
Values, Assumptions, and Practices

Assessing the Moral Implications of Psychological Discourse and Action

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Despite an increased awareness concerning the role of values in psychology, psychologists lack clear guidelines to appraise the moral implications of their work. To address this discrepancy, the author proposes a framework for examining the moral dimensions of psychological discourse and practice. The framework contains 3 central elements: values, assumptions, and practices. These components may be used to articulate and to challenge the ethical, social, and political implications of theories and practices. To illustrate its applicability, the framework is used to evaluate the moral propositions of traditional, empowering, postmodern, and emancipatory communitarian approaches. The author concludes with a vision for addressing the shortcomings of predominant models by proposing for psychology an emancipatory communitarian approach that promotes the emancipation of vulnerable individuals and that fosters a balance among the values of self-determination, caring and compassion, collaboration and democratic participation, human diversity, and distributive justice.

This article is concerned with ethics, morality, and values in psychology. Ethics, according to Sidgwick (1922), is the "study of what is right or what ought to be, so far as this depends upon the voluntary action of individuals" (p. 4). In this sense, a right moral action is that which enhances the well-being of others (Frankena, 1963; Halberstam, 1993; Singer, 1993; Williams, 1972). This is the primary concern of ethics and morality. *Moral values*, in turn, can be defined as "humanly caused benefits that human beings provide to others. . . . By way of illustration, we may say that love and justice are moral goods" (Kekes, 1993, p. 44). This widely accepted definition of moral values offers a useful point of departure for the treatment of values in psychology (cf. Baier, 1973; Kane, 1994).

Although discussions about the role of values in psychology have become frequent in recent years (e.g., Doherty, 1995; Fowers & Richardson, 1996; Kirschner, 1993; Kurtines, Azmitia, & Gewirtz, 1992; Richardson & Woolfolk, 1994; Robinson, 1992), there is still confusion about the moral obligations of psychologists. Psychologists have certainly become more daring in questioning

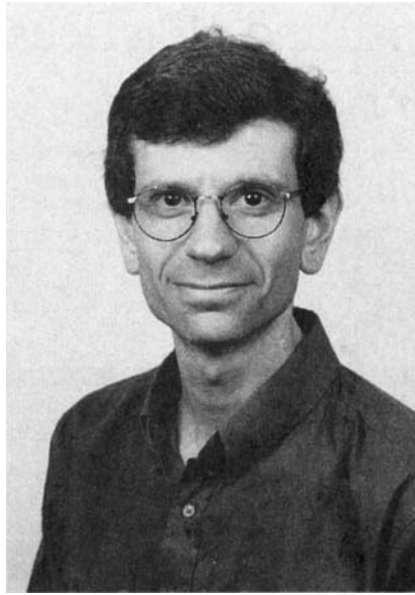
the value base of their work, but their commitment to articulating moral visions remains tenuous at best. Psychologists find themselves in the paradoxical position of talking more about values and knowing less about what to do. Such incertitude characterizes postmodern psychology more than other paradigms (e.g., Gergen, 1992; Shotter, 1992), but no psychological approach is immune to the prevalent sense of moral shyness. Traditional psychological interventions still contend with the legacy of value-free doctrines (Fox & Prilleltensky, 1997; Pilgrim, 1992; I. Prilleltensky, 1994a), whereas empowering philosophies risk focusing too much on agency and control at the expense of communion (Bakan, 1966; Riger, 1993) and feminist psychologists debate the ethical implications of emphasizing gender similarities or differences (Kimball, 1994; Morawski, 1994). These dilemmas warrant a renewed inquiry into the moral foundations of psychological thought and action.

Psychologists are not alone in their pursuit of a moral compass. We share with the larger community a moral illiteracy fueled by cultural and political trends that undermine our moral competence. Social forces in and outside the discipline contribute to the confusion over values. At the societal level, liberal philosophies of self-determination and rugged individualism generate fears of moralizing or intruding into somebody else's moral space (Etzioni, 1993; Sandel, 1996; Saul, 1995), a fear shared by many psychotherapists (Doherty, 1995). This apprehension degenerates into what Maxwell (1991) has called *moral inertia*. In the social sciences, some postmodernists question the validity of ethical claims to the point that none can be fully supported or acted on (Burman, 1990; O'Neill, 1995; Rosenau, 1992; Simons & Billig, 1994; Smith, 1994).

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The idea of discussing morality may elicit a negative reaction from psychologists who are afraid of dogmatism, fanaticism, and authoritarianism (Fowers & Richardson, 1996; Kane, 1994). After all, previous claims to morality that were based on ethnocentric and androcentric models resulted in discrimination and oppression of powerless groups (I. Prilleltensky & Gonick, 1994; Sampson, 1993). But, my aim here is not to claim an impervious version of what is right and wrong. Instead, my aim is to claim the very idea of morality—that we are bound to pursue the moral act, with all the limitations imposed on such an act by time, place, and subjectivity. I argue for the aspiration to be ethical and for the search of justifiable values. There is a big difference between searching for the best moral option under a particular set of circumstances and the pursuit of a dogmatic set of rules (Fowers & Richardson, 1996; Kekes, 1993; MacIntyre, 1984). To be sure, we have had many authoritarian moral frameworks, but the ghosts of a dogmatic past need not scare us out of making moral commitments in the present. We should resist the temptation to reject any type of values “to ward off fanaticism and authoritarianism” (Kane, 1994, p. 9). Giving up the search for justifiable moral values to protect us from new forms of dogmatism would be “a case of throwing the baby out with the bathwater” (Kane, 1994, p. 9).

The consequences of operating without a lucid set of guiding principles can be grave. Numerous assumptions and practices inscribed in our professional mentality can lead to excesses or abuses of power (DeVaris, 1994; Docecki, 1996; Dryden & Feltham, 1992; Mack, 1994). These include assuming to know what is best for clients, minimizing clients’ autonomy by excluding them from decision-making processes, stigmatizing individuals with deficit-oriented labels, defining problems exclusively in intrapsychic terms, and neglecting to consider social in-

justices. Many of these questionable practices are not perpetrated by blatantly immoral actors. Rather, they are regular practices that go unchallenged in public and private settings (J. Holmes & Lindley, 1989; Mair, 1992; Sarason, 1985; Spinelli, 1994; Sutherland, 1992). Although a clear explication of values, assumptions, and practices does not guarantee improved services, it is an important step in evaluating the impact of practices on clients, students, and the public at large.

Many of these concerns are discussed in codes of ethics for psychologists, but the codes have limitations. Although they serve the public by promoting ethical practices, they primarily protect the interests of professionals and offer a narrow and sometimes legalistic interpretation of ethics. Codes are constructed by professionals with little input from the public (L. S. Brown, 1994, 1997; Doherty, 1995; Howitt, 1991; A. E. Jordan & Meara, 1990; Kultgen, 1988; Lerman & Porter, 1990; Pettifor, 1996; I. Prilleltensky, Rossiter, & Walsh-Bowers, 1996; Rowe, 1987; Serrano-García, 1994; Welfel & Kitchener, 1992). Furthermore, codes do not necessarily challenge the power inequality that pervades exchanges between psychologists and service recipients. L. S. Brown (1994) asserted that the code of ethics of the American Psychological Association (APA; 1992) as well as other “dominant ethical standards privilege those holding the power—that is, the therapists” (p. 204). Another limitation of codes of ethics is that they tend to be reactive rather than proactive. Corey, Corey, and Callanan (1993) claimed that “ethical codes, by their very nature, tend to be reactive, emerging from what has occurred rather than anticipating what may occur” (p. 4).

The problems associated with value inarticulateness, moral indecision, and narrow codes of ethics can be addressed by expecting psychologists to meet two minimal criteria. The first criterion requires that psychologists articulate their personal and collective vision of the good life and the good society. That is, they should make clear the values, models, and ideals they wish for individuals and for societies. Do they prefer an individualistic or a collectivist vision for society? Do they embrace ascetic or consumerist lifestyles? Do they espouse hedonism or altruism? This criterion is congruent with Galbraith’s (1996) recent call “to explore and define what, very specifically, would be right. Just what should the good society be? Toward what, stated as clearly as may be possible, should we aim?” (p. 1).

