

In Praise of Paradox: A Social Policy of Empowerment Over Prevention^{1,2}

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The thesis of this paper is that the most important and interesting aspects of community life are by their very nature paradoxical; and that our task as researchers, scholars, and professionals should be to "unpack" and influence contemporary resolutions of paradox. Within this general theme I will argue that in order to do so we will need to be more a social movement than a profession, regain our sense of urgency, and avoid the tendency to become "one-sided." I will suggest that the paradoxical issue which demands our attention in the foreseeable future is a conflict between "rights" and "needs" models for viewing people in trouble.

For those who are concerned with social/community problems the idea of prevention is the logical extension of a needs model which views people in difficulty as children; the idea of advocacy is an extension of the rights model of people as citizens. I will conclude that both of these are one-sided and propose an empowerment model for a social policy which views people as complete human beings, creates a symbolic sense of urgency,

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²In a paper such as this one there are many intellectual debts. Those of which I am most aware are to the works of social historian David J. Rothman and economist and philosopher E. F. Schumacher. Perhaps less obvious but more direct is the influence of two colleagues whose papers (Sarason, 1978; Seidman, 1978) I deem to be among the more important written in this field, and which force me to see this one as a sequel. In addition, I am intellectually indebted to my friend, Ronald Simkins, who quite directly gave me many of the ideas presented here, and to conversations with and the influence of many others including Thom Moore, Ken Maton, Fern Chertok, Bruce Rapkin, Ann Jolly, Kathy Roesch, and Arlene Rappaport.

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requires attention to paradox, and expects divergent and dialectical rather than convergent solutions.

THE PARADOXICAL NATURE OF SOCIAL/COMMUNITY PROBLEMS

Basic to my argument is an assumption that unlike other (i.e., non-human, inanimate, or purely biological) systems, human social systems for living are paradoxical in nature. In order to make my case I will need to dabble in bits of philosophy and history, both social and psychological, and to define some terms. The terms are *paradox*, *antinomy*, *convergent and divergent reasoning*, and *dialectic*. I begin with a definition of paradox.

Paradox

A paradox, according to the Oxford English Dictionary (p. 450) is:

1. A statement or tenet contrary to received opinion or belief . . . discordant with what is held to be established truth. 2. A statement or proposition which on the face of it seems self contradictory, absurd or at variance with common sense, though on investigation or when explained, it may prove to be well-founded . . . often applied to a proposition or a statement that is actually self contradictory . . . essentially absurd and false.

Notice that in this definition there are two possibilities when confronted with paradox: one is that we have discovered an essentially true phenomenon, a reality which at first seems to be self-contradictory but on investigation proves to be well founded. The second possibility is that the paradox is more apparent than real, or a false paradox. I am going to suggest in a moment that one of our tasks as social scientists is to discover the difference between true and false paradox. But first I need to introduce a related term: *antinomy*.

Antinomy

Basic to the idea of paradox is the notion of antinomy, "a contradiction in a law, or between two equally binding laws." This idea originates from conflict in authority or in canon or civil law wherein "whatever of the alternative solutions we adopt we are led to absurdity and contradiction" (Oxford English Dictionary, 1971, p. 371).

Antinomy is in many respects the rule rather than the exception in social and community life. As Schumacher (1977) points out, the frequently

encountered opposites in education and politics, two major fields of social life, are freedom and equality. These are two equally positive values which, when mistakenly viewed one at a time, lead us to maximize one and ignore the other. Because they are intimately intertwined they constitute an antinomy and present us with phenomena that are true paradoxes. That is, the very nature of education and politics is paradoxical. The problems do not simply appear to be paradoxical; they actually are paradoxical problems because they are made up of real antinomies.

Using the example of freedom and equality in government: If we maximize one we find that the other is necessarily minimized. Allowing total freedom will lead the strong (in whatever form strength is found—social power, money, physical prowess) to dominate the weak and equality to be obliterated. Equality will require constraints on freedom, which will necessarily impose limits on certain people. This is of course a classical problem, but we tend to think that its solution will be similar to solutions in the physical sciences and can be found by convergent reasoning. The problem requires divergent thought. I will discuss the difference between convergent and divergent thought in a moment.

A crucial task for anyone interested in social/community problems is to look for paradox so as to discover antinomies, such as the one I have just described, in social and community relationships. Once discovered, we will often find that one side or the other has been ignored and its opposite emphasized. To discover which paradoxes of social life are founded on antinomy and which are founded on absurdity and false reasoning is part of our job. That is the understanding part. The action part of our job is then to confront the discovered paradoxes by pushing them in the ignored direction. To take this seriously means that those who are interested in social change must never allow themselves the privilege of being in the majority, else they run the risk of losing their grasp of the paradox. That is one reason why social change is not an end product but rather a process. This leads me to immodestly suggest, only in part facetiously, Rappaport's Rule: *When most people agree with you, worry.*

Dialectic

The idea of the dialectic is central to what this paper is about. The point is simply that much of what underlies the substance of our field requires us to recognize that we are being pulled in two ways at once and that we often need to pay attention to two different and apparently opposed poles of thought.

