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The Oxford Handbook of Prevention in Counseling Psychology

Edited by

Elizabeth M. Vera

OXFORD
UNIVERSITY PRESS

CHAPTER

10 Critical Psychology, Prevention, and Social Justice

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Abstract

Critical psychology and prevention have a goal in common: the promotion of individual and community well-being. Their ways of achieving it, however, vary. In this chapter we explore similarities and differences between these two disciplines in terms of values, ontology, epistemology, and practices. Whereas prevention has assumed a value-neutral, positivist and largely individualistic approach, critical psychology has endorsed an explicitly value-laden and social action orientation. The value of social justice, very prevalent in critical psychology, assumes a marginal position in prevention. With the notable exception of George Albee and his disciples, prevention professionals have embraced the promotion of health and the reduction of personal risk factors as their main goals. Whereas critical psychologists have done a great deal to show the role of injustice in mental health and psychosocial problems, they have not done as well as preventionists in systematically implementing and evaluating psychosocial interventions. We argue for a synergy between critical psychology and prevention to promote both sustainable well-being and social justice.

Key Words: prevention, critical psychology, social justice, well-being, values, status quo, action research

Introduction

In 1991, three giants of psychology, prevention, and social justice went to a very cold place to talk about child and family well-being. Although it was very chilly outside, they generated a lot of heat inside with provocative notions about the failure of psychology to deal with poverty, its dismal track record preventing childhood problems, and its inability to foster social justice. The audience, Canadian school psychologists, psychiatrists, teachers, and social workers, listened intently. The venue was the Winnipeg Convention Center. The occasion was the first ever prevention conference at the Child Guidance Clinic. The speakers, no longer with us, were George Albee, Emory Cowen, and Seymour Sarason. Isaac, who had long admired these pillars of community psychology, managed to convince them to come to Winnipeg on the promise that they would see not just snow, but each other. They were all good friends and liked the idea of getting together. I, Isaac, liked the idea of spending time with them and exposing my colleagues to their scholarship. I called each one of them and promised them that the other two were coming (it was more of a promissory note than a real promise, really, as I had not yet secured anybody's commitment). That way I piqued their interest in coming to the Child Guidance Clinic of Winnipeg, where both of us, Geoff and Isaac, had worked prior to joining Wilfrid Laurier University in Waterloo, Ontario.

Needless to say, it was a memorable event for me, Isaac, who watched adoringly how my heroes wove connections among psychology, prevention, and social justice. Over the years, I managed to stay

connected with George and Seymour more than with Emory, but I always read admiringly his exquisite and elegant writing. Emory Cowen was the first of the three to pass away. He died in 2000. George Albee died in 2006, and Seymour Sarason died in 2010. George Albee was the external examiner of my doctoral dissertation, a request that started a much appreciated friendship. I kept in touch with Seymour Sarason once in a while. Seymour was kind enough to review my first book, *The Morals and Politics of Psychology: Psychological Discourse and the Status Quo*, for *Contemporary Psychology*. While he generally praised the book, he thought I was too optimistic about the future of psychology. He knew best.

With tears in my eyes, I recently addressed tributes for Seymour at the annual convention of the American Educational Research Association in Denver and at the International Conference of Community Psychology in Puebla, Mexico. I recalled the lovely two days that Seymour and I spent together in New Haven when I visited him in 2007. Seymour took a personal interest in my new job as dean of education and called often to find out how I was doing.

The linkages among psychology, prevention, and social justice have roots that extend far beyond the scholarly work of these three men, but for us, it seems fitting to acknowledge their contributions to preventing psychosocial problems by looking at issues of context, power, justice, and privilege. In *Realizing Social Justice: The Challenge of Preventive Interventions*, the authors acknowledge the enduring legacy of George Albee as a champion of prevention and social justice in psychology, but they realize the unfulfilled promises as well.

> The late George Albee was an advocate for social justice and prevention for more than 50 years .... Despite the longevity of Albee's ideas, prevention has not fulfilled its social justice promise. Social injustice remains rampant in health status, educational and occupational attainment, and income levels. These disparities are often most poignant when comparisons across racial/ethnic groups, gender, and ability status are examined. (Kenny, Horne, Orpinas, & Reese, 2009, pp. 3–4)

We concur. Social justice has not yet made significant inroads into prevention. While most prevention advocates acknowledge the role of social determinants in health and well-being, the practice has not caught up with the passion. We believe that prevention and psychology have not fully embraced social justice because mainstream psychological discourse and action support the societal status quo. From traditional victim-blaming discourses (Prilleltensky, 1994) to positive psychology's present apologia for the system (Ehrenreich, 2009), the preeminent behavioral science still engages in context minimization (Shinn & Toohey, 2003): the neglect of context in accounting for behavioral and psychosocial challenges.

Critical psychology grew, in part, as a reaction to the individualistic reductionism of the mother discipline (Teo, 2009). The tendency to place blame for suffering squarely in the shoulder of victims had profound implications for social justice: no need to bother reforming the system, therapy will do (Adler & Stewart, 2009). To challenge these hegemonic notions, critical psychology grew from an intellectual enterprise to a social movement with discursive and practical applications (Chamberlain & Murray, 2009; Durrheim, Hook, & Riggs, 2009; Fox, Prilleltensky, & Austin, 2009; Hepburn, 2003; Prilleltensky & Nelson, 2002).

In light of the role of social justice in both prevention and critical psychology, this paper addresses a three-legged stool consisting of two disciplines (prevention and critical psychology) and one value (social justice). Specifically, the goals of this chapter are to (1) review the status of social justice in critical psychology and prevention, (2) distill divergence and convergence between critical psychology and prevention, and (3) offer recommendations for making critical psychology and prevention more synergistic and attuned to social justice at the same time.

What Is Critical Psychology?

Multiple Roots, Similar AimsIt would be more accurate to talk about critical psychologies than a critical psychology, as there are multiple strands of this scholarly movement. And while roots vary, many critical psychologists share similar aims. We will recognize their commonalities in their original struggles. Today, many critical psychologists acknowledge the contributions of Ignacio Martín Baró (1994) to the emergence of liberation psychology (Watkins & Shulman, 2008; Quiñones Rosado, 2007). Baró was a Spanish Jesuit Priest, killed for his convictions in 1989 in El Salvador, where he had been developing a psychology of liberation. He claimed psychologists should work to develop a psychology of emancipation to assist the poor and the oppressed in overcoming conditions of domination. A second Latin American credited with fostering consciousness-raising and emancipatory pedagogy is Paulo Freire (1970, 1973, 1994), who coined

the term "pedagogy of the oppressed," a notion widely used in critical circles in education and psychology (Stevens, 2007). Contemporary proponents of critical and liberation psychology in Latin America include Maritza Montero (2007, 2010) in Venezuela and Ignacio Dobles Oropeza in Costa Rica (Dobles Oropeza, 2009; Oropeza, Arróliga, & Zúñiga, 2007).