The second criterion is that psychologists should formulate ways of translating these visions into action. The objective is not to reach consensus among all psychologists nor to foist on the public a particular conception of the good life and the good society. Good lives and good societies are “plural because they are constituted of the realization of different valued possibilities” (Kekes, 1993, p. 14). The objective is to generate dialogue about the different conceptions of the good society and how to get there. According to Kekes, the point of the two criteria is “to have some ideal with reference to which we could

formulate social or personal policies to make things better or to prevent them from becoming worse" (p. 35).

Without ground rules for moral debate, psychologists will continue to advance their values without open scrutiny. Several authors have documented psychologists' reluctance to question their own ethics and values (Keith-Spiegel & Koocher, 1985; Lakin, 1991; Pope & Vasquez, 1991). However painful that self-examination might be, it is a necessary step in making moral positions explicit and open to challenge.

There is a discrepancy between our awareness of the role of values and our limited resolve to discuss what these values should be. There is a need to move from awareness to justification to action. To bridge that gap between awareness and action, I propose a framework designed to appraise the moral implications of psychological discourse and action. By *action*, I refer to all our practices, including therapy, community interventions, research, teaching, and policy development. The framework can be used to study the moral implications of psychology in general, but in this article, I concentrate on its application to psychological practice.

I claim in the framework that the moral point of view is always relative to the subjectivity of the moral agents and their social context (Kane, 1994; Kekes, 1993; MacIntyre, 1984). The values I offer will help psychologists appreciate multiple moral viewpoints. Following a discussion of the moral framework, I illustrate how it can be applied by assessing the moral outlook of four ethos of practice that I call *traditional*, *empowering*, *postmodern*, and *emancipatory communitarian*. There is evidence to suggest that the first approach is more common than the second and the third (Doherty, 1995; Freedheim, 1992; Gurman & Messer, 1995; Howitt, 1991; McNamee & Gergen, 1992; White & Epston, 1990; Zeig & Munion, 1990). The fourth approach represents an aspirational paradigm more than one that is currently practiced. As such, it is offered as an alternative to dominant modes of practice that fall short of upholding desired values. Although there are valuable elements in each of the first three approaches, in my view, they fall short of promoting central aspects of the good life and the good society. My particular vision of the good life and the good society, composed of the values I describe next, requires that we pay more attention to the prerequisites of emancipation and community. Following my own advice in this article, I try to explicate in the following sections my values and aspirations for a psychology that is responsive to human needs and sensitive to the intricacies of moral responsibility.

Framework for Evaluating the Moral Dimensions of Discourse and Practice

There are presently several frameworks that may be used to examine the social, ethical, and political implications of theories and practices. The codes of ethics of APA (1992) and the Canadian Psychological Association (1991) provide two different approaches to professional ethics. Whereas the former is oriented toward rules of conduct, the latter includes values to be advanced by

psychologists (Pettifor, 1996). Subdisciplines such as community psychology (Pettifor, 1986) and feminist therapy (Lerman & Porter, 1990) strive to formulate their own ethical standards. These codes typically emphasize the domain of practice. To supplement the contributions of codes of ethics, some espouse a virtue-based approach (A. E. Jordan & Meara, 1990; Pettifor, 1996) or a moral development framework (Rest & Narvaez, 1994), whereas others try to explicate the moral, philosophical foundations of theories and methods (Flinders, 1992; Fowers, 1993; Richardson & Woolfolk, 1994). Still others wish to apply moral norms to theoretical approaches, with an example being Osbeck's (1993) attempt to apply the pragmatic standard to social constructionism.

What in my opinion is missing is an integrative model that (a) will require psychologists to articulate their values and (b) will place as much emphasis on moral philosophy as on practice. The existing models either remain at a level of abstraction that makes it difficult to determine their implications for action, as in the case of Osbeck's (1993) challenge to social constructionism, or assume that all psychologists have the same basic values, in which case individuals need not state their political and moral views. Although groups of psychologists have certain beliefs in common, as can be seen in many of the divisions of APA, there is ample evidence to suggest that psychologists of various orientations hold divergent moral views. (For recent debates, see Fox & Prilleltensky, 1996; Kendler, 1994; O'Donohue & Dyslin, 1996; I. Prilleltensky, 1994b.) Hence, there is a need to develop a framework that integrates discourse and action and that facilitates the identification of psychologists' values. To attain these goals, I suggest a model that includes values, assumptions, and practices. Some key questions for evaluating the moral implications of psychological approaches are presented in Table 1.

Values, assumptions, and practices are closely connected. The assumptions we make about people are influenced by our values. If we value self-determination very highly, we are likely to assume that in order to be psychologically healthy, most people should behave autonomously. These ideas, in turn, will influence practice. Research efforts and therapy will be directed at promoting independence. Psychologists who value interdependence are likely to define problems of clients in social, as opposed to intrapsychic, terms. Following from this, they may have a vision of a good society in which collaboration and reciprocity are more important than personal success. Another example concerns democratic participation. A psychologist invested in fostering the participation of clients and students in psychological endeavors is more likely to promote collaborative practices than one who is invested in promoting his or her point of view as superior. These connections show the complementary nature of values, assumptions, and practices.

Values

The values we hold are no doubt influenced by the cultures and traditions we have inherited. As Fowers and

Table 1
Questions for Assessing the Moral Implications of Psychological Approaches

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

Richardson (1996) put it, we "do not have the option of standing outside of the moral frameworks that define our lives" (p. 618). Our propositions for new or different values are limited by our personal and social horizons, but that does not mean that we are unable to challenge these traditions. As MacIntyre (1984) stated,

The fact that the self has to find its moral identity in and through its membership in communities . . . does not entail that the self has to accept the moral limitations of the particularity of those forms of community. Without those moral particularities to begin from there would never be anywhere to begin; but it is in moving forward from such particularity that the search for the good . . . consists. (p. 143)

Following Baier (1973) and Kekes (1993), I define moral values as benefits that human beings provide to other individuals and communities. Thus, I treat values as entities, ideas, or predispositions to action that have the potential to promote the good life and the good society. Although some may argue that there are negative values

that create impediments to the good life and the good society, negative values are excluded from my treatment. I concentrate here on guiding principles that promote human welfare.

Clarifying a set of primary values that will be useful for psychologists in their attempts to advance the good life and the good society is an ominous enterprise, one that requires constant vigilance for possible omissions and contradictions (cf. Fishkin, 1984; Kane, 1994). In thinking about the values that might be considered central, I describe here five values that are particularly relevant to how psychologists can foster the good life: caring and compassion, self-determination, human diversity, collaboration and democratic participation, and distributive justice. Each of these values has immediate implications for the jobs that psychologists do. To broaden the applicability of the framework, I chose values that can be defined in terms of process or outcomes, that have both intrinsic and extrinsic merit, and that apply to indi-

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viduals and communities alike (cf. Mayton, Ball-Rokeach, & Loges, 1994).

Most important, I wish to emphasize the insufficiency of each value by itself. The set of values I describe should be regarded as a whole. The values should operate in concert. Problems arise when psychologists adhere closely to one principle but neglect another equally important one. A typical case is the extolment of autonomy and self-determination and the disregard for other values such as sense of community and distributive justice (Bakan, 1966; Fox, 1985, 1993a; Hare-Mustin & Marecek, 1986; J. Holmes & Lindley, 1989; I. Prilleltensky, 1994a). To avoid this shortcoming, psychologists need to be aware of other important values required to advance human welfare. We should avoid becoming "fixated on certain values to the exclusion of others" (Kane, 1994, p. 58). This is why the values presented below should be regarded as complementary rather than as mutually exclusive. A case in point is the dialectic between care and justice (Kimball, 1994). Caring and compassion provide the basic motivation to look after someone else's well-being, whereas the pursuit of social justice ensures that our compassion is extended to people beyond our immediate circle of care (Duckett & Ryden, 1994; Habermas, 1990a).

