

# Power, Well-being, Oppression, and Liberation: Points of Departure

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This chapter describes our basic approach to critical psychology. We begin with power because it is pivotal in attaining well-being and in opposing injustice. Then, we explore the remaining three foundational concepts of our work: well-being, oppression, and liberation. We discuss how these basic notions inform critical psychology practice. We pay particular attention to the need to cross boundaries in levels of intervention and disciplinary orientations. We also address the issue of clear communication and sensitivity to contextual considerations. We conclude with a brief overview of the book.

## Power

Psychologists associated with critical psychology share an important insight: power and interests affect our human experience, our understanding of it, our definition of it, and our attempts to change it (Parker, 1999; Sloan, 2000). Discussing power in an interview, Foucault (1997) made the point that,

In human relationships, whether they involve verbal communication such as we are engaged in at this moment, or amorous, institutional, or economic relationships, power is always present: I mean a relationship in which one person tries to control the conduct of the other. So I am speaking of relations that exist at different levels, in different forms; these power relations are mobile, they can be modified, they are not fixed once and for all (Foucault, 1997: 291-2).

Unlike typical psychological research, in which power is regarded as a variable existing 'out there,' affecting the behaviour of the people we study or treat, critical psychologists contend that power suffuses our very own actions as psychologists. We use our power to study power. Furthermore, we use our power to define power in such a way that we are not affected by it! This is not just a game of words. We find many examples of psychologists' 'declaration of independence'

from power (Herman, 1995). They usually come in the form of claims to objectivity and value-neutrality, announcing that psychologists study people 'out there' in a manner that is not affected by their own interests and power. For a long time, many of us were not even aware that power would be so pervasive and invisible at the same time. Power impregnates the very ways we think about power, psychology, and problems (Henriques *et al.*, 1984). Power operates in subtle ways because it is hidden under a mantle of neutrality.

In critical psychology we try to understand how our own power and subjectivity influence what we do and feel and study (Walkerline, 1997). Our objective in this exercise is not to develop a new cadre of removed experts on power, but rather to use these insights in the pursuit of health and well-being.

Once we accept that power and interests affect what we do, we don't accept the premise that research is neutral, that interventions are not affected by politics, and that we are just healers. We have a doubting attitude towards the goals of the psychological industry (Rose, 1985, 2000). We just can't take it for granted that psychology pursues human welfare in a manner that is just and fair. Psychologists have contrived, directly and indirectly, wittingly and unwittingly, to oppressive domestic and foreign policies. In her 1995 book, *The Romance of American Psychology*, Ellen Herman documents the involvement of psychologists in formulating shameful policies. Although malevolent intent cannot necessarily be ascribed, psychologists helped to shape racist and inequitable policies, in the USA and abroad. Herman documents psychologists' involvement in Project Camelot. This was a project funded by the US Department of Defence in the 1960s. It was designed to use social science to fight national liberation movements around the world. While some psychologists were uncomfortable with the idea of producing knowledge for military purposes, the majority regarded the project as a research opportunity that legitimized their role in public affairs. Many, in fact, were at pains to pronounce their neutrality, even as they endeavoured to produce research for the repression of liberation movements.

The point of this story is not to inculpate the behavioural scientists who worked for Camelot, but rather to show that psychologists are capable of claiming neutrality even as they offer advice on how to dominate other countries. 'Camelot's antiseptic language often emphasized the allegedly apolitical character of behavioural science, referring, for example, to "insurgency prophylaxis" rather than counterrevolution. Even at the height of the Cold War, psychology offered a convenient way to avoid all mention of capitalism, communism, or socialism' (Herman, 1995: 170-1). If we learned anything from Camelot, it is to realise how much power we have as psychologists. One thing is for sure, what looks neutral to a US psychologist looks very political to the average citizen of developing countries.

Camelot cannot be discounted as an aberration, for subtle and overt abuses of power are quite prevalent in psychology and the mental health professions (Parker *et al.*, 1995; Pilgrim, 1992). To break the silence around power, critical psychologists try to understand how cultural norms and systems of social regulation shape human experience. We see this, for example, in Walkerline's (1996, 1997) efforts to comprehend the survival and coping mechanisms of working-class people, in Montero's (1993) and Martin Baró's (1995) work on power and ideology in

Latin America, and in the writings of Burman (1996) and colleagues dealing with social regulation and resistance. In this book we are interested in translating into practice what we know about the psychological, cultural, social and political sources and effects of power.

Power is multifaceted and omnipresent. There is material and psychological power, there is the power of the psychologist and the power of the client, power of parents and power of children, power to define mental illness and power to resist labels. Power, in our view, refers to the capacity and opportunity to fulfil or obstruct personal, relational, or collective needs. We note three primary uses of power: (a) power to strive for well-being, (b) power to oppress, and (c) power to resist marginalization and strive for liberation. In each instance, the exercise of power can apply to self, others, and collectives; and can reflect varying degrees of awareness with respect to the impact of one's actions. Whereas people may be oppressed in one context, they may act as oppressors in others. Power affords people multiple identities as individuals seeking well-being, engaging in oppression, or resisting domination.

Within a particular context, such as the family or work, individuals may exercise power to facilitate the well-being of some people but not of others. Across contexts, people may engage in contradictory actions that promote personal or collective well-being in one place but that perpetuate oppression in others. Due to structural factors such as social class, gender, ability, and race, people may enjoy differential levels of power. Degrees of power are also affected by personal and social constructs such as beauty, intelligence, and assertiveness; constructs that enjoy variable status within different cultures. The exercise of power varies not only across contexts, but also across time. Within a particular setting or relationship, people may occupy different roles at different times, making the exercise of power a very dynamic process.

Our concept of power merges elements of agency with structure or external determinants. Agency refers to ability and volitional activity, whereas structure refers to opportunity. The exercise of power is based on the juxtaposition of wishing to change something, on one hand, and having the opportunity to do so, on the other. Opportunities are afforded by social and historical circumstances. Adverse conditions block new opportunities. Ultimately, the outcome of power is based on the constant interaction and reciprocal determinism of agency and contextual dynamics.

Power is not tantamount to coercion, for it can operate in very subtle and concealed ways, as Foucault demonstrated in detailed historical analyses of population control (1979). Eventually, people come to regulate themselves through the internalization of cultural prescriptions. Hence, what may seem on the surface as freedom may be a form of acquiescence whereby citizens restrict their life choices to fit socially sanctioned options. In his book *Powers of Freedom*, Rose (1999: 88) claimed that:

Disciplinary techniques and moralizing injunctions as to health, hygiene and civility are no longer required; the project of responsible citizenship has been fused with individuals' projects for themselves. What began as a social norm here ends as a personal desire. Individuals act upon themselves and their families in terms of the languages, values and techniques made available to them by professions, disseminated through the apparatuses of the mass media or sought out by the troubled through the market.

Thus, in a very significant sense, it has become possible to govern without governing *society* – to govern through the ‘responsibilized’ and ‘educated’ anxieties and aspirations of individuals and their families.

