Working with People who are marginalized by the social system: challenges for community psychological work[1]

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Overview

Working with people who are marginalized by the social system presents community psychologists with a number of challenges that extend beyond fundamental principles such as prevention, empowerment, and participation. Different contributors to this paper, all of whom have been involved in different ways to the work of the journal *Community Work and Family*, draw on their direct work with people who are marginalized by the social system to highlight tensions and dilemmas for community psychological work. These include: the negotiation of values and ways of working; multi-level working within a complex system; issues of measurement and epistemology; intercultural and interdisciplinary working; liberal or liberation principles; methods of working and data collection; and conceptual critiques.

What is Social Marginalization?

Marginalization is a slippery and multi-layered concept. Whole societies can be marginalized at the global level while classes and communities can be marginalized from the dominant social order. Similarly, ethnic groups, families or individuals can be marginalized within localities. To a certain extent, marginalization is a shifting phenomenon, linked to social status. So, for example, individuals or groups might enjoy high social status at one point in time, but as social change takes place, so they lose this status and become marginalized. Similarly, as life cycle stages change, so might people's marginalized position.

At certain stages of the life cycle the risk of marginalization increases or decreases. For example, the marginalized status of children and youth may decrease as they get older; the marginalized status of adults may increase as they become elders; the marginalized status of single mothers may change as their children grow up, and so on. Even so, there

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are different risks within particular social groups at risk of marginalization. Eldering and Knorth (1998), for example, demonstrate that the risks of marginalization of immigrant youth in Europe vary with ethnicity, irrespective of the particular host countries, or of degree of acculturation.

Peter Leonard (1984, p.180) defines social marginality as *'being outside the mainstream of productive activity and/or social reproductive activity'*. This includes two groups, firstly a relatively small group of people who are voluntarily marginal to the social order - new age travellers, certain religious sects, commune members, some artists, for instance. Here, however, we are concerned with a second group, those who are involuntarily socially marginal. Leonard (1984, p.181) characterises these people as remaining outside 'the major arena of capitalist productive and reproductive activity' and as such as experiencing '*involuntary social marginality'*.

The experience of marginality can arise in a number of ways. For some people, those severely impaired from birth, or those born into particularly marginal groupings (e.g. members of ethnic groups that suffer discrimination - the Roma in Europe, Indigenous people in Australasia and the American continent, African Caribbean people in Britain), this marginality is typically life-long and greatly determines their lived experience. For others, marginality is acquired, by later disablement, or by changes in the social and economic system. As global capitalism extends its reach, bringing more and more people into its system, more communities are dispossessed of lands, livelihoods, or systems of social support (Chomsky, 2000; Petras & Veltmeyer, 2001; Potter, 2000; Pilger, 2002).

Marginalization is at the core of exclusion from fulfilling and full social lives at individual, interpersonal and societal levels. People who are marginalized have relatively little control over their lives and the resources available to them; they may become stigmatised and are often at the receiving end of negative public attitudes. Their

opportunities to make social contributions may be limited and they may develop low self-confidence and self esteem. Social policies and practices may mean they have relatively limited access to valued social resources such as education and health services, housing, income, leisure activities and work. The impacts of marginalization, in terms of social exclusion, are similar, whatever the origins and processes of marginalization, irrespective of whether these are to be located in social attitudes (such as towards impairment, sexuality, ethnicity and so on) or social circumstance (such as closure of workplaces, absence of affordable housing and so on). Different people will react differently to marginalization depending on the personal and social resources available to them,. Nevertheless, some common social psychological processes can be identified. We pay particular attention to processes that facilitate or prevent collective social action (see Burton & Kagan, 1996).

Poverty and Economic Marginality

People who are experiencing marginalization are likely to have tenuous involvement in the economy. The sources of their income will vary. Some will be waged and some will depend on state benefits, marginal economic activity such as casual work, or charity (see for example, Sixsmith, 1999). It is not unusual for people to combine, or move between, these various ways of getting money in their struggle for survival. Poverty, dependency, and feelings of shame are everyday aspects of economic dislocation and social marginalization. These experiences affect men and women differently and vary with age. Poverty and economic marginalization have both direct and indirect impacts on people's health.