Consider the ingredients necessary for a good life. The good life requires that individuals and communities exercise self-determination. But, for individuals to express their self-determination, they need other values. An appreciation for human diversity affords people the opportunity to fill their good life with contents of their choice, whereas caring, compassion, collaboration, and democratic participation ensure that people cooperate in making choices that do not infringe on the right of others to pursue their own self-determination. Distributive justice, which refers to the fair and equitable allocation of bargaining powers, resources, and obligations in society, is crucial. Without sufficient resources, self-determination is meaningless. The value of collaboration and democratic participation is needed to negotiate discordant views in peaceful and respectful ways, a central tenet of cultural diversity (cf. Sandel, 1996).

There is not a perfect list of human values capable of encompassing the total diversity of goods that people require for the good life and the good society. Every proposition is almost by definition incomplete, as diverse people fill the content of their good life with different values (Kane, 1994; Kekes, 1993; MacIntyre, 1984). The usefulness of any set of values is demonstrated in its applicability to particular contexts. The values I propose derive their legitimacy from their applicability in a variety of contemporary circumstances. They can be successfully applied to discern social issues such as racial conflicts, labor disputes, Medicare, welfare policies, taxation, or wars. In each case, there is a group claiming self-determination or demanding a social good, and there is one or more groups opposing those claims. Private insurance companies oppose governments in attempts to provide health care to poor individuals, employers oppose

union demands, French Canadians oppose Native Canadians, Arabs oppose Jews, and people against abortion oppose people in favor of abortion. The just and successful resolution of these conflicts entails, at the very least, mutual recognition, collaboration, caring, and compassion.

However, the values I propose apply not only to macrosystems. They are equally relevant to psychological and social problems occurring in microsystems such as families, schools, and places of employment. Problems in these settings can be understood by using the five values. Furthermore, people's well-being in these settings can be advanced using these values. Psychologists enact caring and compassion in efforts to help individuals in therapy and in community work. Self-determination of clients is a guiding principle in individual, family, and group work. This value, which is contingent on respect for human diversity, is realized by collaborating with consumers and communities of interest in setting agendas for research and action. The value of distributive justice is pertinent because personal and collective aspirations cannot be fulfilled without basic social goods such as education, employment, and health care.

Occasionally, values conflict in such a way that people are forced to accord precedence to one or the other, a choice that is difficult to make in the abstract because contextual considerations must be taken into account (Bursztajn, Gutheil, & Cummins, 1987). The particular configuration of values to be promoted depends on the time, place, and interests of those involved. Whereas economically advantaged people suffering from chronic illness may need caring and compassion more than other values, poor single mothers may have a more pressing need for money than for signs of compassion. With these considerations in mind, I turn now to the specific values of the framework.

Caring and compassion. This value may be defined as the expression of care, empathy, and concern for the physical and emotional well-being of other human beings. Acting responsibly toward others in need is a fundamental pillar of moral thought. Investing in service and relationships is an action of paramount importance in building a sense of community. It is hard to imagine the relevance of other principles in the absence of this one. Indeed, the moral views of many women and men are grounded in an orientation of care, a tendency that develops in infancy through interactions with parents and caregivers (Gilligan, 1982).

In the helping professions, an attitude of caring and compassion underwrites the entire enterprise. Failure to enact these basic principles, either by pathologizing every sign of suffering or by displaying indifference to clients' mundane worries, can have serious dehumanizing effects (Chesler, 1989; Duckett & Ryden, 1994; Sarason, 1985; Susko, 1994; Sutherland, 1992). But in addition to demonstrating sensitivity to the emotional well-being of clients, psychologists should try to extend this compassionate attitude to the silent majority who are deprived of psychological services (Albee, 1986; Salladay, 1986).

This means conceiving of the needs of marginalized persons as worthy of our caring and compassion as well. This is where caring is interwoven with justice. The complementarity of caring and justice is well illustrated by Duckett and Ryden (1994): "Reasoning that takes relationships and contextual considerations into account is a strength of the caring tradition. The ability to use principled thinking to consider what is right for persons other than those with whom one is in a caring relationship is a strength of the justice tradition" (p. 61).

Self-determination. This principle may be regarded as "the individual's ability to pursue chosen goals without excessive frustration" (Olson, 1978, p. 45). Rawls (1972) described the ability to direct one's life as "perhaps the most important primary good" (p. 440). Dignity is intimately connected to the level of perceived and actual freedom the person experiences. To attain a minimum level of self-determination, the person should have considerable control over his or her life.

Restoring a measure of control has been a defining feature of individual (J. Holmes & Lindley, 1989) and community interventions (Rappaport, 1987). The virtues of autonomy, however, have to be tempered by the perils of individualism and excessive control, which are risks that exist in society (Bakan, 1966; Etzioni, 1993; Fox, 1985; Frazer & Lacey, 1993; Saul, 1995), in psychotherapy (Hare-Mustin & Marecek, 1986; Wallach & Wallach, 1983), and in community interventions (Riger, 1993). To moderate individualistic tendencies, some authors have advanced the notion of relatedness (Guisinger & Blatt, 1994), connection (J. V. Jordan, Kaplan, Miller, Stiver, & Surrey, 1991), and reciprocal empowerment (I. Prilleltensky & Gonick, 1994) as interdependent versions of personal growth. These concepts interpret self-determination as the power to foster in oneself and others the ability to attain mutually acceptable goals. This view of self-determination stresses the reciprocal connection between this value and collaboration and democratic participation.

Human diversity. This value promotes respect and appreciation for diverse social identities. From a moral point of view, recognition and respect of people's unique identities is an obligation equivalent to according them the right of self-determination (Taylor, 1992). Identity and recognition are intimately connected, for one validates his or her identity on the basis of recognition from others. From a mental health perspective, granting individuals an opportunity to define their own identity produces salutary effects (Gardner & Esses, 1996; McNicoll, 1993; Trickett, Watts, & Birman, 1994). Conversely, when a group's distinctiveness is disparaged or denied, negative consequences ensue (Pilar Quintero, 1993; Sampson, 1993). "Nonrecognition or misrecognition can inflict harm, can be a form of oppression, imprisoning someone in a false, distorted, and reduced mode of being" (Taylor, 1992, p. 25). This typically occurs when vulnerable groups are subjected to pejorative constructions by more powerful social agents. The implication of this is that human diversity cannot flourish without justice and equality.

In psychology, the diversity agenda is relatively recent (e.g., Fowers & Richardson, 1996; Sampson, 1993; Trickett et al., 1994; Vasquez & Eldridge, 1994). The challenge of this project will be to balance this value with distributive justice, collaboration, and democratic participation. In isolation, diversity can be advanced only in a superficial fashion. Consider respect for human diversity in a school context. Caring and compassion for special-needs students require that we allocate for them adequate resources—a distributive justice concern. Similarly, if we want to promote the identity of minority children in schools, we need to grant them a measure of self-determination in the curriculum.

Collaboration and democratic participation. This principle can be defined as the peaceful, respectful, and equitable process whereby citizens have meaningful input into decisions affecting their lives. A collaborative approach is necessary for the realization of self-determination, for individuals to assert their identities, and ultimately for them to feel part of the world around them. Inasmuch as this value enhances the level of connectedness among people, it contributes to a sense of community (Fox, 1993a; Frazer & Lacey, 1993). The dual purpose of collaboration and democratic participation is to express one's opinion and to create bonds of care while upholding personal rights and social responsibilities (Avineri & De-Shalit, 1992; Bernstein, 1983; Etzioni, 1991, 1993; Habermas, 1990a, 1990b). Many barriers obstruct the actualization of this ideal situation. Many societies around the world accept minimal standards of democratic participation and exclude marginalized people from the democratic process (Frazer & Lacey, 1993; Trend, 1996b). The distance between psychological experts and clients, students, service recipients, and research participants continues to discourage meaningful participation of consumers in psychology (Fox & Prilleltensky, 1997).

