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The Forum

The Politics of Abnormal Psychology: Past, Present, and Future

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The social and political implications of abnormal psychology are examined. Four different approaches are conceptualized in terms of the effects attributed to societal factors in the etiology and treatment of psychopathology. The political repercussions of the asocial *approach, whose main constituents are the medical, psychodynamic, and cognitive models, would appear to be markedly conservative. Ambiguous political messages can be derived from the* microsocial *approach, represented here by family therapy and theories of labeling. A clearly progressive, though somewhat contained, statement is made by community psychology, prevention, and the ecological model in the* macrosocial *approach. Desiderata for a paradigm that would vivify dormant seeds of political activism in community psychology are outlined in the* macro-sociopolitical *approach. It is argued that if community psychology is to be more effective, a transition from its macrosocial perspective to a macro-sociopolitical world view is to occur.*

KEY WORDS: ideology; politics; psychopathology; psychology paradigms; community; desiderata.

INTRODUCTION

At a time when the ability of North American society to promote human welfare for the population at large is questioned on numerous accounts (e.g., Edwards, *et al.*, 1986; George and Wilding, 1976; Sennett and Cobb, 1972), psychologists of various orientations have become increasingly and justifiably concerned with psychology's witting or unwitting strengthening of the societal status quo (Albee, 1989; Anderson and Travis, 1983; Braginsky, 1985;

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Buss, 1979; Holland, 1978; Larsen, 1986; Prilleltensky, 1989; Sampson, 1981; Sarason, 1981a; Sullivan, 1984). Psychologists need to be alert to the appropriation of psychological formulations by policy-makers who extrapolate from the realm of *psycho*pathology to *socio*pathology. The risk involved in such extrapolation is the explanation of social ills in purely psychological and individualistic terms, a stratagem bound to result in a narrow conceptualization of social predicaments. Hence, professionals in the field of abnormal behavior should be cognizant of the sociopolitical repercussions of their theorizing.

The purpose of this inquiry is twofold. First, to examine the implications of models of abnormal psychology for social change or support for the present social order. Second, to propose some directions for a paradigm shift in psychopathology in which (a) the analysis and treatment of abnormal behavior would not facilitate inadvertent endorsement of undesirable social conditions, and in which (b) these undesirable social conditions could be addressed in order to alleviate human suffering, psychological and otherwise. Through a dialectical approach, the suggested blueprint should deal with social and psychological concerns at once.

In the area of psychopathology, political ramifications derive mainly from the effect attributed to societal factors in the etiology, emergence, and reproduction of problems usually referred to as psychological. In most cases, the lesser the concern with and for societal variables, the greater the likelihood that the political message will be a conservative one, simply because social adversities such as poverty and crime are likely to be attributed to personal—as opposed to structural—deficiencies. Conversely, as the concern with and for societal variables increases, so does the likelihood that the political message will be a progressive one (e.g., Wineman, 1984).

If one were to schematically depict the sociopolitical history of the field in the last 40 years, one would notice a progression from an *asocial* approach, through an enhanced awareness of its *microsocial* elements, to an increased alertness of *macrosocial* variables. The medical model, either in its organic or psychodynamic version, captures the essence of the asocial stage, the political implications of which appear to be fairly conservative. Theories with a salient interpersonal and transactional component such as labeling and family therapy are representative of the microsocial phase. Highly progressive and conservative interpretations can be given to these models of abnormal behavior. An effort will be made to elucidate their political repercussions. Community psychology, prevention, and the ecological approach are examples of the macrosocial paradigm. Inasmuch as these target the social aspects of psychopathology and direct intervention efforts at social reform, they contain a strong progressive element. However, their efforts seem to have been undermined by the fact that they have not gone far enough in addressing the

ideological and political context. The latter will be dealt with in the paradigm termed *macro-sociopolitical.*

None of these, it should be noted, entirely superseded the rest. Rather, they *dynamically coexist* in a state of tension in which different approaches momentarily dominate the field. Currently, in terms of its derivatives for social reform, the field of abnormal psychology is at a crossroads. With a growing "movement to 'remedicalize' psychiatry" (Reiser, 1988, pp. 148-149) and "cognitivize" (i.e., "internalize," "endogenize") abnormal psychology, there is a distinct possibility of a retreat into the original conservative apolitical stance. On the other hand, there is an effort to expand the understanding of its events and their impact on the mental health of the population.