The picture of the dialectic which I like the best is one portrayed in a modest book called *The Simple Life* by Vernard Eller (1973). Eller likens

the dialectic to a department store demonstration of a vacuum cleaner with its hose pointed upward and the machine turned to "blow." In the jet of air above the nozzle there is a Ping-Pong ball caught between two opposing forces. Gravity pulls it down to the air jet, which has the effect of blowing it up. As it goes up it gets out of the range of the force of the air and gravity pulls it back down. "Thought or action that operates out of this sort of dynamic tension, giving attention to one truth in such a way that attention must then immediately be given to its counterpart—this is what we mean by dialectic" (Eller, 1973, p. 11).

The tendency to become focused on one side of a dialectical problem, that is, to pay attention to one side of the truth so as to fail to take into account an equally compelling opposite, is what I refer to as being one-sided.

Joseph E. McGrath, current editor of the *Journal of Social Issues*, recently reviewed the history of that journal (Note 1) and came to the conclusion, rightly I think, "*that most of the social issues of our time are fundamentally of this form: a basic opposition of two or more 'valid' (that is morally correct) principles*" and that "*most social issues of this form have at least two 'decent' solutions (i.e., morally justifiable) sides to them (often more than two).*" (p. 36, italics in original).

An example from content in our domain of interest may help to demonstrate the dialectic. In order to implement a social policy decision one must confront the organizational level of analysis, yet as soon as we turn away from individual persons, either the target people or the administrators, we begin to lose our ability to be effective.

When we try to implement a social policy such as Public Law 94-142 (the right to education for all handicapped persons), unless we pay a great deal of attention to the individual teachers who implement such policy at the face-to-face level, we are likely to find the intention of the policy distorted in practice. On the other hand, to deal only with the individual teachers would be very ineffective as a means to alter public policy. Either strategy alone is one-sided.

Another example: the development of compensatory education in our public schools was a step which rejected the notion of stable IQ as the determinant of school performance in favor of direct instruction to enhance performance for high-risk, i.e., minority, children. Yet, as benign as was this intention, and indeed there is much reason to assume that direct instruction is useful and has its place, the development of a widespread policy of compensatory education led to what Herbert Ginsburg (1972) so rightly called "the myth of the deprived child." It became so one-sided that it sanctioned the belief that minority children lack not only the content of middle-class knowledge but the ability to learn, because it refused to acknowledge

what they do know and how they acquire it (cf. Hunt, 1969). We, quite mistakenly, as Baratz and Baratz (1970) pointed out a decade ago, institutionalized our heretofore personalized racism. No one intended to do that; we simply paid attention to one side of the dialectic as opposed to the other. We forgot that just because these children could benefit from direct instruction in the content of middle-class knowledge it did not mean that they did not already have a great deal of knowledge and skill. We forgot that change in the schools as well as the children is essential. We allowed ourselves to be content to show a statistical gain on achievement test scores in second grade without bothering to ask if that meant real success in school or in the world. Most such programs have simply ignored the strengths and assets of the children and their families and failed to change the schools, or the opportunity structure of the society, so that program effects simply fade away (e.g., Gray & Klaus, 1970; Rappaport, 1977, chaps. 7 and 8). What we say is that the effects fail to generalize; what it means is that they don't make any difference in the real world of life.

The same may be said for desegregation. The national policy was intended to equalize educational opportunity. Busing children for racial balance in schools has, in many areas, effectively helped to destroy already decaying black neighborhoods. Respecting and fostering minority culture, preparing children for the majority culture, integration of minority and majority, strengthening local neighborhoods: these are equally compelling values with *opposite* poles. One does not necessarily lead to the other; one may hinder the other. It is by nature a dialectical problem and requires many divergent solutions.

Convergent and Divergent Reasoning

For a description of convergent and divergent reasoning I turn to the work of E. F. Schumacher, best known as the author of *Small is Beautiful* (1973). In his lesser known book, *A Guide for the Perplexed* (1977), Schumacher argues that there are two very different kinds of problems in the world. One type, convergent problems, are those characteristic of inanimate nature. For such problems many solutions are offered which gradually, over time, converge toward *the* right answer, one which turns out to be stable, if improvable, over time. Problems of this type are either solved or "as yet" unsolved. There is no reason, in principle, why unsolved convergent type problems should not one day be solved forever. It is obvious that this attitude is very effective in the material world, where by choice of problem, exact measurement, and quantification, all problems chosen can

and will be solved. In fact, one selects only problems one believes to be solvable.⁴ It is far from obvious that social problems are of this type.

What if, rather than converging, we find that equally clear, logical answers, which are exactly the opposite of one another, are developed by equally clear, logical people; that is, the solutions diverge rather than converge?

This is, in fact, the case in social science over time (Cronbach, 1975; Gergen, 1973). That is, as new solutions are developed and institutionalized they become one-sided and other solutions not seen before, and contradictory to the first, emerge (Takanishi, 1978). The juvenile court is one of my favorite examples (Note 2); originally developed as a means to divert children from the evils of the adult court, today we see many diversion programs aimed at diverting children from the evils of the juvenile court itself.

If we are dealing with problems that are dialectical by nature, then they will necessarily yield many divergent rather than one convergent solution, not only over time but even at the same moment in time. That may be one reason why social science seems to have no single dominant paradigm in the Kuhnian sense. Usually we lament this diversity of conflicting paradigms. It may be that the nature of the phenomena are such that diversity of paradigms is a true reflection of the things studied, which may be *best* understood in more than one way.