Distributive justice. This value refers to the fair and equitable allocation of resources and bargaining powers in society (Miller, 1978; Sidgwick, 1922). Resources can be distributed according to various criteria, such as need, merit, or equality. Under conditions of equality of opportunity, the principle of merit may apply, but an argument can be made that in conditions of inequality, need is the more appropriate criterion (Facione, Scherer, & Attig, 1978). In many societies, injustice is perpetuated by distributing resources according to merit, in gross disregard for the social needs of marginalized groups (George & Wilding, 1976; Grusky, 1994; Miller, 1978; Weisband, 1989). Distributive justice calls for the reallocation of resources to attain a balance between the goods and opportunities enjoyed by all social groups. Without an even distribution of social goods, other basic needs and rights such as health and self-determination cannot be fulfilled. For example, some poor people have inadequate health care and restricted opportunities to exercise control over their lives.

Historical and contemporary analyses suggest that psychologists have not always supported distributive jus-

tice (Albee, 1986; Danziger, 1990; Herman, 1995; Napoli, 1981; Sloan, 1996; Tolman, 1994). In psychological theory, psychologists replicate the same individualistic philosophies that justify a state of social inequality. Psychologists do so by interpreting social problems that originate in the structure of the socioeconomic system in intrapsychic terms, by attributing excessive weight to individual factors in explaining social behavior, and by abstracting the individual from the sociohistorical context (I. Prilleltensky, 1994a; Sarason, 1981; Wallach & Wallach, 1983). In practice, psychologists have been inattentive to the way mental health services are maldistributed and inaccessible to poor people (Albee, 1990; J. Holmes & Lindley, 1989). These tendencies result in the fortification of an unjust societal status quo. We may wish to promote caring and compassion for special education students, but unless we provide them the required resources, our good intentions are futile. Similarly, we may wish to promote the mental health of poor people through psychological means, but unless they are afforded better educational and employment opportunities, our efforts will encounter limited success. To be meaningful, compassion should be accompanied by distributive justice.

Assumptions

In an effort to disclose the moral foundations of theory and practice, it is important to reveal their implicit or explicit assumptions. Even authors explicitly engaged in moral discourse do not always explicate their values and assumptions (Richardson, 1995). I have identified five areas in which the assumptions held by psychologists reflect their moral standpoint.

Knowledge. The position assumed with respect to knowledge can have implications for the kind of morality espoused. How is knowledge to be used in the advancement of human welfare? Do authors and practitioners favor a scientific attitude that seeks information in sterilized conditions yet expects data to inform real-life decisions (Danziger, 1990; Howitt, 1991), or do they prefer a grounded-theory perspective that is more inductive and amenable to action research (e.g., Fine & Vander-slice, 1992)? The pursuit of pure knowledge, regardless of its social and ethical implications, risks producing theories that do not promote human welfare (Herman, 1995). This is why it is essential to learn about the epistemological presuppositions adopted by psychologists (Harding, 1991).

Good life. Psychologists bring into their work conceptions of what constitutes the good life. These notions penetrate research, theory, and practice (Riger, 1992). To evaluate the moral dimension of psychological postulates, one needs to know which ideals influence the postulates. Is the idea of the good life promoted by a theory that is based on individualism, personal control, or reciprocity? Each of these options has different moral implications. Doherty (1995) gave an example of a therapy client who, after separating from his wife, was considering leaving town to start a new life elsewhere. In

leaving town, the client also would have left behind his two young children. The therapist's assumptions about a good life would have an impact on the advice given to the client. A therapist who accords superior value to self-determination may agree with the client's decision to leave town. Another therapist who values responsibility toward children as paramount would ask the client to take into account the children's needs for proximity with the father.

Good society. Similarly, we should know the implicit or explicit visions of psychologists for what constitutes the good society. Practitioners supportive of the societal status quo will adhere to individualistic conceptions of well-being, whereas those with communitarian ideas will advance very different theories and interventions. Shouldn't clients know what psychologists think about distributive justice or human diversity? Shouldn't readers expect a statement about the social values of authors? A declaration of social values is a minimal requisite for the moral evaluation of theory and practice. The theories and actions of psychologists have serious social and ethical ramifications (Herman, 1995). By reflecting critically on what type of society psychologists want to build and how they help or hinder that pursuit, improved ethical practices can emerge.

As in the case of the good life, there are multiple visions of what constitutes the good society. Different societies may need a different prescription to enhance the welfare of their citizens. Whereas citizens living in dictatorial regimes may require more freedom of expression and expanded opportunities for self-determination, citizens living in competitive societies may need more sense of community and less emphasis on individuality. The social context determines to a large extent which values need to be fostered to improve people's welfare. I agree with Fox (1985) that in most Western societies, we have neglected both "autonomy and psychological sense of community" (p. 48). To recover these values, I propose a creative balance among the values of self-determination, collaboration, democratic participation, human diversity, caring and compassion, and distributive justice.

Power in relationships. Another revealing dimension of morality in psychology is the account of power in professional relationships. The distribution of power within a relationship is a determining factor in the advancement of values such as self-determination, collaboration, and democratic participation. Are relationships based on egalitarian or paternalistic principles? Is the psychologist in the position of expert or collaborator? As many authors have asserted, psychologists tend to undermine the importance of power imbalances for the promotion of key values (DeVaris, 1994; Mack, 1994; Reiff, 1974; Tyler, Pargament, & Gatz, 1983).

Professional ethics. To assess the morality of practice, it is necessary to know whether professional ethics entail only exchanges between service provider and service recipient or whether they include other social dimensions such as concern for distributive justice (L. S.

Brown, 1994, 1997; Dokecki, 1996; Lerman & Porter, 1990; Pettifor, 1996; Rowe, 1987; Salladay, 1986). Additionally, there is a need to ascertain whether ethics are dictated by professional practice priorities or by principles of moral philosophy. Whereas the former is based on the culture of professionalism and tends to favor the interests of professionals, the latter offers a broader vision of ethics, one that questions the values to be enacted in practice (Howitt, 1991; Kultgen, 1988; I. Prilleltensky et al., 1996; Serrano-García, 1994).

Practice

The values and assumptions of psychologists are manifested in practice. Of the many distinguishing features of psychological practice, I concentrate on five revealing characteristics.

Problem definition. The conceptualization of a psychological or social problem is influenced by ethical views (Gil, 1996; Ratcliffe & Wallack, 1986). Children exhibiting inappropriate behavior at school are frequently given a diagnosis that is based on intrapsychic deficits (Breggin & Breggin, 1994; Burman, 1994). In giving the child a label, the psychologist typically does not challenge the institutional arrangements, however oppressive they might be. Alternatively, the child may be regarded as the victim of inadequate teaching and parental practices. A third option would view the child's behavior as the result of growing up in disempowering conditions, thereby regarding the behavior as an attempt to gain a measure of control over his or her life. These explanations, reflecting diverse conceptions of the good life and the good society, lead to different interventions.

Role of the client. Clients of psychological services may be regarded as mere recipients of services, as contributors to the agenda, or as full and active participants in the helping process. Depending on the role assigned to clients, psychologists enact the values of self-determination, collaboration, and participation in differing degrees. The level of participation of clients in decisions affecting their lives is, in turn, affected by the value ascribed by the psychologist to the principles of democratic participation and respect for human diversity. The role of the client is further shaped by the psychologist's assumptions concerning power in relationships. Is the psychologist willing or unwilling to share power with the individual client or group?

Role of the helper. Helpers may assume a highly directive role, impart expertise, facilitate personal growth, or act as agents of social change. The choice of role is influenced by the psychologist's values and has an impact on his or her ability to be caring, to promote egalitarian relations with clients, and to foster meaningful participation of clients. Although all of these roles may be morally justified under certain conditions, psychologists need to be aware of the personal biases they bring to their work. A directive role may be justified when a person is in crisis and needs a highly structured approach, but under another set of circumstances, a highly directive approach may undermine the client's self-determination

and search for personal identity. When disempowering social conditions curtail individuals' opportunities in life, a role of social change agent may be required. Community organizing and political action may be the best vehicles for the promotion of human welfare in this case. One mode of helping does not fit all problems (cf. Dokecki, 1996).

Type of intervention. A psychologist who is treating a child with behavior problems may choose to intervene at the individual, family, school, or community level. Furthermore, he or she may treat only the symptom or may look at the health of the child in a holistic manner. Each of these decisions says something about the psychologist's conceptions of health, willingness to challenge oppressive familial and educational structures, and sensitivity to the unique cultural and socioeconomic background of the child. In other words, these decisions have moral implications.