In Africa, Frantz Fanon, a psychiatrist originally from Martinique, who later lived in Algeria, developed a psychology of oppression and colonization that became highly influential in postcolonial theory (Bulhan, 1985; Fanon, 1965; Hook, 2004; Parker, 2007). More recent work describing critical psychology in Africa is presented in Hook's book (2004). In Europe, the Frankfurt School of critical theory was very influential in fostering in social science a critique of the status quo (Teo, 2005). In Germany, Klaus Holzkamp advanced a psychology of emancipation and subjectivity that assumed the official label of critical psychology in that country (Teo, 1998; Tolman, 1994). In England, Ian Parker (2007) and Erica Burman (1997) established the discourse unit at Manchester Metropolitan University, which is still active, and in Australia, Valerie Walkerdine (2002) created a critical psychology unit in the University of Western Sydney, which operated in the early part of this century. In Ireland, Geraldine Moane (2011) works at the intersection of feminist, critical, postcolonial, and liberation psychology.

In 1993, Fox and Prilleltensky founded the radical psychology network and later cooperated in editing *Critical Psychology: An Introduction* (Fox & Prilleltensky, 1997). That book helped to disseminate internationally emerging concepts and theories in the field. A decade later, Fox et al. (2009) edited a much revised second version of that book with many new authors (readers are referred to that book and to Teo, 2005, for further historical accounts of critical psychology. For developments in liberation psychology, we recommend Watkins & Shulman, 2008).

What do these authors, in this very brief and incomplete sketch of critical psychology, have in common? Following Teo (2009) and Nelson and Prilleltensky (2010), we might delineate their commonalities in terms of ontology, epistemology, and praxis. Ontology entails the subject matter of a particular discipline. In the case of critical psychology, the person in historical and political context is the appropriate subject matter. Critical psychologists acknowledge that people and their environments are in a state of creative tension whereby each is constituted in its relationship with the other. Rejecting mechanistic models of human beings, critical psychologists grant individuals a sense of agency, but not in disregard of political structures that come to shape their habits and beliefs. Material and cultural configurations of power that shape social experience are the object of study. Power struggles resulting in oppression, resistance, and liberation are very much part of the world explored by critical psychologists. These are social phenomena that result in suffering, striving, and occasional thriving.

Epistemology refers to the study of knowledge, while methodology refers to the tools we use to obtain that knowledge. Critical psychologists employ quantitative and qualitative methods to understand the human and social experience of domination and resistance. "The researcher works in solidarity with oppressed groups and strives to amplify their voices through a process of dialogue and consciousness-raising. The function of deconstruction, reconstruction and construction is to challenge and transform knowledge and society" (Nelson & Prilleltensky, 2010, p. 258). An emancipatory epistemology seeks ways to inform action. As Teo observed, "emancipatory relevance means that research should contribute to overturning oppressive social situations" (2009, p. 45). Part of the process of gathering information for social change is generating doubts in community members about what they take to be immutable and fatalistic realities. This process of problematization (Montero, 2007) is often called consciousness-raising. In critical epistemology, the aim is not just to collect data but to interact with the provider of data in ways that question taken-for-granted assumptions about the way the world is and is supposed to be. "Critical consciousness involves decoding the social lies that naturalize the status quo, while searching for alternative interpretations of one's situation" (Watkins & Shulman, 2008, p. 18). As Nussbaum (2006) explains,

> People adjust their preferences to what they think they can achieve, and also to what their society tells them a suitable achievement is for someone like them. Women and other deprived people frequently exhibit such "adaptive preferences," formed under unjust background conditions. These preferences will typically validate the status quo. (p. 73)

In terms of praxis, critical psychologists self-consciously explicate their values and allow them to inform research and action. Value-neutrality is challenged as an impossible stand, for neutrality always supports the status quo (Prilleltensky, 1994). According to Teo, the Frankfurt School of critical

theory "specifically laid out values to guide critical research: an organization of society to meet the needs of the whole community and to end social injustice. Critical social research should be guided by these ethical-political ideas and should generate knowledge that has emancipatory relevance" (2009, p. 49).

As may be readily seen, the ontology, epistemology, and praxis embraced by critical psychologists is shared by feminist, environmental, race, and postcolonial theorists, among other intellectuals and activists who understand the social world is constituted by power differentials (Fox et al., 2009; Hook, 2004; Huygens, 2007; Teo, 2005). These inequities have distinct repercussions for the humans on either side of the power equation. Critical psychologists, together with other critical social scientists and theorists, object to two fundamental things: the way society is organized and the way social science supports the status quo. In psychology's case, there is a long history to upholding the societal status quo by deflecting social problems into deep intrapsychic motivational, emotional, cognitive problems (Hook, 2004; Prilleltensky, 1994). The most recent incarnation of that proclivity is positive psychology, which, while well-meaning, minimizes the role of circumstances (such as social injustice) in people's happiness (see for example Lyubomirsky, 2007, or Seligman, 2002). "The real conservatism of positive psychology" writes Barbara Ehrenreich, "lies in its attachment to the status quo with all its inequalities and abuses of power" (2009, p. 170). She rightly assumes that the benefits of positive psychology may be accessible to middle-class people who are not overly bothered by inequality and injustice.

> Like pop positive thinking, positive psychology attends almost solely to the changes a person can make internally by adjusting his or her own outlook .... Positive psychologists' more important contribution to the defense of the status quo has been to assert or "find" that circumstances play only a minor role in determining a person's happiness .... Why advocate for better jobs and schools, safer neighborhoods, universal health insurance, or any other liberal desideratum if these measures will do little to make people happy? Social reformers, political activists, and change-oriented elected officials can all take a much-needed rest .... In the great centuries-long quest for a better world, the baton has passed to the practitioners of "optimism training," the positive psychologists, and the purveyors of pop positive thinking. (Ehrenreich, 2009, pp. 171–172)

Whereas some critical psychologists prefer discursive methods of social and disciplinary critique, others pursue community action more vigorously (for a variety of approaches, see Fox & Prilleltensky, 1997; Fox et al., 2009; and Henriques, Hollway, Urwin, Venn, & Walkerdine, 1984). While discursive critiques are very much needed, to criticize positive psychology, for instance, we work mostly in the applied camp of critical psychology. As community psychologists, we believe in action research and in promoting people's well-being.

To be more precise about what we seek as critical community psychologists and preventionists, we describe below our conception of well-being along with our values, assumptions, and practices. We distill implications for social justice and social change and end this section with a critique of critical theories.

Well-Being

Well-being is a positive state of affairs, brought about by the simultaneous and balanced satisfaction of personal, interpersonal, organizational, communal, and environmental objective and subjective needs, and by the enactment of just policies and practices in each one of these domains (Prilleltensky, 2008; Prilleltensky & Prilleltensky, 2006). Objective needs refer to material requisites such as housing, clothing, and economic resources, while subjective needs refer to psychological elements of wellness such as self-determination, sense of control, dignity, and emotional support. Objective signs of well-being refer to measurable and material conditions, whereas subjective signs pertain to psychological and perceptual phenomena, such as sense of control, belonging, and safety. Both types of signs, objective and subjective, are related but sufficiently distinct to merit their own categorization. A person may be well physically but not well psychologically.