Internalized social prescriptions have direct implications for the self-perception of people with problems. Although coercion has not disappeared from the treatment of the mentally ill, we have, today, treatment methods characterized by kindness and compassion. However humanitarian, this trend is not without side effects, for it turns responsibility for problems and solutions inward. In the absence of apparent coercion, and in the presence of overt caring, there is nobody but oneself to blame for difficulties.

The humanization of treatments of the insane encouraged the internalization of the difficulties they exhibited. The mad then had to take responsibility for cure, and the kind treatment which replaced the rods and whips would work its way inwards. The conscience of the mentally ill would act as a self-discipline all the more efficient than the social discipline of the general hospital (Parker *et al.*, 1995: 7).

Power, then, emanates from the confluence of personal motives and cultural injunctions. But, as we have seen, personal motives are embedded in the very cultural injunctions with which they interact. Hence, it is not just a matter of persons acting on the environment, but of individuals coming into contact with external forces that they have already internalized. Thus, we cannot take at face value that individual actions evolve from innate desires. Desires are embedded in norms and regulations. This is not to adopt a socially deterministic position however. For even though a person’s experience is greatly shaped by the prescriptions of the day, agency is not completely erased. We concur with Martin and Sugarman (2000: 401) who claimed that:

While never ceasing to be constructed in sociocultural terms, psychological beings, as reflection-capable, intentional agents, are able to exercise sophisticated capabilities of memory and imagination, which in interaction with theories of self can create possibilities for present and future understanding and action that are not entirely constrained by past and present sociocultural circumstances.

Resistance and collusion with oppressive structures co-exist. Indeed, contradictions abound. Humanists, for instance, wished to promote individual well-being without recognizing their contribution to the status quo by individualizing sources of suffering (Prilleltensky, 1994). They wished to advance personal liberation without changing social oppression.

## Well-being

Well-being is achieved by the simultaneous and balanced satisfaction of personal, relational, and collective needs. In Table 1.1 we show the main values comprising the three domains of well-being and their respective needs.

Table 1.1 Personal, relational, and collective domains of well-being

Domains	Well-being					
	Personal well-being		Relational well-being		Collective well-being	
Values	Self-determination and personal growth	Health	Respect for human diversity	Collaboration and democratic participation	Support for community structures	Social justice
Definition	Promotion of ability of children and adults to pursue chosen goals in life	Protection of physical and emotional health	Promotion of respect and appreciation for diverse social identities and for people’s ability to define themselves	Promotion of fair processes whereby children and adults can have meaningful input into decisions affecting their lives	Promotion of vital community structures that facilitate the pursuit of personal and communal goals	Promotion of fair and equitable allocation of bargaining powers, obligations, and resources in society
Needs addressed	Mastery, control, self-efficacy, voice, choice, skills, growth and autonomy	Emotional and physical well-being	Identity, dignity, self-respect, self-esteem, acceptance	Participation, involvement, and mutual responsibility	Sense of community, cohesion, formal support	Economic security, shelter, clothing, nutrition, access to vital health and social services

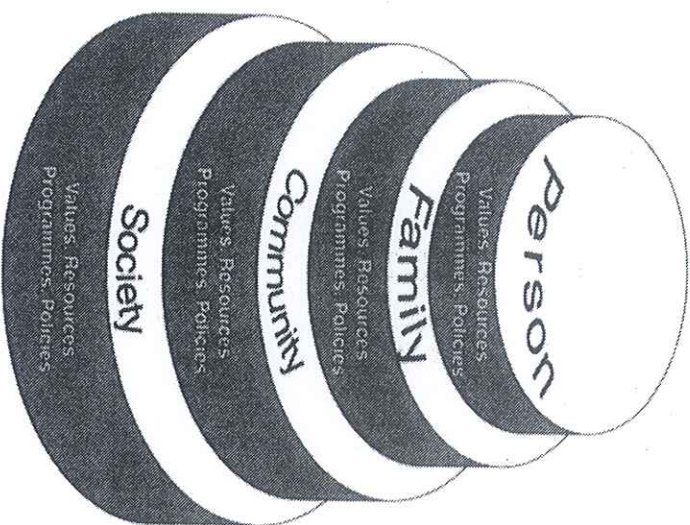


Figure 1.1 Ecological and hierarchical structure of well-being

Well-being is not only a multidimensional concept, but, as can be seen in Figure 1.1, a hierarchical one as well. The well-being of the individual is predicated on the well-being of the immediate family, which, in turn, is contingent upon community and societal conditions. As Cowen (1996:246) observed, 'optimal development of wellness . . . requires integrated sets of operations involving individuals, families, settings, community contexts, and macro-level societal structures and policies'. Despite what we know about the impact of various systems and levels on families, most interventions in psychology and mental health deal with individuals, dyads (for example, parent-child or marital relationships), or families (Cowen, 2000; Prilleltensky, 1997). Our actions lag behind our understanding of well-being. Much evidence points to the powerful impact of socioeconomic, cultural, and contextual factors in shaping the lives of children, adults, families and communities (Basic Behavioral Science Task Force of the National Advisory Mental Health Council, 1996; Cicchetti *et al.*, 2000; Garbarino, 1992; Keating and Hertzman, 1999a; McLoyd, 1998; Shonkoff and Phillips, 2000). Yet, in apparent disregard for this knowledge, many of us continue to focus on counselling, therapy, or person-centred prevention as the main avenues for well-being (Albee, 1996). We concentrate on individual interventions at our own peril, for the data suggest that we should be paying much more attention to socioeconomic determinants of health.

Differences in equity of income distribution is one of the principal determinants of differing health status among wealthy societies. Countries with highly unequal income distributions have poorer health status than those with more equitable income distributions. . . . This pattern suggests that health status (as a measure of human well-being) may be embedded in collective factors in society, not just in individual factors. . . . These findings led us to the conclusion that the underlying factors that determine health and well-being must be deeply embedded in social circumstances (Keating and Hertzman, 1999b:6-7).

Given this evidence, we cannot accept definitions of well-being that are based exclusively on intra-psychic factors. These definitions tend to be psycho-centric because they concentrate on the cognitive and emotional sources and consequences of suffering and well-being, to the exclusion of the social, material, and political roots and effects of lack of power. There is an ominous social reality 'out there' that impinges on how we feel and how we behave towards each other. While beliefs and perceptions are important, they cannot be treated in isolation from the cultural, political, and economic environment (Eckersley, 2000). We require 'well-enough' social and political conditions, free of economic exploitation and human rights abuses, to experience quality of life. All the same, we expect interpersonal exchanges based on respect and mutual support to add to our quality of life. Eckersley (2000) has shown that subjective experiences of well-being are heavily dictated by cultural trends such as individualism and consumerism; whereas Narayan and colleagues have claimed that the psychological experience of poverty is directly related to political structures of oppression (Narayan, Chambers *et al.*, 2000; Narayan, Patel *et al.*, 2000).

