Office Bearers

Chairperson
Heather Gridley
Victoria

Ex Officio
Lisbeth Pike
Western Australia

Secretary
Anna Shadbolt
Victoria

Treasurer
Lynne Cohen
Western Australia

Programme Accreditation
Andrew Ellerman
South Australia

Professional Development
Meg Smith
New South Wales

Membership Secretary
Catherine D’Arcy
Victoria

Student Representative
Emma Sampson
Victoria University of Technology
Lauren Breen
Tao Jordan
Edith Cowan University

State Chairs
Dawn Darlaston-Jones
Di Costello
Western Australia
Di Clark
New South Wales
Julie Dean
Queensland
Pam Loughnan
Victoria
Kerrie Kelly
Rural representative

Network Editorial Board
Lynne Cohen
Dawn Darlaston-Jones
Heather Gridley

Assistant Editor
Tao Jordan

Published by:
The College of Community Psychologists of the Australian Psychological Society

ISSN 1320-7741

Disclaimer: "The publication of an advertisement by Network is not an endorsement of the Advertiser nor of the products and services advertised. Only those professional development activities carrying the APS logo and an appropriate endorsement statement can be considered to be specifically approved by the APS. Advertisers may not incorporate in a subsequent advertisement or promotional piece the fact that a product or service has been advertised in any publication of the society. The publications of the College are published for and on behalf of the membership to advance psychology as a science and as a profession. The College reserves the right to unilaterally cancel or reject advertising which is not deemed to be in keeping with its scientific and professional aims".
Contents

Call for Papers ................................................................. 2
General Information ............................................................ 3

CHAIRPERSON EDITORIAL
Heather Gridley ........................................................................... 5

ARTICLES
Robin Hood Doesn’t Live Here Anymore: 
Globalization, Poverty and Social Justice 
Rachel Fayter, & Peggy A. Weston ................................................... 6

Employee Status, Satisfaction, and Stress: 
Examining a Sense of Community and Caregiver 
Experience among Australian Eldercare Staff 
Maya J. Bristow & Joseph R. Ferrari .............................................. 16

The Development of a Process for the 
Conceptual Translation ofPsychoeducation 
Programs: Initial Trials 
Mary Higson, Maria Cassaniti, Yvonne Fung, Roy 
Laube, Ted Quan, Hend Saab, & Marial Sabry .................................. 23

“This Is an Injustice*: the contemporary relevance 
of the work ofIgnacio Martín-Baró to 
community psychology 
David Fryer .................................................................................. 30

BOOK REVIEWS
Toyzen, D. The Power of Generosity: 
How to Transform Yourself and your World 
Rachel Fayter ............................................................................... 34
Contributions are invited for the next issue of Network on a wide range of topics. It offers researchers the opportunity to submit both qualitative and quantitative research to showcase the ways community psychology can contribute to the health and well being of society. To achieve this we are keen to receive a variety of contributions including theoretical, empirical, and reflective pieces. We are also keen to include discussions and book reviews. All papers will be peer reviewed.

Please see instructions for authors for a summary of the review process.

Contribution should be sent in electronic form to the Assistant Editor, Tao Jordan.

jacomell@iinet.net.au
The Official Journal of the
College of Community
Psychologists of the
Australian Psychological Society

Correspondence Editor
Lynne Cohen, Edith Cowan University
Assistant Editor
Tao Jordan

Editorial Board
Heather Gridley, Victoria University of Technology
Dawn Darlaston-Jones University of Notre Dame
Meg Smith, University of Technology, Sydney
Helen Killmier, Moonee Ponds City Council
Lindsay Gething, University of Sydney

SUBSCRIPTION RATES FOR NON MEMBERS
Institutional rate for 2 issues $60
Individual rate for 2 issues $25
International individual rate for 2 issues $35

ADVERTISING RATES
Full page $100
1/2 page $50
1/4 page $25

INSERTS
All inserts must be trimmed and folded to at least 5mm less than the dimensions of Network.
A single sheet or brochure equivalent to 1 A4 page $50.

All payments to be made out to:
Lynne Cohen
School of Psychology
Edith Cowan University
100 Joondalup Drive
Joondalup WA 6027
College of Community Psychologists

The College of Community Psychologists is one of the oldest and yet smallest of the nine APS colleges, and has sections in Victoria, Western Australia and New South Wales, and also a group in Queensland. The College celebrated its 21st birthday in 2004 with a 'History Dinner' in Melbourne, where some of the founding members exchanged stories with students and recent graduates about their involvement in the field.

The History Dinner provided the springboard for a survey of a sample of founding members and current members and students, reviewing the College's history and ethos, and inviting comment on the past, current and potential contributions of community psychology within the APS and to the wider community. "I realised early on that psychologists do ok with individuals, couples, etc., but if we were to build better communities then everyone would benefit," was how one founding member explained what drew him to community psychology. A masters student and youth counsellor expressed hope that the field would "GROW. Become more widely known and valued as well as 'objective' and 'value-free' approaches, and promote a just approach to service delivery. I am looking forward to the future, as my CP history is still in its youth."

In 2004, the second one-day symposium in Perth involved student research presentations from all five WA universities, and there was solid Australian student representation at the Trans Tasman conference in Aotearoa New Zealand July, supported by sponsorship from the College and their respective universities. Having active student representation formalised on the national committee has also been a step forward in the past year.

The Committee managed several tasks in the past year, including the updating of the web page, the production of new college and student brochures, the revision of college competencies, and the adaptation of supervision requirements to meet new APS requirements for college membership (80 hours of college-related activities over one year of full-time employment or doctoral study in the field, or equivalent part-time). The production of two issues of the journal 'NETWORK' was a significant achievement for this small College, thanks to editors Lynne Cohen, Tao Jordan and Dawn Darlaston-Jones and special issue editor Christopher Sonn (Issue 1, on multicultural community psychology). Issue 2 was an all-student content edition, fully refereed and of an excellent standard, which augurs well for the future of the sub-discipline.

We remain concerned about declining membership numbers and their effect on college finances. 'NETWORK' is the biggest financial commitment, and avenues for increasing the financial viability of the College need to be considered. Analysis of membership trends reveals the following patterns: several former members have retained their APS membership but dropped college membership; a small number have had their membership status changed from full member to affiliate due to PD non-compliance over two cycles. Student numbers remain strong but these are not being converted into other categories of membership, mainly because graduates tend not to take up APS membership. There are also a number of staff teaching into community psychology programs who are not members of the college.

Three College members were elected to APS fellowship in 2004: Meg Smith, Grace Pretty and Lyn Littlefield - all richly deserved. Emma Sampson received the Victorian Section award for the outstanding postgraduate student in Community Psychology in 2004-5. The Robin Winkler Prize was not awarded last year. Plans for 2005-6 will focus on bringing the college journal online, becoming more financially viable, increasing membership take-up by students, graduates and others, and the 10th Trans-Tasman Conference in Community Psychology, to be held in Sydney in 2006. There is also the ongoing challenge of providing adequate professional development opportunities for a small, scattered and disparate membership.

Chair: Ms Heather Gridley
Robin Hood Doesn’t Live Here Anymore: Globalisation, Poverty and Social Justice

Rachel Fayter and Peggy A. Weston
(Wilfrid Laurier University)

Supporting Paradigms for Globalization

Scientific Revolution. A period known in 16th and 17th century Western Europe as the “Scientific Revolution” saw new emerging views of nature, humanity, and God (Shapin, 1996), which depended on innovative methods and understandings of knowledge production, involving mechanistic metaphysics, voluntaristic theology, scientific instrumentation that refined and extended human sensory observation, empirical experimentation, and the application of mathematics to physics, to name a few major factors (Lindberg & Westman, 1990).

Religious astronomers, such as Copernicus, Kepler, and Galileo overturned the old Aristotelian/Ptolemaic cosmology – a move that garnered both theological and official church support, and opposition. Critics of this new worldview used the old science, based on tradition and common sensory evidence, as a key to interpreting the Bible in a way that would preserve hierarchy in the natural and social orders (Fantoli, 1996).

As a theistic God morphed into a deistic “mechanic in the sky”, and as scientists assumed a new social role as authoritative interpreters of nature and industrially useful knowledge, the 18th century Enlightened Despots consolidated their power (Finocchiaro, 1989; Machamer, 1998). Such trends converged, creating a climate in which the right of male elites to direct society would not be questioned. The scientific revolution in the 17th century supported by professional associations and international communications involving correspondence, publications, and travel allowed for the field to become professionalized and internationalized (Shapin, 1996). This process is similar to what has occurred with modern day economic globalization. Major corporations have moved from local to national and ultimately international economies.

Sir Francis Bacon (1561–1626) was one of the most prevalent “science serving society” advocates of his time. His unifying vision was that “knowledge (i.e. science) is power”, to be used for the benefit of society (Henry, 2002). However, the prevailing Aristotelian ideology had continued in supporting misogynist views that limited knowledge and power to European upper class men, including academics. Women, “others”, and all species of the natural world were excluded from this society and open to exploitation. Leiss (1994) explains these drastic historical changes in relation to the work of Bacon:

...in the context of the emerging constellation of historical factors at that time – the economic, social, political, scientific, and technological changes which capitalism fused together into a system of expanding productivity –
this notion took on a wholly new significance. The precise way in which Bacon reformulated it was crucial, for Christianity’s hold on the European consciousness remained strong even as the traditional social basis of organized religion was being eroded by capitalism. Bacon provided the formula whereby the idea of mastery over nature became widely acceptable, a formula which also was easily secularized as the cultural impact of religion gradually diminished. (Leiss, 1994, p.49)

**Exploration and Colonization**

With the backing of academic philosopher-scientists, the Roman-Catholic church was partially responsible for financing explorations to new lands in the hopes of enriching their coffers, and “civilizing” any pagan (i.e. non-Christian) people. While Marco Polo (1254-1324) had opened Europe to the feasibility of international trade, the new movement – powered by a science and technology union - went beyond trade to ideologies of ownership, control and exploitation of new resources, both human and natural.

The initial Spanish expeditions were partially the result of vast numbers of unemployed soldiers in the post Spanish-Moor wars period. (Berger, 1999) Expeditions in the name of the crown would keep soldiers busy and possibly enrich the country’s coffers. New technologies built bigger, faster ships and firearms, while also allowing new populations to be exposed to unknown illnesses such as smallpox within the indigenous populations and syphilis for Europeans. As justification for the enslaving of indigenous peoples and exploiting gold and silver riches to be shipped to Europe, it was reasoned that the indigenous population would “benefit” by being baptized Christians and therefore become “civilized” (ibid).

Not all Europeans supported domination theory: Spaniard Bartolomé de las Casas (1474-1566) experienced a crisis in consciousness after 12 years of owning an encomienda (a land grant from the Crown with indigenous slave labour) in Hispaniola, West Indies. No longer supporting dominant cultural theories, in 1514 he became a priest-advocate and for the next 42 years traveled between continents, advocating for the rights of indigenous peoples. Engaged in the 1550 debate of the centuries - conquest, discovery and settlements versus justice and reason, with Spain’s most famous philosopher Juan Ginés de Sepúlveda, Las Casas encountered the same arguments as Canadian lawyer and Native rights advocate Thomas Berger 425 years later. Las Casas is often considered the father of liberation theology (Berger, 1999). Although theoretically King Charles of Spain’s junta, symbolically held power, the fact that the junta never reached a formal decision on this issue begs the question of the already burgeoning power of economic enterprises (ibid).

**Industrial Revolution**

While science aided the advancement of technology, industry advanced scientific technique. As science isolated, identified and learned to control aspects of the natural world, the next step, (in Bacon’s utopian world) was to harness these new discoveries in service to a very limited vision of “mankind”. The Industrial Revolution involved a dramatic change in the nature of production in which machines replaced tools, and steam and other energy sources replaced human or animal power. Families moved from rural areas to the growing urban centres so that the men could work in large factories. This trend led to a greater increase in social inequalities and extreme poverty in the urban areas. The production of handcrafted items became mechanized, and with mechanization, mass-reproduction became possible. New sources of raw materials needed to be found. This necessitated expeditions, explorations, and exploitation of people and resources. During this 19th century era of imperialism, the industrializing European powers held a significant degree of control over much of the Earth’s territory. At the same time a large amount of wealth was accumulating in American and European banks ($300, 2005).

Multiple approaches have been suggested and implemented to alleviate poverty. For the most part, these approaches are ameliorative or short-term solutions such as humanitarian aid programs including food and medicine distribution that do not address the root causes of poverty. By definition, transformative approaches deal with underlying issues and tend to be threatening to the status quo because transformation involves change to fundamental beliefs and popular ideologies. Historically, transformative agents of change have been victims of bloodshed, such as in the French and Russian Revolutions, when the poor could no longer support inequity and corruption of governing parties. To preempt such bloody revolutions, economic and political disparities need to be addressed by including all stakeholders in developing policies that are equitable and just.