As may be seen in Table 10.1, the satisfaction of objective and subjective needs depends on the enactment of just policies and practices. In fact, studies on social determinants of health demonstrate that societies with more equal distribution of resources experience fewer psychosocial challenges than those with fewer egalitarian policies (Marmot, 2004; Wilkinson & Pickett, 2009). Comparisons within and across countries demonstrate that inequality is bad for you, and it is especially bad for those with fewer resources (Levy & Sidel, 2006).

Table 10.1 offers an overview of the five sites of well-being, as well as examples of risk and protective objective and subjective factors. Our

Table 10.1 E

Objective Signs	Subjective Signs	Values	Justice

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Table 10.1 Ecological Model of Well-Being

	Sites of Well-Being				
	Individual	Relational	Organizational	Communal	Environmental
Objective Signs	+health +money +shelter -illness -poverty -homelessness	+networks +instrumental support +equality -isolation -violence -domination	+human resources +effective structures +financial resources -lack of human resources -chaos -lack of financial support	+social capital +low rate of trust +marginalization -lack of trust -high crime -policies of inclusion	+clean air +green spaces +conservation -pollution -urban decay -waste
Subjective Signs	+efficacy +control +meaning -lack of competence -lack of control -alienation	+voice +choice +affection -repression -constraints -neglect	+support +affirmation +stimulation -isolation -condemnation -alienation	+belonging +reciprocity +sense of community -rejection -greed -isolation	+safety +respect for nature +concern for sustainability -fear -environmental neglect -consumerism
Values	+autonomy +freedom -lack of power -subjugation	+caring +compassion -neglect -dismissal	+participation +collaboration -marginality -dictatorial	+diversity +inclusion -discrimination -exclusion	+protection of resources +sustainability -depletion of resources -consumerism
Justice	My due/Our due	My due/Your due/Our due	My due/Its due/ Our due	My due/Their due/ Our due	My due/Nature's due/Our due

Adapted from Prilleltensky (2008) with permission from the *American Journal of Community Psychology*.

conceptualization of well-being is ecological in nature. It claims that a favorable state cannot be achieved in solitude in each one of the ecological silos, but rather in concert with the other domains of life. All domains of wellness are interconnected. Studies demonstrate the synergistic linkages among environmental, communal, workplace, interpersonal, and individual levels of wellness (Nelson & Prilleltensky, 2010; Rath & Harter, 2010). In favorable conditions of nurturance, safety, and stimulation, children learn and perform better. Under adverse occupational conditions, workers develop psychological and physical symptoms. The well-being of the private citizen is very much dependent on the state of fairness, equality, and justice prevailing in his or her community (Nussbaum, 2006).

While the various sites of well-being possess intrinsic wellness, they also have instrumental value in the wellness of other sites. Thus, the natural environment deserves to be preserved for its own sake, but also for the sake of the community and its inhabitants. They all work in concert (Prilleltensky & Prilleltensky, 2006). Individual well-being, as seen in Table 10.1, may be enhanced by positive objective signs such as physical health and diminished by negative signs such as illness. We can see instances of positive or negative objective and subjective signs across the various sites of well-being.

Values

To advance the well-being of individuals, relationships, organizations, and the like, we need a set of values that will guide us. In each column in Table 10.1, we present a group of values aimed to foster the well-being of each particular site. These values are intrinsically beneficial to the well-being of a particular entity (e.g., person, organization) and extrinsically beneficial to the holistic well-being of

an entire community. These are values that support not only positive outcomes, but also positive processes. They guide us in our aims, but also in our daily actions.

While not very many critical psychologists make a point of explicitly articulating their values, we believe it is essential. Without clarity of convictions we may easily find ourselves in paradoxical situations such as positive psychology, which seeks to promote wellness, a highly desirable value, but does so by focusing solely on individual values and neglecting the environment. Ultimately, you cannot promote personal well-being when people live in highly polluted environments and crime infested neighborhoods. Many wealthy people isolate themselves from social and environmental perils by living in gated communities up in the mountains, far from the pollution, but so far we have not seen any type of psychology, positive or otherwise, that claims to be exclusively for the well to do. Liberation and critical psychology are explicitly aligned with the disadvantaged, those who cannot escape crime or pollution.

But critical psychologists do not just advocate a multiplicity of values to encompass the various sides of wellness. They also claim that these values, as shown in Table 10.1, are subject to reigning conceptions of justice. Justice, in its most basic form, deals with the fair and equitable allocation of resources, obligations, and bargaining powers in society (Miller, 1999). To determine how to allocate resources, obligations, and bargaining powers we require a set of criteria. Without criteria we cannot reasonably argue for one type of distribution or another. An ideal set of criteria would balance what is due me with what is due other people, organizations, or the natural environment, as shown in the last row of Table 10.1.

The criterion used to distribute opportunities in society is contested terrain. In most capitalist societies merit is used. Merit encompasses effort and ability. Students deserve scholarships based on their achievements, and athletes deserve medals due to aptitude and hard work. But what happens when not all students, or athletes for that matter, start life with similar opportunities? What happens when millions of children cannot attend school, or attend schools that are poorly resourced with underpaid teachers? It is entirely possible that many potentially brilliant kids cannot reach their potential due to diminished opportunities in life. Can we then turn back on them and tell them they are not smart enough or did not achieve enough? Could they not have done much better under favorable circumstances, like the kids in the "good" part of town? By using strictly individualistic criteria for justice, we neglect the very conditions that may have given rise to excellence. And yet, individual capacity and effort are almost always used to justify inequality (Ravitch, 2010). Those who work hard achieve more in life: Total disregard for the conditions that lead to achievement. Under conditions of equality, in which all students have access to similar privileges, it would be fair to reward the ones who have worked hard to progress (Facione, Scherer, & Attig, 1978). But under conditions of inequality, it would be unfair to punish those who did not achieve high grades due to environmental, social, organizational, and communal factors outside of their control (Darling-Hammond, 2010; Hargreaves & Shirley, 2009; Payne, 2009). Children do not choose where they are born or where they go to kindergarten.

Faced with this inconvenient truth, many apologists for the status quo blame the parents instead of the children; while many others blame the teachers, and the principals, and the unions (Hargreaves & Shirley, 2009; Ravitch, 2010). Missing from these discussions is the educational "elephant in the room": poorly resourced public schools, a thrust to privatize public education, histories of colonization, exclusion, segregation, red-lining, and policies of legalized discrimination.