Much like our definition of power, Sen (1999a, b) describes poverty and well-being in terms of both capabilities and entitlements. Without the latter the former cannot thrive. Both in our definition of power and in Sen's conceptualization of poverty there is a dialectical relationship between personal capacities and environmental factors. But our approach to power and Sen's approach to poverty share another dimension. In both cases, capacities and resources are at once intrinsically meritorious and extrinsically beneficial. This means that a sense of mastery and control is both an end in itself as well as a means of achieving well-being. Access to preventive health care and educational opportunities are not only means to human development but also ends in their own right.

Well-being at the collective level is not only measured by the health and educational outcomes of a group of individuals, but also by the presence of enabling institutions and societal infrastructures. Hence, we define well-being in broad terms that encompass social progress and human development. As we explain in Chapter 8 dealing with health psychology, we cannot talk about psychological well-being in the absence of interpersonal and political well-being. The three kinds are mutually reinforcing and interdependent.

Sen (1999a, b) articulates the complementarity of diverse social structures in fostering what we call well-being and what he calls human development. Sen invokes the interaction of five types of freedoms in the pursuit of human development: (a) political freedoms, (b) economic facilities, (c) social opportunities, (d) transparency guarantee, and (e) protective security.

Each of these distinct types of rights and opportunities helps to advance the general capability of a person. They may also serve to complement each other. . . . Freedoms are not only the primary ends of development, they are also among its principal means. In addition to acknowledging, foundationally, the evaluative importance of freedom, we also have to understand the remarkable empirical connection that links freedoms of different kinds with one another. Political freedoms (in the form of free speeches and elections) help to promote economic security. Social opportunities (in the form of education and health facilities) facilitate economic participation. Economic facilities (in the form of opportunities for participation in trade and production) can help to generate personal abundance as well as public resources for social facilities. Freedoms of different kinds can strengthen one another (Sen, 1999b:10–11).

Our theory of well-being regards human development in terms of the mutually reinforcing properties of personal, relational, and societal qualities. Personal needs such as health, self-determination, and opportunities for growth, are tied to the satisfaction of collective needs such as adequate health care, access to safe drinking water, fair and equitable allocation of resources and economic equality.

The extent to which governments and states provide the population with these resources depends, in great measure, on the values they hold and the class interests they represent (Sen, 1999a, b). Well-being cannot be conceived out of context, a context in which 'nations suffer long term damage from "elite politics" that promote a government of corporations, by corporations, for corporations' (Pusey, in press: 10). These governments serve corporate interests that are often diametrically opposed to the needs of the poor. As Pusey claimed, 'most Anglophone nations have experienced a marked upward redistribution of incomes that generally reduces subjective well being, creates damaging social conflicts, endangers social cohesion and effective governance, and negatively impacts on the health of populations' (10). Developing countries fare no better. The wave of globalization that swept the world in the last twenty years decimated the minimal protections that citizens used to have in poor countries (Lusting, 2001).

The presence or absence of health-promoting factors at all levels can have positive or negative synergistic effects. When collective factors such as social justice and access to valued resources combine with a sense of community and personal empowerment, the chances are that psychological and political well-being will ensue. When, on the other hand, injustice and exploitation blend with a lack of resources, social fragmentation together with ill-health, suffering and oppression will emerge.

## Oppression

Oppression can be regarded as a *state* or a *process* (Prilleltensky, in press; Prilleltensky and Gonick, 1994, 1996). Oppression is described as a state of domination where the oppressed suffer the consequences of deprivation, exclusion, discrimination, exploitation, control of culture, and sometimes even violence (for example, Barty, 1990; Moane, 1999; Sidanius, 1993; Young, 1990). Mar'i

(1988:6) talks about oppression as a process: 'Oppression involves institutionalized collective and individual modes of behavior through which one group attempts to dominate and control another in order to secure political, economic, and/or social-psychological advantage'.

Much like well-being, oppression entails *political* and *psychological* dimensions. We cannot speak of one without the other (Bulhan, 1985; Moane, 1999; Walkerdine, 1997). Psychological and political oppression co-exist and are mutually determined. In Barty's words,

When we describe a people as oppressed, what we have in mind most often is an oppression that is economic and political in character. But recent liberation movements, the black liberation movement and the women's movement in particular, have brought to light forms of oppression that are not immediately economic or political. It is possible to be oppressed in ways that need involve neither deprivation, legal inequality, nor economic exploitation; one can be oppressed psychologically – the 'psychic alienation' of which Fanon speaks. To be psychologically oppressed is to be weighted down in your mind; it is to have a harsh dominion exercised over your self-esteem. The psychologically oppressed become their own oppressors; they come to exercise dominion over their own self-esteem. Differently put, psychological oppression can be regarded as the 'internalization of intimations of inferiority' (Barty, 1990:22).

Oppression, then, entails a state of asymmetric power relations characterized by domination, subordination, and resistance. Domination is exercised by restricting access to material resources and imparting in people self-deprecating views about themselves. It is only when people attain a certain degree of self-awareness that resistance can begin (Barty, 1990; Fanon, 1963; Freire, 1970; Memmi, 1968; Prilleltensky, in press). Oppression applies to asymmetric power relations between individuals, genders, classes, communities, and nations. These power relations lead to conditions of misery, inequality, exploitation, marginalization, and social injustice.

The dynamics of oppression are internal as well as external. External forces deprive individuals or groups of the benefit of personal (for example, self-determination) collective (for example, distributive justice) and relational (for example, democratic participation) well-being. These restrictions are often internalized and operate at a psychological level as well, in which case the person acts as his or her personal censor (Moane, 1999; Pheterson, 1986; Prilleltensky and Gonick, 1996).

Political oppression uses material, legal, military, economic, and/or other social barriers to the fulfillment of self-determination, distributive justice, and democratic participation. Such oppression results from the use of multiple forms of power. Psychological oppression, in turn, is the internalized view of self as negative, and as not deserving more resources or increased participation in societal affairs. Political mechanisms of oppression and repression include actual or potential use of force, restricted life opportunities, degradation of indigenous culture, economic sanctions, and inability to challenge authority. Psychological dynamics of oppression entail surplus powerlessness, belief in a just world, learned helplessness, conformity, obedience to authority, fear, verbal and emotional abuse (for reviews see Moane, 1999; Prilleltensky, in press; and Prilleltensky and Gonick, 1996).

Poor people everywhere are subjected to experiences of injustice. Although absolute poverty is concentrated in the southern hemisphere, relative poverty and real deprivation are very much present in the North as well. 'In the UK, over a quarter of people live in low income households, with worse health, lower life-expectancy, lower levels of social participation, and worse life chances than those above the poverty line. Children are disproportionately disadvantaged' (Maxwell and Kenway, 2000:1). At the collective level, people in the South suffer from two sets of devastating experiences: (a) *insecurity, chaos, violence*, and (b) *economic exploitation*. Narayan and colleagues (Narayan, Chambers *et al.*, 2000; Narayan, Patel *et al.*, 2000) interviewed thousands of poor people who spoke of the fear of living with uncertainty and lack of protection. Lawlessness exacerbates the plight of the poor; it adds a dimension of terror to the material deprivation. Chaotic environments in politically unstable regimes are fertile grounds for crime and violence.