If by convergent reasoning we act as if there can be *the* solution we will become one-sided and necessarily create unintended negative consequences by ignoring the other side. This is exactly what we have done when we have tried to implement community mental health policy by taking people out of mental hospitals without paying attention to them, or to the people who would need to interact directly with them, as individuals. The results have often been not only disastrous but inhumane (cf. *N. Y. Times*, Note 3). Unfortunately, some will argue that this means we never should have allowed such people to leave the hospital. That is simply a one-sided solution in the other direction.

In fact, what is wrong is that we acted as if this were a convergent rather than a divergent problem, and we ignored its dialectual nature. The problem of chronic patient status has a variety of solutions, some of which are contradictory, and both sides of the contradiction need to have attention paid to them. This is an example of a problem with a paradoxical nature. When we pay attention to paradox we are more likely than otherwise to find ourselves being useful.

⁴Whether or not the physical sciences and engineering, fields more likely than ours to work on convergent problems, do solve all of their problems is actually irrelevant to my argument, which is less that social problems are not solvable and more that they are solvable in many different ways.

CONFRONTING PARADOX: TWO EXAMPLES FROM OUR PAST

Perhaps one of the most important sources stimulating the origins of community psychology emerged from those who confronted the paradox that demand for human services infinitely expands to meet the services available and that we can never train enough professional mental health manpower to meet the needs (Albee, 1959; Cowen, Gardner, & Zax, 1967). Analysis of the paradoxical relationship between professional training, supply of services, demand and need, not only stimulated the nonprofessional movement, which gave vigor to both community mental health and community psychology, but also provided a kind of urgency to our work.

There are now enough studies of nonprofessionals (Rappaport, 1977) so that even if one is more conservative than to argue that they are better than professionals for certain problems (Durlak, 1979), neither can one argue that there is better evidence for the effectiveness of professionals. In fact, nonprofessional interventions have been subjected to more rather than less scrutiny than those of professionals, especially for service delivery other than psychotherapy per se. The fact that the American Psychological Association wishes to ignore this by exclusion and demanding licensing and credentialing is far more of a guild than an effectiveness issue (Gross, 1978; Koocher, 1979). But my aim here is not to convince you of that, it is rather to point out that confronting paradox led to more useful work and new ideas than most research programs.

Another outstanding example of confronting paradox is William Ryan's (1971) classic work, *Blaming the Victim*, and the brief but brilliant paper by Caplan and Nelson (1973) which pushes forward the implications of our individual "person blame" ideology. They presented us with an antinomy, a contradiction. It hurt our moral sensibilities and created a sense of urgency. It has served to fuel excitement in our field. When we see a glimpse of paradox we become charged with urgency because once the opposite to a one-sided solution is seen it burns to be said. Blaming the victim has been a major symbolic and ideological cry for community psychology as a social movement.

COMMUNITY PSYCHOLOGY AS A SOCIAL MOVEMENT

Partly because community psychology has had the character of a social movement (Killian, 1964) it has been able to contribute to the pursuit of paradox, a task which involves emotionality, ideology, the symbolic, and the ideational (Zald, Note 4) as well as the logical and the concrete. As Lilly and Smith (1980) have recently shown for the field of special education, to

the extent that a discipline becomes more a profession and less a social movement its practitioners are likely to become more defensive, conservative, and lose their sense of "urgency" (Hiller, 1975).

To hold on to urgency requires a cause that transcends ourselves, one that holds symbolic power. To burn with fervor for some higher purpose, be it expressed in understanding or in action, is to be alive and to push ourselves to create the possibilities for change. The most important contributions from community psychology have been fueled with a sense of urgency. To give up such urgency is to live with mediocrity.

A decade ago, in his presidential address to this Division, Jim Kelly (1980) proposed an "antidote for arrogance" as the ecological view of man and the role of the psychologist in the community rather than as simply a student of the community. Murray Levine's (1980) recent writing on investigative reporting pleads a similar case for the researcher who immerses one's self in the phenomena of interest. The psychologist of this variety is one who is deeply involved, "dotes" on the environment, and has a "love of community" (Kelly, 1970).

In the decade following Kelly's plea we have seen much of psychology become concerned with establishing itself as a legitimate profession. We have also seen a nation turn from a time of urgency in its search for corporate justice to a desire for individual protection of personal, especially economic, interests.

The context for doing community psychology has changed, and we are being affected by that change in a way which runs the risk of pushing us away from our sense of urgency about the really important questions in the life of the community, toward a consolidation of our own position and a temptation to settle for the security and the mediocrity of fitting in (Note 5).

If the antidote for arrogance is the ecological view of man the medicine for mediocrity is the pursuit of paradox. Pursuit of paradox means looking for the contradictions of life. It means finding those places in social and community institutions which have become what I have referred to as *one-sided* and trying to turn them around. When I say "have become one-sided" I am implying that there is more than one side to the ways in which our social institutions can operate to do their job. Partly because institutions have a tendency to become one-sided, many social problems are ironically and inadvertently created by the so-called helping systems—the institutions and organizations developed by well-meaning scientists and professionals—and often "solutions" create more problems than they solve.

I now see such problem-creation as a function of convergent reasoning about divergent problems which leads to an inability to think dialectically and causes us to create one-sided monolithic and institutionalized solutions

requiring the pursuit of paradox in order to make change possible. Such pursuit can be accomplished only by those who carry a sense of urgency into their work, because all the pressures of professionalism will ask one to ignore the paradox and to keep on doing what is "acceptable."