ABNORMAL PSYCHOLOGY I: ASOCIAL

Albee (1981) has aptly conceptualized the asocial approach to the study of abnormal behavior as the *defect* model. The defect method, also known as medical (Braginsky and Braginsky, 1976) or mental medicine (Foucault, 1954/1987), analyzes "inappropriate" behavior in terms of an internal organic or psychological malfunction. Whatever inability the person may suffer from is located *within* the individual. As a result, etiological reasoning and intervention strategies are predominantly directed at the single identified patient (e.g., Nelson *et al.*, 1985). While environmental factors are not entirely disregarded, they are given second priority and remain largely in the background. At best, these are variables to be thought of but not acted upon.

The defect model bifurcates into an organic and psychological branch (e.g., Braginsky and Braginsky, 1976; Foucault, 1954/1987). Its organic or biochemical form, mostly espoused by psychiatrists but by psychologists as well, contends that conduct deemed "irrational" is largely determined by biological, neural, or chemical abnormalities. It follows, then, that most mental diseases would ultimately be cured by biochemical methods. "In recent years, a multitude of psychopharmacological preparations have been advanced as *the* treatment, if not the cure, for a variety of mental diseases" (Braginsky and Braginsky, 1976, p. 72). This is not to devalue the contribution made by pharmacotherapy in the alleviation of suffering in certain cases, but simply to highlight the fact that a single-minded search for organic cures diverts resources from much needed improvements in the social ecology.

The expression *Homo psychologicus* (Foucault, 1954/1987, p. 74) represents the immense importance ascribed to the individual psyche in the psychological version of the defect model. As a supposedly autonomous entity, the person carries within him/herself the causes of his/her own malady, and is therefore to be modified to be returned to the community as a

well-adjusted citizen. Unprecedented impetus for this treatment modality was furnished by applied—as opposed to theoretical—psychoanalysis. It is important to distinguish between the political implications of psychoanalytic theory and practice. While the former criticizes oppressive elements of social entities, such as the family and religion and advocates for change (e.g., Abramson, 1984; Caruso, 1964; Englert and Suarez, 1985; Freud, 1927/1964; Marcuse, 1966), the latter tends to reinforce existing social institutions by focusing exclusively on the malfunctions of the individual psyche (Brooks, 1973; Jacoby, 1983). To be sure, there have been attempts to pursue the practice of a radical psychoanalysis in North America (Kovel, 1981), but those have been overshadowed by the more widely spread conservative branch of psychoanalysis (Jacoby, 1983; Thomas and Sillen, 1972). The diversity of trends within the psychoanalytic movement precludes a conclusive and categorical statement about the political effects of psychoanalysis in general. However, like Jacoby (1983), I would argue that abnormal psychology has readily embraced the more conservative elements of psychoanalysis, while politics and other liberal arts have taken hold of its more progressive components.

In effect, applied psychoanalysis, like the biochemical approach, deemphasizes the role played by "out of the skin" elements in the genesis and reproduction of the person's actions. This trend has begun to gain renewed vigor through cognitive therapy, whereby a mind cure is primarily called for, often at the expense of careful consideration of societal solutions (Prilleltensky, 1990; Stoppard, 1989).

Inadvertently, the defect paradigm promoted the notion that maladapted persons are the sole product of a less able organism and/or a genetic handicap. As a result, preventive social action is not deemed crucial. Such an attitude, voiced by Lamb and Zusman (1979) is highly symptomatic of the resurgence of the asocial model in abnormal psychology. Their attack on preventive programs translates into fewer efforts at advancing our understanding and treatment of social constellations of factors affecting the mental health of the population. While Lamb and Zusman's views have been refuted on numerous accounts (Albee, 1986; Nelson *et al.,* 1985), they have managed to influence the policies of at least one province in Canada: British Columbia has adopted their propositions in its mental health planning report (see Nelson *et al.,* 1985).