Economic exploitation is felt as a trap without escape. Children and adults working at slavery, or near slavery levels, have no choice but to relinquish their freedom and abide by rules of despotic employers.

Officially, slavery no longer exists in Haiti. But through the lives of children in Haiti who live as *restaveks* we see the remnants of slavery. *Restaveks* are children, usually girls, sometimes as young as 3 and 4 years old, who live in the majority of Haitian families as unpaid domestic workers. They are the first to get up in the morning and the last to go to bed at night. They carry water, clean house, do errands and receive no salary . . . they eat what is left when the others are finished, and they are extremely vulnerable to verbal, physical and sexual abuse (Aristide, 2000:27).

Entire communities and countries experience economic exploitation. Poor communities working for starvation wages in fields feel trapped (Feuerstein, 1997). Poor countries feel equally trapped by international lending institutions that force governments to drop social services and lift tariffs on imports in the name of efficiency and economic growth. Kortzen (1995) reviews the cases of Costa Rica and Brazil. In both instances, structural adjustment programmes imposed by the International Monetary Fund (IMF) and the World Bank displaced millions of agricultural workers. Furthermore, many countries have 'become dependent on imports to meet basic food requirements' (Kortzen, 1995:49). Aristide (2000), in turn, reviews the case of rice production in Haiti. In a matter of ten years, from 1986 to 1996, Haiti increased its import of rice from 7,000 to 196,000 tons per year. During that period Haiti

complicated with lending agencies and lifted tariffs on rice imports. Cheaper rice immediately flooded in from the United States where the rice industry is subsidized . . . Haiti's peasant farmers could not possibly compete . . . Haitian rice production became negligible. Once the dependence on foreign rice was complete, import prices began to rise, leaving Haiti's population, particularly the urban poor, completely at the whim of rising world grain prices (Aristide, 2000:11-12).

These stories are repeated throughout the entire South (Kortzen, 1995). The price of structural adjustment policies in countries like Haiti, Brazil and Costa Rica is

unemployment and displacement for millions. Measures imposed at the collective level are felt very much at the personal level as well.

Economic policies that result in unemployment affect people in the South and in the North. Based on research in developed countries, Fryer (1998:78) asserts that 'unemployment is centrally involved in the social causation of mental health problems'. Furthermore, he claims that unemployment is psychologically debilitating because it 'disempowers by impoverishing, restricting, baffling and undermining the agency of the unemployed person' (Fryer, 1998:83). The impact of recessions can be felt in unemployment and on many other levels as well. Wages go down, health and working conditions deteriorate, and minorities are more visibly excluded from the job market (Fryer, 1998).

Policies and societal practices are very much felt at the individual and interpersonal levels. Just as well-being is brought about by the synergy of personal, relational, and collective needs, so is suffering caused by the synergy of unmet needs at all levels. 'Poor people report living with increased crime, corruption, violence, and insecurity amidst declining social cohesion. People feel helpless against forces of change' (Narayan, Patel *et al.*, 2000:222).

In the struggle for survival, social relations also suffer. Suffering at the relational level is marked by (a) *heightened fragmentation and exclusion* and by (b) *fractious social relations*. The personal dimension of suffering and victimization in the poor is characterized by (a) *powerlessness*, (b) *limitations and restricted opportunities in life*, (c) *physical weakness*, (d) *shame and feelings of inferiority*, and (e) *gender and age discrimination*. Impotence in the light of ominous societal forces like crime and economic displacement fuels the sense of powerlessness.

The oppressive experience of poverty is, at all levels, characterized by powerlessness. 'Poverty is like living in jail, living under bondage, waiting to be free' (A young woman in Jamaica, in Narayan, Chambers *et al.*, 2000:8). When rice farmers in Haiti work as hard as they can, abide by all the rules, and still cannot compete with American producers, there is a profound sense of oppression, powerlessness and lack of control. When little *restavek* girls work day and night and sustain multiple forms of abuse, hopelessness ensues. When poor women are subjected to humiliation, exclusion and violence, powerlessness is the most common outcome. Power differentials sit at the core of oppression for poor people of all ages. The power inequality expressed by poor people is not psychological or political but always both. Material and economic power are intertwined with feelings of shame and inferiority. In the light of so much adversity, it is against the odds that poor people still engage in acts of meaning, solidarity and liberation.

## Liberation

Liberation refers to the *process* of resisting oppressive forces. As a *state*, liberation is a condition in which oppressive forces no longer dominate a person or a group. Liberation may be from psychological and/or political influences. There is rarely political without psychological liberation, and vice versa. Repressive cultural codes become internalized and operate as self-regulatory mechanisms, inhibiting defiance of oppressive rules (Moane, 1999).

Building on Fromm's dual conception of 'freedom from' and 'freedom to' (1965), liberation is the process of overcoming internal and external sources of subjugation (freedom from), and pursuing well-being (freedom to). Liberation from social oppression entails, for example, emancipation from class exploitation, gender domination, and ethnic discrimination. Freedom from internal and psychological sources includes overcoming fears, obsessions, or other psychological phenomena that interfere with the experience of well-being.

Liberation to pursue life satisfaction, in turn, refers to the process of meeting personal, relational, and collective needs. The process of liberation is analogous to Freire's concept of conscientization, according to which marginalized populations begin to gain awareness of oppressive forces in their lives and of their own ability to transform them (Freire, 1975). This awareness is likely to develop in stages (Watts, Griffith, and Abdul-Adil, 1999). People may begin to realize that they are subjected to unjust regulations. The first realization may happen as a result of therapy, participation in a social movement or readings. Next, they may connect with others experiencing similar circumstances and gain an appreciation for the external forces pressing down on them. Some individuals will go on to liberate themselves from oppressive relationships or psychological dynamics such as fears and phobias, whereas others will join social movements to fight for political justice.

The evolution of critical consciousness can be charted in terms of the relationship between the psychological and political dynamics of oppression. The level of critical awareness of a person or group will vary according to the extent that psychological mechanisms obscure or mask the external political sources of oppression. In other words, the more people internalize oppression through various psychological mechanisms, the less will they see their suffering as resulting from unjust political conditions. At times, the internalized psychological oppression will almost completely obscure the political roots and dynamics of oppression. Walkerdine (1996, 1997) documented how these processes of internalized oppression affected the lives of working-class women, whereas Allwood (1996) detailed the personal blame discourse of depressed women. In both cases, personal suffering and struggles are explained in terms of private inaptitudes divorced from systems of domination and exclusion.