Time of intervention. The choice to intervene early or late has moral implications as well. Given that prevention can be more effective and humane than treatment (Albee, 1986, 1990; Cowen, 1994; Hodgins, 1996), the choice to use only reactive methods is morally questionable. A reactive approach adopts a passive position until victims of destructive environments request help (Salladay, 1986). If psychologists disregard disempowering social conditions that affect vast sectors of the population and merely wait for society's casualties to fall at their doorstep, they may be insensitive to ecological factors involved in health. Adopting primarily reactive and person-centered methods suggests that helpers uphold individualistic conceptions of the good life and a view of the good society that does not challenge the status quo (Gil, 1996; I. Prilleltensky, 1994a; Ratcliffe & Wallack, 1986).

An Evaluation of Ethos and Morals of Practice

In this section, I apply the framework to traditional, empowering, postmodern, and emancipatory communitarian approaches. An overview of values, assumptions, and practices of these four ethos is presented in Table 2. A review of the literature on therapy and applied psychology in general indicates that traditional approaches are the most commonly practiced (Freedheim, 1992; Gurman & Messer, 1995; Howitt, 1991; Zeig & Munion, 1990), followed in descending order by the empowering (Watson & Williams, 1992; White & Epston, 1990; Zimmerman & Perkins, 1995) and postmodern approaches (McNamee & Gergen, 1992). Although there are attempts to enact the communitarian approach (Doherty, 1995; Martín-Baró, 1994), this represents desiderata more than a model in use. I present it here with the explicit purpose of illustrating the shortcomings of dominant paradigms.

Needless to say, these ethos do not exist in pure form. On the contrary, practitioners adopt elements of various models in their work. However, regardless of the level of orthodoxy exhibited by a psychologist, it is still necessary to be aware of the moral implications of each

Table 2
Summary of Values, Assumptions, and Practices in Four Psychological Approaches

Domain	Traditional approaches	Empowering approaches	Postmodern approaches	Emancipatory communitarian approaches
Values	Promote caring and self-determination of individuals but neglect distributive justice. Major emphasis on helping individuals, not communities.	Promote human diversity and self-determination of individuals and of marginalized groups.	Promote human diversity and self-determination of individuals. Also concerned with collaboration and participation but have equivocal stance with respect to distributive justice.	Promote balance between self-determination and distributive justice. High degree of concern for well-being of individuals and communities.
Assumptions	Based on scientific assumptions about knowledge. Good life and good society are based on value-free liberalism, individualism, and meritocracy.	View knowledge as tool for action research. Good life is based on ideas of personal control. Good society is based on rights and entitlements.	Emphasize epistemological relativism and moral skepticism. Good life is associated with pursuit of identity. Assumptions informed by social constructionism.	Promote grounded knowledge at the service of moral values. Good life and good society are based on mutuality, social obligations, and the removal of oppression.
Practices	Problems defined in asocial and deficit-oriented terms. Interventions are reactive.	Problems defined in terms of risk and disempowering conditions. Interventions are reactive and proactive.	Problems defined in terms of clients' constructions of their own circumstances. Clients encouraged to pursue their own identity.	Problems defined primarily in terms of interpersonal and social oppression. Interventions seek to change individuals as well as social systems.
Potential benefits	Preserve values of individuality and freedom.	Address sources of personal and collective disempowerment.	Value the importance of identity, context, and diversity and challenge dogmatic discourses.	Promote sense of community and emancipation of every member of society.
Potential risks	Victim-blaming and tacit support for unjust social structures.	Social fragmentation through pursuit of own empowerment at expense of others.	Social and political retreatism. Skepticism and lack of moral vision.	Denial of individuality and sacrifice of personal uniqueness for good of the community.

approach. The purpose of presenting these separate orientations is not to create a perfect taxonomy but rather to elucidate competing claims concerning the practice of psychology. Following a presentation of each approach, I analyze their positions with respect to the values, assumptions, and practices presented in the framework.

Traditional Approaches

By *traditional approaches*, I refer to practices in which the main ethos is one of personal adjustment (Napoli, 1981). A value-free orientation to practice and neutrality on matters of morals and politics are associated with this approach. Being the most commonly practiced, certainly in the past but to a considerable extent also in the present, it makes sense to call this approach traditional. Studies of professional practice indicate that these tenets are still

prevalent in clinical, counseling, and school psychology (Dawes, 1994; Halleck, 1971; Mair, 1992; Pilgrim, 1992; I. Prilleltensky, 1994a; Spinelli, 1994; Ussher, 1992). Similar presuppositions are operative in industrial-organizational (Baritz, 1974; Bramel & Friend, 1981; Huszco, Wiggins, & Currie, 1984; Ralph, 1983) and applied social psychology (Howitt, 1991; Montero, 1994b). This mode of practice is reflective of the heritage of the medical model in psychology, whereby problems are viewed as requiring changes in the person to fit an unquestioned social order (Breggin & Breggin, 1994; Cohen, 1994; Gil, 1996; Marecek & Hare-Mustin, 1991; Sarason, 1981). Although many therapists struggle to make sense of the dialectic relation between their values and their profession, others claim that their interventions are guided exclusively by scientific principles and professional exper-

tise, thereby implying that therapy can be realized in a value-free space (Dawes, 1994; Halleck, 1971; Lakin, 1991; Margolis, 1992).

An examination of the practices and assumptions inherent in this persuasion can help determine the extent to which the five values described in the framework are sustained. Concerning problem definition, there is a distinct tendency to frame human predicaments in apolitical, intrapsychic, and deficit-oriented diagnoses, terms that are conducive to victim-blaming. Clients usually play a passive role, whereas professionals impart expert advice. Interventions are typically reactive and concentrate on individuals, families, and small groups rather than on systems (Chesler, 1989; Gil, 1996; Hall, 1983; Mair, 1992; Pilgrim, 1992; Ratcliffe & Wallack, 1986; Rose, Lewontin, & Kamin, 1984; Sarason, 1981; Spinelli, 1994).

In line with the individualistic propensities revealed in problem definition and treatment, there is an assumption that the good life consists primarily of self-enhancement (Doherty, 1995). The tacitly or explicitly invoked good society is one that values meritocracy and principles of personal advancement, a society in which everyone is free to compete for limited resources (Albee, 1977; Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985; Fox, 1985; Guisinger & Blatt, 1994; McKnight, 1995; Wallach & Wallach, 1983).

In accordance with the culture of professionalism, power in the therapeutic relationship is held by the psychologist expert (Dokecki, 1996; Mack, 1994; Mair, 1992) and *ethics* are narrowly defined as comprising mainly rules of conduct to be upheld in the delivery of services (L. S. Brown, 1994; Kultgen, 1988; I. Prilleltensky et al., 1996). With the exception of the feminist code of ethics (Lerman & Porter, 1990), most codes minimize the role of power imbalances. This is either because power differentials are denied or because clients are regarded as self-determining agents who can exercise freedom of choice with their therapists, a simplistic assumption that belies the complexities of power dynamics in therapy (Hare-Mustin, 1994). With regard to knowledge, the traditional approach espouses a scientific stance, a perspective that grants supposedly value-free data the power to solve personal and social problems—a problem-solving method ill equipped to deal with the value and real-life contexts of most psychological and social problems (Gergen, 1994; Sarason, 1981).

Even if not articulated, these practices and assumptions reflect certain values. The traditional approach shows more concern for the ideals of caring and compassion and self-determination than for the values of human diversity, collaboration, and distributive justice. This imbalance is present in texts dealing with ethics in psychology and mental health work, in which autonomy and caring are given primacy over other more socially oriented values (Bursztajn et al., 1987; Haas & Malouf, 1989; Keith-Spiegel & Koocher, 1985; Pope & Vasquez, 1991). According to Lakin (1991), the argument that “modern Western psychotherapy reflects an emphasis on

individual rather than communitarian values is undoubtedly correct” (p. 51). He wrote that “most of the more familiar therapy orientations in our society reflect values of individual freedom of choice, of self-fulfillment, of personal achievement, and of emotional growth and expression in preference to the ideals of collective responsibility” (p. 51). Recently, the same view was presented by Doherty (1995), according to whom “therapists since the time of Freud have overemphasized individual self-interest, giving short shrift to family and community responsibilities” (p. 7). Ironically, the devout promotion of individual welfare is weakened by inattention to systemic factors impinging on the well-being of clients. As Sarason (1996) stated, the message of traditional therapists to clients is that “you should give priority to your needs, your goals, your uniqueness, your potentials, to break the chains that fetter and plague you” (p. 43). He also commented on the untoward effects of these practices: “As is almost always the case when individualism is highly prized, the sense of belonging and having obligations to the collectivities to which you belong takes second place” (p. 43).