Box 1:   Social capital and health in an area of multiple deprivation: The case of older men: Judith Sixsmith,

We undertook an interdisciplinary study on the relationship between social capital, health and gender, funded by the Health Development Agency. The project

featured a qualitatively based case study analysis of a socially deprived community in the North West of England, involving interviews with 77 community members. Of these, 39 men took part, including 18 older men (aged between 56 and 79 years old). For these older men, masculinities were often constructed around their health, family and employment status. The deterioration of their health status and loss of partners and employment (through ill health or retirement) necessitated a re-negotiation of more marginalized masculinities within the context of community decline. Crime and drug taking were common features of community life. Consequently, the men felt that they were vulnerable and undervalued members of this community and were reluctant to become involved in community groups and activities. An analysis of this reluctance revealed the significance of the genderisation of community spaces. Community facilities were perceived by the men as feminine domains, places where they were unable to play out their notions of masculinity. Since community participation has been identified as important in the development of social capital these men were effectively 'socially excluded' from venues which might have afforded opportunities to develop bonding and bridging ties. Ultimately this 'social exclusion' underpinned a level of disempowerment, based on mistrust of other community residents as well as a feeling of inability to personally defend community space and shape community life.

Impaired Support Networks and Social Marginalization

A further problem is the relative or complete exclusion of marginalized people from social networks. People born into marginality will be, at best, able to access resources through strong social networks (for example a person born with impairments into a rich family). Others will be able to access weaker networks, such as neighbourhood, or church based organisations. But often these sources of support will be weak or overburdened. Until we ask people themselves, and develop better ways of enabling them to participate in decisions about their lives - particularly where human service organisations are

involved - we will not know the impact of marginalization on their support networks, nor indeed how best to help them develop supports.

Box 2: Starting The Ball Rolling: Collaborating To Evaluate Community Mental Health Services. Kathleen Knowles

The idea of user involvement in mental health services is now common currency in the UK among mental health professionals and policy makers. In practice, however, user involvement has been found to be problematic: it is not clear how to begin and once begun it can be hard to sustain. So the challenge of moving from talking about user involvement to putting it into practice is a difficult one. A questionnaire survey was carried out via a collaboration of community mental health centre user groups and a small multidisciplinary group of mental health professionals in the North West of England. The process of the survey as an exercise in consultation, despite problems and disagreements with the survey and its findings, led to an increase in participation of people with mental health difficulties in the District. It clearly served as a developmental, caltlysing tool, and a district-wide debate and series of meetings started to take place between mental health services managers and user group representatives to discuss users' needs and how they might be met. Importantly, professionals learned that user involvement can be problematic in ways that were not anticipated, that professionals must be flexible and adaptable in such situations and that accepting the primacy of the users' voice can be a source of tension in collaborative research.

Ideological Aspects of Marginalization

Being a member of a marginalized group also brings the risk of some more psychosocial-ideological threats. The first of these is the definition of one's identity by others: the ideological definition of one's marginalized identity in the interest of the dominant groups in society. What typically seems to happen is that the situation of the marginalized

persons is portrayed as a result of their own characteristics. What is essentially a social and historical phenomenon is presented as a biological or an intrapsychic phenomenon.

[Insert figure 1 about here]

The problems that people face are then seen as of their own making, or at least as inseparable from their particular nature. The phenomenon is naturalised, seen not as a socially determined reality, but as something to be expected given the way the person is. This phenomenon has been called 'blaming the victim' (Ryan, 1976), which is part of a more general 'culture of blame' (Farber & Azar, 1999). Psychology has often colluded with ideologies that blame the victim by offering endogenous causes of the situation in which oppressed people find themselves. Many psychological explanations have considered this in terms of the character of the people concerned. For example, it has been suggested that personality characteristics develop in a specific cultural context, for example a 'culture of poverty' in which destitution leads to cultural patterns that are passed on and are no longer adaptive.

A further result of victim-blaming ideologies, imposed but assimilated, is the definition of one's reality by 'experts'. This is most obvious in the case of disabled people and those with mental health difficulties, where personal experiences become a set of pathologies with technical names and technological treatments, and research and intervention agendas are highjacked by oppressive ways of doing things to people, rather than with them.