**Globalization Impacts**

One of the fundamental principles of positivist scientific methodology is reductionism, a worldview that reduces the world to categories, components, and labels in order to understand and construct knowledge. The underlying belief of Gestalt epistemology is that the whole is greater than the sum of its parts and therefore knowledge cannot be complete through reductionist methods. Gestalt theory further holds that dynamics and interrelationships cannot be ignored (Kohler, 1947). Gestalt psychology is not only a underpinning of community psychology, but also a concept of interconnectedness, which is a worldview held by various non-Western cultures supporting alternate perspectives and values. A second scientific theory used in the rationalization of globalization is Darwin’s theory of descent with modification, or evolution by means of natural selection. While Darwin was initially concerned with describing and explaining his observations from his travels, many soon adopted the theme of “survival of the fittest” (a term coined by Herbert Spencer) as a justification for the right to dominate the natural world and all
other humans existing in states of powerlessness and as a non-accountable rationalization for the massive exploitation of natural and human resources. Evolutionary theory was interpreted ideologically as a scientific rationale that God sanctioned the right and the destiny of European nations to continue inequitable power relationships (Bowler, 1989). Social Darwinism is the application of the concepts of "natural" inequality among "races", the "struggle for existence" and the "survival of the fittest" to society. This ideology supports the oppression and exploitation of people who are reductionistically seen as "human resources" (Leahy, 2004). All these forces act in the name of scientific enterprise that is carried out under the utilitarian pretence of being "the greatest good for the greatest number".

Corporate globalization refers to companies operating transnationally, supported by various free trade Agreements. For all purposes, these corporations are considered to be a legal "person" or "entity" holding all the same rights and freedoms as people (Balkan, 2004). The two aforementioned fundamental thought systems (i.e., reductionism and social Darwinism) are the basis for the impacts of corporate globalization driven by ideologies of the "right to profit" and the "right to consume" despite the negative consequences. The impacts of corporate globalization are invasive to all aspects of life. Natural resources are being depleted at an alarming rate, while the natural environment has surpassed its capacity to deal with massive pollution and destruction (Suzuki & Oiwa, 1996; Suzuki & Dressel, 2002; Suzuki & Dressel, 1999). Indigenous cultures that once had long standing sustainable systems deeply rooted in interconnectedness to the natural environment, have been over run by technologies reducing the people to dependency and poverty. The best agricultural land has been taken over, polluted, or destroyed. What farmers are left facing is a choice of either competing with transnationals in the local and international market places, with little resources available to them, or having no choice but to purchase bioengineered "terminator" seeds that will not reproduce viable seeds for reproduction. (Suzuki & Oiwa, 1996; Suzuki & Dressel, 1999). These hegemonic marketing strategies force farmers that traditionally came from a self-sustaining culture, into cycles of dependency (Sloan, 2005).

Destruction of the environment also contributes to poverty in many ways. From a physical health perspective, environmental poisons affect the health of those in the immediate vicinity. Impoverished populations have little choice of locations to live in, and throughout the world, the poor, unemployed and working poor are located in close proximity to industrial areas, and are subject to environmental health issues, further reducing their ability to work, let alone thrive (Vickers, 2004). For example, the 1984 industrial accident in Bhopal, India, has killed thousands of people. Three thousand died that night of December 3rd, many of them as they were attempting to escape. Additionally, because Dow Chemical has not cleaned up the site, many more are suffering the on-going effects of this disaster, which has increased the estimated death toll from the tragedy to over 20,000 people. Those responsible for the corporation are not being held accountable to the people who were detrimentally affected. Now, even those who escaped the immediate impacts have increased chances of poor health, limited access to a good education due to ongoing illness, congenital defects, and lack well-being. All of these factors are directly linked to poverty (Vickers, 2004).

Another obvious impact of globalization is economic disparity, resulting from and contributing to, an unequal access to resources and opportunities for well-being. Trickle-down theory claims that everyone benefits from improved free market trade and economic conditions. However such "more is better reasoning" does not hold up under a thorough examination. Even in Western nations, the middle class is losing ground and the mass of unemployed, underemployed and working poor are expanding (Sloan, 2005). These effects are due to the impact of closing factories, off-shore industries, and transnational corporations that have no loyalty to any community and no accountability to any government.

Not only are there physical impacts of poverty, but there are emotional, mental, and cultural impoverishments as well. Feminist author Susan Hawthorne (2004) argues that globalization harms in gender specific ways, with the exploitation of women in poor nations as a low-cost work force, and women of developed countries as consumers of high priced, low cost, mass-produced items. Other studies (e.g., Neissen, 1996; Zekos, 2004; Zhang & Harwood, 2004) have looked at cultural impacts of Western values on traditional cultures, finding that there is a hybridization of values that in the long term support consumption of the products of globalization and lack support of localized social values.

Poverty Caused by Globalization

The urbanized centres of the modern world are inextricably linked to one another in a web of entangled capitalist systems and socio-political structures. The vast majority of communities are no longer self-sustainable, and those that do not join in the global market are left struggling to survive on their own (Sloan, 2005). Developing countries that once consisted of agrarian societies thriving on agricultural development are now dependent on foreign aid and loans from First-World nations. The global capitalist economy and its invasion into developing nations has caused the "Third World" to experience a depletion and exploitation of natural resources and severe human rights violations (ibid). Furthermore, the gap between rich and poor is widened as the benefits of globalization are reaped by the political and social elite while the vast majority of the remaining population lacks the basic necessities of life.

Globalization increases production and labour inequalities between developed and developing nations. Additionally, there is a loss of work opportunities due to technological advances (Arzabe, 2001). Workers in developing countries who are forced to work for low-incomes are citizens with diminished social and human rights. The absence of the government in
providing social policies for the effectiveness of both civil and social rights increases poverty (ibid). It is expected that the United Nations (UN) will be responsible for acting upon human rights violations, as this is now an international concern. However the question of accountability is raised. Neither the UN nor individual states are imposing any penalties on human rights violators, who generally consist of large corporations. The penalties that are imposed on violating multinationals are not effective in changing corporate behaviour. These multinational corporations are able and willing to exert inadmissible forms of political coercion on normally lawful governments (Van Genugten & Perez-Bustillo, 2001).

Global Poverty
Worldwide, developing nations are characterized by severe poverty and material deprivation. For example, the ability of transnational corporations to allocate and integrate productive resources on a global basis transcending national boundaries has caused Africa's interests to be subordinated to the point of global exploitation. The result has led to a collapse in the human service system, massive unemployment, and heightened poverty (Moyo, 2002). Global poverty has reached epidemic proportions. Figure one illustrates global poverty levels decreasing over the 11-year period from 1987 to 1998. However, during this same time in Sub-Saharan Africa there was a 39% increase in the number of people living in extreme poverty and in Eastern Europe and Central Asia the numbers of impoverished individuals rose from one million to 18 million people. Such extreme destitution as indicated by the above data implies that approximately 25% of the world's population lacks the fundamental rights promised in Article 25 of the Universal Declaration of Human Rights including a sense of security and access to basic resources such as food, water, clothing, housing, medical care and social services (United Nations, 1948).

Figure 1.

![Graph showing Share of population living in poverty (less than US$1 per day)](Image)

Note: Figures above bars indicate number of people (millions) living in poverty. Source: World Bank, 2002.

Numerous interactive factors including economic, social, political, international, and national features result in international poverty conditions (Moyo, 2002), indicating that global poverty is best understood from an ecological perspective including personal, relational, and collective levels of analysis. A subsequent section considers the utilization of an ecological framework for understanding poverty and designing appropriate interventions by taking into account the historical processes and power relations that have shaped these factors. Failure to comprehensively understand and identify the underlying causes of global poverty will result in implementing interventions that are ineffective at best or harmful at worst.

Poverty in Canada
Poverty is not simply a phenomenon of developing nations. Extreme poverty is also a serious social issue in many developed countries, including Canada. Of the 17 wealthiest nations in the world Canada ranks tenth in alleviating poverty (National Council on Welfare, 2001). Women in Canada have consistently higher poverty rates than men, especially women in mother-led single-parent families. Over forty-two percent of all single-mother led families and 19.3% of all single-father led families, were living in poverty in 2001. Seven and a half million Canadians or 29.6% of the population were living in poverty for at least one year between 1995 and 2001. Approximately two million of these people in poverty were children – that is one out of every three children nation wide (ibid). It is the depth of poverty in Canada that is most disconcerting.

The measure of poverty utilized by Statistics Canada is the Low Income Cut-offs (LICOs). To calculate LICOs, Statistics Canada initially estimates the percentage of gross income spent by the average household on food, shelter, and clothing. Statistics Canada then argues that if a household spends 20% more of its income on these basic necessities than the average Canadian household, it is considered a low-income household. Impoverished people in Canada have incomes of at least 20% below the LICO and hundreds of thousands more lived on incomes of less than half the poverty line in 2001 (ibid).

Experiences of Impoverished People
In order to establish and implement an appropriate intervention that is directed at overcoming poverty, we must first seek to understand and listen to those who have experienced living in extreme destitution. The experiences of people living in poverty are tremendously diverse and vary significantly across urban and rural settings and between developed and developing countries as illustrated in an extremely comprehensive study, the Poverty Group of the World Bank conducted. Participatory poverty assessments with over 60 000 people in 60 developing countries revealed several common themes despite the diversity of experiences among people in poverty (Chambers, Shah, & Petesch, 2000; Narayan, Patel, Schafft, Rademaker, & Koch-Schulte, 1999; Narayan; Narayan & Petesch, 2002).
A central conclusion from the above study is that the poor view well-being holistically. Poverty is much more than lack of an adequate income. For those living in poverty wellness is multidimensional consisting of both material and psychological aspects. "Wellness" consists of good health, food, community belonging, safety, and freedom. Conversely, impoverished people describe ill being as a lack of material things and also negative feelings about the self. In explaining poverty poor men and women often express a sense of hopelessness, marginalization, and powerlessness. A woman from Nigeria explained, "If you want to do something and have no power to do it, it is talauchi (poverty)" (Narayan, et al., 1999; Narayan, et al., 2000).

Despite living in extreme desolation a common theme that emerged among impoverished people in developing countries was a presence of physical, social, and environmental assets (Narayan, et al., 1999). These assets include material and social resources that individuals, households, and communities utilize in times of need or crisis. For example, materials such as household property and personal belongings can be sold when crops are not yielding food. Additionally, social capital such as healthy family members with labour power are often considered the most valuable assets. A man from Senegal explained, "the most important asset is...an extended and well-placed family network from which one can derive jobs, credit, and financial assistance" (Narayan, et al., 1999). People living in poverty have been observed as being extremely resourceful and resilient. The above findings indicate that effective policy formation and social justice initiatives require a clear understanding of the resources available to a community and an appropriate resource development knowledge base.

Power Relations and Poverty Reduction

To acknowledge the power differentials operating between people living in poverty and elite corporate owners and government officials provides a clearer understanding of global poverty issues. Power is a central factor to the perpetuation of oppression and exploitation (Prilleltensky, 2003). Capitalism and corporate globalization produce deep social inequalities leading to more power for those with financial wealth (Van Genugten & Perez-Bustillo, 2001).

Power relations shape how assets are utilized and controlled, and the extent to which resources can be directly used depends on power sharing within households, communities, and social institutions (Narayan, 1999). The issue of these power relations must be understood within an ecological framework. Power operates at multiple levels of analysis and is central to most conflicts and social issues. However, power relations are often absent from ecological analyses. At all levels of analysis, the experiential aspect of poverty is characterized by powerlessness (Prilleltensky, 2003). Impoverished people are powerless in the face of barriers to inclusion. People living in poverty are socially excluded and isolated. They are often marginalized and deprived of any opportunities to participate meaningfully in society (ibid.). People living in poverty lack connections, information, technology, and skills and are unable to take advantage of economic opportunities, thus, the poor have no control over their life, experiencing constant insecurity (Narayan et al., 1999).

Solutions used to address poverty usually reflect vested interests and often protect certain power structures that are deeply implicated in the creation and perpetuation of poverty (Moyo, 2002). As previously mentioned, a clear and comprehensive appreciation of the root causes of poverty provides the foundation for effective poverty alleviating social interventions. Interventions should also be based on an explicit understanding of certain community psychology values such as challenging the existing status quo, respecting and welcoming diversity, eliminating oppression, and mobilizing the community towards action through participatory action research (PAR). A holistic understanding of poverty and its causal factors encourages one to work towards transformative change thus altering the fundamental power structures that sustain and perpetuate destitution. To effectively eliminate power differentials and empower people in poverty, influencing political structures and processes is necessary in changing the relative position of the poor (Moses, 2004).

Effective grassroots movements facilitate social change, but a uniquely bottom-up approach is not a feasible solution for alleviating poverty. Successful poverty reduction also provides opportunities for impoverished people to contest their rights through normative changes such as legal frameworks (Moser, 2004). Empowering individuals and communities with both community-driven and top-down, collective level approaches can eradicate poverty and achieve social justice.

Social Justice and Proposed Interventions

The paradigms influencing globalization also play a part in current social justice and intervention programs. The previously mentioned right to dominate and exploit for reasons of economic growth and production is a capitalist economic ideology of the WTO, IMF, and the UN. Economic trickle-down theories are the basis for the majority of poverty reduction programs in both "Third World" and Western countries. However, in reality these programs continue supporting power structures and the status quo. Patricia Arzabe (2001), a public defender and legal professor of constitutional and economic law states that:

Inequality is central to capitalism's functioning. The state contributes to this process by enacting the necessary laws for the circulation of money ... Globalization affects this process and increases inequality in the means of production, especially labour. The revision of social rights seen in some countries, often those under the supervision of the International Monetary Fund, are weakening the human rights framework. (p.33).

The Gross National Product (GNP) is the common measure of a country's success or progress. A strongly individualistic perspective dominates capitalist ideals, which essentially
blames those in poverty for their condition, without consideration of extenuating social and environmental circumstances. Remnants of Social Darwinism still persist and conveniently reinforce ideas that those in impoverished conditions are inherently lazy, shiftless, and not deserving of help. Successful and sustainable interventions will challenge such ideologies and involve transformative change at the macro levels of policy development as well as from grassroots life style choices.