But fortunately there are always those who fight against such pressures. The anthropologist, Jules Henry (1963, p. 10) put it this way: "The strong inherent tendency of Homo Sapiens to search for solutions to problems he himself creates ranges from . . . therapy . . . to social revolution . . . although culture is for man, it is also against him." This statement, presented as a characteristic of human nature, is the prototype. If it is correct that solutions create problems which require new solutions this should be of some interest to us, but not because we can expect to find a solution once and for all. Rather, it is the paradox itself that should be of interest because that should tell us something about the fact that *a variety of contradictory solutions will necessarily emerge* and that we ought not only expect but welcome this, because the more different solutions to the same problem the better, not the worse.

That social institutions and professions create as well as solve problems is *not* a call for working harder to find the single best technique or for lamenting the failure of our best minds to be creative. Quite the opposite. *It is a problem to be understood as contained in the basic nature of the subject matter of our field.* It will always be this way. There can never be a now and for all time single scientific "breakthrough" which settles and solves the puzzles of our discipline. Today's solution must be tomorrow's problem. And even today we need many different solutions to the same problem, not one monolithic answer. To seek *the* answer may be more than wrong, it may be dangerous. Thomas Merton (1968) put it this way:

Knowledge expands man like a balloon, and gives him a precarious wholeness in which he thinks that he holds in himself all the dimensions of a truth the totality of which is denied to others. It then becomes his duty, he thinks, by virtue of his superior knowledge, to punish those who do not share his truth. How can he love others he thinks, except by imposing on them the truth which they would otherwise insult and neglect (p. 44)

This reality when pointed out by others such as Sarason (1978) has, I think, sometimes been misinterpreted to suggest that there are no solutions to social problems and that if we follow this view to its logical conclusion we must give up trying (Note 1). It is as if human problems can only be handled by positivistic convergent science or not at all. I do not believe that there are no solutions, only that given the nature of social problems there are no permanent solutions and no single "this is the only answer possible" solutions, even at any moment in time. Divergent, dialectical problems must have many solutions which, like the Ping-Pong ball in Eller's example,

change with the currents. The challenge for our discipline is to continue to fuel the fires of urgency by seeking out the paradoxical, by finding those places where one-sided solutions have developed and pushing the institutions toward the other side. To do this requires that we pay some attention to social history.

SOCIAL HISTORY AND THE RIGHTS/NEEDS DIALECTIC

When the community mental health movement began to impact on psychology we believed that we were entering an era of exciting social change, and to some extent we may have been. What the community mental health movement did was to confront the fact that the mental health system had gone too far to one side and become an institutional warehouse for the poor and an existential philosophy for the wealthy. Confronting this one-sidedness was both necessary and useful. It had the character and urgency of a social movement, it pushed the dialectic within the mental health professions in an ignored direction, i.e., toward deinstitutionalization and extending the reach of viable services to the unreachable.

For the profession of psychology the period between mid-1960 and mid-1970 was the community mental health decade, and many American psychologists were greatly influenced by and contributed to it; but taken out of historical time it is not well understood. To understand what we were experiencing requires historical context other than the purely professional.

Those in the community mental health movement may not have fully appreciated the extent to which they were riding on the cusp of a change between two essentially different eras—each on opposite sides of a dialectic formed between a “rights” and a “needs” view of dependent people. Community mental health was, I now believe, the last breath of a dying age which social historians call the Progressive Era (Bremner, 1956; Chambers, 1963; Davis, 1967; Gaylin, Glasser, Marcus, & Rothman, 1978; Lubove, 1969). I will rely heavily for my brief description of this era on the work of historian David Rothman (1971; 1980) and others in *Doing Good: The Limits of Benevolence* (Gaylin et al., 1978).

The mainstream reform position in the United States between 1900 and 1965 was largely an attempt to translate the biological model of the caring parent into a program for social action. The prime moving rationale was belief in the state as parent, not simply as metaphor but literally. This belief informed both the questions and the answers. For the first two-thirds of this century the legislative, governmental, and administrative social policy makers built an apparatus to provide services to the needy with little concern about the possibility of abuse and loss of rights. In this scheme of

things the helping professions were the frontline soldiers in an army that would benevolently care for the poor, the retarded, the mentally ill, and the downtrodden. Those in need were more or less like children, to be helped, told what to do, and kept off the streets. The liberal mind was captivated by this idea which Rothman (1980) sees as a union of "conscience and convenience."

By mid-1960, just as the Progressive Era was about to give way to a new ideology, the community mental health movement (together with the "war on poverty") began to emerge. The thrust of community mental health came as a last-ditch effort to parent the entire society by means of the noble ambition of extending the reach of services via catchment areas to the heretofore unreached. What is ironic is that the community mental health movement believed itself to be a new benevolence when in fact it was a dying twitch of a beheaded organism.

The helping professions themselves have been shaped out of the era of progressivism. Partly because the progressive era social programs and their community mental health offspring had promised too much and compromised too much; and partly because of the experience of the civil rights movement and the war on poverty, and partly because of economic factors and an overbloated beauracracy, and partly because of generalization from the perceived energy crisis and the movement toward conservation of material resources, there has now developed a seemingly strange alliance between fiscal conservatives and social reformers. The reformers want to break down what they see as the negative effects of the "helping" social control institutions; the fiscal conservatives want to save money (Note 6).