Box 3: Children with Tourette Syndrome: Narratives and Participation
Rob Evans,

Existing research undertaken on (sic) young people labelled as having Tourette syndrome has reinforced their marginalized status. Yet, it is possible to devise ways of enabling their participation in, and control over the production of research. It is possible to analyse traditional levels of participation are and to make comparisons of the ultimate aims of traditional research and those of participatory research that draws on narrative theory.

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The young people so labelled define the problems they experience, particularly in the educational setting, in relation to feelings of exclusion and marginalization. These inclusive ways of working highlight the issues encountered in challenging marginalization within schools in favour of narratives of competency and empowerment.

Resistance and Resilience

Despite all the negative impositions of ideology, the situation of oppressed people is also characterised by resistance and resilience. In resilience there is the potential for an enhanced, reclaimed and re-invented identity. The very fact of being oppressed, of having fundamental rights denied or diminished, elicits attempts to remediate the situation. This can be negative and destructive, as in the vandalism and petty crime of disaffected youth in our cities, or in the pathologies of self-destruction, addiction, and depression. However, attempts at remediation can also be highly positive, as in collective action to improve social arrangements. Potential or actual resilience and resistance can be key resources in community psychology praxis.

People who take collective action describe how their sense of belonging and personal worth change for the better through their political engagement, and it is important for community psychologists to understand these processes if they are to be helpful in supporting community based movements for change.

Box 4: Participative, ethnographic work with a single mothers' organisation
Diane Burns
I have been involved in the Single Parent Action Network UK (SPAN), a grassroots, multi-racial one parent family organisation that aims to improve the conditions of life of single parents and their children. My involvement has been shaped by my work as a volunteer management member of SPAN, a participant in activities to challenge and influence policy arenas in the UK and through my research work to study the processes of participation and action within organisation. The methods of working and researching

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I have experienced through this work have been complex and mediated through different kinds of relationships that developed with many of the single parent members involved in the organisation. My work (see, for example, Burns, 2000) highlights the ways in which identities of the organisation and the values, which underpin them have been negotiated with members of SPAN and stress some of the tensions this has produced for me.

Why Does Marginalization Matter?

It is worth focussing briefly on why marginalization is actually a problem. There is something fundamental here to the very meaning of being human. For those people who are severely involuntarily marginalized, their selfhood, their humanity, is threatened. Charlesworth (2000, p. 60) puts it thus:

… no matter what one has done occupationally …[once marginalized] … there is no way one can escape the experience of a social context that is like a stagnant pond in which we are the suffocating organisms. There is an absence of the social conditions that make optimism and hope a realistic life strategy. (Charlesworth, 2000, p. 60)

It is therefore unethical to do nothing about social marginalization: it is a major human problem, undermining the essence of humanity. It is important to address marginalization within different social institutions, including, for example, work, families, religion, and education.

Box 5: Diversity in education and power relationships. A Gypsy Learners Community experience. José Luis Lalueza & Isabel Crespo,

In Spain, 'attention to diversity' in the education field is increasingly becoming an issue. There is an increasing number of families coming from countries with other cultures , and this has focused attention on the treatment that schools gives to members from ethnic minorities or excluded groups.

Three models can be identified for dealing with students from cultural minorities in schools.

The first one identifies difference with deficit. This model has prevailed in Spain during the last decade, among other reasons, because previous experience of integration in the school has been the one developed in the 80's to include children with cogntivie, physical and sensory impairments in ordinary classrooms. Within this model, compensatory teaching is applied to *new different* students, those that implicitly would be considered as lacking of something (previous knowledge, domain of the language, appropriate behaviour rules, parents education...)

A second model would be based on the recognition of the cultural diversity. This approach is valuable as long as it leads schools away from their ethnocentrism. However, it can have perverse effects, insofar as the use of a lens that focuses only on the cultural differences can contribute to the reification of such differences and support segregation. Also, there is not necessarily a link between cultural difference and marginalization in school, as, for example, Spanish gypsy children, in spite of sharing many cultural practices, such as the Spanish languages (Spanish, Catalan, Basque or Galician) used in school, present more difficulties than others who are more culturally distant.