As in the case of educational injustice, there is behavioral injustice (Adler & Stewart, 2009). Certain segments of the population have ample access to healthy role models who exercise and eat well while others have only access to 7-Eleven and unsafe communities without sidewalks or bike paths. Furthermore, many poor people live in obesogenic environments that perpetuate the consumption of high fat foods and limit fitness opportunities. As Adler and Stewart observed,

> Although some individuals are able to make and maintain change, the medical model largely ignores the forces contributing to the development and maintenance of obesity. Patients walk out of the health care provider's office only to reenter the same environment that led to their weight gain in the first place. The commercial and structural forces in their environment still are powerful. These people thus may be caught in "vicious cycles" of "accelerators" of the obesity epidemic .... resulting from the interaction of an increasingly obese individual with an "obesogenic environment" that encourages an overconsumption of food and discourages physical activity. (Adler & Stewart, 2009, p. 55)

Critical psychologists challenge the myth that people can improve their health at any time because they have freedom to do so. This would obviate the gross inequities in access to resources that shape, to a large extent, life's opportunities for wellness. This is not to say that people are devoid of agency to struggle for social justice and a more equitable state of affairs. But to ignite that agency, we need to acknowledge first that the environment does not present similar opportunities to all. In the case of obesity, for example, we agree with Adler and Stewart that it is "unjust to hold people accountable for things over which they have little control .... This places the primary responsibility on society to provide equal opportunities for all people to be able to make the healthier choices, and it reframes the discussion as one of justice rather than blame" (2009, p. 61). It is unjust to hold people accountable for things that are beyond their control. Societies that distribute resources more equitably and make access to healthier environments easier attain higher levels of psychosocial health and well-being (Wilkinson & Pickett, 2009). Among problems prevented through equality are teenage pregnancy, mental illness, obesity, infant mortality, and lack of trust.

Practices

Critical psychologists engage in theory, research, and action. Theory and research focus on three main questions: (1) what are the psychological, cultural, and social mechanisms through which privilege and power in society reproduce themselves; (2) how does the discipline of psychology contribute to oppressive policies and practices in government, schools, hospitals, social services, private practice, and discourse; and (3) what are successful ways of partnering with minorities and disadvantaged groups to seek empowerment, inclusion, peace, and social justice.

With respect to the first question, Derek Hook's (2004) *An Introduction to Critical Psychology* offers multiple insights through which Western notions of superiority suffused the psyche of colonizers and colonized alike. Similarly, Kelly Oliver's (2004) *The Colonization of Psychic Space: A Psychoanalytic Theory of Oppression* discerns the role of the unconscious in perpetuating the illusion of justified privilege in the dominant classes. Watkins and Shulman (2008), in turn, describe the many cultural practices of consumerism, environmental degradation, and violence that deny the emergence of authentic relationships with other human beings and with the earth. Through cultural and psychological critique, these authors expose ways in which white supremacy became hegemonic.

The second question, dealing with the complicity of psychology in perpetuating capitalist structures of domination, has received wide attention. Several books have documented ways through which discursive and therapeutic practices have tried to pathologize homosexuality, blame mothers for children's autistic features, and overall project social maladies deep into the caverns of personal maladjustment (Fox & Prilleltensky, 1994; Fox et al., 2009; Parker, 2007; Prilleltensky, 1994; Wilkinson & Pickett, 2009). As noted above, even positive psychology risks sacrificing its healthful attributes by continuing an unfortunate tradition of neglecting the role of context in wellness (Ehrenreich, 2009; Pawelski & Prilleltensky, 2005; Shinn & Toohey, 2003).

The third question deals with the quest for participatory, collaborative, and emancipatory means to seek justice for the poor, colonized, and marginalized. There are inspiring examples of critical and community psychologists partnering with women and minorities in trying to restore hope, honor memories, and change policies and practices at the local, regional, and national levels. Brinton Lykes (Lykes, 1997, 1999; Lykes & Coquillon, 2009) has been working in Guatemala with indigenous women for many years, gaining their trust, and finding ways to empower them to gain control of their lives despite great sadness and trauma occasioned by military and paramilitary troops. Multiple and meaningful projects have sprung from their work together, including photo voice exhibitions and psychosocial recovery efforts. In genuine partnerships of solidarity, the women transform their psychological and social reality, as well as gain recognition of past atrocities and injustice.

While many critical psychologists explore the phenomenology of the oppressed and mount projects to advance their civil rights, Ingrid Huygens (2007) in Aotearoa, New Zealand, studied processes of Pakeha (White inhabitants) change in response to the Treaty of Waitangi. The treaty, signed in 1840 between the British crown and the Maori leadership, conferred on the Maori indigenous population rights and privileges that were never honored by the White colonizers. In her work, Huygens documents the process whereby the dominant group tries to educate itself on the wrongs of the past and engage in constructive action to establish genuine and authentic reciprocal relationships among the two groups. Her illuminating study offers several insights into the cultural transformation of

dominant groups. According to her, such change requires a critical and emotional process of openness to the challenges of an oppressed group, the pursuit of counterhegemonic accounts of the relationship between the two groups, and accepting responsibility for the outcomes of domination. Furthermore, the change requires striving toward reciprocal and fair relationships based on recognition of past injustices (Huygens, 2007). Questioning the legitimacy of White privilege is a key part of the process.

In addition to action research, critical psychologists engage in various form of practice, such as therapy, consultation, organizational development, and community change. Prilleltensky and Nelson (2002) describe in detail how the values of self-determination, empowerment, caring, compassion, respect for diversity, and social justice inform practice in educational, clinical, organizational, health, and community settings. In all cases, critical psychologists honor the process of empowerment and justice as much as the outcome. This means giving voice and choice to the partner with whom we work, respecting their dignity by acknowledging their strengths and power differentials, and seeking avenues to gain control of their lives in ways that enhance reciprocal empowerment and not personal aggrandizement.

A critical psychological approach may be conceptualized along four domains of practice: capabilities, participation, ecology, and temporality. The first domain refers to the focus of attention in practice. We can focus on strengths or deficits. A critical psychology approach honors people's assets and dignity in coping with life's challenges and oppressive conditions. The second domain refers to the level of voice and choice in services and community action. At one end there is empowerment and at the other, alienation. The third domain pertains to the level of intervention. The continuum ranges from individual to community and policy level advocacy. Finally, the temporal domain draws attention to prevention versus treatment and rehabilitation. In our view, a critical psychology approach would endorse a strength-based, preventive, empowering, community change orientation. These four principles are the basis of the acronym SPEC, which we have used in our organizational development and community work (Bess, Prilleltensky, Perkins, & Collins, 2009; Evans, Hanlin, & Prilleltensky, 2007; Prilleltensky, 2005). In this book, the major emphasis is on prevention, which, in our view, needs to be complemented by the other three principles, as we will later show.

Limitations of Critical Psychology

Several critiques can be leveled against critical psychology. We concentrate here on three. First, it has not penetrated yet in a meaningful way the discourse of psychology. Psychology continues to individualize problems and neglect the context of psychosocial challenges. Perhaps it is an inevitable outcome of a critical movement to remain at the margins. Second, the level of critique has not yet been matched by practical applications in critical psychology. A systematic study of critical theories and approaches in the social sciences indeed found that critique often remains at the level of theory, without a clear articulation of alternatives for action (Davidson et al., 2006). This may very well reflect the lineage of critical psychology, which was based largely in the Frankfurt School of critical theory. While the Latin American influence of liberation psychology is definitely more applied than the European tradition, its legacy has not been fully embraced yet. Our third reservation has to do with the lack of systematic research on critical psychology applications in community settings. Here lies a potentially useful synergy between critical psychology, a radical but largely theoretical enterprise, and prevention, a less radical but eminently applied venture. To explore zones of congruence among these two approaches, we turn our attention to prevention.