As the community mental health movement is transformed and dies out (of course I do not expect the words or the places named community mental health centers to die out so much as the intellectual vigor and social power of the idea) we are witnessing the rise of the idea of rights over needs. The paradox for the remaining years of this century will be encapsulated in a struggle between opposing views of the poor, the physically disabled, the mental patient, the retarded person, the juvenile, the elderly, and so on, as dependent persons to be helped, socialized, trained, given skills, and have their illnesses prevented, or as citizens to be assured of rights and choices. Symbols and imagery will be very important in this struggle. It makes a great deal of difference if you are viewed as a child or as a citizen, since if you believe it you are quite likely to act the part (Snyder & Swann, 1978; Swann & Snyder, 1980), and if those in power believe it they are likely to develop programs, plans, and structures that will help you to believe it.

The elderly are perhaps a case in point because of their relatively new status as either a "class to be represented" or as a population "at risk,"

depending on a rights or a needs point of view. There is already a struggle between those who see being old as a disease that requires services and those who see it as a period of life that requires assurance of citizen rights. While neither view is a panacea, the images they conjure up do have an impact on us as well as them. Likewise, for the physically and mentally handicapped there is a struggle between aims of normalization and protection.

Now is a time when there is great pressure for the courts and the legislatures, through law, social, and administrative policy, to offer fewer services and more rights. This has led to some strange bedfellows. We see them come together in the deinstitutionalization movements in mental health and child welfare, systems which are currently under fire on all sides, from radical noninterventionists through group-home advocates, from advocates of due process for children through advocates of benign neglect. The era of rights and fiscal conservatism is with us as its supporters compete with the more established help-centered agencies for symbolic, material, and social power (Glasser, 1978; Knitzer, 1980; Koocher, 1978; Webber & McCall, 1978).

Given our tendency to look for solutions as if we have convergent non-dialectical problems, we can expect to see two developments in the helping fields' reaction to the changing socio-political-economic atmosphere. Many of the helpers will try to maintain control and services, basically standing by the progressive era notion of the expert as parent giving benign treatments on an individualized basis to the downtrodden, albeit now outside the institution. We will see new and optimistic arguments for the effectiveness of therapy and other social services for the poor combined with economic arguments to refocus our gaze on doing treatment for those who want it and to ignore as "not our job" the social conditions under which many people live their lives (Buck & Hirschman, 1980).

Others, still unable to let go of the needs model of the progressive era, but dissatisfied with programs that only treat people after they are in obvious trouble, will maintain that our task is to assist high-risk populations to adjust to the reality of social institutions. We may now prefer to call this "teaching competencies" rather than doing psychotherapy, but the crucial element of "expert/helper," or the "doctor/patient relationship," or at least the "student/teacher relationship," will be maintained. There will be no question about who is "up" and who is "down." Even programs aimed at so-called structural change, when framed in terms of "prevention," create a metaphor that despite intentions, when adopted by our social institutions yields all the wrong symbols, images, and meta messages.

Frankly, I am beginning to suspect that as it grows in popularity among mental health professionals, even to the point where the National Institute of Mental Health makes it a training grant priority for clinical psy-

chology training programs, the whole idea behind prevention will somehow lose out to the image it creates. Prevention programs aimed at so called high-risk populations, especially programs under the auspices of established social institutions, can easily become a new arena for colonialization, where people are forced to consume our goods and services, thereby providing us with jobs and money. Rothman (1980) observed that the progressives did not reduce the use of institutions; they added on new programs for more people while the supposed target groups continued to languish in institutions. Prevention programs may not chage our current social institutions, but rather add on to them, and in turn to the therapeutic state (Kittrie, 1974); and I might add, with little evidence that they actually prevent anything.

This underlies much of what is called prevention: find so-called high-risk people and save them from themselves, if they like it or not, by giving them, or even better, their children, programs which we develop, package, sell, operate, or otherwise control. Teach them how to fit in and be less of a nuisance. Convince them that a change in their test scores is somehow the same as a change in their life. Operating our interventions through the professionally controlled educational and social agencies developed during the progressive era fosters this attitude, because it is consistent with the culture of these settings. Thus, we are consultants, not to people, but to agencies, schools, and other sanctioned social agents. Our role relationships to people need never change (Fairweather, 1972).

On the other side, equally convergent nondialectical in their thinking, stand both those who are saving money wasted on programs of unproven value and those who push for "freedoms" and "rights," including the right to be different to the point of missing the freedom to be the same as others, to obtain help, education, or services. Having rights but no resources and no services available is a cruel joke. While ostensibly motivated out of a great deal of respect for the individual right not to be socialized or controlled so long as one hurts no one but one's self and by the desire to limit the arbitrariness of the therapeutic state, or the arrogance of prevention programs which I have just criticized, this position easily becomes one of "benign neglect." Just as easily as helpers can slip from a real desire to prevent mental illness into a social control mentality that obliterates legitimate differences or to mistake change on test scores for change in the conditions of life, advocates and fiscal conservatives can slip from a critique of naive helpers and concern over the violation of the rights of dependent people into their own naive belief that help will somehow emerge from the private sector, or that it is not needed at all, or mistake a change in law for a change in the conditions of life. We can, in our overreaction to the failures of progressivism, be led to allow the state (i.e., the citizenry) to ignore its moral and social (as opposed to simply legal) obligations.