Ideally, people go on to discern the political sources of their psychological experience of oppression and rebel against them. However, research on the process of empowerment indicates that individuals do not engage in emancipatory actions until they have gained considerable awareness of their own oppression (Kieffer, 1984; Lord and Hutchinson, 1993). Consequently, the task of overcoming oppression should start with a process of psychopolitical education that ends in greater awareness and action. This ideal outcome, however, should not be idealized too much because people may gain awareness of some facets of injustice and not of others. Liberation is not a fixated state at which people arrive and claim nirvana. New sources of oppression may emerge, or they may become oppressors themselves. The progression towards liberation is far from linear.

The relation between our own liberation as psychologists and the liberation of the people we work with is complicated. Some of us feel liberated or free from victimization, whereas others are subjected to discrimination in their lives because

of disabilities or sexual orientation. Depending on our psychological experience we may project certain assumptions onto our clients, students, and community partners. The ethics of projecting onto others our own unresolved issues requires careful attention in case we define others' experiences based on our own inner conflicts.

We believe that the preferred way to contribute to the liberation of oppressed people is through partnerships and solidarity. We approach them in an attempt to work and learn from them. At the same time we try to contribute to their cause in whichever way we can (Nelson, Ochocka *et al.*, 1998; Nelson, Prilleltensky, and MacGillivray, 2001).

To promote liberation, critical psychology practice needs to engage with the political and the psychological at the same time. As Ussher (1991:293) pointed out, 'we need to operate on the level of the political and of the individual: at the level of discursive practices, and individual solutions for misery. The two must go hand in hand if we are to move forward'. Martín-Baró (1994), Moane (1999), and others, began to sketch the aims and methods of a liberation psychology. 'A liberation psychology aims to facilitate breaking out of oppression by identifying processes and practices which can transform the psychological patterns associated with oppression, and facilitate taking action to bring about change in social conditions' (Moane, 1999:180).

Table 1.2 shows how oppression, liberation and well-being are experienced at the levels of self, others, community, and society. At each of these levels, ideal values succumb under conditions of subjugation and re-emerge through a process of liberation. The ultimate outcome of this journey is to reach personal, relational and collective well-being. Although the table shows discrete paths for each one of the ecological levels, in actual fact all the levels are interconnected and interdependent. The path towards well-being requires solidarity; for nobody can reach liberation in isolation.

### Doing psychology critically

The pressing question in this book is how to convert the insights about power, well-being, and liberation into practical interventions. We should not have to wait until clinics, schools, and community agencies embrace a critical psychology philosophy for us to promote critical practice. Power is ubiquitous and it pervades the way we think about and treat the people we work with. In all our interactions with service recipients we use our power with health-enhancing or deleterious effects. Which practices promote well-being and which assumptions perpetuate intimidation is not always clear. This is because even with the best intentions we can cause harm. A primary challenge, then, is to reflect on our own existing practices and scrutinize their effects. A subsequent challenge is to incorporate lessons about power, injustice, well-being and liberation into everyday practice.

We conceptualize practice broadly. We include psychological work in mental health clinics, in community settings, in schools, in workplaces, and in universities as well. The amount of work to be done to transform uncritical perspectives that blame victims and perpetuate asymmetric power relations is quite enormous.

Table 1.2 A journey of personal and political change

Ecological level	Values	Oppression (disempowerment)	Liberation and empowerment (processes to overcome oppression and achieve well-being)	Well-being (a state of personal, relational, and collective well-being)
Self	Personal (self-determination and health)	Internalized, psychological oppression	Conscientization situates personal struggles in the context of larger political and structural forces	Control, choice, self-esteem, competence, independence, political rights, and a positive identity
Others (relationships)	Relational (human diversity, collaboration and democratic participation)	'Power over', domination of, or by, others	'Power with', power sharing, egalitarian relationships, and peer mentoring support, individuals' and groups' quest for rights, identity, and dignity	Positive and supportive relationships, participation in social, community, and political life
Community and society	Collective (distributive justice, support for community structures)	Oppressive social practices manifested in policies and community settings	Empowering social practices manifested in policies and community settings provide larger structural context for wellness	Access to valued resources such as employment, income, education, and housing

From text deconstruction to therapy to community activism, critical psychologists have an important role to fulfill. To promote well-being and to resist oppression we believe that critical psychologists have to cross boundaries, develop clear communication with service recipients, and attend to contextual diversity.

### Crossing boundaries

Awareness of power and politics did not necessarily come from within psychology. Rather, they came from disparate fields such as the sociology of knowledge, critical social theory, cultural studies, women's studies and radical politics. Without critiques from other disciplines, it would be hard for psychology to reflect on its own assumptions. We welcome such interrogations. These critiques forced psychology to look at its self-perception of healer and scientist (Rose, 2000).

Much like other disciplines threw light into psychology's role in society, allied fields helped to conceptualize human problems in broader terms. Hence, we know from sociology and biology and political economy that psychological symptoms are related to unemployment and organic malfunctions and class systems. The complexities of human beings extend far beyond the reach of psychology.

Crossing boundaries means not only looking at other sources of knowledge, but also at different levels of analyses. Traditionally we have looked into the 'mind' and its intra-psychic mechanisms for explanations of personal and interpersonal conflicts. We propose to broaden analyses of problems and sites of intervention to other ecological levels. In practical terms, this means more than a token recognition of family, community, and societal dynamics; it means a comprehensive view of how these parameters shape the life experience of the people we work with. But if holistic understanding is challenging, systemic intervention is harder yet. Connecting therapy with community interventions and social action may be difficult but not impossible.

### Communication of meanings

Working across fields and with people who are often marginalized requires sensitivity to language. Language itself can be a source of oppression or a vehicle of solidarity. How can we expect to create bonds of solidarity when the people we work with do not even understand what we mean. Never mind our clients, even our colleagues and students sometimes don't understand what we're talking about. Obscuring language feeds into self-perceptions of stupidity in many people. We can't collaborate with community members when the terminology we use prevents access to knowledge. Critical psychologists are not immune to alienating people due to obfuscating language. The type of psychology we are promoting requires close collaboration with a range of people whose formal education may be different from ours. For us, promoting understanding is a matter of respect.

We don't believe that we'll lose something by communicating in simple language, but we do believe that we'll lose a lot by alienating partners. Language



should build bonds of solidarity and not walls of alienation. But this is far from calling for a simplification of issues. The risk is not simplification of issues, but alienation from those we wish to work with. Freire (1975) showed how people with very little formal education could reach sophisticated levels of sociopolitical understanding. This was achieved through a process of popular education.

### Practice in context

Critical psychology practice is always in context. But if contexts vary, as they invariably do, how can we apply a set of critical psychology principles across settings and cultures? We take it for granted that different contexts will have varied configurations of power and varied perceptions of well-being. We are not talking only about different cultures, but also about cultures within cultures, and subcultures within subcultures. Heterogeneity is often the norm and not the exception when dealing with seemingly discrete ethnic or minority groups. Each group subsumes subgroups with different prescriptive and proscriptive codes and beliefs. We cannot talk in general terms about all people with disabilities, or all people with psychiatric problems or all gays and lesbians.