The moral value of practices has to be evaluated in their proper social contexts. Traditions that may have been morally defensible in the past may not be justifiable in the present. The thrust of enhancing personal freedom and liberation initiated by Freud was justified when family and community traditions were blatantly oppressive. Today, when individualism has eroded communities, the morality of such a position has to be challenged (Korten, 1995; Sandel, 1996). By neglecting the social domain, the traditional approach faces two major risks. When it denies the role of society in personal suffering, it inadvertently blames the victim, and when it promotes personal solutions to social problems, it weakens community bonds and strengthens the status quo. As Bakan (1966), Doherty (1995), Fox (1985), Hare-Mustin (1994), Herman (1995), and Sarason (1996) have asserted, individual and social problems must be considered simultaneously for either to be resolved in the long run. The traditional approach has failed to do that.

Empowering Approaches

Empowerment refers to interventions and policies designed to enhance the degree of control that vulnerable individuals exercise over their lives (Rappaport, 1987). Empowering approaches are used in counseling (Dunst, Trivette, & Deal, 1988), community research and action (Rappaport, 1994; Serrano-García & Bond, 1994), and policy development (Boyte & Riessman, 1986). Although espoused by psychologists of diverse backgrounds, empowerment is a foundational concept in feminist therapy (Watson & Williams, 1992) and community psychology (Rappaport, 1987; Zimmerman & Perkins, 1995). The overarching goal of this orientation is to increase the personal and collective power of people who are powerless and, in so doing, to reduce domination. With origins in the popular movements of the 1960s, the politically explicit message of this philosophy is unmistakable, with

calls and actions to enable people who are powerless to take charge of their destiny. Both the auspicious and untoward moral implications of this approach revolve around its ethos of personal and collective power and its emphasis on rights and entitlements.

Within this mode of practice, problems are conceptualized in terms of socially disempowering conditions that place individuals in a vulnerable position. Adherents of empowerment are interested in exploring the "environmental influences of social problems instead of blaming victims" (Perkins & Zimmerman, 1995, p. 570). In an attempt to enhance the self-determination of clients, to share power, and to increase collaboration and participation, consumers are encouraged to take an active role in the process of change, be it individual or group therapy or social intervention. "Empowerment-oriented interventions enhance wellness while they also aim to ameliorate problems, provide opportunities for participants to develop knowledge and skills, and engage professionals as collaborators instead of authoritative experts" (Perkins & Zimmerman, 1995, p. 570).

Empowerment approaches may be used in a reactive mode, as in therapy, or in a proactive fashion, as in prevention. Adherents of this philosophy tend to emphasize social action research, whereas their conception of professional ethics entails a concern for both individual and social ethics (Lerman & Porter, 1990; Serrano García, 1994). Because it is by definition sensitive to issues of power and justice, this philosophy shows higher regard for the values of distributive justice, democratic participation, and human diversity than the traditional approach. It is also concerned with imparting caring and compassion to as many people as possible rather than just to referred clients.

Perhaps empowerment is similar to the traditional approach in its emphasis on the value of self-determination. Empowerment is intended to enhance personal power, a problematic entity of this philosophy. A defining feature of the good life within this approach is the attainment of personal and collective power and control. This ideal tries to restore rights, privileges, and entitlements to disempowered people. As such, it fulfills the moral obligations of distributive justice and self-determination. But in pursuing an ideal of personal or group control, it does not disengage fully from the individualism espoused by the traditional approach, potentially undermining other values such as collaboration, caring, and compassion (Riger, 1993). In seeking power for oneself or one's group, there is a risk of becoming less sensitive to other equally or more disempowered groups. A search for rights and entitlements for one's constituency should be accompanied by the responsibility of attending to the plight of other powerless groups. Balancing rights with responsibilities would push the empowerment discourse forward (Etzioni, 1991, 1993).

Perkins and Zimmerman (1995), editors of a recent special issue on empowerment, acknowledged the risk that "efforts to exert control in some contexts may actually create, rather than solve, problems in a person's life"

(p. 571). Taking the context into account is crucial in determining the appropriateness of more control. When more control for oneself or one's group means less control for others, or when enhanced autonomy means less tolerance for diversity, we have to question the moral grounds of empowerment. The benefits of this position derive from its attention to instances of personal and collective oppression. Its limitations lie in inattention to balancing the different values.

Postmodern Approaches

Two main reasons make it difficult to provide an account of the moral dimensions of postmodern psychology. The first has to do with its relative recency and emerging nature, whereas the second is concerned with the existence of at least two distinct orientations within postmodernism—the affirmative and the skeptical (Rosenau, 1992)—with clearly distinct moral and political implications. However, given the growing influence of postmodernism in theoretical and applied psychology (Gergen, 1994; Hare-Mustin & Marecek, 1994; Kvale, 1992; McNamee & Gergen, 1992; Montero, 1994a; Parker & Shotter, 1990; Richardson & Woolfolk, 1994; Robinson, 1992; White & Epston, 1990), it is important to analyze its incipient ethical implications.

In response to the limitations of positivism in the human sciences, postmodernism challenges the most fundamental foundations of modern science. At the level of epistemology, it questions the validity and generalizability of supposedly unbiased and objective data as well as their interpretation out of historical context. According to postmodernism and social constructionism, research is embedded in highly valuational contexts that make it impossible to claim the existence of value-free information. Integral to the very production of knowledge is the role played by power, bringing to the forefront questions of personal and social interests that are served by the creation of scientific claims. This insight led to inquiries regarding the function of science as a tool of domination, legitimizing oppressive discourses as founded in facts of "nature." The strict division between facts and values, heralded by positivists as a major accomplishment of science, prevented social scientists from even acknowledging the presence of values in the making of science and in its application through the professions. The disenchantment ensuing from these realizations contributed to the development of social constructionism. The social constructionist position seeks to obtain knowledge that is sensitive to the personal, political, and historical dimensions of the subject matter explored. Furthermore, it offers the possibility of using research for emancipatory purposes (Burman, 1994; Gergen, 1994; Hare-Mustin, 1994; Lather, 1992; Parker, 1992; Rosenau, 1992). But the modern paradigm has not been supplanted with a unified alternative. There are many divergent trends within postmodernism. For the purpose of this article, I review two, which were termed *affirmative* and *skeptical* by Rosenau (1992).

Adherents of the affirmative school embrace a political agenda similar to empowerment. They use deconstructive methods to uncover oppressive messages inherent in social, cultural, and scientific discourses. In the hands of oppressed individuals, this instrument can help to challenge illegitimate structures of authority (Burman, 1994; Burman & Parker, 1993; Hare-Mustin, 1994; Hare-Mustin & Marecek, 1994; Parker, 1992). Skeptics, on the other hand, are characterized by a doubting stance that ultimately leads to political inaction. Liberated from the absolutist tendencies of modernism, postmodernists of the skeptical persuasion are reluctant to chain themselves to new and potentially dogmatic theories of knowledge and of the good society. The skepticism used to challenge the epistemology of modern science seems to have led to relativism in the realm of moral philosophy as well. Thus, there is a carryover of suspicion from the domain of epistemology to the sphere of moral philosophy (R. H. Brown, 1994; Cloud, 1994; Kane, 1994; O'Neill, 1995; Richardson, 1995; Rosenau, 1992). Consequently, this type of "postmodern deconstructive consciousness . . . is distrustful of the binding power of any moral rules" (Wolfe, 1989, p. 6). Burman (1990) agreed that "the overall problem concerns the approach's inability to ally itself with any explicit political position; and following from this, a deliberate 'distancing' and 'deconstruction' of any progressive political program" (pp. 210–211). Moreover, she claimed that "deconstruction is fundamentally committed to a liberal pluralism which renders each of its deconstructive readings equally valid, and paralyzes political motivation" (pp. 214–215).

