VALUES AND ETHICS OF COMMUNITY PSYCHOLOGY

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Abstract
Based on the analysis of distinct notes of community psychology, defined by cultural competence, the paper presents cultural and moral values (social justice, self-determination, participation, wealth, caring, human diversity) that contribute to the particularization of this new field of contemporary psychology. The paper focuses on the openness to social interaction, the ways of development for community resources and the means to enhance citizen participation in social change facilitated by community psychology.

Keywords: cultural competence, social justice, participation, health, caring, human diversity

Introduction

Community psychology is a novelty for Romania (Filimon, 2011). However, demographic conditions and ethnic and cultural diversity are necessary prerequisites for the development of this dynamic field of contemporary psychology.

The recent introduction of community psychology in the area of psychological practice in our country stringently imposes the analysis of the perspective on the moral values proposed by the new field. But in order to accomplish this task it is necessary to elucidate the meaning and importance of cultural competence for the practitioners of the new field since culture is the key word for understanding the specific of community psychology. "It is

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an essential resource to expand our knowledge of doing community based research and implementing community change" (Kelly, 2010, p. 280). One of the most comprehensive definition sees in culture the body of values, beliefs and attitudes that members of a society share; values, beliefs and attitudes shaped chiefly by environment, religion, and the vagaries of history that are passed on from generation to generation chiefly through child rearing practice, religious practice, the education system, the media, and peer relationships" (Harrison, 2006, p. 6).

Cultural competence

Community Psychology has emerged due to the expansion of cultural and demographic challenges ... With demographic changes (the increase in the number of inhabitants and the deepening of ethnic and racial diversity within the population), it is necessary in many fields that the social service providers have competent abilities and cultural skills. In 2008, an APA report of The Center for Psychology Workforce Analysis and Research pointed out that 92% of the American psychologists, members of this organization, interact through the practices they carry out with ethnic or racial minorities. Even though in our situation the numbers may be a bit different, psychologists' interaction with members of different cultural groups is a significant reality. In the context of globalization, the ethical imperatives which emphasize the importance of cultural competence in psychotherapy are imposed in Romania with the same power as in all other geographical areas. Respecting the moral requirements within the intervention practices requires awareness, sensibility and empathizing with the customer as an individuality, which requires knowledge and attention towards the cultural values, beliefs and the clients' rules of conduct. Professional organizations should take upon themselves the principles and standards by which they inform about the professional expectations, including about the interaction with various categories of people. The codes of ethics and conduct of professional organizations in the field contain such standards as to prevent incorrect treatment like discrimination, harassment or humiliation. Organizations have also developed relevant specific standards gathered in numerous guides that describe the competences required of suppliers who work with members of different groups (guidelines for multicultural education, for practice with girls and women, for therapy with gay

and bisexual clients, for the practice with elderly clients) (Ponterotto, 2010, p. 128).

Knowing and opening towards cultural particularities have become, in the current context, important features of the behavior and of the professional practice in psychology. What does cultural competence mean? One of the most comprehensive definitions of cultural competence is found in Tseng and Streltzer (2004) because the authors have considered the impact of cultural issue in psychotherapy and other psychological applications. Under this definition cultural competence is demonstrated by the attainment of three qualities and their use in the service of therapeutic goals. The first feature is *cultural sensitivity* which means awareness and appreciation of cultural diversity. This refers to the recognition of the diversity of view-points, attitudes, and lifestyles among human beings and requires the will to know other lifestyles rather than remaining captive to one's own interpretation of the behavior of others.

The second feature is *cultural knowledge*. It is desirable for clinicians to learn the foundations of an anthropological knowledge in order to be able to discern the variety of customs, beliefs, value systems and behavioral patterns. Intellectual understanding of the patient's culture is insufficient in the absence of cultural empathy, the ability to feel, understand and share at an emotional level the cultural perspective of the patient.