In each of these modalities, biochemical, psychodynamic or cognitive, there is a tendency to portray the individual as dissociated from the wider systems of society, thus creating an ahistorical and asocial image of persons (Sarason, 1981a, b). When human suffering is interpreted in terms of a deficient organism, a distinct conforming message emerges quite clearly: poor nutrition, detrimental living conditions, unemployment, and poverty in gener-

al are "determined" by the inability of those people to help themselves (e.g., Gross, 1980; Ryan, 1971, 1981). "To blame the problems of those who are most severely affected by destructive conditions *primarily* on the deficits of 'character disorder' or 'pathology' of individuals is a classic case of blaming the victim" (Wineman, 1984, pp. 44-45).

Albee (1986) has cogently argued that as long as psychologists, psychiatrists, and, most importantly, social policy legislators continue to believe that mental illness, criminal tendencies, and low intelligence derive mainly from a deficient psyche or organism, early compensatory education programs and primary prevention programs in general never will be satisfactorily implemented.

ABNORMAL PSYCHOLOGY II: MICROSOCIAL

The microsocial approach refers to a number of theories and studies whose primary concern has been the identification of pathological and/or iatrogenic interpersonal processes in the immediate context of a specific setting such as the psychiatric hospital or the family. Unlike the almost uniform conservative stance of the asocial model, the political repercussions of the microsocial are quite ambiguous. Both strong progressive and conservative messages can be found in the latter. The microsocial approaches to abnormal psychology that I have chosen to present are *labeling* and *family therapy*. The former has been selected for discussion primarily because of the vast confusion surrounding the political views of Szasz. Contrary to popular perceptions, his beliefs appear to embody highly conservative principles (cf. Sedgwick, 1982; Vatz and Weinberg, 1983). Family therapy is worth examining because of its ambiguous political repercussions. Though allegedly progressive when compared to asocial models, its preoccupation with the family unit militates against a comprehensive analysis of structural forces in the genesis of abnormal behavior. Other microsocial conceptualizations of abnormal psychology, such as behavior modification and humanism, can be found in Holland (1978) and Prilleltensky (1989), respectively.

The Politics of Labeling

By now a well-known body of literature has been devoted to examining the iatrogenic aspects of psychological and psychiatric practices in mental health settings [for reviews see books by P. Brown (1985), Grusky and Pollner (1981), and Dean *et al.* (1976)]. A salient theme in that literature is the contribution to and solidification of mental illnesses through labeling.

Two sharply contrasting political uses have been made of labeling theory and research. Left-wing interpretations indict the mental health establishment as a sophisticated means of social control. Right-wing interpretations indict the establishment on charges of furnishing an "excuse" for deviant individuals. According to the latter, the mental health system is too liberal. It helps criminals go unpunished by classifying them as mentally ill. Both interpretations will be briefly explored.

Labeling is intimately related to social control. The proliferation of the term "disease" and the medicalization of social deviance for purposes of social control are widely documented phenomena in our culture (e.g., Conrad, 1981; Glenn and Kunes, 1973; Pearson, 1975; Scheff, 1976). The notion of mental illness has been strategically utilized as a nonjudicial mode of treating social deviants, political dissidents, and nonconformists not only in the communist block (Fireside, 1979; Medvedev and Medvedev, 1971) but also in the North American society (e.g., Bayer, 1981; Foucault, 1985; Halleck, 1971; Nahem, 1981; Schacht, 1985; Spiers, 1973).

Furthermore, left-wing readings contend that labeling theory has demonstrated quite convincingly that mental illnesses are not the sole product of intrapsychic mechanisms but also of interpersonal transactions based on inequality of power. Expectations placed on helpless individuals by mental health professionals, relatives, friends, and society at large greatly determine the behavior of the former. In exposing these transactions, labeling theory has been instrumental in undermining the hegemony exercised by the medical model and its concomitant conservatism. Simply put, "the community response is critical in shaping and organizing the nature and extent of what will come to be seen as pathology" (Grusky and Pollner, 1981, p. 40).

The broad political repercussions of labeling as a means of social control have been succinctly articulated by Scheff (1976). He claimed that "to the extent that medical (and psychiatric) science lends its name to the labeling of nonconformity as mental illness, it is giving legitimacy to the social status quo" (p. 215).