Sensitivity to context means exploring our unique cultural heritage, taking the time to listen to the concerns and world views of others, and finding means of establishing a dialogue. James and Prilleltensky (in press) described a model of practice that attends to the interface among psychologists, their cultural values and assumptions, the ethnic identity of clients, and the unique position of the client within a subculture. The model alerts practitioners to potential projections of their own unchecked assumptions. This results in heightened sensitivity to the role of practitioners' and clients' cultures. Furthermore, it enables dialogue in dealing with diversity.

### Book organization

This chapter has provided an overview of the central notions guiding our work in critical psychology. Chapter 2 introduces a framework for assessing the impact of theory, research, and action and provides a rationale for the values we believe in. Furthermore, we discern the basic parameters constructing the subject matter of psychology, including views about knowledge and ethics.

Part II of the book deals with training. We provide guidelines for preparing critical psychologists to work in applied settings, in research, and in teaching. The field of critical psychology needs models of training. Part III describes, in six chapters, the application of critical psychology tenets to practice in clinical and counselling, educational, health, community and work settings.

The last part of the book deals with the topics of integrations and transformations. We reflect on the need, and the struggle, to integrate critical psychology across settings and levels of intervention. The last three chapters of the book deal with change. They tackle, respectively, *agents, processes, and objects of change*.

## 2 Theory, Research, and Action: Oppressive and Emancipatory Effects

In this chapter we try to discern the oppressive and emancipatory effects of what psychologists do. What we do falls generally within the domains of theory construction, grounded investigations, and action. In all of our roles there are inherent beliefs driving our efforts.

### Theory

Theories define, represent, and explain phenomena. As such, they are powerful tools. They can portray humans as active or passive, altruistic, or driven to violence. Whichever rendition of behaviour we prefer, the subjects of the theory are affected by the theory itself. We already know the effects of portraying women and Jews and blacks and migrants as inferior. A psychological theory of inferiority justifies policies of domination and engenders subjugation (Moane, 1999; Parker *et al.*, 1995).

Theories serve constraining or emancipatory purposes. Consideration of the potential oppressive effects of theories is an integral aspect of critical psychology. In our view, the confining effects of theorization ensue from three main sources: (a) the incomplete depiction of phenomena, (b) the affixing of people to immutable moulds, and (c) the obviation of power in theory construction itself. How do they work?

When we ignore crucial factors in explaining phenomena we run the risk of affirming relations of inequality and oppression. For example, when we ascribe women's unhappiness to unresolved 'inner' conflicts and we neglect 'outer' domestic violence, drudgery and unrelenting childminding, we formulate descriptions and prescriptions that focus on mentalistic accounts. These accounts render the objective conditions of inequality unaccounted and unaltered. As the subjects of such theorizing, women may surmise that they are not good at coping and that they need to change something within themselves. By leaving out objective conditions of suffering, the theory configures a phenomenon in psycho-terminology. As the recipient of such theorizing, the individual turns

inwards in search for solutions. This is an unjust outcome in that it internalizes problems and leads to self-deprecation. By failing to interrogate oppressive conditions within its domain, the theory normalizes the very circumstances which may have caused the suffering.

Because of its emphasis on the personal interpretation of events as causation of distress, rational emotive theory is particularly prone to incomplete descriptions of phenomena; although the same can be alleged of cognitive behavioural and certain psychoanalytic theories (Prilleltensky, 1994). Predominant theories of personality, clinical, and abnormal psychology have been historically susceptible to this type of reification. That is, the treatment of human behaviour as if it were an 'in-itself,' an entity abstracted from its social context (Hare-Mustin and Marccek, 1997; Sampson, 2001; Sloan, 1997). This charge is akin to psychological essentialism, whereby behaviour is explained in reductionistic terms of singular character traits (Martin and Sugarman, 2000). These traits and categories 'homogenize, essentialize and naturalize as individual psychological qualities what are features of people's historical and current circumstances' (Burman *et al.*, 1996:73).

Affixing people, the objects of psychological theories, to set patterns and identities is another conduit of oppression. When we declare that somebody is psychologically disturbed we are not only describing but also prescribing and proscribing behaviour. Myriad stereotypes and labels are ascribed to groups and individuals, labels they cannot easily get rid of. These imputations constrain the horizons of the targets of stereotypes. Albeit in innocent ways, theories of development, personality and delinquency operate in a similar fashion. When our vocational preoccupation is with accurate diagnosis and prediction, it is not surprising that we spend endless time categorizing people (Sampson, 2001). However beneficial for communication purposes, diagnoses carry within them the risk of narrowing the self-perception of clients. Innocent as they might, explanations of human behaviour tend to limit the possibilities of change. Once assigned to a category, and the category is in the public domain, the person is the carrier of newly imposed restrictions on what he or she can be (Burman *et al.*, 1996; Sampson, 2001).

The obviation of power in theory construction itself can also have negative repercussions. What has been variously called the 'view from nowhere' or 'god's view' refers to the illusion that theories are independent of their creators. As such, they are only representations of something that exists 'out there', irrespective of our own subjective and socially constructed position. In perpetuating this chimera, we hide our power to define and categorize. When power is concealed, we feed into the mirage of detached truth. We present interpretations as facts, and we deny that power and social location play a role in our accounts of social events. This lack of reflexivity perpetuates the public's view that our renditions are uncontaminated by subjectivity. Such perception is instrumental in psychology's role as agent of social control. If power is nowhere to be seen, and science is all that we do, why should people suspect our motives, especially when many of us don't even realize that power contaminates our work?

As a result, we deprive people of the opportunity to question how we define them and how we treat them. As no power motives are seemingly involved, and as psychologists stand as representatives of science and professionalism, there is no need to interrogate the knowledge base or the subjectivity of the professional.

While some theories constrain and limit, others open up new horizons of opportunities. Some theories describe how people can plan, act, and change. Describing factors and processes that lead to personal and social change can be both instrumental and therapeutic on its own. Theories that explain how to promote personal, relational, and collective well-being at the same time can be very helpful in the process of emancipation. Similarly, theories that account for marginalized voices counteract explanations that derive exclusively from seats of privilege. Finally, theories that disentangle unjust discursive practices in our culture contain emancipatory potential; they disclose the many overt and covert ways in which people undermine each other and perpetuate systems of regulation. Once deconstructed, these practices are easier to critique, resist, and alter.

## Research

Research can be oppressive or emancipatory, not only in its outcomes but in its very processes as well. We examine here both aspects of research. 'Research findings' do not come from nowhere, they come from an interaction of the values and assumptions of the researcher with the particular historical representation of the phenomenon under study. Chesler (1989), Usher (1991), and Wilkinson (1997), among others, reviewed diverse strands of research that portray women as inferior to men, as more excitable, as less capable of working under pressure, and, of course, as more suited for house work. These conclusions were advanced as 'truths'. The way in which these conclusions were derived and protected power and privilege was never questioned. On the contrary, power and privilege were never meant to be discussed in the context of scientific research.