In psychology, adherents of the affirmative and skeptic schools share some practices and differ in others. Postmodernist practice is characterized by the use of social constructionism in problem definition and by an attempt to help the client define his or her identity in his or her own terms, thereby eschewing constraining social roles. Power differences tend to be reduced, and, in line with its antiauthoritarian stance, the legitimacy of professional ethics is likely to be questioned (McNamee & Gergen, 1992; White & Epston, 1990). Affirmatives and skeptics display moderate to high levels of concern for most of the values discussed, but they differ with regard to distributive justice. Whereas affirmative postmodernists (e.g., Hare-Mustin & Marecek, 1994), along with promoters of empowerment, tend to emphasize distributive justice, skeptics are silent or recondite on these matters (e.g., Gergen, 1992; Shotter, 1992). This is related to the vision or, rather, lack of vision of the good life and the good society inherent in skeptical outlooks (Cloud, 1994; O'Neill, 1995; Rosenau, 1992). The political retreatism of the skeptical approach explains why there is not a strong voice advocating social change.

The resistance to dogmatic discourses should be anchored in some view of what is desirable. However, most postmodernists fail to offer an evaluative framework in which the merits of discourses can be assessed. They have decried universal frameworks that serve the interests of the powerful and neglect the needs and realities of

specific people. This is an understandable concern, but it need not lead to the current reluctance to endorse any moral framework (Kane, 1994). If the objection is to moral postulates that pretend to speak to and for all people, then the alternative is to create frameworks that are sensitive to context and to people's voices. Moral frameworks are forever partial, evolving, and embedded in subjectivity. But a metacriterion, the need to explore and to express our moral sense, should remain firm, for being passive or recondite in the face of injustice is a moral choice that is hard to defend.

Emancipatory Communitarian Approaches

Although I value certain features of the three approaches that I have reviewed, in my opinion, they neglect two important qualities needed for the promotion of good lives and good societies: communion and emancipation. This is why I propose an emancipatory communitarian approach for psychological discourse and action. The approach I suggest draws primarily from communitarian philosophies and from liberation theories. Although communitarianism complements other orientations well, it has certain weaknesses that are addressed best by theories of emancipation. This is why I propose a combination of both schools of thought.

Communitarianism is a highly contested terrain in philosophical and political theory (Bell, 1993). Politicians from the right and the left make use of communitarian language for entirely different purposes. Some use it to make communities responsible for their own people, claiming that governments should not intervene in social issues such as welfare (Aronowitz, 1996; Wilson-Smith, 1996), whereas others claim the exact opposite: that governments should help local communities (Avineri & De-Shalit, 1992; Barlow & Campbell, 1995; Bell, 1993; Frazer & Lacey, 1993). Some communitarians prefer the values of caring, compassion, and mutual responsibility (e.g., Etzioni, 1991, 1993; McKnight, 1995), whereas others, such as feminist communitarians (e.g., Frazer & Lacey, 1993), also emphasize the value of distributive justice. I support a comprehensive approach to communitarianism, one that includes distributive justice as much as collaboration and compassion.

In general, the communitarian philosophy is worth pursuing because it contains crucial elements that are somewhat neglected in the previous perspectives. Although certain empowering and postmodern approaches value communitarian principles, they differ from the communitarian approach in important ways. In contrast with the ethos of empowerment, which tends to emphasize rights, communitarianism underscores the balance between rights and responsibilities. In opposition to the individualistic notions of the good life inherent in the traditional approach, communitarianism upholds the common good. Finally, communitarianism is distinct from postmodern skeptical approaches in its commitment to social obligations (Avineri & De-Shalit, 1992; Bell, 1993; Doherty, 1995; Etzioni, 1991, 1993; Frazer & Lacey, 1993; Habermas, 1990a, 1990b; Kymlicka, 1990;

Mulhall & Swift, 1996; Sandel, 1996; Selznick, 1995; Shapiro, 1995). This approach is not meant to replace the important contributions of a rights orientation, when such is necessary, but rather to balance the scale. Although claiming one's rights and asserting one's identity are fundamental principles, problems arise when these values predominate at the expense of others, such as communion and distributive justice (Bakan, 1966; Sandel, 1996), and when there is a resurgence of individualism, now in its new guise of personal identity or groupism. I envision the danger of our society becoming oriented toward meeting the needs of particular sectors to the point that the common purpose may be lost. As Benhabib (1996) put it, the "fragmentation of identities has made it almost impossible to develop a common vision" (p. 30).

A blueprint for a communitarian psychology may contain the following aspects. Community members, clients, and psychologists would collaborate in setting the agenda for personal or social change, and interventions would be primarily proactive and directed at social systems (Gil, 1996). Local and grounded knowledge would help assess the needs and goals of communities. Perhaps more than other approaches, communitarian practice would emphasize collaboration and power sharing. Groups who are served would be enabled to negotiate the contents, procedures, processes, and ethical parameters of psychological interventions, a practice that is lacking in other modalities (I. Prilleltensky et al., 1996; Serrano-García, 1994). Unlike the previous philosophies discussed, a communitarian perspective deemphasizes self-determination and stresses, instead, reciprocal or mutual determination (Doherty, 1995). As Bakan (1966) stated, "The moral imperative is to try to mitigate agency with communion" (p. 14). This orientation envisions a society in which mutuality, participatory democracy, and distributive justice prevail and in which the citizenry is politically conscious, active, and involved (Etzioni, 1993; Frazer & Lacey, 1993; Gil, 1996). Such an approach would differ from previous ones with respect to the five values of my framework in that concern would be shown not only for individual citizens but also for disempowered communities. Thus, for example, the health needs of entire communities and not just of private persons would be a concern.

How would this ideal type of practice come about? Existing theoretical and applied models can guide the actualization of the communitarian philosophy. The philosophy of communicative action advanced by Habermas (1990b; see also Benhabib & Dallmayr, 1991; Bernstein, 1983) proposes ideal speech situations whereby all the actors affected by policies and practices may state their opinions without fear, coercion, or deception. This is a useful starting point, a ground rule from which people might explore their traditions and exchange ideas in a climate of psychological safety. Although these practices contradict many of our antagonistic notions of problem solving in Western societies, people invested in creating a more peaceful society may begin operating in this man-

ner at a small scale. Psychologists, if willing to give up some of their professional control, may certainly try to be more participatory with clients, community groups, students, and research participants.

The modern communitarian movement pioneered by Etzioni (1991, 1993, 1995) in North America strives to replace autocratic and selfish social practices with communitarian ones. His blueprint contains recommendations for upholding collaboration, caring, compassion, and respect for diversity in the contexts of the family, the school, and the community. Melnyk (1985) also offered insights into how cooperativist societies work in different parts of the world. By examining cultural practices characterized by collaboration, participation, and the sharing of resources, we can trigger our imagination and challenge ourselves to transform our institutions in line with communitarian principles. Worker cooperatives in England, the United States, and Canada; cooperative cities such as Mondragon in Spain; and socialist communities such as kibbutzim in Israel provide living examples of communitarian principles in action (Melnyk, 1985).

In psychology, Bakan (1966) discussed the origins of the split between agency and communion and showed how this separation affects personal, spiritual, family, and social life. His analysis is an excellent starting point for overcoming the agency-communion split. At a practical level, community psychologists have developed and enacted many participatory strategies for collaboration and participation at a community level. These strategies invite community members to define their needs and resources, to devise strategies for change, and to take ownership of the process. These practices promote self-determination, caring and compassion, collaboration, participation, and human diversity. The psychologist in this role is not so much a content expert as an enabler of human values (I. Prilleltensky & Nelson, 1997; Rappaport, 1994; Serrano-García, 1994; Tyler et al., 1983). With respect to clinical work, Doherty (1995) claimed that psychotherapy "has the resources to contribute to the formation of a new cultural ideal in which personal fulfillment will be seen as part of a seamless web of interpersonal and community bonds that nurture us and create obligations we cannot ignore" (p. 20). He made the case for an enriched moral dialogue in therapy that puts obligations to others as a central concern. His advice to therapists is to "validate the language of moral concern" (p. 42). His book contains many suggestions for reclaiming the moral domain in therapy.

