

RUNNING HEAD: Community Psychology, Public Health, and Marginalization

Community Psychology's Impact on Public Health and the Experience of Marginalization

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Introduction

Vulnerable and marginalized populations face a series of risks and dangers throughout their daily lives. This is not simply limited to explicit forms of discrimination and hatred, but systemic forms of oppression and discrimination which limit those not belonging to more privileged and affluent socioeconomic or sociocultural groups. Community psychology operates as a means of analyzing how environmental and social factors impact specific demographic groups within a larger population and by extension the experience of mental health specific to these groups (Townley, Brown, & Sylvestre, 2018). In the application of this field, it is critical to understand the dynamics of systems of oppression and discrimination such as systems of poverty and how they directly impact the long-standing mental health and capability of those directly impacted by these systems. The intent of this research review is to analyze extant literature concerning the overall goals and future intent in the field of community psychology, as well as its impact on public health and systems of discrimination and poverty.

Dimensions of Social Structure, Individual Identity and Nuanced Practice in Community Psychology

Individualized experiences of mental health are an incredibly nuanced and complicated situation. The same applies for individual political identities. Smail's 1994 article detailed this nuanced relationship between both concepts, and highlighted how community psychology's attempts to address these issues vary in efficacy (Smail, 1994). Specifically, Smail wished to explore how community psychology as a theoretical approach in the psychological realm addressed social and cultural issues with individual subjects. A poignant aspect of Smail's argument, however, was that since both politics and the experience of mental health issues in a socioeconomic and sociocultural context are so nuanced, that there was no existing platform within community psychology which could adequately treat the issues specific to patients' contexts (Smail, 1994). This particular analysis intended to explore how previous approaches prove this concept.

The manner in which Smail approached the debate is by first establishing what he viewed community psychology's purpose to be, which is to effect change on a communal scale through a lens of social and environmental factors that impact psychological patients externally (Smail 1994). The important thing to understand about social and environmental factors impacting patients externally, however, is exactly that; they are external. The argument which Smail was making through this analysis was that external impacts of power which contextualize a mental health issue do not directly address the systemic issues at hand, and simply attempt to assuage the individual issues of the patient which will in the future continue to be exacerbated by the uncontrollable external influences (Smail, 1994). This argument is important to understand in the relevance of dynamics of power; external influences such as social environment and cultural experiences either encourage or reduce inherent feelings of power within an individual. Thus an adequate counter to the removal of power would then be any practice which restores that sentiment within an individual. Smail specifically pointed to articles such as Florin and Wandersman, which apparently contained definitions of empowerment that is encouraged by community psychology, and without consistency throughout the field on providing

empowerment are thus unable to properly and uniformly treat those experiencing lacking social, cultural, or economic power (Florin and Wandersman, 1990). The attempt to treat uniformly the psychological matters which are so specific to patients and their demographics also then runs the risk of ostracizing patients by limiting to one definition of treatment and outcome (Smail, 1994).

The main issue that Smail seemed to have with the practice of community psychology is an attempt at defining one type of normalcy in the experience of varying levels of systemic oppression and discrimination which is well beyond the control of both patient and psychologist (Smail, 1994). Perhaps the best way to explain the phenomenological issue that Smail proposed is through taking a step back and understanding the context in which environmental factors impact an individual; legal, societal, cultural, political, educational, economic factors (only to name a few) all frame standing within an individual's life, which is a large amount to account for when treating patients. This complicated nature of the self and external observations of the self lead Smail to propose that psychologists, not only community psychologists, as a whole need to consider approaches which do not proclaim to know or control all facets of human life which can impact a patient's existence and mental health (Smail, 1994). By acknowledging the lack of power both on part of the psychologist and the patient, there may be a clearer and more effective means of approaching issues specific to patients and their social and cultural identities.

As for potential of future studies, it seemed that Smail proposed that both clinical and community psychologists alike need to maintain the practice of humility which acknowledges mutual lack of control over societal pressures impacting their patients (Smail, 1994). Smail points specifically to Blair's account which suggests a tactic of helping patients recognize the systemic root of sociocultural and socioeconomic pressures which create or exacerbate existing mental health issues in patients (Smail; 1994, Blair, 1992). A clear limitation to acknowledge in this analysis was its constraint to very generalized discussion of society; both society and culture obviously vary between populations, and the complicated nature of each and the issues which they cause for patients around the world, not simply individualist or westernized nations which have a starkly different structure in terms of both culture and stigma that impacts individuals.

Smail's contemplation on the political nature of mental health and its treatment is especially relevant in the consideration of identity, social, and cultural structures within society which define the experience of vulnerable and marginalized populations. The prospect of national identity was something further expanded upon by Ponce and Rowe in their 2018 analysis of community intervention strategies.