What Is Prevention?

Public Health Roots

Prevention has its roots in public health. In contrast to mainstream health services that treat diseases or health problems of individual patients, public health is concerned with the health of entire populations. Public health uses epidemiological methods to determine the incidence (number of new cases) and prevalence (number of current cases) of a disease in a population and the factors that place people at risk for the disease. Even when the precise causal agent of a disease is unknown, public health approaches can be successfully applied in prevention. The story of John Snow and the Broad Street pump in London, England, as told by George Albee, is a good illustration of this point.

> John Snow figured out that cholera was a waterborne disease long before the noxious agent causing cholera had been identified. He observed that the pattern of cholera infection was related to where drinking water came from; in the most famous act in the history of public health, he removed the handle

from the Broad Street pump and stopped a cholera epidemic. (Albee, 1991, p. 26)

Public health focuses on three components that are relevant to diseases or psychosocial problems: (1) characteristics of the host (i.e., the person who contracts the disease), (2) characteristics of the environment, and (3) the agent (i.e., the mode of disease transmission) (Bloom, 1984). For example, if we look at the epidemiology of motor vehicle accidents or fatalities, we can examine characteristics of the host or driver (e.g., blood alcohol level, reckless or high-speed driving), the environment (e.g., how well lit the road is at night, slipperiness of the road in rain, ice, or snow), and the agent or the car (e.g., safety of the car). Preventive measures to reduce motor vehicle fatalities include changing the host (e.g., driver's education, "Don't Drink and Drive" campaigns), changing the environment (e.g., improvement of road safety), and changing the agent (e.g., improving car safety, installation of air bags). Ralph Nader's famous book, *Unsafe at Any Speed*, provided evidence about the lack of safety of the Corvair and other unsafe features of autos built in the United States and was a significant landmark in improving auto safety through advocacy (Nader, 1965).

Principal Tenets of Prevention

DEFINITION AND TYPOLOGIES

Beginning in the 1960s, some mental health professionals like Albee and Cowen recognized the potential value of preventive approaches to mental health issues. They elaborated the shortcomings of individual clinical interventions, noting that they provided too little too late, that they did not target those in greatest need, that they used a style that was out of touch with how many people view their problems, and that there would never be enough clinicians to treat everyone in need (Cowen, 2000). Even if psychotherapy was 100% effective, they argued, it would still not be effective in reducing rates of mental health problems in a population; only prevention could do that. In an article titled "The Futility of Psychotherapy," Albee (1990) stated, "[A]s the history of public health methods (that emphasize social change) has clearly established, no mass disease or disorder afflicting humankind has ever been eliminated by attempts at treating affected individuals" (p. 370). Early prevention efforts were inspired by the wisdom of preventive intervention as captured in the adages, "An ounce of prevention is worth a pound of cure," and "A stitch in time saves nine."

Community psychiatrist Gerald Caplan (1964) distinguished between primary, secondary, and tertiary prevention in mental health. Primary prevention refers to measures taken to reduce the incidence of mental health problems; secondary prevention refers to early detection and intervention to keep a problem from worsening; and tertiary prevention refers to rehabilitation to reduce disability that could result from a disorder. Noting "definitional slippage" in early prevention efforts, Cowen (1980) asserted that true prevention, or primary prevention, can be defined by its focus on incidence reduction, its focus on a population not individuals, and its intentional focus on preventing mental health issues.

The old typology of primary, secondary, and tertiary prevention has given way to a newer typology created by the US Institute of Medicine (IOM, 1994). The IOM typology distinguishes between universal, selective, and indicated approaches to prevention.

Universal prevention focuses on all members of the population in a geographical area (e.g., a neighborhood) or a setting (e.g., a school).

Selective prevention, which is also known as the high-risk approach, targets participants on the basis of external characteristics (e.g., parental divorce, low family income) and/or on internal characteristics (e.g., low birth-weight, peer rejection). Selective prevention is based on the assumption that there are known risk factors for certain mental health problems, and that prevention can have the greatest impact by targeting individuals at highest risk (Offord, Kraemer, Kazdin, Jensen, & Harrington, 1998).

Finally, indicated prevention is aimed at participants who show mild or early-developing mental health problems (e.g., young children who show marked opposition and defiance). Indicated prevention is what used to be called secondary prevention, while universal and selective prevention are what was previously called primary prevention.

RISK, PROTECTION, AND RESILIENCE: A THEORETICAL FRAMEWORK FOR PREVENTION

The primary theoretical framework that has guided the development of selective preventive interventions is resilience theory, which involves an examination of risk and protection (Luthar & Cicchetti, 2000). Risk factors are those adverse conditions or events that increase the likelihood of negative outcomes, while protective factors are assets or resources that help to offset, or buffer, risk factors. Thus, protective factors serve as moderator variables

that interact with risk factors to reduce negative outcomes (Roosa, 2000).

Albee (1982) views the incidence of mental health problems as an equation involving risk and protective factors:

$$\text{Incidence} = \frac{\text{Risk factors}}{\text{Protective factors}}$$

$$= \frac{\text{Organic causes} + \text{Stress} + \text{Exploitation}}{\text{Coping skills} + \text{Self-esteem} + \text{Support systems}}$$

In addition to its focus on risk and protection, resilience theory is ecological in nature and examines the interaction of risk and protective factors within and across multiple ecological contexts: microsystem, exosystem, and macrosystem (Sandler, 2001). Resilience theory focuses on the question of how some people are able to maintain a positive developmental trajectory in the face of adversity, while others suffer and experience negative outcomes.

Understanding the mechanisms of risk, protection, and resilience can have important implications for prevention (Luthar & Cicchetti, 2000; Robinson, 2000). In fact, selective or high-risk prevention programs and the different components that they provide (e.g., social support, coping skills training) can be conceptualized as protective factors for people who are disadvantaged (Robinson, 2000).

Rutter (1987) has postulated four central resilience mechanisms that can help people cope with adversity and prevent problems: (1) reducing risk impact, (2) interrupting unhealthy chain reactions stemming from stressful life events, (3) enhancing self-esteem and self-efficacy, and (4) creating opportunities for personal growth. Each of these mechanisms focuses on processes that moderate the impacts of adverse conditions on negative outcomes. Thus, for example, programs that promote self-esteem (Haney & Durlak, 1998) are believed to help people cope with adverse conditions that threaten their sense of self-worth (Sandler, 2001). Selective prevention programs can also be guided by mediational models. For example, in their long-term, quasi-experimental evaluation of the Child-Parent Centers for low-income children in Chicago, Reynolds, Ou, and Topitzes (2004) found that preschool and early elementary school programs had positive impacts on arrests at age 18 and high school completion by age 20. To explain these findings, Reynolds et al. tested whether or not different factors mediated the impacts of program participation on these outcomes. In support of a mediational model, they found that "the primary mediators of effects for both outcomes were attendance in high-quality elementary schools and lower mobility (school support hypothesis), literacy skills in kindergarten and avoidance of grade retention (cognitive advantage hypothesis), and parent involvement in school and avoidance of child maltreatment (family support hypothesis)" (p. 1299).