But these aspects are not sufficient: the interaction between the therapist and the patient involves the cultural background of both the patient and the therapist and the setting in which the therapy takes place. The willingness of the therapist to give careful consideration to these issues, in order to properly manage and make appropriate adjustments to therapy, is important for cultural competence (Tseng & Streltzer, 2004, pp. 4-5).

Whaley and Davis (2007) review some attempts to define the cultural competence and conclude that all definitions converge on the idea that the knowledge and the abilities that characterize the cultural background are essential to define cultural competence. Therefore, they propose a definition starting from:

"a) the ability to recognize and understand the dynamic interplay between the heritage and adaptation dimensions of culture in shaping human behavior;

b) the ability to use the knowledge acquired about an individual`s heritage and adaptational challenges to maximize the effectiveness of assessment diagnosis, and treatment; and

c) the internalization of this process of recognition, acquisition, and use of cultural dynamics so that it can be routinely applied to diverse groups" (Whaley & Davis 2007, p. 565).

The acquisition of and practice based on multicultural competence is only the first level of professionalism in the field of community psychology; the next, equally important, implies acquiring principles and moral rules which arise from the values assumed by the new field of psychological practice.

From values to ethics of community psychology

The ethical codes governing the professional activities in psychology are considering and stressing the aspects posed by psychologists' interaction with individual customers, while they (the codes) disregard the interaction between psychologists and the community. O`Neill (1989) shows that community of psychologists often has to answer to two questions: to whom are they accountable? and for what are they accountable? The author draws attention to the difficulties faced by the community of psychologists (in the paper cited the subject is the case of Canadian psychologists but the problems are the same everywhere) in the attempt to integrate the personal responsibility with prevention programs or policies, specific to the practices of community psychology. In countries with a broad and well defined tradition of psychological practices it has become imperative to build an ethical framework that takes into account the social dimension of services in this area, thus contributing to the harmonization of the relationship between psychologists and communities.

Promoting a set of moral values different from that traditionally assumed by practitioners of psychology is one of the specific notes of community psychology. These values are: social justice, self-determination, participation, caring and compassion, health and human diversity (Reich, 2007, p. 19).

The perspective proposed by community psychology means an orientation rather for prevention than for treatment, which emphasizes strengthening the powers of the social actor rather than the elimination of a deficit, underlining the interaction between people and environments (Heller,

1990). Thus, attention will be more focused on the ambiental determinants of behavior, prescribing the possibility and the opportunity of interventions at different levels: individual, group, institutional, community and social. The new area devotes an increasing interest towards individuals through their environments and living systems and aims to use the cognitive resources acquired in the changes aimed at improving quality of life and welfare. The individual is both an academic subject and a cognitive and technical patrimony which lays the foundations of an assistential profession: a bridge between the private and the public sphere of human experience (Orford, 1992). To bet more on prevention than on treatment means to accept that the possibility of obtaining resources must be confronted and must interfere with the political climate in a specific historical period, which leads to the requirement of addressing issues related to values and ethics. Rappaport (1977) also points out that community psychology is an ideology, which means a set of values and attitudes: attitude entails a commitment towards social change, ideology calls for adopting systemic-ecological guidelines and a focus on prevention, values target for the development of the subjects' competencies and for promoting cultural diversity.

Some of these values are according to a welcomed classification (Prillentensky, 2000): *collective* values - social justice, support for community structures, others are *personal* values - self-determination, health, personal growth and others are *relational* - respect for human diversity, collaboration and democratic participation. Together they shape the ethical framework that guides the interventions of community psychologists.

The ethics of interventions in the practice of applied psychology has been quite heavily criticized because of the techniques of deceiving the subjects. Some critics have argued that subjects should be informed and their consent should be required, since without such consent we cannot know whether subjects would choose to be involved in a situation or would have chosen to avoid it. But providing complete information about an intervention may result in drastic consequences of the results: subjects would not react spontaneously to the manipulation of the researcher. On the other hand the consequences of both applications and interventions in applied psychology as well as in community psychology can be very significant and therefore ethical concerns in these areas are very important (Boncu, Ilin, & Sulea, 2007, p. 38). In fundamental social psychology short term changes are induced in the

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behavior of short subjects, while the main purpose of the applications is to produce a permanent change (Weyant, 1986). Even more, community psychology interventions entail changes not only permanent but for large groups of people. These long-term influences may lead to controversy and criticism; they could be considered, for instance, incorrect and unjustified handling of the behavior. It is very difficult and dangerous to establish what is desirable for others, especially for large masses of people. But the dilemma is whether the abandonment of the intervention would not constitute of a greater evil. Wouldn't this mean giving up to help people when we have the means to do it? (Weyant, 1986).