Social Justice

Social justice is often equated with distributive justice in a community psychology context (Fondacaro & Weinburg, 2002). Drew, Bishop and Syme (2002) argue that in the political and institutional context the need for procedural justice, a new justice model based on relational values, has been found to be a "better predictor of evaluations of outcomes, outcome satisfaction, and outcome fairness than distributive fairness" (p.629). Three components of procedural justice are standing - a person’s perception of their social status, respect and dignity within their community, neutrality - related to having a "level playing field", and trust - related to fair and reasonable intentions of authorities.

Included in the procedural debate is its importance as an instrument of empowerment theory (Fondacaro & Weinburg, 2002) and its highly contextual nature in the related discourse. What one deems fair may not seem fair to another. Drew, et al., (2002) illustrates this viewpoint well:

… a social community psychology of justice: 1) recognizes the socially constructed, discursive nature of justice; 2) locates justice within the appropriate socio-historical-cultural-political milieu; and 3) recognizes the particular importance of procedural fairness as a mechanism for enhancing collaboration and empowerment beyond the traditional focus on distribution of resources (or distributive fairness). (p. 626)

Pursuing a social justice agenda involves a shift in values and underlying paradigm assumptions. While community psychology is a science, its primary epistemology is focused on social constructivism and critical theory, as opposed to positivism, which stresses a "value-free", "true fact" knowledge base. Both are equally valid sciences in the development of knowledge, but CP as a distinct field of study offers an intentional and applied approach that goes beyond a simple pursuit of knowledge to action in the search for social justice that offers potential for community health and well being. As such, CP has the tools to engage in research contributing to social justice knowledge and promoting action. Fondacaro and Weinberg (2002) comment that CP can make valuable contributions to the social justice agenda by the use of normative concepts as topics of research. Furthermore Fondacaro and Weinberg (2002) state: “we agree completely with those in the field who insist that community psychology cannot survive if it is incapable of providing scientifically valid grounds for assessing and evaluating evidence of justice or injustice in varied social contexts” (p.487). To this end, Drew, Bishop and Syme (2002) have undertaken the challenge posed by Nelson and Prilleltensky (1997) to incorporate action into the CP value of social justice, by developing a framework to explore issues of justice within a community setting.

The significance of social justice values are based on the assumption that in order for individuals to experience well-being, they need to be in strong, well-resourced communities. This is evident from Prilleltensky’s (2001) point that “violent neighbourhoods and families constrain personal well-being and poorly resourced communities limit opportunities for health and development” (p.755). However, in the process of promoting strong communities and relational wellness, it is very likely that activists will encounter conflict and resistance on the part of those advocating for personal rights and freedoms. Community psychologists are well positioned as trained facilitators in group processes and conflict resolution and are thus able to facilitate the establishment of local social justice initiatives and transformative change.

Proposed Interventions

A person doesn’t have the strength or power to change anything, but if the overall system changed, things would be better. - A poor Man, Sarajevo, Bosnia. (Narayan, et. al., 1999).

Collective Level. Change must occur at all levels of the ecological framework proposed by Bronfenbrenner (1979). The macro or collective level involves the dominant social, political and economic institutions and their discourses. In a global context we need to consider world trade, international and federal politics, the military and the UN and its affiliates as macro level players. As the above quote demonstrates, even the economically poorest populations in the world see a need for systemic change. Furthermore, as current paradigms face the accumulating anomalies that challenge their fundamental assumptions, new perspectives offering better explanations begin to evolve and gather momentum in spite of the natural resistance to change (Kuhn, 1962).

Paradigm shifts involve the conflict of change, and for this discussion of globalization, poverty, and social justice, a shift from ameliorative to transformative interventions can expect to be met with resistance as well. By embracing multidisciplinary approaches for research and transformative change, community psychologists will aid by contributing a variety of voices and experiences to strengthen the arguments for change. Voices of environmentalists, including those expressed in the Brundlandt landmark report entitled Our Common Future (Brundlandt, 1987) highlighted the need for sustainability and scientist voices in the Precautionary Principle (1987).

This principle established guidelines for safe scientific development, along with voices from economic, legal, and political experts who would help give "teeth" to various human rights declarations and charters. Such charters, while presenting good value statements, are not sufficient to
transform cultural, social, and economic rights (Arzabe, 2001). This new paradigm would essentially provide individuals and communities, from grassroots up to collective levels of governance, with legal, political, and economic tools to ensure procedural and distributive justice processes that are accessible and useful in establishing social justice. Transformational change advocates can lobby macro levels of governance such as the UN, WTO, IMF, and federal governments to ensure that economic development, transnational corporations, and internal companies adhere to policies enhancing sustainability and accountability to all stakeholders.

Citizens need to have an active voice in their community. Governments need the power to legislate conditions of corporate entities’ operations within their boundaries. But this can only happen if the inequities of various free trade agreements are addressed, enabling governments to control, charge and fine corrupt operations without fear of reprisals. There are fringe economist voices echoing the same need for ethics with praxis in self-control and regulation within the economic community (Zekos, 2004). In support of these proposed changes recent research by Diener and Seligman (2004), is pointing to the ineffectiveness of the GNP as a predictor of a country’s well-being. Studies are showing that life satisfaction, mental and physical health, and social well-being are a few areas that cannot necessarily be enhanced by increasing productivity.

Ironically, increasing health problems in a society can influence the GNP as these conditions increase the demand for services that will be reflected in increased consumption of medical services and products. Proposed indicators measuring well-being should be presented to governments, economic think tanks, and policy advocates for the development of ecologically sound policies which reflect the diversity of economic contexts and their impacts. Within Western cultures there are growing movements of environmentalists and ecologists that are advocating adoption of these principles. Well-known organizations like Green Peace, and individuals such as Dr. David Suzuki and Kenyan environmentalist and activist Wangari Maathai, (the most recent Nobel Peace Prize winner), are pushing for recognition of a new paradigm to guide the 21st century. An example of a collective level intervention is outlined in the following section.

Social Policy and Poverty Alleviation. The case of Kerala, India described by Prilleltensky (2003) offers an innovative approach to poverty alleviation. Economists and the majority of federal governments view rapid economic growth as the core activity necessary in overcoming poverty. However, the case of Kerala, India runs contrary to this dominant viewpoint and demonstrates the power of social policies to alleviate poverty. Kerala has achieved human development rates that are comparable to developed nations. Some indicators include an adult literacy rate of 94% (versus 96% in the USA); female life expectancy rate of 72 (versus 80 in the USA); and an infant mortality rate of 13 per 1000 births (compared to 65 in the rest of India). All of these positive indices of human development are present despite having a lower per capita GNP of $324 (compared to $28,740 in the USA).

Kerala achieved these significant developments through a series of land reforms and participatory social programs. The region invested in social programs dedicated to economic equality and the improvement of health and education. Kerala’s improved quality of life is a result of a redistribution of fundamental resources (i.e., distributive justice). There was also collective political action by citizens to force the government to respond to critical economic and social issues (Prilleltensky, 2003). These new approaches to poverty alleviation indicate the importance of innovative interventions at the micro (personal), meso (relational), and macro (collective) levels. Poor people around the world emphasize the importance of regional, national, and global movements to reduce poverty (Narayan et al., 1999).

Relational Level Intervention. The relational level of analysis refers to interactions between individuals within a small group context or community, for example, workplaces, schools, churches, or within a family. Interventions aimed at the relational level include programs and services that will impact the members of the entire group. With respect to poverty interventions, community psychologists can provide employment skills training, education, and economic opportunities for community development.

According to Korten (1995), the most fundamental human right is the right for people to create caring, sustainable communities and to control their own resources and economies. These rights depend on a community’s right to choose which cultural values will be embraced, what and how their children will be taught, and with whom they will trade. A globalized economy denies communities these basic rights by transferring the power to make choices to multinational corporations and financial institutions. Community psychologists and other professionals interested in social justice must aid communities in reclaiming their basic right to make decisions.

The key to achieving social justice is mobilizing communities (whether it is a geographical community or a group of people with a similar issue) to work together in solidarity. Citizen action is a significant part of democratic participation and social change at the local level (Edwards & Gaventa, 2001). There is increasing evidence of cases where residents of poverty-stricken communities have altered their circumstances by organizing together and assuming responsibility for their own lives (McNeely, 1999). Localities are being aided in the process of empowerment through community building initiatives that help address problems and opportunities of impoverished inner-city neighbourhoods and rural areas. Building community is achieved by encouraging neighbours to work together, rely on each other, and increase solidarity by enhancing awareness of collective and individual assets (McNeely, 1999).
Community building is a form of transformative change. It is diametrically different from traditional poverty alleviation strategies because its primary aim is not simply giving more money, services, or material benefits to the poor. Although advocates of community building recognize that there is a need for considerable outside assistance, the central theme of community building is to eliminate feelings of dependency and replace it with collective attributes of responsibility, confidence in one’s community, and solidarity (McNeely, 1999).

**Personal Level Interventions:** There are several important steps that can be taken at the individual level to aid in the eradication of poverty. Personal empowerment and self-confidence should be enhanced. Underprivileged people can be educated so that they are able to disentangle personal suffering from personal blame. Most importantly we can join social action groups that work to fight against the social and political forces that sustain and aggravate poverty. Prilleltensky (2003) suggests that participation in local grassroots organizations and social movements is probably the most influential step that individuals can take to eradicate poverty. These individual level interventions have implications within the relational and collective structures as well. This demonstrates the principle of interdependence which asserts that different parts of an eco-system are nested and interconnected. Changes in any one part of the system will have a ripple effect and impact on other parts of the system (Nelson & Prilleltensky, 2005).

There is a multitude of anti-capitalist and anti-globalization movements emerging around the world. *We are Everywhere: The Irresistible Rise of Global Anticapitalism* (Notes from Nowhere, 2003) is a collection of personal stories from the voices of people who are directly involved in these protest movements. This book captures and embodies the intellect and creativity of grassroots movements opposing neoliberalism around the world. Within its pages, *We are Everywhere* encompasses a grassroots history, activist anthology, and a direct action manual. The previous untold stories coming from the grassroots movements are documented and amplified to provide a sense of unity and collective power among the multiple protesters worldwide. The participants in this movement consider themselves part of a new, radical, transformative politics that is based on direct democracy and values subjectivity and diversity (Notes from Nowhere, 2003).

The emergence of the anti-capitalist movement described in *We are Everywhere* stems from the multiple barriers, physical and metaphorical, external and internal, which separate the poor from the rich. The editors of this collection voice that “in a world entranced by profit, public space is privatized, land fenced off, seeds, medicines, and genes patented, water metred, and democracy turned into purchasing power” (Notes from Nowhere, 2003, p. 20). These significant and unjust obstacles are what fuel and provide momentum to the movement as oppressed people are becoming empowered to create change and gain access to their fundamental human rights.

A strong example of the power of an individual to create macro-level change comes from the story of Craig Kielburger and *Free the Children*. In 1995, at 12 years old, Craig discovered that children in developing countries around the world were being forced to work for little or no wages by large corporations. After reading a newspaper article about a young boy his age in Pakistan being murdered for speaking out against child labour, Craig was drawn to help. Having never heard of child labour, he started by educating himself on the issue. Next, he approached friends and classmates, who were also his age, to join together and create change. *Free the Children* was officially founded in 1995 (Kielburger & Kielburger, 2004).

The young social change activists began with small steps such as letter writing and sending petitions to political figures. *Free the Children* rapidly gained recognition and is now an international network of children helping children at the local, national, and international levels. The primary goal of *Free the Children* is to free children from poverty and exploitation while also educating them that they are not powerless to bring about positive social change and to improve the lives of their peers. *Free the Children* is unlike any other children’s charity in the world because it is an organization by, of, and for children. Since its inception, *Free the Children* has improved the lives of over one million children overseas in approximately 35 countries, and built over 400 schools (Kielburger & Kielburger, 2004). These impressive statistics demonstrate the impact that one person with initiative, and inspiring others to join, can have at all levels.

**Conclusion**

Robin Hood, by legend the son of a nobleman, used his privileged knowledge-base to reject the status quo of the ruling elite and to create and organize a community for the impoverished and dispossessed in Sherwood Forest. Community psychologists and other privileged members in today’s society can emulate the Robin Hood model in support of social justice for the poor and dispossessed of our times, not just by personal and relational levels of giving, but by true transformation of poverty conditions. The transnational corporate structures based on uncontrolled greed are no different than the corrupt King Richard and his company of cohorts in Robin Hood’s era, and need to be challenged and confronted. We must provide the context for the poor and dispossessed to take courage, to grow and to find their power. We can collectively transmit the message of the importance and supremacy of collective, relational and personal well-being over uncontrolled greed, corruption and personal wealth. Effective social interventions work at the personal, relational, and collective levels simultaneously. By engaging with and participating in social action groups, citizens often feel empowered while at the same time developing bonds of solidarity, as in the Robin Hood legend. Feelings of empowerment and connection contribute to personal and relational wellness, while more concrete outcomes such as

---

Network Volume 17 No 1 August 2005
improved social services contribute to collective wellness (Prilleltensky, 2003). No single intervention or strategy will ever be able to fully address the underlying causes of poverty. Many interventions at multiple levels of analysis are necessary to alleviate poverty and transform the root causes of the issue. Empowerment provides an opportunity for marginalized and oppressed people to give voice to their experience and gain access to not only fundamental resources promised in the Universal Declaration of Human Rights, but to secure resources for thriving lifestyles. Equitable resource sharing by rising everyone to Western standards is unrealistic and beyond the Earth’s capacity. However, like Robin Hood, privileged people of the world should use their privilege to ensure that resource-sharing systems are fair and equitable within the environmental limits of the Earth. Professionals, including scientists, can work to find new ways to ensure a sustainable lifestyle for all.