THE PROMOTION OF WELL-BEING

Emory Cowen (1991, 1994, 2000) pointed to the need to go beyond prevention to wellness enhancement. The notion of positive mental health can be traced back to the book that Marie Jahoda (1958) prepared for the US Joint Commission on Mental Illness and Health. The emergence of concepts of well-being has arisen in response to the deficit-oriented focus of the *Diagnostic and Statistical Manual* (DSM) in all its various revisions. Positive mental health (Jahoda, 1958), positive psychological and social functioning (Keyes, 2007), quality of life (Nelson & Saegert, 2009), subjective well-being (Diener, 2000), well-being (Prilleltensky & Prilleltensky, 2006), and wellness (Cowen, 1991) are some of the concepts and terms that have been developed to capture how individuals can flourish. Research by Keyes (2007) suggests that mental health and mental health problems can be constructed as two distinct continua, with mental health ranging from languishing to flourishing and mental health problems ranging from the absence of symptoms of mental illness to severe manifestations of mental illness. Thus, preventing mental health problems does not necessarily promote mental health.

How then can mental health and well-being be promoted? Cowen (1994) outlined several key pathways toward the promotion of well-being.

Attachment

It is important for infants and young children to form secure attachments to their parents and caregivers. Thus, programs like home visitation that strive to promote attachments may yield long-term benefits.

Competencies

The development of age-appropriate competencies is also important for well-being. Programs that are designed to develop social competencies (e.g., social problem-solving skills, assertiveness), academic competencies, and other competencies are important for the promotion of well-being.

Social environments

Healthy and socially just environments are important for well-being. Thus, one strategy to promote well-being is to change social systems toward those characteristics and processes that have been shown to be important for well-being. This includes engaging in social action to eliminate degrading social conditions, including poverty, racism, and sexism (Albee, 1986).

Empowerment

Psychological and political empowerment refers to perceived and actual control over one's life (Rappaport, 1981). Empowering interventions are those that enhance citizens' self-determination, democratic participation, and opportunity to have control over the course of their lives.

Resources to cope with stress

Finally, being able to cope effectively with adversity is another key pathway to well-being. Therefore, having the skills and resources to meet the challenges posed by the stressors of life is essential for well-being. Stressors are often seen as presenting an opportunity for growth. Programs that provide people with resources and coping skills can potentially promote well-being.

Like prevention, these strategies to promote well-being focus on populations, and they follow the universal approach so that everyone in the population under study receives the intervention. Unlike selective prevention, which is based on resilience theory, the postulated mechanisms of promotion focus on the direct effects of promotive factors on well-being or on reducing exposure to adverse conditions (Sandler, 2001). For example, promoting competencies, such as social problem-solving skills, is hypothesized to have a direct impact on well-being. Mediational models, described earlier, can also be applied to evaluate the impacts of programs that strive to promote well-being.

Prevention Research

A large body of research has accumulated that has examined the impacts of prevention programs, their cost-benefits, and their implementation.

IMPACTS

There is now quite a bit of evidence attesting to the effectiveness of prevention programs in reducing a variety of psychosocial problems both in the short term and the long term (Durlak & Wells, 1997). Prevention programs have been applied to a wide variety of mental health and psychosocial problems, such as violence against women in youth dating relationships (Wolfe et al., 2003), criminal offending (Farrington & Welsh, 2003), depression and anxiety problems in adults (Dozois & Dobson, 2004), women's postpartum depression (Dennis et al., 2009), and marital distress (Markman, Renick, Floyd, Stanley, & Clements, 1993). However, the bulk of prevention research has focused on children and families, reasoning that it is better to intervene earlier rather than later.

Research has established the preventive impacts of different programs for children. For example, take the problem of child abuse and neglect. David Olds and colleagues used a randomized design to evaluate a nurse home visitation program for women with one or more of the following risk factors: single, teen-aged, or low income. The program, which began during pregnancy and continued until the children were 2 years old, was implemented in an impoverished, rural community in the state of New York, in which rates of child abuse and neglect were quite high. After 2 years, they found a significant impact of the program for those mothers with all three risk factors on rates of child abuse and neglect. A total of 14% of the children in the control group abused or neglected their children compared with 4% of those who participated in the nurse home visitation program (Olds, Henderson, Chamberlin, & Tatelbaum, 1986). What is most remarkable about this study is that the impacts of the program were stronger when the children were older. Using the method of survival analysis, Zielinski, Eckenrode, and Olds (2009) found that 68% of the youth in the control group were not abused or neglected by age 15, compared with 76% of the youth whose mothers participated in the program. The impacts were more pronounced for the group with all three risk factors with 63% of the control group youth not being abused or neglected compared with 81% of the nurse home visitation group.

The previously mentioned study of the Chicago Child-Parent Centers also examined the impacts of the program on child abuse. Unlike the nurse home visitation program, this program started later when the children were 3 years of age and provided preschool education, continuing educational support into elementary school, family support, and a variety of other programs for the parents. At age 17, children in the comparison group had a rate of 11% of court petitions for child maltreatment compared with 5% of children in the intervention group. In contrast to the selective prevention programs of the

Child-Parent Centers and the nurse home visitation program, Prinz, Sanders, Shapiro, Whitaker, and Lutzker (2009) implemented the Triple P, Positive Parenting Program, on a population-wide base in South Carolina. Using a randomized design, 18 counties were randomized into Triple P or a no program control. Triple P is designed to enhance parenting skills using a social learning approach. After the intervention, they found significant differences favoring the counties that were assigned to the Triple P program on rates of substantiated child maltreatment, out-of-home placements, and child maltreatment injuries. In addition to these exemplary studies, systematic and meta-analytic reviews have shown that there is considerable evidence that child abuse and neglect can be prevented (Geeraert, Van de Noortgate, Grietans, & Onghenea, 2004; Lundahl, Nimer, & Parsons, 2006; MacLeod & Nelson, 2000; MacMillan et al., 2009).

Perhaps a most impressive feature of prevention programs for children is their enduring impacts. While many prevention programs begin during preschool, their impacts continue to be observed in middle childhood, adolescence, and adulthood (Karoly, Kilburn, & Cannon, 2005; Manning, Homel, & Smith, 2010; Nelson, Westhues, & MacLeod, 2003). One well-known preschool prevention program that has shown positive long-term impacts is the Perry Preschool program that was implemented in a low-income community in Ypsilanti, Michigan (Schweinhart, 2005). Three- and 4-year-old children, with low IQs and whose families were living in poverty, were randomly assigned to the Perry Preschool or a control group. For 2 years, the children in the Perry Preschool program participated in classroom activities, and the teachers made home visits each week to every mother and child, assisting the mothers with child-rearing skills. The researchers followed up the participants at age 40. Compared with participants in the control group, participants in the Perry Preschool program at age 40 were: less likely to be arrested five or more times (36% vs. 55%) and more likely to be employed (70% vs. 50%), earn $20,000 or more (60% vs. 40%), and have a savings account (76% vs. 50%).