Interventions in the frame of community psychology are carried out under real conditions in which an event occurs spontaneously and processes hard to anticipate sometimes happen. To avoid criticisms of disregarding the ethics it is necessary for any action to be assessed before its start and for experts to take into consideration all moral principles and values involved in such large-scale actions: solidarity, professional duties, the rights of subjects etc.

That is why the question of values and ethics is one that cannot be circumvented when addressing the issue of the specific of community psychology. In psychology, ethics involves the assessment of what is right or wrong (according to accepted moral standards) when working with people. Ethics is relevant for the dynamics of the relationship between community and the community psychologist. Existing codes of ethics govern psychological interventions to promote and protect public interests. Existing codes of ethics are focusing mainly on individual therapeutic interventions and cannot be applied in the practice of community psychology which makes their application outside the traditional domain of psychology to be much disputed.

Promoting a set of moral values different from that traditionally practiced by practitioners of psychology is one of the specific notes of community psychology. These values are social justice, self-determination, participation, caring and compassion, health and human diversity (Reich, 2007, p. 19).

Social justice

The multicultural opening of the psychologist must be accompanied by openness towards social interaction and hence, the need for social justice concerns. In general, one can speak of social justice when the subject is a

society based on principles of equality, solidarity, a society that values the dignity of every human being and which judges any action starting from human rights and fundamental freedoms. Community Psychology has focused from the beginning (mid 60s) on issues of social change, assuming as a main purpose of aligning its practices to the goals of social transformation - equal rights and opportunities for all racial and ethnic groups, included fully accessible education, health care, and social services for all citizens. If the idea of the necessity of social conditions' transformation is a political one, today it is said as forcefully as before that every citizen has the possibility and the right to be heard, to express ideas and opinions and to receive responses to his/her legitimate requests according to the law. The new "zeitgeist" is expressed not only in America where it started, but all over the world where community psychology started to provide solutions to social problems (Montero, 2009, p. 98). In the practice of community psychology social justice aims to become more than an ideological attitude that filters clinical, educational or research activities; it is linked to the induction of permanent change in some behaviors and this is social justice work.

There are many attempts to define social justice and the activities that constitute it. From the perspective of problems we look at the definition of Goodman, Liang, Helms, Latta, Sparks, and Weintraub (2004). Goodman et al. (2004) is very relevant: "we conceptualize the social justice work as scholarship and professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination" (Goodman, 2004, p. 795). By assuming this new framework for action, psychologists place themselves, as the term suggests, in the service of society, contributing to the establishment of those principles which make social justice possible. Social justice, as rightly considered by Prillentensky, promotes the fair allocation of bargaining powers, resources and obligations in communities in relation to people's differential level of power, needs and abilities (Prillentensky, 2000, p. 116). In order to be able to fulfill their new role, the integration of social justice in the practice they develop, psychologists of the new generation must become agents of social justice. For this Vera and Speight (2003) suggest that psychologists in academic settings may want to use service based learning experiences in courses and unique practicum opportunities to help students collaborate with communities and expand their understanding of a

psychologist's role in the community. They further argued that these experiences should be tailored to meet community needs and interest It is equally important for students to understand the meaning and implications of social justice as a theory as well as implementing theory to practice. Practical models of social justice have been infused within community psychology and social work programs from the outset of these programs and can serve as good models for counseling psychology programs. Additionally, there are also some examples of pedagogical practices drawn from the feminist and multicultural pedagogy literature that aid academicians in helping students define the nature of social justice work. Furthermore, counseling psychologists have begun to articulate more practice oriented theoretical frameworks to assist training programs in helping students to understand the principles that underlay a social justice philosophy (Ali, Liu, Mahmood, & Arguello, 2008, p. 3).