Although we advocate for transformative change, ameliorative, short-term solutions are also required. As we are working towards eradicating poverty we must continue to provide aid to impoverished people with health care, medicine, food, clean water, shelter, and other basic resources. Short-term approaches must be integrated with long-term goals of social justice, in the hopes that one day such temporary bandage solutions will no longer be needed.

References


Author Note
The authors, as MA students at the Wilfrid Laurier University Community Psychology program, were inspired to submit this paper from working together on a seminar presentation we presented as a workshop on globalization issues. We gratefully acknowledge our instructor Leslea Peirson, for encouraging us to pursue publication, along with class members for contributing to the discussion. In the spirit of community psychology values, this paper is a true collaborative work with no "first author". We prefer to use a traditional alphabetical listing of surnames. Any correspondence can be addressed to either of us at 75 University Avenue West, Waterloo, Ontario, Canada N2L 3C5.
Employee Status, Satisfaction, and Stress:
Examining a Sense of Community and Caregiver Experience
Among Australian Eldercare Staff

Maya J. Bristow and Joseph R. Ferrari
(DePaul University)

As the elder population increases, there becomes a need to assess the networking and bonding experiences among eldercare workers. The present study compared full-time (n = 27), part-time (n = 31), and permanent part-time (n = 74) staff at a residential eldercare facility on their psychological sense of community and employee stress and satisfaction. Controlling for social desirability, permanent part-time employees reported significantly greater feelings of disharmony with peer staff and caregiver stress for working with the elderly than full-time or part-time employees. Multiple regression analyses indicated that across the three employee status groups, a sense of reciprocal responsibility to assist peers was the only significant predictor of employee satisfaction, and feelings of disharmony with peers and a low sense of service mission were significant predictors of employee stress. It seems that employee status within eldercare settings may be related to caregiver experiences and sense of community with other workers.

A psychological sense of community (PSOC) may be defined as the perception of similarity with others and a willingness to maintain interdependence by giving to or doing for others what one expects from them (see Fisher, Sonn, & Bishop, 2002, for a review of the concept). Since Sarason (1974) introduced the concept, researchers have considered aspects that reflect the idea. For example, it has been proposed that PSOC consists of a feeling of belonging with other members, influencing the lives of other members, feeling that members’ needs will be met by the resources received by other members, and a willingness to share life histories, activities, and experiences with one’s peers (McMillan & Chavis, 1986). Bishop, Chertok, and Jason (1997) proposed that a person’s PSOC should focus on a sense of common mission, the strength of a person’s sense of common goals with others in the group, reciprocal responsibility, the person’s commitment to offer assistance in the group; and disharmony, the level of disagreement between members of the group. These factors have been found to be predictive of a sense of community among community volunteers (Ferrari, Dobis, Kardaras, Michna, Wagner, Sierawski, & Boyer, 1999; Ferrari, 2004).

PSOC at work is a possible antecedent for job satisfaction (Burroughs & Eby, 1998; Lambert, 2000). Job satisfaction may be a mediator between psychological sense of community and organizational citizenship behaviors, such as loyalty to the organization and altruism directed to workplace peers (Lambert, 1990). Low levels of a sense of community at work has been related to increased rates of employee grievances and disharmony (Catano, Pretty, Southwell, & Cole, 1993). Among long-term health care employees, a person’s sense of common mission within a group may be one of the most important factors for determining job satisfaction (Ferrari, Kapoor, Bristow, & Bowman, in press). In order to improve job satisfaction and optimize retention among long-term health care employees, administrators must work collaboratively to incorporate mental, physical, and spiritual health among the staff (Brannon, Zenn, Mor, & Davis, 2002; Hollinger-Smith, 2003; Hunter & Riger, 1986).

It is possible that poor staff cohesiveness may be attributed to a lack of community within an organization. PSOC may be perceived differently among employees based on their status in the organization (i.e., full-time vs. part-time). For instance, full-time employees may feel financially secure and pleased to have fringe benefits to fit their needs. In turn, full-time employees may report being satisfied and less stressed as an employee. Part-time employees may feel less secure financially and less connected to the organization, since they typically are not consistently or actively involved in the governance or program planning of care at the facility. Part-time employees, especially casual workers, may report being dissatisfied and more stressed as an employee. Ferrari (2004) found that among eldercare workers, Australian casual employees compared to volunteers reported fewer satisfaction in working with the elderly, perhaps because they lacked control over their financial situation and were unaware of any long-term commitments of employment by the organization.

The present study investigated perceptions of a sense of community as well as eldercare satisfaction and stress among full-time, part-time, and permanent (non-casual) part-time employee status groups.

Defining Employee Status

Full-time employment refers to employees who work no less than 35 hours per week (Burgess, Mitchell, Obrien, & Watts, 2000). Unlike casual workers who may work one or two days a week or month "as needed," part-time employment is defined as any employment where the person has scheduled weekly hours of work less than those of a full-time employee (on average, less than 10 hours per week) earning relatively lower hourly earnings at a pro rata schedule than full time workers.

As Miller and Terborg (1979) noted, a part-time worker may be a part of multiple employment systems thereby having less organizational commitment and job satisfaction at any one site.
than regular employees. **Permanent part-time employment** emerged in Australia in the mid-1970s as a result of the clash between standard full-time working hours and the time needed to address family life concerns by many workers (IE Solutions, 1996). Permanent part-time employment sought to address demands of both professional and family lives by providing greater flexibility than full-time work without taking away all the fringe benefits of a full-time position. Each permanent part-time employee receives a pro rata salary based on full-time employment, as well as half the number of holidays, leave and sick days. In return, the permanent part-time employee maintains long-term job security and is eligible for retirement benefits including superannuation (Romeyn, 1992).

Opponents of permanent part-time employment claim that the fringe benefits are not always consistent across careers (Junor, Barlow, & Patterson, 1993). Recent case studies with transport/travel businesses and adult education providers in Australia, for example, revealed that permanent part-time employment has become less “family-friendly” and that employees experience themselves as being outside the career stream (Junor et al.). Critics of permanent part-time employment argue that these employees have the security of ‘retention’ part-time jobs, but the ‘dead-end’ career status and low pay that characterize many part-time positions (Junor et al.). In addition, besides occupying low paying positions, part-time employees are generally excluded from the range of non-wage benefits (personal days), training, and career opportunities available to full-time workers (ABS, 1994; 1995).

To date, few published studies compared full-time, part-time, and permanent part-time employees on job attitudes and work outcomes (e.g., Brannon et al., 2002). Despite the fact that the full-time employment is decreasing (Kryger, 1999), several empirical studies have shown that full-time and part-time employees do not differ on levels of employee satisfaction, particularly in nursing facilities (Steffen & Nystrom, 1996; Steffey & Jones, 1990). This fact might in part be because of the proposed equity that exists among employment groups. Full-time employment is characterized by stability, benefits, promotional opportunities, and security (Brannon et al.). While part-time employees receive very few benefits and typically have no opportunities for advancement, these workers do possess work flexibility which has been shown to be a major determinant of increased job tenure and employee satisfaction (Wakefield et al., 1987). The level of employee satisfaction (or stress) experienced by permanent part-time employees compared to full-time and part-time counterparts working in the same occupation needs further investigation.

In the present study we examined whether employment status structures that might effectively address personal needs (e.g., flexible work schedules while providing fringe benefits) resulting in perceptions of a satisfying or stress work experience and increased or decreased sense of community with other employees. We investigated the perceptions and experiences of full-time, permanent part-time and part-time staff at an eldercare facility on the island of Tasmania, Australia. Residential care is one of the biggest challenges facing this island state. Everyday in Tasmania alone, 117 elderly persons needing nursing home care are placed on a waiting list, with many waiting more than a year (Paine, 2003). The growing aged population may make the problem of housing patients and providing care rapidly worsen.

It was expected that (non-permanent, non-casual) part-time employees would experience less of a sense of psychological sense of community (e.g., sharing a common mission, feeling a need for reciprocal responsibility) than at other employee status levels and perhaps, greater employee stress and less employee satisfaction. Permanent part-time employees, in contrast, who select lower pay for greater scheduling flexibility while retaining many fringe benefits, were expected to report a lower sense of community with their peer eldercare workers but greater employee satisfaction than other worker groups. It was possible that permanent part-time employees would report greater employee-caregiver stress than other workers because they were not able to always be available to follow-up care they may offer client-residents. Alternatively, their self-selected flexible employment conditions might elicit lower employee-caregiver stress than other workers at the eldercare setting. Because full-time employees, in contrast, tend to be included more in organizational functioning, participate in decision-making, and may feel more attachment to their job (Wakefield et al., 1987), it was expected in the present study that full-time employees would score higher on common mission and reciprocal responsibility and lower disharmony dimensions of psychological sense of community than other worker groups.

**Method**

**Setting & Participants**

Southern Cross Care (SCC) is a not-for-profit, charitable organization found in each state of Australia and is operated by the Roman Catholic lay group known as the Knights of the Southern Cross. Participants in the present study were drawn from six primary sites of SCC with the highest concentration of residents and employees from across the island of Tasmania, Australia. SCC (Tas) has provided residential and support services in Tasmania, Australia for over 34 years and accommodated approximately 1300 residents (95% Tasmanians) at the time of this project in late 2002. Elder care services were provided to three levels of residents: high care residents (who needed constant medical care), low care residents (who required assisted living and medical services "as needed"), and independent living residents (who lived in independent housing units where they received medical/health care when necessary typically at a place of non-residence).

Across sites, there was a population total of 412 staff (82% women, 17% men) who were eligible to participate in this study. A total of 132 staff (111women, 21men: $M_{age} = 46.4$ years old, $SD = 11.2$), or 32%, actually participated in the present study. These participants self-identified their...
employment status into full-time employees (19 women, 8 men; \( M_{\text{age}} = 47.7 \) years old, \( SD = 11.0 \)), part-time, non-casual employees (27 women, 4 men; \( M_{\text{age}} = 44.7 \) years old, \( SD = 11.7 \)), or permanent part-time employees (65 women, 9 men; \( M_{\text{age}} = 45.9 \) years old, \( SD = 11.0 \)). Most employees were of European decent (96%), completed at least a bachelors degree (72%), married (88%) on average with two children (\( M = 2.2 \) children, \( SD = 1.3 \), and lived in their local community for nearly 20 years (\( M \) length of time living in the community = 19.4 years; \( SD = 15.4 \)) but were not themselves a resident in an \( SCC \) (Tas) facility (94%).

**Demographic Items and Psychometric Scales**

All participants completed a set of demographic items, namely: age, sex, ethnic identity, educational level, marital status, number of children, length of time living in the local community, and whether they themselves live at an \( SCC \) (Tas) site. In addition, participants completed three standardized, reliable and valid psychometric measures, namely:

- Bishop, Cherek, and Jason’s (1997) *Psychological Sense of Community (PSOC) scale*, a multi-dimensional, 30-item, 5-point (1 = not true of me; 5 = very true of me) measure. This inventory assessed a person’s sense of: (a) common mission (12 items; current sample \( M_{\text{score}} = 39.5 \), \( SD = 12.7 \), coefficient alpha = 0.78), which evaluated the strength of feeling similar goals with others in one’s peer group (sample item: “There is a clear sense of mission in this group of staff at \( SCC \)”); (b) reciprocal responsibility (12 items; current sample \( M_{\text{score}} = 37.6 \), \( SD = 13.4 \), coefficient alpha = 0.87), that assessed the person’s commitment to offer assistance to others in the group (sample item: “Staff can depend on each other at \( SCC \)”); and (c) disharmony (6 items; current sample \( M_{\text{score}} = 19.0 \), \( SD = 6.0 \), coefficient alpha = 0.85), which examined the level of disagreement perceived between members of one’s peer group (sample item: “The atmosphere for staff is somewhat impersonal.”). The measure’s authors reported good reliability estimates for each subscale (alpha \( \geq 0.70 \)) and appropriate construct validity among self-help group members and community volunteers (e.g., Bishop, Jason, Ferrari, & Cheng, 1998).

- Ferrari, McCown, and Pantano’s (1993) *Caregiver Scale*, a 14-item, 7-point (1 = low; 7 = high) inventory designed to assess one’s emotional experiences from working as a caregiver to others. Two subscales comprised the inventory: a personal satisfaction subscale (7-items; current sample \( M_{\text{score}} = 29.0 \), \( SD = 0.59 \), coefficient alpha = 0.84) designed to assess one’s overall satisfaction from helping others (sample items: “Working is adding meaning to my life” and “Helping an employee is worthwhile to me”); and, an emotional stress subscale (7-items; current sample \( M_{\text{score}} = 24.3 \), \( SD = 0.57 \), coefficient alpha = 0.85) used to assess the level of strain and exhaustion one may experience from helping others (sample items: “Helping someone as an employee has burned me out” and “Working with the elderly as an employee has exhausted me”). Previous research indicated that both subscales were reliable (alpha \( \geq 0.70 \)), negatively related yet independent concepts, and unrelated to social desirability tendencies (see Ferrari, 2004). This inventory has been validated with target samples such as medical nurses, community volunteers, pastoral caregivers, and persons working with the chronically ill, physically disabled, and the elderly (e.g., Ferrari, 2004; Ferrari et al., 1999).

- Reynolds’s (1982) revision of the well-known *Marlow-Crowne Social Desirability Scale*, a short 13-item true-false measure of social desirability, was also included to assess any potential social approval tendencies toward the researchers. We correlated scores on this measure with our other self-report scales as a way to “control” each person’s tendency to provide socially appropriate responses. This scale has good internal consistency (alpha \( \geq 0.70 \)), temporal stability for a brief measure, and with the present sample coefficient alpha was 0.78 (\( M_{\text{score}} = 6.3 \), \( SD = 0.9 \)).