Resources afforded by society as well as the prospect of social capital heavily contextualize the experience of marginalized populations everywhere. To understand the experience of a specific nation or population and its marginalized populations, it is important to understand which mechanisms either support vulnerable and oppressed populations or further contribute to their marginalization. The duality of these mechanisms was discussed by Ponce and Rowe in their 2018 critical analysis of the dimension of citizenship and mental well-being in a community setting (Ponce & Rowe, 2018). To understand the relationship between the two variables of citizenship and mental health, it is important to break down their relevance in a marginalized context.

Mental health is a notable stigmatized dimension of society regardless of the locale considered; often ostracizing and distancing those suffering with mental issues from general society, contributing to marginalization. Sentiments of citizenship were analyzed by Ponce and Rowe in 2018 (Ponce & Rowe, 2018). Citizenship, both in contrast and similarity, can offer a dimension of societal support and acceptance if felt, but if withheld can further ostracize an individual from the society which makes it practically difficult to feel stable and safe within a community. Ponce and Rowe specifically wanted to understand the framework of “community engagement” in the context of citizenship and mental health to see how the promotional aspects of community service impacted marginalized populations (Ponce & Rowe, 2018). How does recognition and acceptance as part of a national community contribute to feelings of self-efficacy and personal capability for populations often disempowered by the same society?

Ponce and Rowe began to introduce their model of citizenship programs based upon previous models and frameworks regarding citizenship and mental health; what they stated is the “Tocquevillian/Durkheimian” model defining behaviors of citizenship, while also paying attention to Janoski’s definition of rights inherently tied to citizenship (Ponce & Rowe, 2018; De Tocqueville, 1994; Durkheim, 1933; Janoski, 1998). These previous structures of citizenship provided a basis through which to evaluate personal responses to the sentiments of citizenship and its apparent rewards to individuals experiencing mental health difficulty and subsequent marginalization. A unique means which Ponce and Rowe used to evaluate the effects and interactions of citizenship and mental health is through the “5 Rs”; rights, responsibilities, roles, relationships, and resources (Ponce & Rowe, 2018; Rowe, Kloos, Chinman, Davidson, & Cross, 2001). These five dimensions of citizenship define why it can be both a helpful and detrimental status to try and achieve within a nation.

To what degree are these two dimensions of identity related? Using the framework of the 5 Rs proposed, Ponce & Rowe made the connection of citizenship and mental health through the lens of recovery; a process in which both environmental and internal processes and perspectives are critical in framing the experience of mental health and citizenship (Ponce & Rowe, 2018). In the process of attaining citizenship in a nation, an individual is subject to a degree of instability projected from the environment whereas the experience of mental illness reflects an inward sense of instability left to be interpreted from the individual (Ponce & Rowe, 2018). In both circumstances, the individual in question is left helplessly out of control of the factors creating instability in their life, outside of the direct effort of recovery and contributing as a citizen which will contribute to a sense of capability and stability. This interaction was perhaps best displayed through actual implementations of the theory mentioned for homeless populations.

Specifically, Ponce & Rowe refer to a previous implementation of health promotion coined “Citizens”, intended to put community members in power of change as opposed to solely social work professionals, thus empowering the former population to feel a greater sense of capability and responsibility for their involvement in recovery and citizenship efforts (Ponce & Rowe, 2018). Direct involvement of concerned populations within the policy and program efforts intended to help them contribute to the dimensions of roles and responsibilities felt within individuals, impacting their perceptions of ability to impact change for their own situations.

Similar policies were instituted through the efforts of “The Citizens Project,” another program done by the authors intended to increase support and senses of capability through peer projects and educational experiences for those with criminal/legally compromised backgrounds (Ponce & Rowe, 2018; Clayton, O’Connell, Bellamy, Benedict, & Rowe, 2013). Both of these efforts represented larger-scale public health initiatives aimed at enhancing the feelings of capability and community within vulnerable and marginalized populations, and exhibit how the dimensions of citizenship and mental health interact to either benefit or potentially harm a marginalized individual.

Possible limitations of this framework is its applicability throughout populations across the globe. The manner in which a community defines a “citizen” depends on both the nation itself as well as the political climate surrounding it. Proper application of the citizenship framework would require a greater attention not just to the individual but to the larger-scale societal and political context which the individual finds themselves in. This being the case, possibilities for future study would involve application of the framework to populations in both individualist and collectivist cultures (which could impact the implementation of public programs of mental health) as well as various governmental/political structures (with different social resources/means of defining as a citizen).