COST-BENEFITS

Economic evaluations of prevention programs have also been undertaken to document the cost-benefits of these programs. Several longitudinal studies have shown that prevention programs for children yield a substantial return on investment (ROI) (Belfield, Nores, Barnett, & Schweinhart, 2006; Reynolds & Temple, 2008). These studies demonstrate that for every $1 invested in the program, that the ROI is $5 for Olds' nurse home visitation program for the high-risk group, $10 for the Chicago Child-Parent Centers, and $13 for the Perry Preschool program. Thus, not only has prevention been shown to be effective, cost-benefits research has also shown that prevention makes economic sense.

IMPLEMENTATION

In view of the evidence that prevention works, prevention research has begun to examine *how* prevention programs work. Thus, there has been increased attention to the qualities of effective prevention programs. Based on their review of effective prevention programs, Nation et al. (2003) concluded that the most effective prevention programs are those that (1) are comprehensive, (2) use varied teaching methods, (3) provide sufficient "dosage" or intensity, (4) are theory-driven, (5) promote positive relationships with adults and peers, (6) are appropriately timed, (7) are socioculturally relevant, (8) use well-trained staff, and (9) use research to evaluate outcomes. Implementation research focuses on whether these different qualities are present in the prevention program. As well, prevention programs are based on a logic model or theory of change that specifies the program activities and intended outcomes. Implementation research also examines the extent to which programs are implemented as planned, thus indicating the fidelity of implementation to the program model. This fidelity research is important to determine if implementation of program components is linked to outcomes. In their review of 59 implementation studies of prevention programs, Durlak and Dupre (2008) found the degree of implementation fidelity was linked to positive outcomes. Prevention programs need to follow a program model, but they also need to be adapted to local contexts and populations to make them relevant. While these two emphases, fidelity and adaptation, might seem to conflict with one another, Hawe (2004) has suggested that both are important and can be reconciled by making a distinction between the form and function of program components. She posits that the particular form the intervention takes can vary from context to context, but that it is important to retain the essential functions of the program components. For example, if the intervention principle is to harness social support from people's social networks, this function can be met through different forms (e.g., a mutual

support group in one context, peer-to-peer support in another context).

Critique of Prevention

Several criticisms can be levied against prevention. First, while prevention has proved to be valuable, it is, by and large, ameliorative in that it does not strive to change the social conditions that give rise to the problems it strives to prevent. That is, most of the attention of prevention is focused on enhancing protective factors (the bottom half of Albee's equation), rather than on reducing adversity and exploitation (the top half of Albee's equation). The vast majority of prevention programs are micro-centered in their focus on the individual and the family. In a review of 526 studies, Durlak et al. (2007) found that none of the studies examined changes in community-level outcomes. Two recent universal prevention and promotion programs for young children, Sure Start Local Programmes in the UK (Melhuish, Belsky, Leyland, Barnes, & the National Evaluation of Sure Start Research Team, 2008) and Better Beginnings, Better Futures in Canada (Peters et al., 2010), have targeted and found impacts of these programs on community conditions.

A second criticism of prevention is that the participants in these programs are relegated to the role of service-recipients and data sources. With the exception of the Better Beginnings program in Canada, community members are usually not given the opportunity to be active agents who have a voice in the programs that are designed by professionals for them. Prilleltensky (2005) has argued that prevention programs should be empowering and encourage participation not just in program activities, but in program design and management. Prevention programs and research are largely silent on issues of power and participation.

A third criticism relates to efforts to medicalize prevention and focus on deficits. Reports by the IOM and the National Institute of Mental Health (NIMH) (Heller, 1996) take an overly narrow view of the prevention of specific mental disorders to the neglect of mental health promotion and social action (Albee, 1996). As well, research funding from the NIMH in 2006 included the prevention of comorbidity, disability, and relapse, which are clearly tertiary or treatment interventions. That they are included along with primary prevention hearkens back to Cowen's (1980) warning about definitional slippage. In sum, Isaac has argued for a holistic model of strengths, prevention, empowerment, and community change (SPEC) (Prilleltensky, 2005), but the main points of critique of prevention suggest that prevention is not often accompanied by a focus on strengths, empowerment, or community change.

Points of Divergence and Convergence Between Critical Psychology and Prevention

Points of Divergence

After reading the previous sections on critical psychology and prevention, it should be apparent that these two fields have very different roots and emphases. In Table 10.2, we contrast critical psychology and prevention on three key dimensions.

VALUES

As we noted earlier, critical psychology is an explicitly value-based approach. Its critique of the societal status quo is based on values of power-sharing and social justice (Prilleltensky, 1994). Prevention, in contrast, claims to be a value-neutral, scientific enterprise, and the field has come to be known as "prevention science" (Coie et al., 1993; Heller, 1996). Albee (1996; Perry & Albee, 1994) has critiqued prevention's growing overemphasis on

Table 10.2 Points of Divergence Between Critical Psychology and Prevention

Dimension	Critical Psychology	Prevention
Values	Explicitly value-based approach that emphasizes values of power-sharing and social justice	Claims to be value-neutral, but emphasizes values of health, caring, and compassion
Ontology/Epistemology	Social and institutional structures are rooted in historical reality but can be changed through researchers working in partnership with oppressed people	Single, external reality that can be predicted and controlled through controlled research
Practices	Value-based praxis focused on transformative social change	Research-informed programs focused on amelioration

scientism and its underemphasis on values of social justice and social change.

> Our most serious reservations concern the near total absence of prevention program proposals that strike at the social injustices that play a major role in the appearance of mental and emotional problems. (Perry & Albee, 1994, p. 1088)

While claiming to be value-neutral, prevention implicitly emphasizes the values of health, caring, compassion, and scientific inquiry, which stand in sharp contrast to the explicit social justice values of critical psychology.

ONTOLOGY/EPISTEMOLOGY

Critical psychology is based on a paradigm of social transformation (Nelson & Prilleltensky, 2010). Critical knowledge is needed to uncover institutional interests, power, and values that have historically constrained or supported social change. Moreover, the critical paradigm emphasizes working in solidarity with oppressed people toward their social change goals. In contrast, prevention is based on the natural science paradigm of logical positivism or rational empiricism, which holds that there is one external reality that can be predicted and controlled. The voluminous experimental and quasi-experimental prevention research that we have reviewed shows the emphasis of prevention on traditional scientific methods.

PRACTICES

In terms of intervention, critical psychology is based on a value-based praxis (Nelson & Prilleltensky, 2010; Prilleltensky & Nelson, 2002). Working in solidarity with oppressed people, critical psychologists strive to make fundamental or transformative changes in social systems. The key focus in value-based praxis is to reduce power imbalances and social and economic inequalities. This is done through a cycle of action research that is value-based, participatory, self-reflexive, and oriented toward social change. In contrast, the practice of prevention focuses on the planning, implementation, and evaluation of prevention programs. Typically prevention programs are developed by prevention researchers and are based on an empirically supported theory of change. As was noted earlier, prevention tends to be more ameliorative than transformative in nature, because of its micro-centered focus and its lack of emphasis on participation of and power-sharing with the prevention program participants.