**Employee Service Items**

In addition, each employee was asked to complete six employee-related items that assessed their service experiences. Specifically, participants were asked their employee status, that is, to indicate whether they were full-time, part-time, or permanent part-time employees. Then, participants were asked to report the number of hours they work at \( SCC \) (Tas) per week, length of time worked at an \( SCC \) site, number of client-residents personally assisted per week, estimated age of the typical client-resident assisted, and the percentage of men and of women client-residents typically assigned.

**Procedure**

Data were collected through two primary methods. All \( SCC \) (Tas) employees were informed by interoffice memo, union representatives, and facility announcements of this anonymous, confidential survey study to learn more about eldercare worker satisfaction, and were told that from returned surveys each participant would be entered into an AUS$100 raffle prize of a dinner-for-two donated by and at a local casino. All employees then were mailed to their home a statement-letter by the second author explaining the purpose of this survey project and a consent form. The statement-letter indicated that all responses will be kept confidential, used solely for this research project, and only known to the researchers and not \( SCC \) (Tas) administrators. Included in the mailing were the demographic and employee-service items, a set of the three psychometric scales (in counterbalanced order to control for order effects), and a postage-paid, envelope addressed to the second author. The second method for collecting data was through a series of small group meetings at each of the six \( SCC \) (Tas) sites. During the meetings the second author outlined the current study, answered questions, and distributed copies of the statement-letter, consent form, demographic and service items, and the three psychometric
scales (in counterbalanced order). Participants were asked to complete and return the other set of materials to a box in the front of the room that was then collected by the second author. It took participants about 25-30 minutes to complete all material.

**Results and Discussion**

Initially, we examined through Chi square and ANOVA analyses if there were significant differences in demographic profile, employee-service items, and psychometric scale scores between staff recruited through mailing (n = 60) and staff recruited through the small meetings (n = 72). There were no significant differences between both groups on any of these measures (p > .10), suggesting we could merge both staff groups for further analysis. Chi-square and ANOVA analyses also indicated no significant differences across the three employee status groups in terms of age, sex, ethnic identity, educational level, marital status, number of children, length of time living in the community, and whether they themselves lived at an SCC (Tas) site. Next, we examined whether there was a significant relationship between social desirability responding and any of our other self-reported psychometric scales.

Zero-order analyses revealed that there was a significant relationship between social desirability and reciprocal responsibility scores, r = 0.27, p < .01, employee satisfaction, r = 0.23, p < .05, and employee stress, r = -0.25, p < .01. Consequently, we conducted all subsequent analyses controlling for social desirability tendencies, used as a covariate.

We then examined significant differences on the employee-service items across the three employee status groups with a one-way ANCOVA, controlling for social desirability. There were no significant differences across the three status groups on the length of time employed at an SCC (Tas) site. Employees reported working on average 13.4 years (SD = 4.5) at this eldercare facility. Of course, there was a significant difference between the three groups on the number of hours worked per week at an SCC (Tas) site, F (2, 106) = 4.55, p < .01, such that full-time employees worked significantly more weekly hours (M = 41.1, SD = 0.9) than either permanent part-time (M = 28.9, SD = 3.4) or part-time (M = 25.9, SD = 5.2) employees.

There also were no significant differences across status groups on the number of client-residents assisted per week. Employees reported providing at least some aid to an average of 75.5 client-residents per week (SD = 6.6). Chi square analysis performed on the percentage of male and female client-residents assisted indicated no significant differences across status groups. The employees reported that most client-residents were women (84%) than men (17%).

However, there was a significant difference between the three employee status groups on the average age of client-residents served, F (2, 106) = 3.99, p < .05, such that permanent part-time employees worked with significantly older clients (M age = 81.74, SD = 6.05) than did full-time employees (M age = 75.73, SD = 14.90) or part-time employees (M age = 71.33, SD = 6.05).

It was expected that there would be significant differences in self-report measures across the three employment status groups. A MANCOVA, controlling for social desirability, was performed among the three employee status groups on each of the three sense of community and two caregiver experience scores from the psychometric scales. Table 1 presents the mean score for each employee status group on each of these measures. There was a significant effect for employee status, multivariate F(10, 160) = 2.43, p < .01, Wilkes Lambda = .754. Subsequent univariate analysis indicated no significant main effect across employee status for the mission and reciprocal responsibility dimensions of a sense of community or for employee caregiver satisfaction. There was a significant effect across the three employee status groups, however, on feelings of disharmony within one’s peer community, F (2, 106) = 4.62, p < .01. Post hoc comparisons (Newman Keuls, p < .05) indicated that permanent part-time employees experienced greater feelings of disharmony than full-time or part-time employees (see Table 1). Also, there was a significant effect across the three status groups for caregiver stress, F (2, 106) = 3.24, p < .05. Post hoc comparisons (Newman Keuls, p < .05) demonstrated that the permanent part-time employees reported significantly more employee-caregiver stress than full-time or part-time workers.

### Table 1

**Mean Scores on Psychometric Scales by Employment Status Groups**

<table>
<thead>
<tr>
<th>EMPLOYEE STATUS GROUPS</th>
<th>Full-time (n = 27)</th>
<th>Permanent Part-time (n = 74)</th>
<th>Part-time (n = 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Sense of Community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>common mission</td>
<td>39.00</td>
<td>37.09</td>
<td>40.24</td>
</tr>
<tr>
<td></td>
<td>(6.31)</td>
<td>(8.04)</td>
<td>(7.53)</td>
</tr>
<tr>
<td>reciprocal responsibility</td>
<td>37.26</td>
<td>36.56</td>
<td>38.67</td>
</tr>
<tr>
<td></td>
<td>(8.13)</td>
<td>(8.12)</td>
<td>(8.35)</td>
</tr>
<tr>
<td>disharmony</td>
<td>13.45b</td>
<td>15.71a</td>
<td>12.93b</td>
</tr>
<tr>
<td></td>
<td>(5.29)</td>
<td>(5.20)</td>
<td>(4.59)</td>
</tr>
<tr>
<td>Employee-Caregiver Perception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>satisfaction</td>
<td>31.04</td>
<td>33.54</td>
<td>36.19</td>
</tr>
<tr>
<td></td>
<td>(9.01)</td>
<td>(8.84)</td>
<td>(7.59)</td>
</tr>
<tr>
<td>stress</td>
<td>16.09b</td>
<td>19.88a</td>
<td>15.38b</td>
</tr>
<tr>
<td></td>
<td>(8.45)</td>
<td>(7.84)</td>
<td>(8.53)</td>
</tr>
</tbody>
</table>

*Note. Value in parenthesis is standard deviation. Superscripts with a different letter are significantly different (p < .05).*
There may be several possible explanations for these findings by employee status. SCC (Tas) operates on the isolated, self-contained island state of Tasmania, separated from the mainland of Australia. Employees must rely heavily on each other for resources and support. This reliance on co-workers, regardless of status, may cause an increase in the desire to work towards a common goal and a sense of need to offer assistance to other group members (Keeling, 2001; Kilpatrick & Falk, 2001). Therefore, no significant differences in common mission or reciprocal responsibility was reported in the present study. However, the close contact and frequent reliance on other group members may have resulted in different perceived levels of disharmony among members. In addition, unlike part-time employees, permanent part-time employees at SCC (Tas) received half a full-time employee’s salary, holidays, vacation and sick days but were eligible for retirement benefits, group life and health insurance. These lowered salary and partial benefits might have caused some resentment among permanent part-time and full-time workers, thereby increasing levels of disharmony between permanent part-time employees and other employees. Additionally, because permanent part-time employment is a rather new employment initiative (receiving some of the benefits of full-time employment but the flexibility of part-time working schedule), permanent part-time employees might have experienced more role conflict than other employees which in turn led to increased employee stress. The permanent part-time staff might have desired an increase in their pro rata rate, even though they worked less hours than full-time employees. Clearly, more research is needed to examine the positive and negative aspects of permanent part-time employment in healthcare occupations, such as working with the elderly.

To determine if one’s psychological sense of community predicted employee satisfaction and stress, two separate regression equations were calculated with each caregiver experience variable as dependent variable. In the first regression equation, the three levels of employee status was entered as a “dummy variable” along with common mission, reciprocal responsibility, and disharmony regressed onto the dependent variable, employee satisfaction. Reciprocal responsibility was the only significant predictor of employee satisfaction, $F(1, 99) = 14.46, p < .001 (R^2 = .359, R^2 = .129, B = .350, Beta = .369)$. In the second regression equation, the three levels of employee status again was entered as a “dummy variable” along with common mission, reciprocal responsibility, and disharmony but this time regressed on employee stress as the dependent variable. Significant predictors of employee stress were disharmony with peers, $F(1, 99) = 12.67, p < .001 (R^2 = .343, R^2 = .118, B = .417, Beta = .265)$, and a low sense of a common mission of care and service, $F(1, 99) = 9.48, p < .001 (R^2 = .10, R^2 = .168, B = -.258, Beta = -.237)$. These results suggest that understanding caregiver satisfaction and stress needs to include an assessment of one’s psychological sense of community with co-workers.

From a health care provider perspective, administrators may increase employee satisfaction and decrease employee stress by considering one’s psychological sense of work community. The present study suggests that programs include heightening mutual support and assistance with peers and should be created for staff at all employee status levels (i.e., full-, part-, and permanent part-time staff). Health care administrators need to reduce interpersonal tensions among employees in order that staff members feel they are all working towards a common goal or mission to provide assistance to others. If a sense of workplace community existed, employee satisfaction would be strengthened and, perhaps, employees might remain at that the organization for longer periods of time increasing employee tenure rates (Huneter & Riger, 1986; Lambert & Hopkins, 1995).

Eldercare employees are pivotal to residential care: they manage facilities, assess needs of the client, plan and coordinate care, deliver care, and in many cases supervise care and evaluate its effectiveness. When these employees are treated as valuable resources and work in a positive, enriching environment they may become more committed to the organization (Lambert, 2000). The present study extends previous research by proposing that if a supportive work environment exists, in which employees share a common mission and are available to offer assistance to colleagues, employee satisfaction and stress become important considerations. The perceptions and attitudes of full-time, permanent part-time, and part-time workers should be taken into consideration when creating and maintaining a harmonious work environment.

References


Hollinger-Smith, L (2003). It takes a village to retain quality nursing staff. *Nursing Homes Long Term Care Management, 52*, 52 - 56.


Author's Notes

This study was conducted the Masters of Science thesis by the first author under the supervision of the second author. Portions of this project were presented at the 2004 meeting of the *Midwestern Psychological Association*, Chicago, IL. The authors thank John Hausknecht for his advice on this project, and Richard Sedak, Peter Patmore, and especially Garry Askey-Doran from Southern Cross Care, Tasmania, for their assistance and support in conducting this project. Address correspondence to the second author at: Department of Psychology, 2219 North Kenmore Avenue, Chicago, IL, 60614: jferrari@depaul.edu
The Development of a Process for the Conceptual Translation of Psychoeducation Programs: Initial Trials

Mary Higson, Maria Cassaniti and Yvonne Fung
(Transcultural Mental Health Centre, Sydney, Australia)
Roy Laube, Ted Quan and Hend Saab
(Division of Mental Health, St George Hospital and Community Health Service, Sydney, Australia)
Marial Sabry
(Bankstown Community Health Centre, Sydney, Australia)

The aim of this project was to develop a process for the Conceptual Translation of psychoeducation material for families from diverse backgrounds. Members of the Arabic and Cantonese speaking migrant communities with a serious mental illness, and their families, were selected to be the pilot groups. An established psychoeducation program and information booklet developed for English-speaking families were adapted for use with this project. The information was conceptually translated into Arabic and Chinese and trialled in multiple-family programs and routine clinical work by bi-lingual Arabic and Chinese mental health professionals. After completing the program, families attending the multiple-family programs experienced a reduction in the burden associated with caring for their mentally ill relative. The findings need to be replicated with larger samples.

The effective treatment of serious mental illnesses such as schizophrenia is a challenge faced by mental health systems across the world. Schizophrenia occurs in 0.63% to 1.5% of the population, with an incidence rate that appears stable across countries and cultures and over time, for at least the last 50 years (Hafner & van der Heiden, 1997). These figures reflect the incidence of schizophrenia in individuals; these individuals have friends and family who also experience their own distress in connection with their loved one’s illness (Jones, 1997).

The successful treatment of serious mental illnesses such as schizophrenia calls for a multifaceted and multidisciplinary approach (American Psychiatric Association, 1997; Canadian Psychiatric Association, 1998); unfortunately, not all effective treatments are universally available to those who need them. A number of psychosocial treatments have been developed in response to this need for a multifaceted approach (Penn & Mueser, 1996), including cognitive-behavioural interventions in the US and the UK for families of consumers with schizophrenia. Controlled studies in English-speaking countries have demonstrated that these interventions can reduce relapse rates in the primary consumer (Falloon et al., 1982; Falloon & Pederson, 1985; Goldstein, Rodnick, Evans, May & Steinberg, 1978; Hogarty et al., 1986; Hogarty et al., 1991; Leff, Kuipers, Berkowitz, Eberlein-Vries & Sturgeon, 1982; Leff, Kuipers, Berkowitz & Sturgeon, 1985; McFarlane et al., 1995; Randolph et al., 1994; Tarrier et al., 1989).