A third model is based on the presupposition that the members of minority communities implement socialisation strategies that respond to the power relationships between institutions and minorities. These strategies can be convergent or divergent with the enculturation processes characteristic of the school, according to the changes of such relationships of power. The difficulties that the members of a minority group can present in the school would not be individual problems, attributable handicaps to each one of the different students. Nor would they be to do solely with the school suture. On the contrary, the central issue would be the tensions and strategies of mutual adaptation between schools and minority communities.

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The experience of Learning Community, based on the model, "5th Dimension", and put to the service of a minority community (gypsies in Spain) illustrates how. new information and communication technologies can be used to enable a minority community to exert its influence on the institution. A characteristic of 5D it is its adaptability to diverse physical and cultural contexts, as well as the virtue of not being "institutionally closed." 5D can become an educational tool that can be controlled by the members of a community (that it is empowered) in risk of exclusion and with a differentiated cultural base to the dominant institutions

The Relevance of Community Psychology to Marginalization

Community psychology should be particularly well placed to help people respond to the challenge of their marginalization in constructive ways. Its refusal to restrict itself to the individual level, and to attribute social problems to pathology carried by the victims, is a first step. In addition, its emphasis on participatory, action oriented work holds promise for supporting those who are socially marginalized in active resistance and change... Community psychology should avoid two complementary mistakes: the individualisation of social problems and the neglect of the subjective experience of social actors. By taking a transactional view that sees the personal, relational and societal planes as interrelated, interdependent, and of similar importance, a critical community psychology can equip itself to work on the various problems of marginalization at the same time. Community psychology, as a discipline, needs to open itself not just to it need to change, but also to what it - and other- have to offer in terms of tools for understanding and action.

Box 6: Intercultural work with slum dwellers in India. Carolyn Kagan
People living in the slums of Kolkata are marginalized in a number of different ways, partly depending on the type of slum in which they live. They are economically, sometimes politically, technologically and sometimes intellectually marginalized. Families with disabled children living in slum areas are further marginalized as their

relationships with those around them change and their mobility is limited. The child is at risk of being marginalized within the family and the family - particularly the mother - is at risk of being marginalized within the community. In highly inter-dependent communities, the impact of this can be life threatening. Through lack of information and capacity within NGOs families receive little in the way of health care and education. We have been part of a project which uses a prefigurative, participatory action research process, and which seeks to identify the needs of disabled children living in slum areas, build the capacity of NGO workers, and enable families themselves to assess their impact (See Kagan and Scott-Roberts, 2000). It is possible through this type of work to identify different levels of intervention, strategies for sustainability and lessons for community psychology, as well as the utility of the concept of marginalization for helping to understand the process of exclusion from daily community life. More than anything else the project illustrates the multi-layered nature of marginalization.

Working against social marginalization: Tools and examples

It is one thing to assert that a critical community psychology can help, but a more difficult matter to do so. It is not for community psychologists to go forth with a reforming zeal to rescue, to lead, or to liberate. There are constant dangers of reinforcing marginalization or unwittingly colluding with the forces that create it.

What could be called the Latin-American model of liberatory praxis summarises a vast body of work by educators, community workers, social movements, and community psychologists. This is work done with, and in the service of, oppressed groups in that region (see for example, Montero, 1994, 1998, Quintal de Freitas, 2000; Sánchez. & Wiesenfeld, 1991). Particularly through the work of Freire (1974, 1994; Freire & Faundez, 1989) and Fals Borda (1988), this approach has also been applied in other countries of the South and with marginalized groups in capitalist core countries (e.g. Atweh, Kemmis and Weeks, 1998; Kane, 2001).

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A key theme in liberation thought is that liberation is not a thing, nor can it be located in a moment in time. It is not something to be given, but rather it is a movement and a series of processes. It has origins in the interaction of two types of agents or activists. Firstly external catalytic agents (which may include community psychologists), and secondly the oppressed groups themselves.