If in traditional psychology, social justice is reflected in the establishment of specific rules that guide the therapist-client interaction, at the community level psychology implements the principles of social by engaging in integrated interventions which consider issues relating to the living conditions of the community, to the family, children and adolescents, mental health, old age, marginalization, deviance and drug addiction etc.

The community psychologist must not become a teacher of civic culture; he is called upon to contribute to the establishment of social justice by engaging in programs that translate the moral principles (which are in fact abstractions) in the realm of social reality. The role of the community psychologist is still represented in different ways. Some authors are envisioning community psychology as a kind of maieutics and as being formative (the new discipline and practice intends to give an appropriate form to the interaction between subjects) while others conceive as a kind of social engineering (a means by which the community is guided toward a more enlightened and better life) (Zani & Palmonari, 2003, p. 376). One of the main areas where community psychologists act is the intervention in the elderly population. Starting from the observation that in the normal course of life natural events quickly become critical events, in the conditions of the rapid aging of the population psychological intervention is not only necessary but mandatory according to the requirements arising from the principle of solidarity.

Self-determination and participation

Self-Determination promotes individuals' ability to pursue goals that they have chosen in life taking into account the needs of other people (Prillentensky, 2000). Self-Determination is a theory of motivation and of personality concerning people's inherent growth tendencies and their innate psychological needs. It is concerned with the motivation behind the choices that people make without any external influence and interference. Self-determination theory focuses on the degree to which an individual's behavior is self-motivated and self-determined. Deci and Ryan later expanded on the early work differentiating between intrinsic and extrinsic motivation and proposed three main intrinsic needs involved in self-determination. According to Deci and Ryan, the three psychological needs motivate the self to initiate behavior and specify nutriments that are essential for psychological health and well-being of an individual. These needs are said to be universal, innate and psychological and include the need for competence, autonomy, and relatedness. Some of them may be more prominent than others at some point and find different expressions depending on the individuals' culture and experience (Deci & Ryan, 2002). Within self-determination autonomy is the size that interests us the most from the perspective of community psychology. It refers to the universal requirement to be causative agents of our own lives in harmony with our integrated self and not to the independence of others. The concept of self-determination is inextricably linked to that of participation. The community psychologist is involved in activities in order to boost the self-conscious participation of the subjects to the life of communities by increasing their skills. In order to define this process, Rappaport (1977) built the concept of empowerment, by which he means acquiring more power or increasing the capacity of individuals to actively control their own lives. The various dimensions of empowerment can be brought together in two main factors: an internal positive "self-promotion" (to himself, the persons feel protagonists for having acquired a sense of ownership over their own lives) and an external "trust" towards others. Empowerment is thus conceived as a positive orientation towards the evaluation and use of one's own resources and those outside. From the many conceptualizations it results that the term refers to the process by which people become strong enough to directly participate in controlling and influencing the external conditions that affect their own lives, gaining both

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skills and special competences, and enough power to influence their lives (Zani & Palmonari, 2005, pp. 68-69).

The concept and practice of participation is the main instrument of community psychology. Participation is present in the ideas for constructing a politically reflective clinical community psychology in order to address the mental health problems of society sectors not usually reached by most of the public services created in developing countries, and also in some developed ones. It is present also in one of the main challenges for current community psychology: how to participate in public policies development and implementation in order to generate social changes positive for the communities supposed to be their target. Participation together with reflective consciousness are two main aspects configuring a community psychology empowered and empowering (Montero, 2009).