Similar findings have been made in China (Mingyuan, Hequin, Chengde et al., 1993; Xiong, Phillips, Hu et al., 1994; Zhang, Wang, Li & Phillips, 1994). In some studies, the interventions have also been found to moderate the stress on the family (Falloon et al., 1982; Falloon & Pederson, 1985; Mingyuan et al., 1993; Xiong et al., 1994). Similar interventions have also been developed for bipolar disorder (Bland & Harrison 2000; Glick, Clarkin, Spencer et al., 1985; Miklowitz & Goldstein, 1990) and depression (Sherrill, Frank, Geary et al., 1997).

An important component of cognitive-behavioural family interventions is the provision of psychoeducation in the early phase of treatment (Pekkala & Merider, 2000). There is evidence that this alone can have a positive impact both on relatives’ knowledge about mental illness (Barrowclough et al., 1987; Berkowitz, Eberlein-Fries, Kuipers & Leff, 1984; Smith & Birchwood, 1987), and their level of distress (Abramowitz & Coursey, 1989; Laube & Higson, 2000; Prema & Kodandaram, 1998; Smith & Birchwood, 1987).

Cognitive-behavioural family interventions have mainly been used in Western countries with English-speaking populations, exceptions being in China (Mingyuan et al., 1993; Xiang, Ran & Li, 1994; Xiong et al., 1994; Zhang, Wang, Li & Phillips, 1994), India (Prema & Kodandaram, 1998; Shankar & Menon, 1993), Singapore (Bentelspacher, DeSilva, Leng Chan Goh & LaRowe, 1996) and with a Spanish-speaking population in the US (Telles et al., 1995). There has been little discussion about whether these family interventions suit migrant families from different cultures (Lam, Chan & Leff, 1995), although one study examined the comparative effectiveness of a brief family intervention with families from English-speaking background (ESB) and non English-speaking background (NESB) in Australia (Higson & Laube, 2001). This study found evidence of equal benefits for the two groups.

Mental health systems need to be able to provide effective treatments for their migrant, as well as their native-born populations. In the state of New South Wales, Australia, 26.7% of the population were born overseas, the majority of these people coming from the United Kingdom, New Zealand, Italy, China, Vietnam, Lebanon and the Philippines (Epidemiology and Surveillance Branch, Public Health Division, NSW Health Department, 1997). Studies examining the prevalence of...
schizophrenia among migrants to Australia (Bruxner, Burvill, Fazio &Febbo, 1997; Wijesinghe & Clancy, 1991) suggest that it is at least as high, and sometimes higher, among migrant groups as among the native-born population.

Similar findings have been made in the United Kingdom (Cochrane & Bland, 1989; Dean, Walsh, Downing & Shelley, 1981; Harrison et al., 1997; Littlewood & Lipsedge, 1981). In the state of New South Wales, Australia, it appears that migrants do not voluntarily use mental health services for schizophrenia and related disorders to the same extent as the Australian-born population. McDonald & Steel (1997) found that hospital patients with mental disorders from NESB are more likely to be involuntary than those from ESB; they suggest that any strategies that lead to more timely access to appropriate specialist care of NESB people with mental disorders will lead to a decrease in the proportion of NESB patients who are admitted (or readmitted) involuntarily. One of these strategies could be to provide psychoeducation for these patients and their families.

One dilemma in the provision of psychoeducation for people from NESB is to ensure that it is in an appropriate and accessible form. To have maximum value, the information must be accurate, in a language accessible to members of the target group (Gleeson & Davenport, 1999) and sensitive to the person's beliefs. If the person speaks limited English, the information may need to be in his or her own language. Literal, word-for-word translations of educational materials may be offensive, incomprehensible, or culturally irrelevant (Sabogal, Otero-Sabogal, Pasick, Jenkins, & Perez-Stable, 1996). For this reason, the concepts, and not just the words, need to be translated in a meaningful way. The information then needs to be presented in a culturally appropriate manner (Johnson, 1994), sensitive to pre-existing beliefs and community traditions of health care and information exchange. The aim of the current project was to develop a process of Conceptual Translation to create psychoeducation material that is accessible and culturally meaningful for consumers and families from diverse backgrounds.

**Method**

**Participants**

Just over 21% of the NSW population speak a language other than English at home. Chinese, Arabic, Italian, Greek, Vietnamese, Spanish and Filipino are the non-English languages most commonly spoken (Epidemiology and Surveillance Branch, Public Health Division, NSW Health Department, 1997). Two of the fastest growing language groups (other than English) in the state are Arabic and Cantonese (Ethnic Affairs Commission of NSW, 1998). Members of the Arabic and Cantonese-speaking communities with serious mental illness, and their families, were selected to be the pilot groups for this project.

**Procedure**

**Recruitment of Consumer and Carer Consultants.** There is increasing recognition in Australia and other countries of the importance of participation by consumers and carers in the development, evaluation and management of mental health services (Barry & Schaeckens, 1996; Sozomenou, Mitchell, Fitzgerald, Malak & Silove, 2000). For this reason, the Consumer Project Coordinator, the Carer Project Coordinator, an NESB Consumer representative, and an NESB Carer representative were recruited from the New South Wales Transcultural Mental Health Centre (TMHC) to provide ongoing consultation throughout the project.

**Recruitment of bi-cultural health professionals.** Experienced bi-cultural / bi-lingual health professionals were sought through the Arabic and Chinese language sub-committees of the TMHC and the clinicians associated with the TMHC in a sessional capacity. All health professionals were offered payment at prevailing sessional rates. A total of 17 Arabic-speaking and 19 Cantonese-speaking health professionals were approached and invited to field trial the translated mental health information booklets as part of their routine work. This resulted in five health professionals from the Arabic-speaking community and four from the Cantonese-speaking community being recruited. Of the Arabic speakers, three were of Lebanese background, one Assyrian, and one Egyptian. Of the Cantoneese speakers, three were of Hong Kong, and one of ethnic Chinese/Vietnamese background.

**Preparation of the manual and the information booklets for families.** A manual for conducting a four-session psychoeducation program with multiple-family groups was prepared. This manual was based on a program developed by Laube & Smith (1994), a version of which was found to be associated with reduction in family burden for participating families (Laube & Higson, 2000). As mentioned above, the latter edition of the program had also been found to be associated with equal benefits for ESB and NESB families who had at least a fair command of spoken English (Higson & Laube, 2001). In consultation with the consumer and carer representatives, the appropriateness of the manual for the Arabic and Cantonese-speaking communities was considered and discussed. Modifications were made, based on the discussion.

An information booklet for families was also prepared, using information and ideas from American Psychiatric Association (1994), Laube & Smith (1994), Ng (1997), Piatkowska & Visotina (1989), Sane Australia (1998) and Schizophrénie Fellowship of NSW (1999). It was then perused by the consumer and carer representatives and the language sub-committees, who provided the authors with feedback regarding the appropriateness of the information and concepts for the Arabic and Cantonese-speaking communities. Modifications were also made to this material, based on the feedback.
Translation of information for families. The information booklet was sent to an independent commercial agency to be translated into Arabic and Chinese, with the requirement to employ translators with previous experience in translating health information and National Accreditation Authority for Translators & Interpreters level 3 credentials, the highest credential level used for translation of health information.

Field trials of psychoeducation materials. The manual and the booklet were field trialed through four-week psychoeducation programs with multiple-family groups from each of the two language communities. The third and fourth authors, who are both bi-lingual Cantonese speaking mental health professionals, conducted the Cantonese speaking programs. The fifth and sixth authors, who are both bi-lingual Arabic speaking health professionals (one is a mental health professional), conducted the Arabic speaking programs. The program facilitators recruited the families through a public mental health service in metropolitan Sydney.

Evaluation of clinical service delivery requires modification of traditional models of investigation (Norquist, Lebowitz, & Hyman, 1999). This project employed the Public Health model where consumers are offered service on a needs identification basis and formal control groups are not practical. The families of five consumers attended the Arabic-speaking program. The families of three consumers attended the first Cantonese-speaking program and the families of four consumers attended the second Cantonese-speaking program.

During the delivery of the programs, the facilitators aimed to highlight the value of each participant's knowledge and experience prior to attending the multiple family groups, and to emphasise respect for any beliefs held by participants. A cognitive change approach was employed in which beliefs were elicited from participants and evidence [or paucity of evidence] was examined without prejudice. An important element in this approach is to recognise that some concepts have not been empirically investigated, perhaps due to logistic impracticality, such as spiritual or metaphysical beliefs. This openness promotes engagement of families by displaying respect for all suggestions. The professionals conducting the program aimed to facilitate choices rather than dispense wisdom.

The five Arabic and four Cantonese-speaking health professionals not involved in conducting the multiple-family groups assisted with further field trials by using the information with individual mentally ill consumers and their families and providing the authors with feedback. The feedback concerned the comprehensibility and cultural appropriateness of the concepts and information for the consumers and families.

Coordination of feedback from field trials. A range of opinions regarding the comprehensibility and appropriateness of the booklets for the consumers and their families was obtained from the field trials. For this reason, a discussion session was conducted to finalise the content of the booklets for members of each language group. Unsuccessful attempts were made to recruit the Arabic and Cantonese-speaking consumers and carers who had been involved in the project to attend these discussion sessions.

Evaluation of impact on families. The Family Burden Interview Schedule (FBIS) (Pai & Kapur, 1981) was administered immediately before the families' participation in the multiple family programs, and again six months later to evaluate the impact of those programs on the families involved. The FBIS is a semi-structured interview conducted with the family by a health professional to assess the level of burden the family might be experiencing in relation to caring for a mentally ill member. The interviews were conducted in the families' first language (Arabic or Cantonese) by the multiple family program facilitators.

Results
Feedback from consultation and field trials
Before any translation of psychoeducation material took place, the consumer and carer representatives and the language sub-committees were asked to provide feedback regarding the appropriateness of the manual and information booklet for the language communities. At that stage, it was decided that the psychoeducation material should include both some practical suggestions regarding caring for a mentally ill family member on a day-to-day basis, and a section on dealing with the stigma of mental illness. It was also pointed out that due to poor literacy, some Arabic-speaking families might have difficulty reading the information booklets. This observation lent weight to the importance of the information about mental illness also being delivered interactively by mental health professionals, as in the manual for conducting the multiple-family groups.

After initial literal translation, the Cantonese-speaking health professionals considered several of the words and phrases in the Chinese information booklet needed to be changed. This included spelling, reflecting the variety of styles and forms that written Chinese can take; some of the words and phrases were thought to have military connotations. However, no major changes were suggested to the overall content, structure or organisation of the material. After the field trial of the manual and information booklet with the first multiple-family group, a linguistic dilemma became apparent: written Chinese is not a phonetic representation of words, and spoken Cantonese evolves more quickly than written Chinese does. This meant that when the health professionals conducting the group identified the most accurate oral phrases and expressions to successfully convey the intended information to participants, [usually by using colloquial language], this could not be codified in writing for the manual or the information booklets. For both the Arabic and Cantonese-speaking families, a section on dealing with the stigma of mental illness was included in the manual and in the booklet. Feedback suggested that although it was important for this section to be included, the
way in which it was presented needed to be approached delicately. In Arabic, one observation was that it could be offensive to families to suggest that they might experience shame regarding a relative’s mental illness. In Chinese, it was found that there is no direct translation of the word *stigma*, and attempts to find an approximate translation resulted in expressions that were unacceptably confronting for families. The feedback from the field trials confirmed that the issue was important, but the language used posed a difficulty. The field trial and consultation process revealed that in both the Arabic and Chinese booklets, this section should be referred to by translations of the phrase *Talking About Mental Illness*, rather than a phrase containing translations or approximations of the word *stigma*.

For groups conducted in both communities, the bi-cultural health professionals found the interactive model of information delivery to cognitively change to be effective. In particular, the approach of *respectful interest* for pre-existing beliefs, and the *exchange* of ideas with participants, created a non-judgemental ethos in which families could safely consider alternate beliefs about mental illness, its origins and its treatment. In general, the group facilitators found that the manual was best used as a guide to conducting the multiple-family groups, rather than as a rigid prescription. The collaborative approach with families progressing through the four-session program allows different parts of the program to be emphasised with different groups of families.

*Impact of program on participants in multiple family groups*

Baseline and follow-up FBIS measures were collected for the five families involved in the Arabic-speaking multiple-family group program. The mean score on the FBIS was less after the program than before, as shown in Table 1.

### Table 1

<table>
<thead>
<tr>
<th>FBIS score</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>11.00</td>
<td>1.10</td>
</tr>
<tr>
<td>Post</td>
<td>7.20</td>
<td>1.60</td>
</tr>
</tbody>
</table>

These results suggest that for the families involved in this program, the burden associated with caring for a mentally ill member was reduced after participation in the program. In the first Cantonese-speaking multiple-family group program, the families found the presentation on living with stigma to be unacceptably confronting. This part of the program was modified in accordance with the intended field-trial-and-revision process before the second Cantonese-speaking program was conducted. The program appeared to be better accepted by the second group than the first group.

Baseline and follow-up FBIS measures were collected for the four families involved in the second Cantonese-speaking program. The mean score on the FBIS was less after the program than before, as shown in Table 2.

### Table 2

<table>
<thead>
<tr>
<th>FBIS score</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBIS-Pre</td>
<td>11.00</td>
<td>2.00</td>
</tr>
<tr>
<td>FBIS-Post</td>
<td>7.75</td>
<td>2.76</td>
</tr>
</tbody>
</table>

As with the Arabic speaking group, these results suggest that for the families involved in this program, the burden associated with caring for a mentally ill member was reduced after participation in the program. The samples for both programs were too small to warrant meaningful statistical analysis of change in FBIS scores.