Stier (1978) calling on the work of Hart (1955) has recently suggested that if we rely on the courts to provide as "rights" conditions of living which are actually human "needs," we run the risk of confusing the rights of children with the moral duty of the state, and she reminds us that "inspiring society to meet its duties to children [I would say to all dependent persons] involves the creation of a sense of moral and social imperative" (p. 57). To the extent that we accept the notion that advocating for legal rights is *the* solution to problems in living we will settle for a one-sided solution that misses the dialectal relationship between rights and needs. What use is the right to treatment if treatment is neither available nor good? What good is the right to be in the community with no role, no respect, and no resources?

History seems to show that as society becomes more politically conservative we turn to a social science explanation favoring the intrapsychic as opposed to the environmental (Levine & Levine, 1970). It would be naive to think that in conjunction with our current swing toward conservative politics this will mean a simple return to older theoretical views of personality and psychodynamics, although that in part will be true. Rather, we will see an increased emphasis on *cognitive* (in-the-head) behavior modification and self-control, on *socio-biology*, on *individual* rights, and on changing the *person* side of person-environment fit as in so-called competency training as a form of socialization. These trends run counter to the behaviorism that helped to free us from our predetermined genetic background, the sociology that overturned the eugenics movement, the ecological view of context which has emphasized social change, and the civil liberties movement that sought corporate (class action) freedoms on the basis of moral imperatives.

There is now emerging a new kind of conservative intrapsychic and individual responsibility ideology that will blame victims in new and more clever ways. We will even be made to feel righteous about it. We will be asked to ignore the needs that do not fit into our social agencies, schools, and consulting rooms, as too costly a waste of resources on ineffective programs of unproven value. Those we ignore will be described as obtaining their right not to be coerced. This will salve our consciences as we collect money and prestige from the others. We will be told to become more of a profession (like real doctors) so we can qualify for certain social rewards by limiting our activities to those which are proper for licensed and accredited people and programs, i.e., those that are reimbursable by insurance or supportable by grants or by established social agencies.

Because this is a paradoxical, dialectical problem, they will be partly correct. There are people who benefit from a needs-oriented human service system and there are those who benefit from rights-oriented controls on that

system; but there are a great many people, including the real social disasters of our society, who require both rights and needs. If we hope to be useful to them *we will need to find a renewed symbolic and ideational goal and a renewed sense of urgency*. We must be a social movement that confronts with divergent reasoning the antinomies in the paradox of helping others. Many of us have placed our bets on the ideology of prevention. It is my contention that this ideology has outlived its usefulness and is one-sided at its core. It is a product of our failed social history and it creates the wrong symbolism. In the final part of this paper I will make the case that empowerment rather than prevention is far more promising both as a plan of action and as a symbolic ideology for the social movement called community psychology.

By empowerment I mean that our aim should be to enhance the possibilities for people to control their own lives. If this is our aim then we will necessarily find ourselves questioning both our public policy and our role relationship to dependent people. We will not be able to settle for a public policy which limits us to programs we design, operate, or package for social agencies to use on people, because it will require that the form and the meta communications as well as the content be consistent with empowerment. We will, should we take empowerment seriously, no longer be able to see people as simply children in need or as only citizens with rights, but rather as full human beings who have both rights and needs. We will confront the paradox that even the people most incompetent, in need, and apparently unable to function, require, just as you and I do, more rather than less control over their own lives; and that fostering more control does not necessarily mean ignoring them. Empowerment presses a different set of metaphors upon us. It is a way of thinking that lends itself to a clearer sense of the divergent nature of social problems.

THE LOGIC AND THE IMAGERY OF EMPOWERMENT

There are at least two requirements of an empowerment ideology. On the one hand it demands that we look to many diverse local settings where people are already handling their own problems in living, in order to learn more about how they do it. This demand is obviously consistent with, indeed requires, divergent reasoning. On the other hand, it demands that we find ways to take what we learn from these diverse settings and solutions and make it more public, so as to help foster social policies and programs that make it more rather than less likely that others not now handling their own problems in living or shut out from current solutions, gain control over their lives.

Newbrough (1980) last year concluded his presidential address with a vision of what he called the participating society. He suggested, from a review of a variety of writers on justice, values, society, bureaucracy, politics, and community life, that "the public interest is the empowerment of people" (p. 15). Riger (Note 7) has also commented on the logic behind empowerment. I suggest that this be our call to arms and that it replace "prevention" as our aim because the connotations, the meta meanings, and the implications are different.

The idea of prevention is derived from a needs model of dependent people; it is a legacy of the progressive era and of the one-sided development of social service institutions. Within the context of social service agencies and a needs/dependency model, which views people as children, prevention is the most sensible logical alternative to clinical services for all the reasons of efficiency its adherents have argued (Caplan, 1964; Cowen, 1980; President's Commission on Mental Health, 1978).

Advocacy is an alternative based on a rights model of social responsibility (Webber & McCall, 1978). It is a logical approach based on the assumptions derived from a legal/due process ideology which views people as citizens rather than as children. It is just as logical as prevention and just as one-sided. Both advocacy and prevention suggest professional experts as leaders who know the answers and provide them for their clients. Despite many obvious differences this similarity in role relationships is striking.