Means of moving beyond limitations of narrow scope in the field of community psychology came in the form of highlighting and encouraging the prospect of diversity, both in the practice of the field as well as the populations evaluated. The importance of this movement and its focus on diverse populations was highlighted by O’Donnell in 2006.

Previously mentioned in works done by authors such as Toro and Smail, a cornerstone of the practice within community psychology is its support and encouragement of the concept of diversity, whether it applies to race, gender, or any other dimension of identity (Toro, 2005; Smail, 1994). O’Donnell in his 2006 article intended to highlight the importance of cultural diversity as it relates to both the practice of this field of psychology as well as the patients which the field seeks to help (O’Donnell, 2006). An important consideration within the field of community psychology and an increased focus on the experience of diversity demands an ingrained understanding of the daily perceptions and interactions with those of various demographics. This means that experimental designs do not often fully depict the full scope of experiences of all human beings, not to mention specific individuals within a cultural or social group. The importance of this focus on nuance and individual identities was highlighted by O’Donnell in his article, in the incidence of study he completed with students in a high crime area wherein they collected data specific to the local populations’ knowledge as opposed to abstracted research (O’Donnell & Lydgate, 1980). The specific data collected within a population is critical in understanding both within-group and between-group cultural contexts.

Another study which O’Donnell cites in his article was conducted within a Native American population, which highlighted clear disparities of understanding and perception between Native American adults and Native American youth in risk behaviors of the youth populations as well as abusive behaviors on part of the adult population (Tharp & O’Donnell, 1994). This is a clear indication of within-group cultural phenomenon which demands a nuanced

understanding on part of community psychologists in order to properly address the issue. As for the responsibilities of community psychologists in this respect, there is a certain degree of awareness and effort that needs to be put into an evaluation of a population. To avoid projecting personal/societal expectations which are inappropriate to attribute to different cultures apart from the psychologists' own culture, a community psychologist can maintain as much of an objective view as possible to see both the social and systemic issues which impact a population's mental health experience. As O'Donnell himself stated, this increases an efficacy of a study as a psychologist working in the area has greater access to raw and genuine data from first-hand accounts of multiple perspectives (O'Donnell, 2006). The exploratory direction in this field by pairing with cultural standards indicates a positive view for collaborative efforts in the future of community psychology.

The apparent hope for future studies which O'Donnell endorsed is a platform through which community psychologists engage with social and cultural-specific techniques within the field of psychology to adequately address the needs of the greatest amount and most diverse population of mental health patients (O'Donnell, 2006). The general path of psychology as a practice is to expand and include multiple practices so to understand what best applies to an individual case, and thus the inclusion of cultural diversity as a means of deeper understanding of clients and patients seems to be the natural path for community psychology to follow. One potential limitation within this article, however, harkens back to a concept proposed by Smail, which is the risk of proposing adaptive strategies within the communal psychological realm without proposing an exact manner in practice through which this could be applied (Smail, 1994). While the theories and ideals proposed by the article are positive and critical in the practice of psychology, it does not exactly propose any degree of organized method through which a cultural approach to the practice can appropriately be made.

While it is important to take a nuanced approach to cultural and social contexts, this practice can be difficult to teach in practice without a structured model to follow. The following studies are examples through which community psychologists addressed specific vulnerable and marginalized demographics by applying nuanced analysis and theory within community psychology as discussed above.

A Focused Lens: Practical Application of Community Psychology and Health Promotion to Specific Demographics

The meta-analysis done by Hollederer in 2015 highlighted the overall impact unemployment has on general public health, and by extension how the contexts of poverty affects the mental health of those subject to unemployment (Hollederer, 2015). While unemployment is a phenomenon impacting populations all the way from the individual to the community level, it is important to consider its effects as relative to the individuals cultural and socioeconomic circumstance within specific nations' economic contexts (Commission on Social Determinants of Health, 2008). Understanding the experience of unemployment and poverty to be an individualized and nuanced experience, however, leaves a great deal of research room to evaluate how programs such as those within community psychology can impact and help or at least lessen the negative aspects of losing a career and experiencing lack of physical resources.

The specific task of Hollederer's 2015 meta-analysis is to evaluate the individual scale variables which impact the experience of unemployment as well as larger scale community and health policy movements that intend to support and aid those unemployed.

The outcomes looked for through researching in this meta-analysis were levels mental health issues and death among unemployed populations, specifically through the lens of public health and community projects influencing the populations in question. The methods used in the meta-analysis were searching through multiple psychological and medical-based databases for articles concerning the connection of unemployment and overall public health; such as Medline, PubMed, and Google Scholar (Hollederer, 2015). Specifically, the inclusion criteria for an article to be used within the meta analysis was that the study was from 1950 or later, using quantitative methods of evaluation in their findings (Hollederer, 2015).