Psychiatrists Szasz (1963, 1965, 1974, 1984) and Wood (1986) also oppose the use of labels, but for entirely different reasons. In their view (a) they are supposedly "myths" concocted by professionals, and (b) provide an excuse for people who engage in deviant behavior and/or lack moral fiber. In advancing the former proposition they have at least theoretically and potentially deprived of services individuals requiring help. The risks involved in the "myth" argument have been cogently expressed by Coulter:

> That there are economic, political, juridical, temporal and ideological pressures to which some clinicians succumb is a well-documented and socially important fact; but to conclude from a documentation of abuses to the non-discriminability of mental illness or to its "non-existence" is to indulge in a distracting and potentially harmful metaphysics. (Coulter, 1979, p. 149)

Yet, the "myth" position keeps strengthening (Wood, 1986). Perhaps the most conservative derivation of this notion is that if mental illness is basically a myth, then there is no such thing as committing a crime due to mental illness. By promoting that postulate, Szasz, who has been erroneously regarded as a progressive and even a radical, has been acting as a protector of the status quo; for in avoiding the issue of mental illness, he also eludes placing society on the stand. Vatz and Weinberg are quite correct in noting that indeed "a basic conservatism is central to Szasz's work" (1983, p. 17) (see also Sedgwick, 1982). Consider for example Szasz's desire to abolish the insanity plea:

> Should people also be free to be a danger to others? This problem disappears once we recognize that criminals cannot be divided into two categories—that is, persons who break the law because they choose to and persons who break it because their "mental illness" compels them to do so. All criminal behavior should be controlled by means of the criminal law, from the administration of which psychiatrists ought to be excluded. (Szasz, 1984, p. 31)

Szasz completely avoids the question of intention and possible environmental precipitating factors. Much like Szasz, Wood (1986) perceives deviant behavior not as madness but rather as badness.

> The view is taken here that such people are bad rather than mad, and should be treated as such, being far better off in prison than in a hospital if they have broken the law.... The deficiency in sociopathy is a moral deficiency. The individual exhibits no conscience, cannot hear, or chooses to ignore, its dictates. He chooses to be bad in exactly the same way as others choose consistently to be good. He represents the inferior end of the good-bad continuum. (Wood, 1986, p. 41)

Both Szasz and Wood appear to oversimplify an intricate issue in terms of a hardly defensible dichotomy between good civilians and bad civilians. By vehemently espousing the politico-legal postulates of individual responsibility and individualistic solutions, they seem to overlook the possibility that some individuals might engage in criminal behavior in large part due to societal precipitating facts, however distant and complex. As a psychiatrist recently pointed out, it must be remembered that some criminal patterns, "are due not to individual psychopathology per se, but to basic institutional factors that make such behavior almost inevitable under certain circumstances. . . .our society is so structured that many people are driven to destroy, impair or threaten the interests of other people" (Marmor, 1988, pp. 489-490).

The Politics of Family Therapy

Since the late 50s, family processes have been identified as a source of major psychological disorders such as schizophrenia. Through elaborate interactions among family members, one person is subjected to a particular

kind of treatment that may be referred to as *psychological oppression* (Bateson *et al.,* 1956; Bowen, 1978; Laing and Esterson, 1974). This insight was historically highly relevant in the evolution of the family therapy movement, a trend whose often contradictory political implications need to be spelled out.

Founded primarily on the principles of general systems theory, originally postulated by Bertalanffy (1968), family therapy became an essential tool in analyzing and modifying family dynamics. The notion of a system as a "complex of interacting elements" (Bertalanffy, 1968, p. 55), was readily applicable to the family situation. The introduction of general systems theory into the field of abnormal psychology represented a shift from mechanistic, linear cause-and-effect reasoning to a more global, interactive, and circular mode of thinking (Goldenberg and Goldenberg, 1985; Hoffman, 1981; Karpel and Strauss, 1983; Levant, 1984; Tomm, 1980). The adoption of a systemic frame of reference cultivated the aspiration that not only would the individual be studied in the context of the family, but also that the family would be investigated in the larger context of society. That very expectation, which contained the progressive seed of family therapy, appears to remain largely unfulfilled (Busfield, 1974; Jacoby, 1975; Mannino and Shore, 1984; Poster, 1978; Wineman, 1984).