The Latin American notion of liberation proposes a strategic alliance between these two sectors. A central idea is Freire's concept of *conscientization*. Martín-Baró (1996) identifies three aspects: (i) the human being is transformed through changing his/her reality, through an active process of dialogue; (ii) in this process there is a gradual decoding of the world, as people grasp the mechanisms of oppression and dehumanisation. This opens up new possibilities for action.; (iii)The new knowledge of the surrounding reality leads to new self-understanding. Such learning is about the roots of what people are at present and what they can become in the future.

Freire is careful not to provide blueprints for this process, since every situation is different, and the danger is that the worker will misapply a concrete model from one context to another where the particularities are different.

Box 7: Liberation Psychology: conceptual tools for working with people who are socially marginalised. Mark Burton

Latin American Liberation Psychology can be understood as part of the wider project of liberatory theory and practice which arose in the context of work with and by oppressed populations throughout Latin America (most recently synthesised and formalised by the philosopher Dussel). Key locations and socio-political contexts for this work have included repression and civil war in El Salvador (Martín-Baró, Gaborit); the aftermath of the dictatorships in Chile (Lira and Becker) and other countries; the experience of poor, marginalised and/or migrant communities in Venezuela (Montero), Puerto Rico (Serrano García), Costa Rica (Dobles), and Brazil (Quintal de Freitas). Other contributions have

come from Mexico (Jiménez, Vázquez, Flores), United States (Lykes - working chiefly in Guatemala and South Africa, Sloan, and Watts) and Spain (Blanco, Corte de Ibañez). Liberation psychology has a relevance to the problem of social marginalization in the following ways:-

1   It offers a critique and reformulation of the dominant social psychology from North America, through a dialogue with a new interlocutor 'permanently silenced and too usually ignored: the ordinary people, the popular majorities of Central [and the rest of Latin] America'. The result is not a wholesale rejection, but a reconstruction of social psychology, yielding a body of concepts and findings that take account of the systemic, structural, conflictual and ideological dimensions of social life.

2   While thereby being classed as a 'critical psychology' it avoids the paralysis and intellectual games of postmodernist critical psychology, having a clear action orientation that not only makes denunciations of the use of psychology to oppress, but also annunciations of an alternative praxis.

3   It specifically focuses on the experience of the oppressed and marginalised, offering analyses that incorporate macro, meso and micro level processes of both the use of force and the role of ideology in oppressive social arrangements and practices.

4   It provides useful models of alternative practice by psychologists, including the elaboration of Freire's problematisation/conscientisation model; therapeutic processes with a socio-political dimension; the development of participatory action research using a variety of qualitative and quantitative tools to counter propaganda or explore and understand social problems; a reformulation of the role of the psychologist in relation to actors from oppressed and marginalised groups, and the development of a variety of models of community psychological practice that go beyond the ameliorative and scientist vices of much community psychology in the core capitalist countries.

Despite this, the movement faces some challenges. Despite its broader relevance to work with marginalised populations, and the stature of its leading practitioners, it is little known outside Latin America, and even there it is very much a minority tendency. It has a tendency to continually restate its distinctive approach, perhaps at the expense of further development. At the same time there is what Montero has identified as a continual risk a drift to mere activism, or the use of liberatory language to cover uncritical repeated practices where abuse and exploitation return. Finally, like any progressive social movement, it truly faces an enormous task in nourishing both opposition to the empire of capitalist exploitation and domination, and developing viable support systems, both for itself and with and for the marginalised and oppressed.

Conclusion

The community practice examples, above, involve alliances between the community psychologists and the people at risk of marginalization: the professional contributes some general templates and understandings, some organisational know how and some access to resources. The community members bring their own commitment, their local knowledge and contacts, and their lived experience of what life is like. From the combination of these sources action (and perhaps research) can emerge. Ideas from psychology and related fields can create a synergy with local knowledge to bring about liberatory change (Burton & Kagan, 2000; Choudhury & Kagan, 2000; Kagan, 1995; Mollison, 1988). One of the great challenges is to make such projects connect up to contribute to broader social change in the interests of marginalized people everywhere.

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Figure 1:

Sources and dimensions of marginalization and resistance

Sources of marginalization

Dimensions of marginalization