Ultimately the results of the larger meta-analysis yielded that multiple previous analyses indicated a clear support of the relationship between unemployment and worse mental health in their subjects. For example, a study done by McKee-Ryan et. al. concluded that through analysis of multiple studies involving both employed and unemployed experimental subjects, the unemployed subjects were much more likely to experience both declining mental and physical health states, though ultimately the findings were not conclusive enough to support a direct causal relationship without further quantitative study (McKee-Ryan, Song, Wanberg, & Kinicki, 2005). One important note in this respect is that causal relationships are exceptionally difficult to prove in the relationship of unemployment to poorer mental and physical health when considering the infinite variables in a vulnerable population's context of unemployment; all the way from simple financial struggle to loss of physical security and feelings of stability within a society.

For example, the meta-analysis paid attention to the variable of gender as it is differently affected by unemployment and mental health variables, and studies done by Paul and Moser indicated that overall the effect of unemployment was not consistently different between male and female subjects, however mortality as a result of unemployment more significantly impacted male subjects (Paul and Moser, 2009). Another significant aspect of the results is the regard toward longitudinal data. Milner et. al. in their 2013 study found that lasting periods of unemployment progressively increased incidences of suicide risk and attempts (Milner, Page, & LaMontagne, 2013). While the event of unemployment is significant at the time it occurs, the longer-term effects on mental health are only evaluated through consistent data collection and assumption that the unemployment status remains consistent, which is not the case for all individuals.

The conclusions of this study lead to the need for a more organized approach to studies evaluating both the experiences of mental health and unemployment in conjunction with one another. As mentioned earlier, individuals subject to both mental health issues and unemployment experiences have incredibly nuanced and specific identities which impact their overall response to both concepts, as well as their motivation to attempt to attain help (or for that matter, feel as if they can receive help) in order to adjust the situation they are in. Future studies would need a much more focused lens on socioeconomic and sociocultural groups as they are

impacted by both mental health issues and unemployment, and by extension would optimally be longitudinal in some respect to adequately capture the longer-term health effects for individuals as well as the moderating effects of health policy and communal strategies for supporting these individuals.

A study done by Artazcoz, Benach, Borrell, & Cortes in 2004 put a lot of the above findings into a specified context, as the dimensions of unemployment and mental health issues are explored through a more centralized focus on a specific vulnerable population in Spain (Artazcoz, Benach, Borrell, & Cortes, 2004).

A significant vulnerable population to consider in the exploration of public health and community psychology would be that of the unemployed. To thoroughly understand the connection between mental health issues and unemployment, it is critical to evaluate the different impacts of both in terms of the identity of subjects. This concept is explored by Artazcoz, Benach, Borrell & Cortes in their 2004 study which evaluated a population within Spain of both employed and unemployed men and women, as well as their mental health states, social, and cultural structures which either exacerbated or ameliorated the stressors associated with job loss and financial instability (Artazcoz, Benach, Borrell, & Cortes, 2004). In-depth analysis of identity factors as they related to mental health suffering and response to vulnerable states such as unemployment emphasized the need for potential communal interventions which provided opportunities for support and mediation potentially not offered through more individualized approaches to psych patient care.

The demand to explore within this field of study came from the context of previous literature which showed a multi-dimensional context in which both mental and physical health were compromised with the removal of employment status (Bartley M., 1994). The intent of Artazcoz, Benach, Borrell & Cortes' 2004 study in particular is to fill the gap of literature which often focuses on solely the male perspective of unemployment. A significant dimension of this study also evaluated the impact of benefits and compensation received with unemployment and how this creates different experiences of mental health suffering which has been explored previously by those such as Rodriguez in 2001 (Rodriguez, E., 2001). Once again this increased the dimensional lens through which the study evaluated the various identities of vulnerable unemployed populations and how they may be impacted mentally in experiencing economic instability.

Artazcoz, Benach, Borrell & Cortes utilized data found within the 1994 Catalan Health Survey, explicitly excluding populations which previously experienced diagnosed mental health issues within the past year in order to support potential causal relationships between mental health issues and the experience of unemployment which was then subsequently analyzed through multiple logistical regression models. (Artazcoz, Benach, Borrell, & Cortes, 2004). Ultimately the sample examined was 2422 employed men, 1459 employed women, 371 unemployed men, and 267 unemployed women. Measures evaluating the data included analyses of mental health status, employment status, family roles, and occupational social class. For the purposes of the present review, results regarding general comparison (employed versus unemployed) and gender comparison (male versus female) were of primary concern. Results

indicated that for both genders unemployed populations suffered more from mental health complications (11.0 percent [non-manual labor] and 11.6 percent [manual labor] for employed males, 25.8 percent [non-manual labor] 28.0 percent [manual labor] for unemployed males, 15.1 percent [non manual labor] and 22.5 percent [manual labor] for employed females, 23.3 percent [non-manual labor] and 26.1 percent [manual labor] for unemployed females), however it appeared as though unemployed male overall suffered more from mental health complications over women (Artazcoz, Benach, Borrell, & Cortes, 2004).