A minimalist reading of systems theory has led the field to perceive the family as the ultimate system to be concerned with, and to pay only lip service to wider societal systems. Systems family therapy has been operating under the working (not theoretical) assumption that intervention is with *all* the family, and *nothing but* the family (e.g., Mannino and Shore, 1984; Pearson, 1974). Pearson's (1974) observation that family therapy "rips *family structure* out of wider *social structure* and proceeds to lay the fault the door of the family itself, labeling it a 'sick' family" (p. 147) describes the situation quite well. Mannino and Shore (1984) have summarized the truncated evolution of family therapy. Their account is worth quoting at length:

> Recent writings on the family, especially in the area of family therapy, place great emphasis upon systems theory and the importance of interactions, communications, and patterns of relationships. Too often, however, family therapists tend to concentrate their efforts entirely on the 'family,' to the neglect of. . .the environmental context of the family's activities.... Thus, it appears that we may have moved (not in a sense of growth) from the boundaries of the individual personality structure unrelated to the environment, to the boundaries of the family unrelated to the environment.... The latter substitutes a family orientation for the individual. Thus, we look to the family system for indications of the problem and, when found, direct treatment on this relationship system as the intervention target. In both of these approaches the ecological context is ignored and either the individual or the family, depending upon the orientation, is viewed as the only level necessary to focus upon for diagnosis and intervention. Disregarded in these approaches is the concept that the problem could lie at the level of the ecological system, of which the individual and the family are component parts. (Mannino and Shore, 1984, pp. 76-77)

Hence, the transition effected by family therapists from an individualistic model to a systemic one has been rather limited. As James and McIn-

tyre (1983) pointed out, "despite family therapy's claim to a broader perspective, it is a perspective which is itself limited by its failure to take account of powerful and pervasive social forces" (p. 123). By depicting the family as a central perpetrator in the infliction of psychological distress, attention is deflected from social conflicts that may actively shape and perpetuate the mental health of the population.

ABNORMAL PSYCHOLOGY III: MACROSOCIAL

We have witnessed the progression from individualistic to microsocial conceptualizations of abnormal psychology. This third paradigm represents a much broader perception of the role played by society in contributing to mental health/illness. This position, furthered through community psychology (e.g., Heller and Monahan, 1977; Rappaport, 1977) and the ecological approach (O'Conner and Lubin, 1984), has gathered impetus in the last 20 years. Rather than rejecting the two paradigms previously presented, community psychology endeavors to integrate their accomplishments with the firmly held view that psychological disorders can be neither understood nor treated in isolation from social factors.

While "on paper" community psychology endorses a discernment of human behavior that incorporates personal, communal, and global forces such as economy and politics, in practice it appears to have fallen short of properly addressing a key constituent in the sociogenesis of psychopathology: The unequal distribution of power in society and its concomitant fragmentation into markedly opposed interest groups. That is to say that in principle community psychology promotes the politicization of abnormal behavior, a much-needed emphasis. However, when they become involved in the political arena, the kind of politics advocated by community psychologists is not a radical one. In other words, it is a politics that does not threaten the status quo. Consequently, its implications are not as effectual as desired. An elaboration of these propositions is in order.

Declarative statements about the purposes of community psychology contain explicit mention of dissatisfaction with the status quo and a clear desire to alter it.

> Community psychology is interested in social change, particularly in those systems of society where psychologists are active participants. Change in society involves relationships among its component parts, encompassing those of individuals to social systems such as schools, hospitals, and courts, as well as to other individuals. *Change toward a maximally equitable distribution of psychological as well as material resources is sought.* (Rappaport, 1977, p. 3) [emphasis added]

To eliminate any doubts about the scope of its endeavor, Rappaport asserts that "community psychology is by its very nature dedicated to a challenge

of the status quo" (1977, p. 29). These words clearly illustrate the *intent* to change societal structures. This aspiration emanates from the realization that "an ecological perspective, focusing on the match or 'fit' between persons and environments, rather than on 'fixing up' those who are seen as inferior. . . .is the most sensible" (Rappaport, 1977, p. 3).