Chesler (1989:106) wrote that 'many female patients view themselves as "sick" or "bad" and commit themselves, quite voluntarily, to asylums or to private psychiatrists'. This distinct oppressive outcome has also been part of research with people with disabilities. As Woodill (1992) put it, 'few of us have escaped the researchers' scrutiny of their seemingly pathological fixation on the limitations and negative aspects of disability. We have been portrayed as sick, helpless, and incompetent; incapable of living independently' (2).

The research relationship itself can also be demeaning of participants. Oliver (1992) recounts the exploitation of people with disabilities in the research process. In their capacity as research participants, persons with disabilities often endure the disabling gaze of researchers who look for data more than dignity. Insensitive researchers engage in 'othering' of 'those who have been exploited and subjugated' (Fine, 1994:72). Several authors accentuate the need to amplify participants' voices, not only in the final report, but also in the very construction and negotiation of the research relationship (Goodley, 1996; Morris, 1992; Nelson, Ochocka *et al.*, 1998).

We support the concept and practice of research partnerships. Establishing a collaborative research relationship is a central part of our vision. In such a relationship, partners decide together the means and ends of the investigation, bearing in mind the different skills that each partner brings to the table (Nelson, Prilleltensky, and

MacGillivray, 2001). There is no attempt to pretend equality in partnerships. Rather, there is a conscious effort to remember where people are coming from, what is their power position in the partnership, and what can be done to promote solidarity. In Part II we discuss methods for striking a research alliance with people who have not usually thought of themselves as equals to academics.

## Action

Rose (1985, 1999, 2000) pointed out that theory is rarely divorced from social demands. In the case of psychology, instruments and concepts are devised to serve specific expectations. This is why it is important to attend not only to theory but also to the social demands shaping psychology.

Psychology's role as an administrative science cannot be understood as the application of a psychological knowledge of normality, gained through theoretical reflection or laboratory investigation, to a domain of practical problems. On the contrary, it was through attempts to diagnose, conceptualise and regulate pathologies of conduct that psychological knowledge and expertise first began to establish its claims for scientific credibility, professional status and social importance (Rose, 1985:226).

Much to psychology's chagrin, Rose and others (Baritz, 1974; Danziger, 1990; Herman, 1995), document psychological applications to placate discontent, to foment conformity, and to support the status quo. We wish we could speak in the past tense, but collusion with systems of regulation persist. Critical psychologists try to operate in the name of resistance and emancipation, not conformity. However, we are still trying to learn the best ways to do that and we are still overshadowed by many practices rooted in the status quo.

## Values, assumptions, and practices

In this section we introduce a framework for the evaluation of psychological approaches and for the construction of alternative practice. The framework, consisting of values, assumptions, and practices, is briefly depicted in Table 2.1. The framework lists the values required for the promotion of personal, relational, and collective well-being. Next to these values we pose questions for the evaluation of diverse approaches. We also mention a series of assumptions that distinguish psychological orientations, from research and knowledge to ethics. The third part of the framework addresses practices regarding problem definition, the role of agents and type of intervention.

## Values

Values are principles that guide behaviour (Prilleltensky, 1997). They serve as reminders of what we regard important in personal, relational, and collective

Table 2.1 Framework for assessing psychological approaches

Domain	Questions
Values for Personal well-being Caring and protection of health Self-determination	Does it promote the expression of care, empathy, and concern for the physical and emotional well-being of other human beings? Does it promote the ability of individuals to pursue their chosen goals without excessive frustration and in consideration of other people's needs?
Relational well-being Human diversity	Does it promote respect and appreciation for diverse social identities? Does it promote the peaceful, respectful, and equitable process whereby citizens have meaningful input into decisions affecting their lives?
Collective well-being Distributive justice	Does it promote the fair and equitable allocation of bargaining powers, resources, and obligations in society? Does it support vital collective structures that promote the well-being of the entire community?
Support for community	Who has more power in relationships? Are there attempts to share power?
Assumptions about Power in relationships	Does ethical framework employed invite input from consumers? Are service recipients part of ethical decision-making processes? To what end is knowledge used? Is knowledge subordinate to morality or independent from it? What philosophy of science guides research?
Professional ethics	What conceptions of the good life are promoted? Are these based on self-interest or cooperation?
Research and knowledge	What conceptions of the good society are promoted? Are these based on the pursuit of equality or personal gain at the expense of others?
The good life	
The good society	
Practices regarding Problem definition	What factors are included and excluded from problem definition? Are psychological as well as sociological and economic factors taken into account?
Role of client	Is client active or passive? To what extent does client participate in decisions affecting his or her well-being?
Role of helper	Is helper a true collaborator or a removed expert imparting advice?
Type of intervention	Does intervention focus exclusively on intra-psychic factors, or does it include systems affecting clients?
Time of intervention	Is intervention reactive or proactive? Does psychologist wait until victims of unhealthy environments seek help or does he/she try to prevent problems?
Focus of intervention	Does intervention focus only on reducing deficits or also on enhancing competencies?

domains. In order to attain holistic well-being, we need to attend to these three dimensions at the same time. Each individual finds him or herself on the receiving and giving ends of values. If values are seriously considered, they get translated into actions. These actions affect both the performer and the recipient of the behaviour. The performer may be a single individual or a group. At times, it will be difficult to identify the precise originator of a cultural practice or belief, but ultimately, it is *people* who construct, co-construct and reconstruct values in society (Crossley, 2000). The recipient of values is the

person affected by the expression of values. When parents enact caring and compassion through nurturing, their children are the immediate recipients of the values. When a worker invites colleagues to be part of an interesting and rewarding project, he or she is enacting values of sharing, collaboration, and participation.

By definition, well-being is a holistic concept consisting of personal, relational, and collective domains. Each domain reflects distinct needs. Needs, in turn, are met by value-driven actions; actions aimed at the self, others, and the collective. Table 2.1 formulates questions associated with each value. These questions facilitate the evaluation of different psychological approaches.

The promotion of only one set of values is inadequate and insufficient to meet the vast range of needs required for well-being. In our recent book *Promoting Family Wellness and Preventing Child Maltreatment* (Prilltetsky, Nelson, and Peirson, 2001), we show how psychological and material resources, social programmes and government policies must attend to personal, relational, and collective needs. Our study found that liberal philosophies of personal responsibility focus primarily on the individual domain and lead to victim-blaming. On the other hand, countries with collectivist orientations support citizens in need with adequate resources. Our review shows that we have to provide resources, programmes, and policies that attend not only to the needs of the individual child, but to the needs of the family and the community as a whole. This could never be achieved without promoting social justice at the same time as individual well-being. To thrive, young people require more than caring and compassion, they require high-quality educational and recreational facilities and they require parents with decent jobs.

### Assumptions

Values intersect with assumptions to produce modes of practice. We may be more or less conscious and articulate about our assumptions, but they influence our actions nevertheless. Power is exercised through assumptions, and, like values, assumptions can result in harmful or health-enhancing outcomes. Will our power as professionals threaten the voice of consumers? Will our position of expertise reshape the experience of clients in terms that are foreign to them?