In order to understand why exactly these results occurred, future studies would need to evaluate specific socioeconomic groups and their experiences of unemployment as well as how public health and community psychology initiatives potentially mediate these experiences. The following study by Clayton, O'Connell, Bellamy, Benedict, and Rowe conducted in 2013 exemplified exactly how such an intervention could be implemented.

Both physical and social separation from society can contribute to a dissonance in connections to community. This is explored in the Clayton et. al. 2013 study which had the aim of evaluating community involvement for those with previous histories of criminal incarceration as well as mental health issues (Clayton, O'Connell, Bellamy, Benedict, & Rowe, 2013). Understanding the physical separation of those placed in prison during incarceration, it is clear that an individual in this circumstance would feel both spatially and mentally removed from society and the structures within it outside of prison. For marginalized populations this is only made even more true, as social and cultural structures which exist operate to already ostracize their identities from society. The framework of integration within a community which the study seems to follow comes from several pieces of extant literature which explore structures in society which contribute to feelings of belonging, such as opportunities for marginalized populations proposed by Werbner and Yuval-Davis, as well as the "5Rs" of citizen identity; rights, responsibilities, roles, relationships, and resources (Werbner & Yuval-Davis, 1999; Rowe, Kloos, Chinman, Davidson, & Cross, 2001). The utilization of platforms which emphasize community involvement and identification for individuals posed the potential for positive outcomes with those incarcerated and experiencing mental health issues.

The structure of Clayton et. al.'s 2013 study was in the form of a randomized control trial, wherein populations of individuals recently involved in the criminal system and diagnosed with mental illness were split into two groups, one subjected to a citizenship treatment and another acting as a control with standard treatment (Clayton, O'Connell, Bellamy, Benedict, & Rowe, 2013). This is following an initial round of the study which occurred in 2007, which found that the intervention assisted in the reduction of risk behaviors (Rowe, Bellamy, Baranoski, Wieland, O'Connell, Benedict, Davidson, Buchanan, & Sells, 2007). The re-evaluation of the studies, like other studies which revisit experimentation and data, allowed for a longitudinal evaluation of the data gathered. The intervention group (consisting of 73 participants, in contrast to 41 control participants) experienced dimensions of citizenship through communal support groups, a citizenship class, and emphasis on roles within the community (Clayton, O'Connell, Bellamy, Benedict, & Rowe, 2013). The scales then used to evaluate the data collected for the aforementioned group were the Lehman's Quality of Life Scale, the

Addiction Severity Index, the Brief Psychiatric Rating Scale, and the Social Capital Scale, which were later analyzed through mixed model linear regression models (Lehman, Postrado, & Rachuba, 1993; McClellan, Luborsky, Cacciola, Griffith, McGrahan, O'Brien, 1985; Overall & Gorham, 1962; Hogan & Owen, 2000; Clayton, O'Connell, Bellamy, Benedict, & Rowe, 2013). All of the data collected and analyzed then painted a picture of the impact which citizenship has on an individual looking to belong in a society while also handling mental health issues. For the purposes of this review, the results regarding quality of life are significant in depicting the experience for marginalized populations in this study.

The population within this study were shown to experience significantly greater quality of life post-analysis ($B = .68$, $p = .05$) (Clayton, O'Connell, Bellamy, Benedict, & Rowe, 2013). For the purposes of this review, this finding of the study is most significant in the exploration of how community programs and services impacted the experience of marginalized and vulnerable populations with mental health issues. Upon experiencing an intervention which increased senses of involvement and belonging within society for the participants, they experienced a clear improvement in terms of their quality of life as indicated by the results above (Clayton, O'Connell, Bellamy, Benedict, & Rowe, 2013). While this is incredibly significant in terms of how populations perceive and effect change in connection to their communities, further research needs to explore populations such as those with homeless or immigrant status to see how applicable the findings are to multiple vulnerable and marginalized populations, aside from the recently incarcerated population explored here.

A more specific study as it relates to population identity was conducted by Baffour and Chonody in their 2009 study, which indicated a clearer picture of how intervention impacted a specific marginalized demographic. In the field of public health, as well as community psychology, the dimensions of intersectionality and how they impact independent identities within the medical and mental health systems is critical in practice.