Political activity, then, is an inherent part of this paradigm, for environments and social structures cannot otherwise be transformed to suit the needs of individuals. Community psychologists have, at least in principle, "overstepped the limits of the available psychological paradigms and are now interested in social change, social justice, politics, economics and social systems as well as individuals" (Rappaport, 1977, p. 19). This paradigm was to address the human experience in a global and integrative, as opposed to fragmentary fashion.

As envisioned by Rappaport in 1977, community psychology was indeed very promising. However, as evaluated by Sarason in 1984 (Sarason, 1984), the field was at best making its very first steps in the political scenario; at worst, it was still too attached to the comfort of the academic world to venture into the uncertainties of the political arena. Sarason's (1984) observations gain further support from the lack of political awareness and activity recently observed in the literature on ecological (Jason and Glenwick, 1984; O'Connor and Lubin, 1984) as well as social and community interventions (Gesten and Jason, 1987). Gesten and Jason (1987) conclude their review stating that "*Psychologists in the past have largely avoided participation in public policy matters. The concerns of the future may render such involvement on the part of a significant subgroup far more essential*" (p. 451).

To be sure, community psychologists have taken into account the influence of systemic variables such as social classes and institutions, but by and large their analyses have stopped there. This factual consideration has not been accompanied by a serious challenge of these very structures. The term *coping* more than *changing* typifies social and community interventions. Though too few to be very meaningful, attempts at the latter are beginning to emerge. Examples of empowerment-projects testify to that effect.

I would propose that if meaningful social action is to take place, an adjustment in community psychology's priorities and vision of the political world is called for. These are presented in the next and last paradigm to be discussed.

ABNORMAL PSYCHOLOGY IV: MACRO-SOCIOPOLITICAL

This model commences where community psychology stops, that is, in the enhancement of critical political awareness. It is not intended to substi-

tute the macrosocial perspective endorsed by community psychology but rather to complete its task. The following is primarily an outline for a paradigm that, though already advocated by many psychologists, still needs considerable strengthening.

Proposed here is a coalition between community psychology and community politics. While the former brings the scientific and research background necessary for understanding the impact of societal structures on the human experience, the latter may provide the insight required not only for scrutinizing the social system but also for modifying it. Community politics is differentiated here from conventional politics in that it may question the effectiveness of the current political process itself in bringing about meaningful reforms, not the least of which is equality for all sectors of the population (Ryan, 1981). When the conventional political process, as well as most major endeavors affecting public life, are manipulated by the rich and powerful (Domhoff, 1986; Gross, 1980; Reich and Edwards, 1986; Schwartz, 1987), it is not at all certain that the interests of under-represented constituencies such as the mentally ill or the poor will be meaningfully served (Wineman, 1984). Community politics seeks to empower the underpriviledged to affirm their rights and interests.

Power is a key element in the preservation or change of the social order. Consequently, community psychologists ought to be more appreciative of its crucial role. Such need may be satisfied by the proposed unification between community psychology and community politics. These two enterprises are highly compatible in that both pursue social changes to better serve the needs of particularly vulnerable populations. The infusion of activism which would be attained by this model may revitalize important community psychology practices which have been dormant or unduly relegated to a second place.

In order to further the advocated amalgamation of forces, a few directions are outlined below. These implications for action are not necessarily innovative. Rather, they represent an effort to establish new priorities in practices that are either already in existence, or have been waiting to be articulated. In either case, the suggestions made below are believed to be entirely congruent with the paradigm which community psychology has been attempting to promote.

From Public Policy to Political Public

Currently, community psychologists become involved in politics mostly through the legislative process—a process whereby decisions are made by individuals who are too removed from the vicissitudes of the suffering popu-

lation, be that population mental patients, visible minorities, women, or the poor. Public-policy-makers are not necessarily in touch with these people's shared plight unless the latter loudly voice their concerns. This will be accomplished by politicizing the public.

Individuals should be educated to assert their needs, instead of having professionals do that for them. Professionals, too, are many times quite removed from the suffering of their clients. Rather than going up to the legislators to advocate for the people, community psychologists ought to go down to the people to help them in affirming their interests. Empowerment projects of this sort have been conducted with promising results (Bermant and Warwick, 1978; Gesten and Jason, 1987). A fruitful cross-fertilization may occur by learning from empowerment projects conducted by political scientists and mental-health workers not only in North America but in other countries as well [for an example of work in the Italian mental-health system, see Basaglia (1981); for empowerment of a small Peruvian peasant community, see Dobyns *et al.* (1971)].