### Discussion

This paper outlines a process by which psychoeducation material can be conceptually translated to make it accessible and culturally meaningful for consumers and families from diverse backgrounds. The initial trials identified important challenges, some of which were sufficiently overcome to allow a satisfactory and encouraging outcome.

Two consumer representatives and two carer representatives contributed suggestions during the project. However, attempts to include Arabic and Cantonese-speaking consumers and carers directly in the revisions of the information booklets (ie. at the discussion sessions with mental health professionals) were unsuccessful. This may reflect suggestions by Sozomenou, Mitchell, Fitzgerald, Malak, and Silove (2000) that some consumers and carers find it difficult to be involved in projects at a formal level. Another possibility raised by several bi-cultural health professionals is that many migrants come from a culture in which 'professionals' are perceived to have the 'correct' information and make all relevant decisions, (Erickson & Al-Timimi, 2001). The very concept of community consultation may be alien to some consumers. However, consumers and carers were indirectly involved in the revisions of the manual and information booklets by participating in the family psychoeducation programs and field trials of the materials.

The multiple-family psycho-education groups were associated with a positive impact upon the participating families: the follow-up data for groups from both communities indicate that family burden decreased after involvement in this program. The *Conceptual Translation* process may have successfully produced a program and related materials that can deliver the same benefits to both Arabic-speaking and Cantonese-speaking consumers as found for English-speaking groups using the same base program (Higson & Laube, 2001; Laube & Higson, 2000). However, one limitation of the current project is that control groups were not included. Other variables, such

---

**Note:** The text contains a table with missing headers and values, which are marked as placeholders. The table content is not transcribed due to its structure and the lack of clear data presentation.
as a social support element from the multiple family programs, may have influenced the reduction in family burden. Other limitations of the current project include very small samples for the multiple family groups, and possible demand effects associated with some of the authors administering the pre and post FBIS evaluation measures. It is recommended that this model be replicated with larger samples of Arabic and Cantonese speaking families before being considered for other language / culture groups. It is also recommended that the impact of the programs on the families be more rigorously evaluated through the inclusion of wait-list control groups, and through pre and post program interviews being conducted by bi-lingual mental health professionals who are blind to the research design.

References


**Author Note**

Mary Higson, Yvonne Fung, Maria Cassaniti, Transcultural Mental Health Centre, Sydney, Australia; Roy Laube, Ted Quan, Hend Saab, Division of Mental Health, St George Hospital and Community Health Service, Sydney, Australia; Marial Sabry, Bankstown Community Health Centre, Sydney, Australia.

Roy Laube is now at the Diversity Health Institute, Sydney, Australia.

Financial support for this project was provided by the NSW Transcultural Mental Health Centre. Logistic support and publication expenses were provided by the St George Division of Mental Health. The authors thank Tony Awad, Ruby Chan, Theresa Chow, Assad Cina, Myong de Conceicao, Suzanne Dang, Khalil Haragii, Vicky Katsifis, Antoine Khazzam, George Kosorko, Stan Leung, Magdy Massoud and Ranya Yacou for their assistance with this project.

Correspondence concerning this article should be addressed to Roy Laube, Diversity Health Institute, Locked Bag 7118, Parramatta BC, 2150, New South Wales, Australia. E-mail: Roy_Laube@wsahs.nsw.gov.au.
"This is an injustice": the contemporary relevance of the work of Ignacio Martín-Baró to community psychology

David Fryer

(University of Stirling University Scotland)

Who was Ignacio Martín-Baró? Why in November 2004 did we convene a conference in his honour? Why were others doing the same on the same day at the University of Buenos Aires in Argentina; at the University Javeriana & the University of the Andes in Colombia; at the National University of Costa Rica; in Boston USA and in many other places? And why each year since 1989 have universities and social/political organizations in Latin America and around the world have held events commemorating his life, his thought, and his work?

Ignacio Martín-Baró was born in Spain, trained in psychology at the University of Chicago, taught in Frankfurt and Bogotá but is known mostly for his work in San Salvador. Martín-Baró's life was at risk on many occasions and he survived several attempts to blow him up in his office (it is said he joked to a US visitor 'in your country it's publish or perish. In ours it's publish and perish'). However, on 16th November 1989, Ignacio Martín-Baró, 4 other Jesuit priests, their housekeeper, her daughter and the Rector of the University of Central America, were herded into a courtyard of the University and assassinated by US trained elite troops.

Psychologists are not normally perceived as a threat by the establishment - indeed as Martín-Baró himself pointed out - the opposite is usually the case. So why was this particular psychologist seen as so dangerous that a totalitarian regime felt it necessary to assassinate him? Martín-Baró's reputed last words, "This is an injustice", spoken just before he was assassinated, are clues and many more are given by the Editors of Writings for a Liberation Psychology, a posthumous collection of his papers.

Martin-Baro argued that the "contributions with the most vigour and social impact can be found where psychology has given a hand to other areas of social science ... the most significant of such cases ... growing out of the fertile mix of education with psychology, philosophy and sociology" (Aron and Corne, 1994:18). However, he was in general profoundly pessimistic about the value of most existing psychology. As he wrote in Towards a Liberation Psychology, "instead of helping to tear down the edifice of common sense that in our culture both obscures and justifies the interests of the powerful by representing their techniques of control as character traits ... psychologising has served, directly or indirectly, to strengthen the oppressive structures, by drawing attention away from them and toward individual and subjective factors" (Aron and Corne, 1994:19).

Martin-Baro was also profoundly critical of orthodox assumptions about mental health arguing, in his paper War and Mental Health, that neither "mental disorders, nor mental health . . . are simply products of an individual's varying organic states" but are "particular ways of being in the world" (Aron and Corne, 1994:110) and "the manifestation, in a person or group, of the humanizing or alienating character of a framework of historical relationships" (Aron and Corne, 1994:111). What psychology generally interprets as "personal disorder", Martín-Baró insisted, is actually a manifestation of "the disequilibrium inherent in social struggle" (Aron and Corne, 1994: 23).

Like Martin-Baro, I too am concerned with the consequences for mental health of our societal arrangements. I am using

---

1 This is a transcript of a presentation given by David Fryer, on 16 November 2004, to about 100 people who assembled at the University of Stirling, Scotland, to mark the assassination in 1989 of Ignacio Martin-Baró by debating and trying to promote social justice perspectives on mental health.

The meeting brought together community members and activists, statutory and voluntary sector professionals and academics from a range of disciplines - including education, health, social policy, community psychology and philosophy - to explore common and diverging perspectives and support progressive social change in relation to mental health. The specific aim of the seminar was to promote critical thinking about participation, inclusion and equity issues in relation to mental health.

The day consisted of participatory critical discussion of mental health issues by the whole conference stimulated by brief inputs from George Albee (community psychologist, former President of the American Psychological Association and former Adviser on mental health issues to two former US Presidents; Rufus May (clinical psychologist who has also been labelled and treated as 'mentally ill'); Cathy McCormack (community activist, popular educationalist and film maker); Steve McKenna (survivor of psychiatry and critical psychologist); Reachout (Alloa based mental health expressive arts group); Stirling and District Association for Mental Health (central Scottish voluntary sector mental health service provider) and David Fryer (critical community psychologist and convenor of the meeting).

Discussion was facilitated by 'audience advocates' Rebekah Pratt (New Zealand trained community psychologist currently working on end of life issues in Edinburgh); Neville Robertson (Convener of the Community Psychology programme and domestic violence researcher at the University of Waikato, New Zealand); and Neill Rothwell (clinical psychologist working in central Scotland).
'societal' here as shorthand for social, organizational, cultural, socio-structural and politico-discursive arrangements. So whilst many when faced with a mental health problem, look first, hardest and longest for its psychological origin, I look first, hardest and longest for the societal origin of which it is the consequence.

Similarly, whilst many assume that most mental health problems require psychological solutions, I assume that most mental health problems require societal solutions. Indeed, I believe that looking for psychological causes of what are actually the consequence of societal arrangements is not only scientifically but also ideologically problematic - re-positioning the consequences of societal arrangements as the consequences of personal failings and compounding distress by blaming victims of oppression for being the cause of their own damaged mental health and distress. Moreover, I have learned that the scale of distress and mental ill health consequent upon our societal arrangements is so great that it would be impossible to train and resource enough psychiatrists, clinical psychologists and the like to treat people one at a time, even if such individual treatment were widely effective (which is dubious), morally acceptable (which is questionable) or safe (which is in many cases manifestly not the case). To make an appreciable difference to the scale of individual and collective mental ill health and suffering consequential upon our societal arrangements, I believe we must engage in prevention, intervention and policy change at the collective level - rather than in treatment at the individual level.

I assume that it is not just an illusion that persons characteristically make real, if constrained, choices, bear responsibilities, make sense of what is going on, formulate and carry out plans in line with past memories, future expectations and transcendent values. Free will, albeit severely constrained free will, is - to me - a 'given' to be explained - rather than an illusion to be explained away. Crucially, I believe that the social world impacts on people largely through their understanding of it, that subjectivity is a defining feature of what it is to be a person and that, reflexively, this is as true for mental health researchers and professionals as it is for anyone else. I, therefore, try to develop and use ways of working which can engage with others' subjective experience and allow them to use their subjectivity as a resource, rather than to exclude it as a liability.

Crucial though the consciousness and subjectivity of persons are, however, I assume that there is a context within which that subjectivity is embedded and which is in constant reciprocal interaction with it. I understand 'context' as a multi-level phenomenon which embraces, but goes far beyond, the immediate environment to include material, environmental, family, organisational, neighbourhood, policy, cultural, societal, multinational and discursive levels in continuous reciprocal interaction over time.

Although I have - for simplicity sake introduced consciousness and context separately here, 'contextualised-consciousness' is, for me, actually an irreducible unit with emergent properties, that is, properties of the combination of context and consciousness which each does not have separately and which cannot be broken down into component parts without losing its defining emergent characteristics. To focus in a reductionist way on consciousness alone is to err into naive 'psychologism'. To focus in a reductionist way on context alone is to err into naive 'sociologism', reducing persons to mere ciphers of socio-structural forces.

I believe research has repeatedly found that people with mental health problems tend to have little control over key factors affecting them: some talk of this as low 'discretion latitude' and others as 'disempowerment'. Whatever one calls it, decreasing control has been found to affect the mental health of individuals negatively and increasing control has been found to affect the mental health of individuals positively. I emphasise here that the amount of control one has is powerfully structured by our societal arrangements: and that relative wealth (poverty), socio-occupational stratification (class), gender (sexism) and dominant (especially ethnic) group membership (racism) are key. Effective mental health interventions, therefore, in my view involve redistributing control from the powerful in the direction of the relatively powerless to increase their control over factors affecting their lives.

Not surprisingly, the status quo - which does not like giving up its capacity to control - usually resists this redistribution of power. Moreover the status quo does not only exert control reactively when challenged but exerts control proactively as an everyday function of its existence. Much of this control is built into our multi-level social context, particularly into dominant narratives and discourses. Narratives about what is responsible for mental ill health and distress and which favour the interests of the status quo are often internalized, become taken for granted and are not easily challenged. The importance of "surfacing" and contesting these oppressive internalized narratives and discourses has been emphasized by psychologists like Martin-Baro as being a central task in addressing mental ill health. I call approaches that do this, rather than colluding with the status quo, 'critical' approaches.

By a critical approach to mental health, I mean one which asks questions about whose interests are served by what is thought, written and done by those working on mental health issues, what the implications are of various positions for the empowerment of some and disempowerment of other interest groups in relation to mental health and whether or not problematic assumptions about mental health underlie various aspects of the relevant literature. Thus, in reflecting critically on claims about mental health, I am not asking whether they are theoretically coherent, methodologically sophisticated, well supported by evidence or ethically viable (though these are important too). Rather I am asking to whose benefit and to whose detriment it would be if these claims were widely believed.
In his paper, *The Role of the Psychologist*, Martin-Baro cited French psychologist, Richelle, as asking "Why psychologists?", why the "quiet proliferation of a new species" and Deleuze as offering an insightful reply "psychology offers an alternative solution to social conflicts: it tries to change the individual while preserving the social order, or, in the best of cases, generating the illusion that, perhaps as the individual changes, so will the social order". Martin Baro commented "when looking dispassionately at the place some psychological concepts occupy in the dominant political and cultural discourse, or when pondering the role played by the majority of psychologists in our countries, one has to concede that Deleuze makes a lot of sense" (Aron and Corne, 1994:37).

I could not agree more. To give an example, some work by clinical psychologists has evaluated attempts to reduce the negative mental health consequences of unemployment by giving cognitive behaviour therapy to unemployed people. The underlying claim is that by increasing the effectiveness of unemployed people in job search, they could increase the likelihood of the unemployed becoming re-employed and so remove the risk of the noxious mental health effects of unemployment upon them. Orthodox questions can be asked about whether such interventions 'work' i.e. whether they do indeed increase the effectiveness of the job search of the unemployed people involved in the studies, whether increased job search leads to reemployment, whether reemployment leads to improved mental health, whether the theoretical basis of cognitive behaviour therapy is coherent, how suitable the research methods and the techniques used to analyse the data are etc.

Whatever the answers to the above questions, they are not critical questions in the sense in question. Critical questions are concerned with:

- whose interests would serve for it to be widely believed that the mental health problems of unemployed people are caused not by external socio-economic events like recession but by "dysfunctional" internal psychological cognitions?
- how the interests of the various parties would be served if it were believed that mental ill health caused by unemployment was reversible through a few sessions of talking therapy?
- whose interests would be served if it were believed that mass unemployment could be tackled by individual cognitive treatment of people after they become unemployed (by cognitive behaviour therapy) rather than collective socio-economic prevention before people become unemployed (through job creation or redistribution)?
- whose interests would be served by interventions that create and maintain an excess of potential employees over vacancies and coach such people to compete with each other for success in getting one of the inadequate number of vacancies compared with interventions that create and maintain an excess of vacancies over potential employees and coach employers to compete with each other for success in getting one of the inadequate number of potential employees?