Specifically, Baffour and Chonody focused on the experience of pregnant African American women as they experience and perceive infant mortality in the medical system in the United States, and possibly how direct involvement of this population in its own discussions of medical system resources is beneficial (Baffour & Chonody, 2009). This coincides with a long line of literature within the community psychology realm which entertain the benefits of patient/community participation in policy decision and discussion. Unfortunately, it also coincides with much literature which cites evident disparities in health outcomes for marginalized populations, even with a multitude of medical advances (Baffour & Chonody, 2009; Lu & Halfon, 2003). This research adds to the extant belief which indicates that both the medical and mental health systems are critically affected by systemic racism and oppression, continuing to put marginalized populations such as African-American women at medical risk throughout their lives.

The basis of this study comes in the form of two very important concepts of public health and community psychology research; social/ecological theoretical bases and the implementation of programs which engage community members in the decisions and awareness of issues directly impacting their populations (Baffour & Chonody, 2009). The basis of social/ecological theory is

emphasized because of the benefit which comes from addressing systemic social issues in the context of social relations which cause the discrimination/oppression from certain groups, the study specifically citing McLeroy et. al.'s 1988 paper which highlights these benefits (McLeroy, Bibeau, Steckler, & Glanz, 1988). It is important to note however that this address of social relationships is only best understood in the real observation and experience of such interactions, hence the inclusion of an approach which directly involved community members in the study. The pretense of the use of Community Based Participatory Research comes from previous examples such as Leung et. al. in their 2004 analysis which indicated that placing capability and responsibility into the hands of marginalized populations breaks down the almost elitist nature of medical and mental health sciences (Leung, Yen, & Minkler, 2004). These two theoretical and practical bases are what contextualized the methodology exercised in Baffour and Chonody's 2009 study.

Data collected from the study came from a pre-existing intervention in public health which the authors were previously involved with, which was called the Family Health Advocacy intervention (Baffour, Jones, & Contreras, 2006). Through this available population, the Baffour and Chonody 2009 study sampled a total of 46 adolescent and adult African American women in the state of Florida and collected data for a total of 3 months and evaluated their personal perceptions on infant mortality through content analysis of the individual subject answers. Ultimately the results of the study found within the content analyses of the mother's answers indicated that while programs such as the Family Health Advocacy intervention provide a platform through which to voice their concerns and educate themselves on necessary issues, it requires much more addressing of systemic issues within the medical system far beyond one intervention can do in order to adequately ameliorate the discrimination which the women have experienced (Baffour & Chonody, 2009). This is a common theme in the experience of community engaged studies, as many of the systems which discriminate or oppress marginalized populations are ingrained within a society through multiple dimensions such as culture, social stigmas, and health disparities just to name a few.

Baffour and Chonody's 2009 study pointed to an incredibly important need within both public health action and community psychology programs to take a multi-dimensional approach to societal change and marginalized population promotion. This also points to an evident limitation within the study; the focus on one marginalized population and their response to systemic discrimination. Though independent studies may impact one dimension of systemic discrimination for one specific population, effective change can only likely be seen in the collaboration of interventions or programs in order to address *all* issues which construct the system of discrimination.

A possibility for future studies in this respect could involve collaborative efforts on the part of community psychologists and health promoters to have their evaluations coincide with one another to show a more generalizable outcome and methodology to effect change on systemic issues in the medical and mental health systems. Such collaborative efforts are explored in the following analysis and case study explored by Lawthom in 2011.

Relationships within the field of community psychology are critical in the understanding of systems of power and potential marginalization; they explain the structures and interactions through which certain populations may explicitly and implicitly exercise superiority over another, and by extension how marginalized populations experience a removal of power. Rebecca Lawthom in her 2011 analysis explores the dimensions through which communities can engage and empower individuals for a rewarding learning experience, specifically in the form of “communities of practice” (Lawthom, 2011). In fact, Lawthom in this analysis explained the theoretical stance of communities of practice to help structure community psychology programs to better engage and educate communities, and when applied specifically to marginalized populations can help explain specific methods to be applied by community psychologists to empower underserved or oppressed populations and effect societal change.

Lawthom points to many previous literature’s definitions of communities of practice, but most specifically cites the work done by Lave and Wegner in 1991, which established these communities as opportunities for individuals to cooperatively learn and provide expertise in a space of knowledge to mutually build experience and change situations a community may deem necessary to change (Lave & Wegner, 1991). Both Lave and Wegner and Lawthom’s analyses tied back to the importance of social nature within community psychology; the systems which need to change are larger than just one individual can effect, and so depend upon the notions of communication and cooperation within a community in order to effectively change a dynamic or system within society.