Public policy may be at present the most important catalyst for change, but a more political public may be even more important in that it may set the tone not only for the policies to be legislated but also for pursuing alternate means of social change (cf. Wineman, 1984).

From Interdisciplinary to Interclass Thinking and Action

The need to engage professionals from other disciplines in the solution of community problems (e.g., Bechtel, 1984) is heard far more often than the equally important need to involve community members themselves. This may entail a shift from expert advice to interclass dialogue. The professional helper, who usually belongs to the middle class, needs to be educated about the plight of community members who in many cases belong to the lower class. This interclass communication may be more fruitful than more interdisciplinary communication. This is not to devalue the opinions of experts but rather to convey a change in priorities.

From Single-Issue to Systemic-Political Thinking and Action

Although concentration of energies on a single issue, such as deinstitutionalization, is useful in that it helps gather momentum for much needed changes or at least palliatives; it is also dangerous in that it promotes a very fragmentary view of systemic complexities. Piecemeal action is constantly under the threat of being undermined by overwhelming structural impositions.

A few examples should suffice to illustrate this point. In a typical primary prevention example, "efforts to reduce the incidence and management of diarrhea in infants through parent education in simple health care practices were constrained by the fact that many families had limited access to uncontaminated water" (Halpern, 1988, p. 257). By the same token, it is becoming increasingly obvious that poverty will not be eradicated by a few more jobs or the acquisition of a few more skills, but by a large-scale modification of a system which perpetuates inequality (Ryan, 1981). That large numbers of discharged mental patients are exploited by landlords, live in subhuman conditions, lack any shelter whatsoever, and have less access to psychiatric services (Bassuk and Gerson, 1985; Capponi, 1985; Levine, 1981) are not unpreventable natural disasters; they are primarily the consequences of a tradition of trying to solve social problems without thinking through their full ramifications. In reviewing the implementation of the 1963 American Community Mental Health Centers Act (PL 88-164), Levine (1981) concludes:

> The problem of caring for mental patients is part of the larger problem of welfare in a capitalistic and individualistic society, and funds to implement programs for assistance to the elderly and the handicapped depend upon welfare economics and health care economics and politics. Programs and policies that interacted with mental health programs and shaped them developed without any apparent consideration for the effect of one piece of legislation on another, and without regard for the tendency of bureaucracies to pursue their own ends, almost independently of legislative intent or authorization. Everything is connected to everything else, ideas to politics, politics to economics, economics to bureaucratic organizational dynamics. One cannot understand one without looking at all the others. (p. 77)

Remedial action at one level without concomitant modifications at all levels leads to assimilation without accommodation, to invoke Piaget. It should not be concluded from this that local changes are irrelevant until all of society changes. What should be concluded is that local changes are to be considered initial steps in an effort to reform larger societal structures that interfere with the solution of the specific problem at hand. In other words, local changes should be accompanied by gradual and larger reforms to facilitate accommodation and eventual adaptation.

From Psychological to Environmental Prevention

As an offspring of clinical psychology (Sarason, 1984), it may be only natural that many of community psychology's most successful preventive efforts be psychological par excellence: Witness, for instance, the progress made in the areas of social support and competence building (Gesten and Jason, 1987; Nelson *et al.*, 1985; Saulnier, 1985). While the psychoeducational focus of prevention projects is vital, it may not be as essential as environmental preven-

tion. Environment "in this context is interpreted in its broadest sense, and includes not only our physical surroundings, both natural and artificial, but also the social, cultural, regulatory and economic conditions and influences that impinge on our everyday lives" (Health and Welfare Canada, 1988, pp. 4-5).

As illustrated above in the prevention program reported by Halpern (1988), attempts to minimize infants' diarrhea by psychoeducational measures were severely hindered by an overbearing environmental condition: lack of access to uncontaminated water. This is but one example of incidents where psychological prevention should take a back seat to the reduction of pernicious systemic variables.