The means to develop the resources of a community and the means to enhance citizen participation are very different from one country to another and from one stage to another. In community psychology there is a distinction between individual and social empowerment. Only the latter leads to achieving the goals of this domain: the development of the skills of a community as a whole. Cornell Empowerment Group proposes a clarifying definition: by this term we understand a process with a clear intention, continuously focused on the local community, a process that involves mutual respect, critical reflection, caring activities and group participation through which people deprived by a fair share of adequate resources can more easily reach those resources and have greater control over them (*apud* Palmonari & Zani, 2005).

Particularly relevant to these issues is the perspective proposed by Iscoe (1974) by introducing the concept of competent community. Individuals and groups that make up such a community are defined by three factors: a) they have a repertoire of possibilities and alternatives (power), b) they know where from and how to obtain resources (knowledge), c) they ask to be autonomous (motivation and self-appreciation). Characteristic for disadvantaged societies according to this view are not only economic conditions, but also psychological disabilities, their members being hopeless and powerless. The main role of the psychologist is thus to help communities to regain hope and to assume responsibilities, not only to give more powers.

Ultimately, collaboration and democratic participation are obtained through the promotion of peaceful, respectful and equitable processes of

dialogue through which community members have meaningful input into decisions that affect their lives (Prilleltenski, 2000, p. 146).

Health, caring and diversity

One of the main concerns of the reviewed field is research and interventions related to health and caring. Health refers broadly to the physical and emotional well-being of community members in relation to structural, contextual and economics factors (ibid.). Community psychologists are concerned not only with identifying the major sources of health and disease, but do so in order to change for the better the general health and mental health in particular. Helpful are the studies and research of social psychology. According to them there have been identified two major sources of health and illness:

1) patterns of health behaviour;
2) psychological stress (Hewstone, 2008, p. 336).

On the first matter, the researchers sought not only to identify reasons why people engage in behaviors that are harmful, even if they know that these behaviors harm, but especially to identify ways in which behavioral patterns can be changed through psychological means. Studies of great help in this respect were those who sought to find associations between longevity and healthy behavior (Breslow & Enstrom, 1980; Conner & Norman, 2005; Taylor, 2005). The authors of the first study identified seven practices which they have pursued considering that they underpin a healthy behavior (sleeping 7-8 hours a day, daily breakfast, refraining from snacks between meals, maintaining a body weight within the normal range, abstention from smoking, moderate alcohol consumption, regular physical activity). Subjects were followed for nine years, after which it was found that men who have adopted this behavior showed a death rate 28% lower than those who have not followed these rules. Also, women who followed all practices showed a death rate 43% lower than those which have followed only two or three rules.

In the development of strategies to change health-related behavior an important role is played by health education, the provision of knowledge and/or training of skills that facilitate voluntary adoption of behavior conductive to health. Health education involves the transfers of knowledge and skills. It provides individuals or groups with knowledge about the consequences of certain lifestyles and the skills to enables them to change their behavior (Hewstone, 2008). The strategy consists often in persuasive messaging to

motivate community members to change their harmful behavior. Persuasion often uses the so-called fear-appeals, persuasive communication that attempt to motivate recipients to change behavior that is deleterious to their health by inducing fear about the potential health hazards and recommending an action that will reduce or eliminate the threats (de Hoog, 2005).

The community psychologist assumes that different communities focus in different ways on their values. The relative importance of each value will ultimately determine the triggering of processes and mechanisms necessary to facilitate change. Community interventions involve understanding and respect for different cultural values. As shown by Duncan (2007), this understanding is not about ethnicity and culture in a narrow sense as fixed attributes, embraces an ability to reflect on race and culture in relation to process, context, self and others. Respect for human diversity requires an appreciation of various social identities and taking into account the need for solidarity and the risk of social fragmentation.

Conclusions

The new field of modern psychology – community psychology – makes its presence felt not only by emphasizing the social dimension of interventions but also by promoting a new set of values, different from that set traditionally assumed by psychology. Focusing on social and relational values (social justice, participation, caring, human diversity) is one of the distinguishing marks of the new academic field and the practice that it inspires. It not only draws from attitudes, values and beliefs but also contributes to their construction and being by this an inspiration to validate the collective experiences in order to facilitate the necessary social changes in various communities.

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