It is this dependence upon cooperation and communication proposed within communities of practice which Lawthom saw as so compatible within the general practice of community psychology. She specifically pointed to a framework of community psychology as highlighted by Burton et. al. in 2007, as it emphasizes larger cultural and societal explanations of behavior and analysis which in turn relieves the burden of the individual for outcomes of systemic discrimination (Burton, Boyle, Harris, & Kagan, 2007). In conjunction with the understanding of communities of practice, community psychology and its pillars of societal change create a general environment of belonging and support which, while it does remove specified attention of the individual, encourage action and comprehensive perspectives that have a better chance of enacting real change within society. For vulnerable and marginalized populations, this provides power that may otherwise not exist for them through means of numbers and collective knowledge.

Lawthom posited this collaborative effort of learning and social movement within educational attempts in the UK, specifically a case study in which students were tasked with identifying a social movement or systemic issue they wished to address and then properly identify the communal network approach to changing or effecting that which they chose (Lawthom, 2011). A notable aspect of the case study was a demand for students to integrate themselves within the community which they were evaluating, emphasizing the aspect of community psychology which integrates real and first-hand knowledge of social issues as they are taught by the individuals who experience them (Lawthom, 2011). This model and theoretical framework depicts a methodology of community psychology far different from that as other

clinical practices, which attempt to equalize the power dynamic between psychologist and patient as they both contribute to the overall understanding of the mental health issues at hand.

Community Psychology as a Professional Practice: How it Began and How Will its Future Develop

In evaluating the effectiveness of community psychology to effect change for marginalized and oppressed populations, it is important to understand the origins of the practice itself. Toro opened his analysis with this approach, as the intent of his analysis was to understand what steps community psychology should take as a field in order to remain effective and relevant in a changing age of society (Toro, 2005). Psychology as a general field needs to adapt with consistently changing societal standards and norms which ultimately frame the experience of patients which it is treating so to efficiently address issues that present themselves. Community psychology's origins were in the age of civil rights and dynamically changing societies, as explained by Toro, and thus inherently follow the goals of societal change and empowerment of marginalized populations (Toro, 2005). Since this specific field of psychology has such politically and culturally charged roots, it is important for it to adapt to current struggles of various societal and cultural identities which it might treat over the years.

Toro proposed in this analysis that community psychology needs to follow a similar path to that hypothesized through the civil rights movement (around the time in which community psychology took form as a profession), which acknowledged the risk of stagnation when achieving milestones of social progress despite much more work needing to be done to address systemic issues (Toro, 2005). The nature of systemic discrimination and oppressive symptoms such as that of poverty within the United States permeate society impacts mental health patients on anywhere from the individual level to larger-scale national policy level issues. Toro alluded to an understanding of community psychology's development as it relates to lifespan development, with the original concept mentioned by Rickel in 1987 as community psychology entering adulthood, now with Toro suggesting that it is entering mid-life adulthood (Toro, 2005; Rickel, 1987). The challenge of approaching this developmental stage for community psychologists is what the future of the field intends to keep and what it intends to prune in the adjusting tide of social and cultural change. Community psychology already has done some actions to respond to the need for change, as Toro mentioned the words of Shinn that discussed the multiple avenues through which community psychology impacts individuals on a societal level (Toro, 2005; Shinn, 1987). It is through this diverse influence that the field as a whole seems to adapt to the demand of mental health patients, as well as the general change in world political and environmental climate.

As for the future of the field itself and studies within it, the internal structure and promotion of the field needs to follow the guidelines as set out by Toro. A significant point made by Toro in this regard was through further integration of diverse cultural backgrounds for the therapists and specialists within the field, citing specifically a group within Australia which recently maintained almost half of a population of Aboriginal members (Fisher, Thomas, Bishop, & Gridley, 2004). It is in this respect, while a constructive and optimistic outlook, that the article highlighted its greatest limitation. The analysis celebrated the prospect of diversity and

expansion, while being written from one opinionated perspective. A more dimensional analysis could have included multiple perspectives from community psychologists of varying backgrounds, thus emphasizing the point made within the article.

As the field of community psychology expands and develops over the course of its life, it is important to evaluate what context the field in is now as compared to the initial reasons which it was incepted. More specifically this means initial attempts at social change and justice for underserved and marginalized groups. Townley, Brown, and Sylvestre in their 2018 article explore 12 different articles pulled from the domain of community psychology in order to evaluate the progress of the field as a whole, and what the progression means for the future of the practice (Townley, Brown, & Sylvestre, 2018). An important question to keep in mind with this consideration would be if this specific field of psychology needs to maintain the original goals it was created with, or if the evolution and expansion of the field to date is beneficial. In other words, does community psychology really need to stick to its roots, or does evolution help the field maintain relevancy today?