- whose interests would be served by the creation of an illusion of effective intervention of increasing unemployed people's chances of reemployment which, fundamentally, creates no jobs but merely redistributes the misery of unemployment from one sub group to another whilst maintaining an unchanged total of unemployed people, and thus an unchanged number of people at risk of psychological damage by unemployment?

Within the mental health mainstream, the notion of 'ideology' is very often used in a derogatory way to dismiss the work of others by (re)presenting it as more a product of a pre-existing political "bias" than of any systematic process of scholarship or research. However, critically, here I am using the term "ideology" as Stainton Rogers uses it i.e. to mean "the use of knowledge to promote the power of certain groups" Stainton Rogers (2002: 299). In particular I am interested in to what extent the construction and use of certain 'knowledges' about mental health are used to promote the power of the status quo rather than that of people with mental health problems.

My concern with control extends to the very processes of research and action. In carrying out my work, I strive - inadequately - to maximise the control of those with whom I work over key dimensions of the process and to minimise my own 'power over them. In research terms this means I prefer research methods which allow participants to actively determine what is talked about and how it is articulated rather than methods where participants are passively processed through issues and questions pre-structured by the researcher. As for interventions, I favour collaborative multilateral co-research and co-action 'with' participants over unilateral work 'for' them. Indeed, the promotion of co-operative, heterarchical, relationships rather than competitive hierarchical ones, both as process and outcome, is a key aim for me.

I tend to be sceptical of the competence of professional mental health 'experts', mindful that such expertise is often wielded to control and that many disadvantaged community members usually only come across psychological experts as bearers of bad news and/or oppressive power: when their children are labelled as problematic at school by educational psychologists, when work is intensified in their jobs by occupational psychologists, when they hear from psychiatrists that they have not only lost their job but that they are also 'losing their mind'. The effectiveness of such experts in dealing with the mental health problems brought to them is often, in my view, very limited and very problematic. Indeed some expert 'solutions' are more problematic than the original problem. Presenting to a mental health 'expert' with depression which has its origin in structural inequality only to be offered cognitive behaviour therapy or anti-depressant medication can be an alienating
experience and indeed, given the victim-blaming implications of the former and the side effects of the latter, could compound rather than reduce difficulties.

On the other hand, I appreciate the experiential and practical mental health expertise possessed and exercised by 'ordinary' people. They often have insightful understanding of key phenomena and clear views about what is needed, though inadequate resources and power to actually implement them. It is, for me, more important to look for, celebrate and facilitate competence, resources and strengths than to look for, lament and supplement deficits, needs and weaknesses.

Finally, I regard social change as the key issue. My ultimate aim is not only, or even mostly, to research, understand and document mental health distress but to prevent, reduce or eliminate it by changing the societal arrangements upon which it is consequent.

Martin-Baro claimed that Central American psychologists faced the question not of "whether to abandon psychology" but the "question of whether psychological knowledge will be placed in the service of constructing a society where the welfare of the few is not built on the wretchedness of the many, where the fulfillment of some does not require that others be deprived, where the interests of the minority do not demand the dehumanization of all" (Aron and Corne, 1994: 46). I believe that it is even more important today for psychologists working on mental health issues to ask themselves that question. For me critical community psychology, though imperfect, constitutes the least problematic way to address the socially unjust conditions that create, distribute and maintain psychological and social distress and illness.

References

A review of
The Power of Generosity:
How to Transform Yourself and your World

Rachel Fayter

In The Power of Generosity Dave Toycen convincingly argues that the virtue of generosity can build community and help bring social justice to a world of disparity, poverty, violence, and marginalization. Toycen outlines a philosophy of living that challenges the way we look at the world. The author describes how our self-help individualistic culture that is engulfed by materialism and consumerism has caused us to neglect those in need.

With personal narratives and anecdotes from his experiences as a humanitarian worker, Toycen discusses many social issues that are occurring on a global level. Using multiple levels of analysis and a systemic framework, Toycen argues that generosity plays a key role in addressing and alleviating issues of extreme poverty, discrimination, violence, war, lack of health care, and oppression. From the onset of the book Toycen asserts that in a world of poverty and humanitarian crisis social action is needed. Generosity is the action needed to achieve social justice.

In conceptualizing generosity Toycen explains that it involves not only distributive justice, but also social support and simple acts of caring and compassion. However, generosity must be accompanied by an enthusiasm to give. Although Toycen is very clear about his own personal faith and stresses that generosity has a place in all major faith traditions, he explicates that doing good transcends one’s particular group, doctrine, or religious affiliation. Generosity can be found in any community around the world regardless of economic, religious, or social factors.

The relational aspect of generosity is made explicit throughout the book. Generosity is about interaction with other people. It often starts with one person but then spreads with a multiplicative effect. An individual who is the recipient of generosity will likely be generous to others. Towards the conclusion of the book Toycen states that it is critical to ensure that the relational aspect of helping others is not neglected. However, it is also necessary to consider macro level issues and engage with major systems and structures that cause people to remain disadvantaged and oppressed. The overall picture that Toycen provides us with is that we need to give up some of our time and money to nurture the compassion and generosity that holds us together as families, communities, nations, and the world.

In The Power of Generosity the values and assumptions outlined by the author are compatible with the core values of community psychology (CP). However, there are some limitations to his arguments including, a large focus on the individual level of analysis, little discussion on the role of generosity in achieving social justice at the collective or macro level, and no consideration of issues of power and empowerment. The issues addressed in this book would benefit from a CP perspective.

An ecological framework is clearly present as Toycen discusses generosity at the individual, relational, and collective levels. However, Toycen tends to focus on the individual level most extensively. Although generosity can be very influential at the micro level I believe that it can have a much more profound impact at the collective level. Toycen does briefly mention that it is important to look at the macro level and engage with major systems and issues that cause people to remain in poverty, but he does not elaborate on this perspective. What role does generosity play in creating macro level social change? What about prevention? Can generosity prevent harm and injustice?

In Toycen's book he does not attend to issues of power. Are powerful people more or less generous? What role does power play in understanding generosity? Does power inhibit or promote generous actions? Similarly, there is no discussion on empowerment. I contend that the book would have benefited from an entire chapter devoted to empowerment. Does generosity facilitate the empowerment process? Generosity may be expected to be empowering to both the giver and the receiver of the generous act. Despite several limitations there were many CP values, principles, and themes present in the text. Some of the most salient CP perspectives include a concern for disadvantaged and marginalized people, the concept of bridging, a respect for diversity, and the need to alleviate poverty.

The entire book is based on the need for generosity and social action in achieving a more just and equitable society. Toycen considers the role of generosity in addressing many social issues. The issues that are most thoroughly discussed include the disparity in the marketplace (i.e., developing countries have limited opportunity to participate in the global economy), war and genocide, the HIV/AIDS epidemic in Africa, discrimination against women, the increasing gap between rich and poor, and extreme poverty, famine, and drought.

The concept of bridging (i.e., connections across groups) and its relation to generosity was discussed in detail several times in the text. One example was a story from a child survivor of the holocaust who was saved by a Christian family. Later in life this individual spent years researching the issue and found details on 50,000 cases of non-Jews helping Jewish people escape.
One of the most evident strengths in the text is that Toycen proposes a brief critique of generosity. In his discussion of social justice Toycen offers the notion that generosity may be an easy way out for some when compared to working towards social change. Generosity without justice is simply a short-term solution. Toycen advocates for social change to be a natural aspect of generosity. We must recognize the past injustices that marginalized and impoverished people have suffered. Because achieving this sort of justice is a daunting and complicated task, being charitable and generous with donations may distract people from the greater need of social justice. When relating to people in poverty it is more convenient to give money or food than it is to address the underlying reasons that cause and perpetuate poverty.

In conclusion, Toycen noted that generosity is only one of many responses that are necessary to address the challenges our world faces. Without a generous attitude we are restrained to the status quo. From the above remarks it is apparent that Toycen recognizes that generosity alone cannot achieve social justice, but it is a good foundation. What else do we need along with generosity?

*The Power of Generosity* offered a very broad perspective on the role of generosity in addressing numerous social issues. Generosity was explored on a global level across many communities and socio-economic groups from multiple levels of analysis. Toycen's book provided a clearer understanding of the strength and impact that a generous attitude can have in creating social change. Although I was left with several questions and there are a number of areas in the text that could have benefited from a CP perspective, I believe that Toycen's discussion of generosity was comprehensive, insightful, and stimulating.
Preparation, Submission and Publication of Manuscripts

Network publishes work that is of relevance to community psychologists and others interested in the field. Research reports should be methodologically sound, and papers reporting the use of qualitative methodologies will be especially welcome. Theoretical or area review papers are welcomed, as are letters, brief reports and papers by newer contributors to the discipline. Contributions towards the four sections of the journal are sought.

Articles

Contributions are state of the art reviews of professional and applied areas and reviews on matters of general relevance to community psychologists. They are between 4,000 and 10,000 words, or the equivalent, including all tables, figures and references.

Practice Issues

This section publishes individual manuscripts and collections of manuscripts which address matters of general, professional and public relevance, techniques and approaches in psychological practice, professional development issues, and professional and public policy issues.

Book Reviews

The journal publishes book reviews of up to 1,000 words. Books reviewed relate directly to the major areas of practice in community psychology. The following constitutes advice to contributors that is relevant generally to all journal sections.

Review of Manuscripts

All contributions, including book reviews are handled by an appropriately qualified Associate Editor and all contributions are refereed.

Publication of Accepted Manuscripts

On acceptance of their articles for publication, authors should reformat the paper according to the guidelines below and resubmit an electronic copy of their paper to the Editors at the address specified below. Acceptable word processing programme formats are: Microsoft Word.

Instructions for Authors

Articles submitted for review must be original works and may not be under consideration elsewhere.

All articles are to be submitted electronically to the:

Assistant Editor
Tao Jordan
Email: tao.jordan@edithcowan.edu.au

If authors experience difficulty with electronic submission, Hard Copy materials together with a disc copy should be sent to:

Dr Lynne Cohen
School of Psychology
Edith Cowan University
100 Joondalup Drive
Joondalup
Western Australia 6027

Every submission must include:

• A cover letter stating the section of the journal to which the author(s) wish to submit the article.
• The complete manuscript, including title page, abstract, text, tables, acknowledgements, references and illustrations.
• Written permission from the publisher (copyright holder) to reproduce any previously published tables, illustrations or photographs.

Manuscripts should be arranged as follows:

i. Title page
ii. Abstract and keywords
iii. Text
iv. Acknowledgements
v. Disclosures if required
vi. References

Tables and figures should be placed in the correct position within the body of the text. Number pages consecutively, beginning with the title page as page 1.

Sections of the Manuscript

Title Page should contain:

• Title: Should be short and informative. Recommended length is between 10 and 12 words.
• Running Head: Short title with a maximum of 50 characters.
• Author: This should include the author’s name in the preferred form of first initial, last name.
• Institution and Affiliations: This identifies the location where the author(s) undertook the investigation.
• Corresponding Author: Provide the name, exact postal address with post code, telephone number, fax number and email address of the author to whom communications, proofs, and requests for reprints should be sent.

Specific Formatting Requirements

Submission of papers for consideration by the Editorial Board and Reviewers should follow these guidelines:

Page Size, Margins, Alignment

A4 page. All margins, 2.5 cm.

Spacing

All text 1/1.2 line spacing, left aligned (not justified) unless otherwise specified.

Font & Size

Times New Roman, 12 pt unless otherwise specified.

Paper Title

14pt, bold, centred, sentence case.

Place one line after the paper title.

Abstract and Keywords

12pt, italics, left aligned.

Place one blank line before and after the abstract.

The abstract must be no more than 200 words.

Place up to 6 (six) keywords.

Normal Text

12pt, Times New Roman 1 line-spacing, left aligned (not justified) Do not leave line spaces between paragraphs but indent the first line of each paragraph.

Long Quotes (roughly, quotes of 30 words or more)

12pt, indented 1 cm left and right

1st Level Heading

Sentence case, bold, centred, not italics.

1st Level of Subheading

12pt, italics, sentence case, left aligned.

Leave one line space before this level of subheading.

Do not number subheadings.

2nd Level of Subheading

12pt, italics, sentence case, left aligned. Text should continue on the same line. Leave one line space before this level of subheading.

Tables and Figures

Captions in 12pt and typed below the figure, as required by Publication Manual of the American Psychological Association Fifth Edition. These should be black and white and inserted in the correct place within the body of the text. Do not allow a figure or table to be split over two pages.

Page Numbers

Please insert page numbers at the top of the page, right aligned, beginning with the title page. (These will be removed during compilation)

Footnotes

Please avoid using footnotes if unavoidable; follow the requirements of Publication Manual of the American Psychological Association Fifth Edition.

References and Citations

Please use the Publication Manual of the American Psychological Association Fifth Edition citation and reference style. List references under the 1st level subheading, References

Diagrams

Diagrams, illustrations, graphs, etc. must be contained in your Word document, be black and white, located in correct positions, and must be ‘screen readable’. This means fully legible and readable on screen when displayed at widths that ideally do not exceed about 750 pixels and certainly should not exceed 1000 pixels. Please adhere to the Publication Manual of the American Psychological Association Fifth Edition.