Recently, this proposition has been elequently argued in *Mental Health for Canadians: Striking a Balance,* a document published by Health and Welfare Canada (1988). The paper incisively pinpoints structural deficiencies conducive to psychological vulnerability in general and mental illness in particular. Based on the assumption that "whatever makes it difficult for the individual, the group and the environment to interact effectively and justly (for example, poverty, prejudice or poor coordination of resources) is a threat or barrier to mental health" (Health and Welfare Canada, 1988, p. 8), the document addresses the imperative needs to reduce social inequality, discriminatory social attitudes, and to enhance social justice. Though somewhat lacking in specific recommendations, the document does a much better job than recent scholarly reviews of social factors affecting psychopathology (Kessler *et al.*, 1985; Strauss, 1979) in stating that the "distribution of power among individuals, groups and their environments is a crucial determinant of mental health" (Health and Welfare Canada, 1988, p. 10) (only time will tell whether the government is seriously committed to changing these societal adversities).

As Halpern (1988) has lately observed, the factors that a primary prevention program, such as early intervention, "can influence directly (parent child-rearing behavior, knowledge, and attitudes) are themselves strongly influenced by other factors much more difficult to alter in a discrete social program (e.g., economic insecurity, limited access to services, dilapidated housing)" (p. 253).

Attitudes, coping strategies, education, and interpersonal support are indeed unquestionably important parts of prevention projects. Yet efforts in reshaping the psychological world of persons may be wasted if the environmental world, as broadly defined above, is not concurrently reshaped. This notion may be foreign to many psychologists, but it certainly should not be to community psychologists; for they are committed to promoting the *fit* between persons and environments.

From Scientific to Political Activities

A move from scientific to political activies is not intended to detract from the scientific base of community psychology. Rather, it is designed to

convey the message that, at this juncture, political awareness may be restricted by too scientific-academic an approach. According to Levine (1981), professional helpers are considerably myopic about the political context in which their endeavors take place. Unfortunately, it would seem that this situation has been at least partially created by the unbalanced priority given to more "credible" enterprises such as science.

Levine (1981) has documented at length the political innocence of mental-health workers in the United States for most of this century. His indictment is followed by this conclusion:

> The field of mental health by no means belongs exclusively to the professional mental health workers no matter how fervently we wish it. The reality is that public mental health services are necessarily influenced by their social, political and economic context.... It may be that it is our task as professionals, and as teachers of the next generation of professionals, to engage in consciousness raising so that political science, law, and economics become as much parts of the mental health curriculum. . .as abnormal psychology or psychotherapy. We should not give up the scientist-professional model, nor should we depart from our service ideal, but the needs of the future, both of the profession and of its clients, will depend upon a much more sophisticated and self-conscious appreciation of the contexts within which we live and work than has characterized our fields in the past. (Levine, 1981, p. 206)

These implications for action are regarded as important first steps in training mental health workers to perceive and modify political complexities which extend much beyond the individual patient. The implementation of those initial small steps will undoubtedly generate new and unanticipated problems to contend with, but their emergence will be considered a sign of growing pains.

CONCLUSION

The purpose of this article has been to examine the political repercussions of different models of abnormal psychology. Although the plethora of theories and trends within trends in the field of psychopathology preclude simple categorization, an attempt has been made to arrange them on the basis of their sociopolitical implications. The analysis resulted in four distinct paradigms. Whereas the first three are widely practiced, the last one constitutes more of a desideratum than an existing model. The fourth paradigm was outlined with the clear intent of activating dormant tenets of community psychology, one of the branches of psychology with the most potential to reshape the environment in order to make it more suitable for the promotion of well-being. Unless community psychology enacts a new set of priorities to vivify its seeds of political activism, it might regress to the stage where preoccupation with psychological dimensions interferes with the rectification of social adversities.

Countless obstacles will be encountered by those willing to invigorate the field of abnormal psychology by entering the turbulent political scene of community life. Psychologists prepared to give up some of the comfort

afforded by the scientist-professional model to question existing social structures are likely to risk severe opposition from their employing institutions, as well as isolation from colleagues who may perceive their activities as derogating the painfully gained scientific reputation of psychology. This embroilment is occasioned by a model whose chief goal is the promotion of human welfare, as opposed to paradigms designed primarily to dissect the human experience in the hope of finding replicable laws of behavior. The latter may be conducted without disrupting the social order. The former is bound to perturb the status quo.

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