The evaluation by Townley, Brown, & Sylvestre began with an over-arching view of literature within the field of community psychology which attempted to employ the pillars of community psychology in the representation and empowerment of marginalized and underserved populations (Townley, Brown, & Sylvestre, 2018). Literature such as the articles discussed here again referred to the early concepts of community psychology which endorsed and empowered prospects of social justice and interventions of systemic issues greatly impacting the mental health of the populations considered. Addressing systemic issues is a common challenge of the field, considering the fact that the medical field itself is subject still to institutional and unconscious means of discrimination which prevent demographics from seeking help. Such is the case in an article highlighted by Ecker, Cherner, Rae and Czechowski, which discussed the larger-scale implications of sexual intimacy issues as caused by the social stigmas and systemic discrimination associated with LGBT+ homelessness (Ecker, Cherner, Rae, & Czechowski, 2018). The LGBT+ community is one long haunted by the prospect of discrimination in general, not to mention within the medical and mental health fields. Community psychology's basis of social justice and involvement within community assists in bridging possibly iatrophobic clientele with available mental health promotional programs. This is also done through a common theme of empowerment endorsed through community psychology.

Townley, Brown, & Sylvestre in 2018 also presented a recent article which involved the prospect of personal empowerment in the context of housing policy. Particularly, the study done by Pruitt et. al. exemplified the benefits of community psychology programs which empowered the community being helped by employing methods which increased the perceived and actual involvement of community members in the program intended to institute change within a housing system (Pruitt, Barile, Ogawa, Peralta, Bugg, Lau, Lambertson, Hall, & Mori, 2018). Platforms which emphasize involvement of both community psychology health professionals alongside community members and patients receiving therapy in this context is equally beneficial to all parties involved. It is studies such as this which Townley et. al. pointed to as an example of both returning to the roots of community psychology while also innovating and

adapting to the populations needing new forms of help from the psychological profession (Townley, Brown, & Sylvestre, 2018). The equal attention to innovation within the field while also maintaining its original modes and motivations of social support and justice then indicates a positive ideal for the future of community psychology. An ideal which accepts change as a natural and inevitable factor, but refuses to abandon the distinct social and cultural pressures which demanded that the field originate.

Conclusion

In summation, the theoretical and empirical evidence provided indicates that the capacity of community psychology and public health advocacy/interventions yield a significant possibility for addressing the issues of marginalization and vulnerability of populations because of systemic discrimination and oppression. A specific example to point to in this respect would be the exploration made by Baffour & Chonody, as even though their experimental results did not ameliorate all circumstances of discrimination or oppression for African American women, it did indicate one of the most important dimensions of community psychology and its social and cultural platforms (Baffour & Chonody, 2009). This dimension would be providing a professionalized and open platform for marginalized populations to exercise their voice and issues to the psychological community. The defining factor which labels marginalized or vulnerable populations is the removal of representation and power within a specific society, and it is through the mentioned interventions of this research review that community psychologists have taken the challenge of marginalization and provided psychological scientific means through which to portray the struggle to a larger audience.

After experiencing the extant literature within this particular field of study, one of the most significant aspects seems to be in the general development and adaptation of the field of community psychology as a whole. As Townley, Brown, & Sylvestre indicated in their exploration of the field's development, there have been multiple initiatives which have progressively adapted to the changing needs of marginalized and in some cases politically vulnerable demographics (Townley, Brown, & Sylvestre, 2018). This expandable and adaptable quality of community psychology as a profession points to potential longevity in practice. Unfortunately, due to human nature it is likely that some population or demographic will always be underserved or marginalized in some respect, but almost in a bittersweet manner community psychology and its interventions within public mental and physical health will always be there to serve as a platform for these populations to not be forgotten or left without help.

In terms of general implications for the field, however, this does indicate that it needs to remain expandable and adaptable to society in order to last. However, as studies such as those by Baffour & Chonody (2009) and Clayton, O'Connell, Bellamy, Benedict, & Rowe (2013) indicate, community psychology is becoming increasingly welcome and almost dependent upon the lay population's involvement with experimentation and analysis within the field to properly represent the marginalized populations which such studies intended to explore. Again alluding to the adaptability as suggested by Townley, Brown, & Sylvestre, the field of community psychology seems prepared for the challenge (Townley, Brown, & Sylvestre, 2018). So long as there is a population in need of mental health promotion and representation, community

psychology will exist as an institution to promote and include the general population in its exploration of the world and explanations of systems of power, discrimination, and oppression.

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