Points of Convergence

Following the same parameters as in the previous section, we will examine parallels between critical psychology and prevention in terms of values, ontology/epistemology, and practices.

VALUES

While the two fields under examination privilege different values, we believe that in the end both seek to promote well-being. Critical psychologists do that through an examination of inequality and injustice, while preventionists do that mainly through the pursuit of health. We believe that the pursuit of justice encompasses the pursuit of health, caring, and compassion. A "just" society without compassion and health is a heartless and uncaring society. At the same time, a "healthy" and "caring" society without just distribution of resources and obligations is a society that cares only about those with sufficient subjective and objective resources.

ONTOLOGY/EPISTEMOLOGY

Critical psychology and prevention share a contextual and ecological view of personal and social problems. Both fields understand, at least etiologically, the role of culture, policies, and risk and protective factors. They appreciate the contextual nature of psychosocial problems and the need to intervene at multiple levels. Even though preventionists have not devised and implemented fully comprehensive community-based programs, they acknowledge the influence of multilevel factors in stress, coping, and thriving (Durlak et al., 2007).

PRACTICES

In our critical view, psychosocial action to promote community well-being should concentrate on furthering strengths, prevention, empowerment, and community change. Preventionists, as noted above, meet only the second criteria of the four. The convergence on proactive action is needed and welcome, as effective prevention can reduce human suffering and save money. However, the absence of a strength-based, empowering, and community change perspective makes the field of prevention vulnerable to lack of sustainability.

Moving Forward

Both of us identify with critical psychology and with prevention. Geoff has been involved in one of the truly comprehensive community-based prevention programs, the Better Beginnings, Better

Futures project (Peters et al., 2010); and both of us have produced for the government of Canada recommendations for preventing child abuse at the local and national levels. In addition, both of us have tried to merge critical psychology into psychological practice in various domains (Prilleltensky & Nelson, 2002; Nelson & Prilleltensky, 2010). As demonstrated in the preceding pages, we believe that both prevention and critical psychology can contribute to the promotion of well-being, but we also believe that both suffer from shortcomings that could, and probably should, be overcome.

Values

It is evident from the preceding discussions that prevention would be more effective if it dealt not just with individual suffering, but also with community wellness. Similarly, prevention would be more sustainable if it fostered transformation and not just amelioration. Critical psychology's emphasis on social justice should be incorporated into prevention. To do that, the field of prevention would have to accept a "both/and" philosophy according to which the alleviation of suffering should not come at the expense of eliminating the roots of suffering. In actual practice, this would mean helping people cope with particular issues, such as vulnerability to school failure, and consciousness-raising about the many educational injustices that beset poor communities. Similarly, helping in the prevention of obesity would entail more than individual skills, such as fitness and nutrition, and include collective action to bring low cost fruits and vegetables to the neighborhood. Bringing attention to nutrition as a social justice issue would empower citizens not just to change their behaviors but also to address power differentials and political interests preventing the community from having access to fresh fruits and vegetables (Adler & Stewart, 2009).

We advocate for values of caring, compassion, health, self-determination, and social justice. The first four values of that list depend greatly on the presence of the last one. Opportunities for self-determination are greatly influenced by distributive justice. Do children in this community have a chance to develop hobbies and expertise in a particular area of life? Do mothers have an opportunity to get an education that is high quality, accessible, and affordable? The answer to both questions must be a resounding yes. For as long as prevention focuses mostly on behavioral change, without environmental change, it is betraying its ecological view of causality and influence.

In a smoking prevention project with immigrant children in Canada, the youngsters not only learned how to resist the temptation, but also went to city hall with a petition to ban smoking from public spaces (Prilleltensky, Nelson, & Sanchez, 2000). In a youth development project in Australia, participants helped prevent discrimination and environmental degradation through the creation of new park and social action projects (Morsillo & Prilleltensky, 2007). Matthews and Adams (2009) described a project to prevent the negative consequences of heterosexism that included civic action and political awareness. Kivnick and Lymburner (2009), in turn, describe a community program to promote social justice consciousness with youth through the arts. Buhin and Vera (2009) discuss interventions to prevent racism at both the individual and policy levels. These are but a few examples of how the value of social justice is promoted through political action to improve community well-being.

Ontology/Epistemology

The action research model of critical psychology and the empirical model of prevention need not be in contradiction. It is possible to merge the values of social action with research designs aimed to demonstrate efficacy. Sticking too closely with an emerging design may obstruct the possibility of showing potent effects of interventions. While strict adherence to positivist approaches may exclude the voice of the community in the investigation, it is possible to have community voice and choice in designing interventions with comparison groups. That was the model used in the Better Beginnings Better Futures project (Peters et al., 2010). That research project merged participation with rigorous research designs, as well as the use of quantitative and qualitative methods. Participant voice was as important as outcome measures.

Practices

In our view, preventive interventions are much more developed than critical psychology interventions. Prevention research has evolved to the point where best practices shape future interventions (Durlak et al., 2007; Nation et al., 2003). Also in our view, the science of collective action has not been as well studied as the science of individual action. As Hage and Kenny (2009) indicate, "further work is needed in developing and evaluating interventions, especially those focused on environmental change" (p. 76). In one of our research projects we are studying how to change organizations so that they could

be more effective in changing communities (Bess et al., 2009; Evans et al., 2007). Our work is aimed at fostering well-being through the enactment of four principles: strengths, prevention, empowerment, and community change (SPEC). As discussed previously, it is hard to sustain preventive interventions if they do not address empowerment, strengths, and community change. Our framework for change in organizations is not as well developed and validated as certain prevention programs, such as the work of Olds on child abuse prevention (Olds et al., 1986; Zielinski et al., 2009), or the work of Sanders on parenting (Sanders et al., 2008). Action research critical psychology approaches, such as the SPEC project, have not yet achieved the level of reproducibility and effectiveness as the home visiting programs of Olds, or the Positive Parenting Program of Sanders. At the same time, it may be said that these very successful parenting and home visiting programs are not designed to change radically social circumstances leading to so much child abuse and neglect. That is a potential contribution of critical psychology.

It is difficult to predict how difficult it would be for mainstream prevention programs, such as those by Sanders and Olds, to incorporate a social change aspect to them. Similarly, it is hard to anticipate whether critical psychology approaches would embrace the methodological specificity and rigor of well-established research prevention programs. As far as we are concerned, we should try both. Research should explore the feasibility of incorporating social justice and social transformation elements into already effective universal or selected prevention programs. At the same time, we should study ways of fostering social justice and social change with the same methodological rigor of certain prevention programs. Prevention's allegiance to health sciences may have facilitated the development of systematic and reproducible efforts. Critical psychology's allegiance to social change may have fostered an activist orientation that, while useful and important, may have neglected the need to document effective ways of changing the world. We don't just want to change the world; we want to do it in effective ways.

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