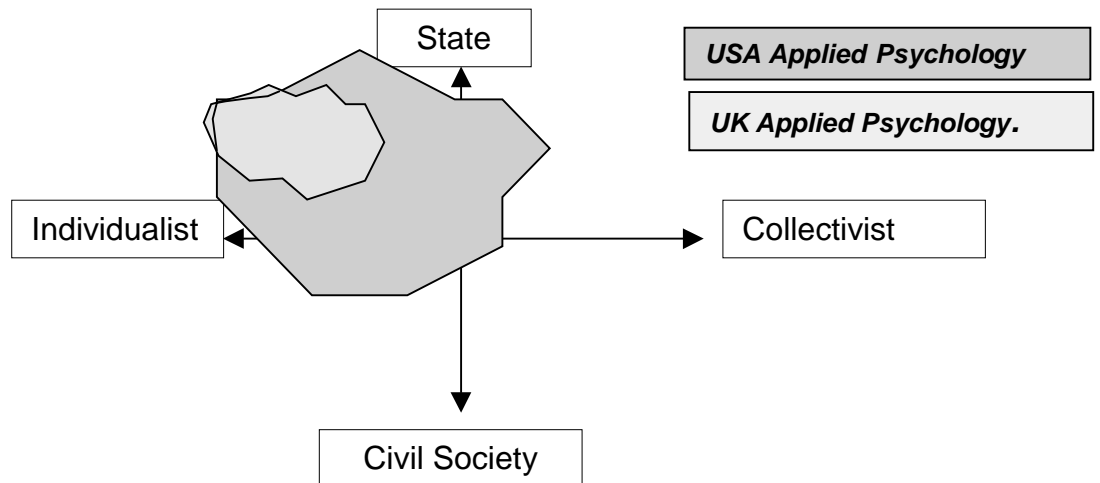*Figure 3: Provisional location of British and North American Psychology on two ideological dimensions*

Figure 4: Factors in the development of community psychology

Ideological and theoretical character of psychology and psychologists

Availability of psychologists with appropriate orientation.

Ability of academic world to respond to and sustain field initiatives

Fit

Development of Community Psychology

Relative unavailability of other related disciplines – e.g . community work.

Favourable social policy climate

Organisational and resource niches

(Not already occupied)