What we require is a model which allows us to play within the dialectic and to pursue paradox, first to one side, then the other; one which allows us to welcome divergent reasoning that permits many simultaneous, different, and contradictory answers, rather than a single solution to every social problem. But we cannot afford to be dilettantes. We require social action and genuine involvement in the world. That, in turn, requires symbolic imagery to fuel the flames of urgency and to energize a movement. The imagery of empowerment has a very different feel than the imagery of prevention. Prevention suggests professional experts; empowerment suggests collaborators.

Empowerment implies that many competencies are already present or at least possible, given niches and opportunities. Prevention implies experts fixing the independent variables to make the dependent variables come out right. Empowerment implies that what you see as poor functioning is a result of social structure and lack of resources which make it impossible for the existing competencies to operate. It implies that in those cases where new competencies need to be learned, they are best learned in a context of living life rather than in artificial programs where everyone, including the person learning, knows that it is really the expert who is in charge (cf. Rappaport, Davidson, Wilson, & Mitchell, 1975).

If a problem is by nature divergent it must have many solutions. If a problem can have many solutions then it can have a diversity of people with a diversity of experiences who work out the solutions. Empowerment lends itself to the possibility of a variety of locally rather than centrally controlled solutions, which in turn fosters solutions based on different assumptions in different places, settings, and neighborhoods. The criterion shifts from a single one-sided standard of competence to genuine recognition that social problems have many different definitions as well as answers (Seidman, 1978), and that might (holding social power and material resources) does not necessarily make right, it simply allows one's solution to be acceptable.

As Illich (1976) has so well pointed out in the domain of physical health, the pervasive belief that experts should solve all of our problems in living has created a social and cultural iatrogenesis which extends the sense of alienation and loss of ability to control life even to one's own body. This is the path that the social as well as the physical health experts have been on, and we need to reverse this trend. We must begin to develop a social policy which gives up the search for one monolithic way of doing things according to *the* certified expert (i.e., the symbolic parent). Quality control from the central authority becomes a silly idea in this view. Rather than a top down or forward mapping of social policy it is a bottom up or backward mapping that starts with people and works backwards to tell officials what social policies and programs are necessary (Elmore, 1979). This means that empowerment will not only look different depending on what sort of problems in living one is confronting, but it may even look different in each setting that it operates. Diversity of form rather than homogeneity of form should dominate if the operating process is empowerment.

An Naparstek and Cincotta (National Commission on Neighborhoods, 1979) have suggested with regard to the problem of decaying cities:

[One] reason for the persistent failure of . . . programs has been the tendency to perceive the problem on a grand scale. Virtually all efforts to halt the decline of our cities are marked by a failure to define national policy initiatives which serve the varied needs of differing neighborhoods. If we are to speak realistically of preconditions required for effective change, it must be recognized that the neighborhood—not the sprawling, anonymous metropolis—is the key. In real terms, people live in neighborhoods, not cities. In real terms, their investments, emotional as well as economic, are in the neighborhoods, not cities. And the city cannot survive if its neighborhoods continue to decline. (p. 1)

With regard to the poor, Berger and Neuhaus (1977) put it this way:

Upper-income people already have ways to resist the encroachment of megastructures. It is not their children who are at the mercy of alleged child experts, not their health which is endangered by miscellaneous vested interests, not their neighborhoods which are made the playthings of utopian planners. Upper-income people may allow themselves to be victimized on all these scores, but they do have ways to

resist if they choose to resist. Poor people have this power to a much lesser degree . . . empowering poor people to do the things that the more affluent can already do aims at spreading the power around a bit more—and to do so where it matters, in people's control over their own lives. (pp. 7-8)

It is not only the poor and the local neighborhoods that would benefit from a public policy of empowerment. Even traditional clinical populations stand to benefit from a goal which tends to foster more rather than less control over their own lives. There is no doubt that we lack a great deal of direct experimental data on the wonderful mental health outcomes when we collaborate with grass roots people. However, there is also no doubt that the same may be said for prevention programs (Novaco & Monahan, 1980) or advocacy. On the other hand, programs which foster what I have called elsewhere (Rappaport, 1977) "autonomous alternative settings," obviously consistent with an empowerment ideology, such as the work of Fairweather (1972, 1979; Fairweather, Sanders, Cressler, & Maynard, 1969; Fairweather, Sanders, & Tornatzky, 1974) and of the Mendota group (Marx, Test, & Stein, 1973; Stein, Test, & Marx, 1975) with chronic patients, or the work of Goldenberg (1971) with "hard core" delinquents, have presented data which are as compelling as we are likely to find from programs for these populations.

Moreover, it is not clear to me why the criterion should be a measure of mental health in the narrow disciplinary sense. I am, frankly, willing to argue that programs and policies which make it more possible for people to obtain and control the resources that affect their lives are per se what empowerment is all about. This is based, in part, on my social values, but also in part on a variety of social science data bases.