Our questioning of assumptions is in line with Rose's call for critical reflection. According to him, it is 'a matter of introducing a critical attitude towards those things that are given to our present experience as if they were timeless, natural, unquestionable: to stand against the maxims of one's time, against the spirit of one's age, against the current or received wisdom' (Rose, 1999:20). This stance contests the merit of prevalent ethical and epistemological paradigms alike. Assumptions about research and knowledge have a great impact on our practice as theorists, clinicians, researchers and teachers. Do we subscribe to positivist models that study behaviour out of context, or do we try to understand psychological problems in their natural surroundings?

The epistemological orientation we espouse will have repercussions for the lives of the people we work with. If we explain psychological suffering exclusively

in intra-psychic terms we obviate experiences of victimization and social alienation. Knowledge gives us the power to redefine the experiences of the subjects of psychological interventions. Whose knowledge do we regard as more valid, ours as experts or theirs as (in)experts? Foucault reminded us that 'knowledge and power are integrated with one another, and there is no point in dreaming of a time when knowledge will cease to depend on power... It is not possible for power to be exercised without knowledge, it is impossible for knowledge not to engender power' (Foucault, 1980:52). Our power as psychologists, then, generates different kinds of knowledge that are not necessarily reflective of truth, but of our power to define truth. To the extent that our version of truth may be coloured by our social location of privilege, its emancipatory effects are uncertain.

Presuppositions about the 'good society' and the 'good life' also inform practice. We use these terms in their philosophical sense of entities that are worth pursuing and justifying. In essence, these two constructs embody the social and political philosophy of citizens. A good life is a life of meaning, fulfilment and satisfaction. Similarly, a good society is one where personal lives can thrive. People usually have criteria against which they assess their lives. Each person has a preconceived notion of what is meaningful and worthy in life (Crossley, 2000). Autonomy may be celebrated by some, interdependence by others. Government intervention may be advocated by left-wingers, privatization by right-wingers. Our social location will influence what we think is 'right' and 'appropriate' for our clients.

### Practices

Values and assumptions culminate in practice, practices that can have empowering or disempowering effects. Each time psychologists define problems, assign roles to themselves and their clients, and determine an intervention, they are enacting values and assumptions with multiple consequences. Problem definition is not just a professional act but a political one as well. When psychologists deflect human problems to the mental domain, the social domain remains unchallenged.

If the role assumed by the psychologist is one of a partner in solidarity, one in which there is respectful listening and attention to internal and external sources of oppression, it is more likely that the outcomes will be empowering. This is not so when the psychologist defines, in expert fashion, the ills of others, in disregard for the dissenting voice of the client, which is interpreted away as resistance.

Time, type, and focus of intervention also have potentially liberating or limiting effects. Comprehensive interventions have a better chance of positive outcomes than, for example, individual treatment alone (Prilltetsky, Nelson, and Peirson, 2001). Reactive interventions, by definition, do not come into play until people have experienced a great deal of suffering. Why wait when we can identify and prevent some of the risk factors leading to suffering and oppression?

### The oppressive and emancipatory potential of values, assumptions, and practices

Values, assumptions and practices can be construed and enacted in emancipatory or oppressive ways. Table 2.2 denotes conditions under which they can promote liberation or collude with repressive forces.

Personal values like self-determination and autonomy, which are only a part of well-being, can become burdensome when they are the main values of a society. When happiness is ascribed to personal effort, unhappiness becomes a reflection of personal failure. In cases of misfortune, the conflation of self-determination with personal responsibility produces self-blame. Autonomy and assertion, however, can be used to empower people as well. When we invoke self-determination to instill hope, the belief in personal power can be empowering (Snyder *et al.*, 2000). But just as there can be reverence for personal values, so there can be a veneration for collective values. When the good of the collective is imposed as primary, as in the case of some communal societies such as the Russian *kolkhoz* (collective farm) and in Cuban society, calls for solidarity are used to renounce personal needs. Any set of values is subject to the risk of distortion and misappropriation for tyrannical ends. In and of themselves, values do not necessarily advance oppression or liberation; their effects depend on the context and the purpose for which they are invoked. According to Sen (2001:10),

The same values and cultural norms can be extremely successful at one phase of development, but less so at another. What we have to look at is not the general excellence of one set of values over all others, but the specific fit of particular values

**Table 2.2** Oppressive and emancipatory potential of values, assumptions, and practices in psychology

	Oppressive	Emancipatory
<i>Values for</i>		
Personal well-being	When belief in individualism leads to self-blame	When belief in self-determination leads to personal empowerment
Relational well-being	When participatory processes obstruct social action and mask inequality	When participatory processes afford voice and choice
Collective well-being	When the good of the collective comes at the expense of individual needs	When bargaining powers, resources and obligations in society are shared equitably
<i>Assumptions about</i>		
Good life	When success and failure are ascribed to personal merit alone	When meaning is ascribed to interdependence
Power in relationships	When power differentials are ignored or reproduced	When power differentials are acknowledged and dealt with
<i>Practices regarding</i>		
Problem definition	When pathologize	When deblame
Role of client	When promote passivity	When promote empowerment
Role of psychologist	When arrogate power	When share power
Type of intervention	When intra-psychic interventions ignore social conditions	When oppressive social conditions are addressed

with the nature of the problems that are faced in a given – but parametrically variable – situation. The contingent nature of the contribution that values make is important to seize.

The outcomes of practices can be rarely dichotomized into oppressive or emancipatory. However, certain discourses and procedures are more likely to lead to one outcome or another. When psychologists ignore social and political antecedents of problems, and when they arrogate power, they are more likely to abide by the reigning and oppressive status quo. Empowering practices, on the other hand, strive to raise consciousness about the societal origins of problems and seek to share power. Social ideals of equality cannot be pursued in relations that promote inequality. The way we do things is not just a means to an end, but an end in itself. Hence, we do not accept domination in therapeutic relationships, however minimal, strategic or momentary.

### Implementation challenges

In the first two chapters of the book we have outlined our approach to critical psychology. Although we have presented views from various authors and orientations within critical psychology, we readily acknowledge that our philosophy may not represent all the varieties of critical psychology. Ours is an applied orientation that seeks to promote personal and social change to attain health and welfare. We resonate with Reicher's (1997) challenge for critical psychologists (94): 'If we are to be successful in being taken seriously, we must ask how critical psychology can supply not only a set of ideas but also a set of practices.'

We also readily acknowledge the danger of jumping to interventions before we are clear about our own limitations. The concepts outlined in this part of the book reflect our intellectual and political commitments. As such, they are circumscribed to our heritage, knowledge and identity. Our challenge is to promote action and to remain open to challenge at the same time.

We dedicate the next two parts of the book to training and applications. We use the framework of values, assumptions and practices for doing psychology critically in diverse mainstream settings.