There is ample psychological evidence from the study of normal (i.e., nonclinical) populations to safely conclude that the felt sense of internal control or alienation (Phares, 1973; Phares & Lamiell, 1977; Rotter, 1975; Seaman, 1972), learned helplessness (Seligman, 1975; Seligman & Maier, 1967; Sue & Zane, 1980), ascribed and achieved status (Sarbin, 1970), expectancy for success (Gurin & Gurin, 1970; Seidman & Rappaport, 1974) attributions (Strickland & Janoff-Bulman, 1980), the impact of perceived labels (Rappaport & Cleary, 1980), and of the beliefs of powerful others (Snyder & Swann, 1978; Swann & Snyder, 1980), matters a great deal to people. It also seems safe to conclude that most people are likely to benefit psychologically from more rather than less control over their lives and resources. In addition, laboratory studies and historical analysis of group cohesiveness (Guttentag, 1970), as well as the obvious outcomes and popularity of self-help groups, labor unions, community organizations, and community development projects (Hampden-Turner, 1975; National Commission on Neighborhoods, 1979) must lead us to the same conclusion:

Empowerment is a sensible social policy, but one which requires a breakdown of the typical role relationship between professionals and community people. Empowerment needs to be based on divergent reasoning that encourages diversity through support of many different local groups rather than the large centralized social agencies and institutions which control resources, use convergent reasoning, and attempt to standardize the ways in which people live their lives.

The implications of an empowerment ideology force us to pay attention to the mediating structures of society, i.e., those that stand between the large impersonal social institutions and individual alienated people. For Berger and Neuhaus (1977) these include the family, the neighborhood, the church, and voluntary organizations. These are the places where people live out their lives, and the more control they have over them the better.

As researchers, our obligations are to study and understand more about how such settings actually work to provide niches for people that enhance their ability to control their lives and allow them both affirmation and the opportunity to learn and experience growth and development. On the action side it is clear to me that we have been far too willing to intervene, label, and tell others how to cope with life without understanding how the diversity of settings in which people actually do live well, operate. Most of our advice is drawn from a very limited set of personal or professional experiences in settings designed and controlled *by* professionals *for* others.

It is now quite obvious that for many people their network of friends, neighbors, church relationships, and so on, provide not only support, but genuine niches and opportunities for personal development. How can we learn to help to create new settings, or to assist those who are isolated from such settings or those who are trapped in settings which are harmful rather than helpful, if we do not spend a great deal of time observing, describing, and collaborating?

The recent interest in so-called natural support systems (Gottlieb, 1976, 1979; Gottlieb & Todd, 1979; Hirsch, 1980; Riessman, 1976; Maton, Note 8, Note 9) and in social support as a moderator of stress (Cobb, 1976; Dohrenwend, 1978; Lin, Simeone, Ensel, & Kuo, 1979; Sandler, 1980) has the potential to serve as an impetus for research and action of a different variety than the traditional convergent, one-sided sort, which I have criticized in this paper, *only* if we are willing to see it as descriptive of how a variety of people are able to find a variety of means to solve their own problems in living. We can learn a great deal about how this works when it works well if we are willing to observe the process of empowerment when it is taking place, even if that is in settings which we typically ignore and over which we have no control. We need to recognize that many settings which are successful in the creation of opportunities, niches, and resources for

empowerment will not concern themselves with mental health in our rather narrow disciplinary sense; and that not only are these genuine solutions of local people to their problems in living likely to be diverse, but the very behavior, attitudes, and life-styles which are useful to people will also differ from place to place. We need to learn from them what the range of solutions is really like and then to encourage social policies that enable more people to develop their own solutions.

Unfortunately, psychologists, and particularly mental health professionals, have a tendency to a priori exclude solutions to problems in living about which they know very little. For example, recent research comparing charismatic and mainline churches (McGaw, 1979) finds evidence that growth of so-called conservative congregations may be as much a function of a social structure which fosters a sense of community as is doctrinal appeal. Given what we know about the influence of organizational social structure on people in work settings (e.g., Hackman, 1976) or communes (Kanter, 1972), such findings in religious organizations are hardly surprising. Yet despite the fact that some two-thirds of Americans have formal membership in a church or synagogue (Jacquet, 1972) and that such settings provide a wide variety of important functions in people's lives (cf. Bergin, 1980; Pargament, *in press*) these settings are likely to be either ignored by the mental health establishment, or conceptualized as if they were second-rate mental health agencies in need of psychological consultation, rather than as places for us to learn from. This, despite the fact that one of our professed goals is to enhance the psychological sense of community. The same may be said for a variety of other local groups and organizations in neighborhoods, voluntary associations, clubs, and so on.

This is not an argument for any single solution such as developing more churches, block organizations, or tenants' councils. It is an argument for our work, at both the local and the social policy level, to recognize and foster the legitimacy of more rather than fewer, different rather than the same, ways to deal with problems in living. To the extent that we try to force our understanding of community settings into a prevention of mental illness or a social adjustment model, or our preconceived notions of how people ought rather than how they do solve their own problems, we will misunderstand both the nature of social problems and the meaning and value of settings for living. We will thereby cut off the possibility that we can learn a variety of divergent solutions from them. As Jacob Bronowski (1956, p. 10) warned some 25 years ago: "Man masters nature not by force but by understanding. This is why science has succeeded where magic failed: because it has looked for no spell to cast over nature."

I conclude where I began. The most important and interesting aspects of community life are by their very nature paradoxical. Social problems,

paradoxically, require that experts turn to nonexperts in order to discover the many different, even contradictory, solutions that they use to gain control, find meaning, and empower their own lives. From such study, which will require genuine collaboration fueled by a sense of urgency, we may be able to help develop programs and policies that make it possible for others to find niches for living and gain control over their lives. At this time in our history I believe that empowerment encapsulates the symbolic message required to bring a new sense of urgency and to transcend the rights/needs dialectic. Should empowerment become dominant as a way of thinking I have no doubt that it too will force one-sided solutions. I come, not to bury paradox, but to praise it.

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