These models of communitarian practice are not without limitations, however. Many of the family and community changes proposed by communitarians depend on larger social systems that they largely ignore. The main shortcoming of modern communitarianism is that it lacks a clear political philosophy (Bell, 1993; Doppelt, 1988; S. Holmes, 1993; Kateb, 1989; Mouffe, 1996; Shapiro, 1995; Trend, 1996a). According to Kymlicka (1990), communitarianism has "ignored the real issues involved in creating the cultural conditions for self-determination" (p. 231). He further pointed out that com-

munitarianism remains detached “from any actual examination of the connections between the individual, culture, and the state” (p. 232). In essence, it is not clear how pervasive power inequalities that affect people’s welfare can be successfully transformed. These limitations are reflected in psychological attempts to implement communitarian principles. Community psychologists, who identify with the communitarian tenets of collaboration and participation, do not have a paradigm for advancing social justice, a prerequisite for the fulfilment of other values (Martín-Baró, 1994; I. Prilleltensky & Nelson, 1997). Similarly, Doherty’s (1995) suggestions for communitarian forms of therapy are limited to an expanded conception of caring and responsibility toward others. His otherwise articulate treatment of communitarian principles failed to connect the changes he suggested in microsystems to the changes needed in macrosystems. In summary, much remains to be done to elucidate the political implications of communitarian philosophies and practices. Discussing moral obligations is a worthy but very humble beginning. Debate about moral responsibility is only the starting point of a long process of remaking society in line with principles of justice, human diversity, collaboration, caring, and self-determination. Discourse without action is dangerous because it creates the impression that progress is taking place when in fact only the words have changed.

To ensure that psychologists live up to Kekes’s (1993) definition of moral values as “humanly caused benefits that human beings provide to others” (p. 44), there is a need to resort to the concept of emancipation. The social, political, and economic sources of disempowerment need to be addressed to ensure that disadvantage is reduced and perhaps eliminated. Current theories of communitarianism do not challenge the conditions that create disadvantage (Doppelt, 1988; Kymlicka, 1990). Theories of emancipation and liberation can fill this gap (Albert et al., 1986; Martín-Baró, 1994; McLaren & Lankshear, 1994; Trend, 1996b). The essential contribution of these theories lies in challenging the belief that our social system, wherever we may be, is not only the best but the only possible one. Once people overcome the myth that existing social arrangements are immutable, they are in a position to question power structures that interfere with the pursuit of fundamental values for everyone, rather than just for those who benefit from privilege and comfort. A critical analysis of who benefits from current social conditions, and at whose expense, is the first step in overcoming oppression (Korten, 1995; Macedo, 1994). This analysis is highly relevant to psychological well-being, for psychological problems do not exist in isolation from societal structures of power (Gil, 1996; I. Prilleltensky & Gonick, 1996).

Emancipation is a precondition for the pursuit of the good life and the good society. Unless people’s idea of the good life is servitude and suffering, they require a certain amount of freedom to pursue their objectives. Therefore, even before people can discuss the particulars of the good life and the good society, there is a need to

ensure that people are afforded the necessary liberty to make their own choices and to pursue them without oppressive restrictions. Although societies change, the stubborn constant of oppression seems to remain. Oppression happens at the intrapersonal, interpersonal, social, national, and international levels. Depending on the context, various psychological and political forces act to enforce oppressive measures and to subjugate people (Korten, 1995; I. Prilleltensky & Gonick, 1996). Psychologists know a great deal about psychological processes that contribute to oppression. We know about learned helplessness, surplus powerlessness, internalization of feelings of inferiority, identification with the oppressor, obedience to authority, self-fulfilling prophecies, belief in a just world, group think, stereotypes, conformity, and other mechanisms that sustain oppression and domination (see I. Prilleltensky & Gonick, 1996, for a review). Psychologists have exposed the use of psychological and political means to oppress women (Wilkinson, 1997), gay men and lesbians (Kitzinger, 1997), minorities (Bulhan, 1985), people who are poor (Martín-Baró, 1994), people with disabilities (O. Prilleltensky, 1996), and people in developing nations (Montero, 1992; Pilar Quintero, 1993). The liberation psychology of Martín-Baró (1994) in South America, the feminist movement in North America and Europe (Wilkinson, 1997), and the critical psychology of Holzkamp (Tolman, 1994) in Germany are positive exemplars of emancipatory psychologies in different contexts. A variety of approaches within critical psychology also seek to end oppression and support liberation (Fox & Prilleltensky, 1997).

The practice of an emancipatory communitarian approach would examine the role of oppression and lack of responsibility toward people in positions of disadvantage. In Latin America, psychologists working within the tradition of liberation psychology best exemplify the notion of social responsibility (Martín-Baró, 1994; Montero, 1992; Santiago, Serrano-García, & Perfecto, 1983). Committed to service to poor people and disenfranchised people, they promote in the community the values of compassion, collaboration, and justice in ways unknown to most psychologists in postindustrial societies. Their work also illustrates the very political nature of the emancipatory communitarian approach. Political action to reduce conditions of oppression is one of the roles envisioned for emancipatory communitarian psychologists, a role that is appropriate not only for psychologists in emerging societies but for those working in postindustrial societies as well (Fox, 1993b; Fox & Prilleltensky, 1997; I. Prilleltensky & Gonick, 1994, 1996). “Psychology must work for the liberation of the peoples. . . . This involves breaking the chains of personal oppression as much as the chains of social oppression” (Martín-Baró, 1994, p. 27).

Emancipatory communitarianism is not a universal or timeless panacea, however. Societies with strong communitarian traditions, such as the Soviet kolkhoz of earlier days or the socialist Ujamaa villages of Tanzania in the 1960s (Melnyk, 1985), are known to have suppressed

individual uniqueness. Citizens may judge their personal sacrifice for the community to be too big or even oppressive (Melnyk, 1985). People should not romanticize the concept of community but be very precise regarding the type of community they want, for "many societies are sources of oppression" (Shapiro, 1995, p. 147). As Shapiro stated, "Past exemplars of 'community' are ancient Greece, the early days of the USA, and the middle ages, all of which excluded large number of groups from shaping the social goods and values of those communities" (p. 147). Indeed, stronger communities are known to oppress weaker communities (I. Prilleltensky & Gonick, 1996). This is why communitarians should not ask for any type of community but for just and fair communities in which everyone's emancipation is a primary concern.

To be sure, the communitarian philosophy has problems that should not be neglected in future attempts to build "community." But in today's world, when corporate-driven economies continue to propagate self-interest, the immediate risk that people face is too much individualism rather than too much communitarianism (Fox, 1996; Galbraith, 1996; Korten, 1995; McKnight, 1995; Sandel, 1996; Saul, 1995). As Saul (1995) stated, most Western societies are conducive to "a worship of self-interest and a denial of the public good" (p. 187).

Conclusion

To have a meaningful dialogue about values and obligations, professionals need to be "more explicit with respect to the moral" (Bakan, 1966, p. 14). Psychologists need to engage in what Freire (1975) called *annunciation*, the process of conceiving and refining our emerging conceptions of the good and the right. Psychologists of various persuasions have not adequately met this challenge. Unless psychologists share with others their implicit or explicit moral views, meaningful dialogue cannot thrive. My proposal for fostering a dialogue on the morality of psychology stipulates two expectations. First, psychologists should articulate values for the promotion of the good life and the good society, and, second, they should present a vision for how these values may be actualized.

When viewed within their appropriate historical context, each ethos that is reviewed contains risks and benefits. In a sense, the four models have evolved in corrective ways, with the empowering and postmodern approaches challenging value-free notions inherent in the traditional model and with the communitarian framework restoring the value of responsibility over the emphasis on rights underscored by empowerment. Although the traditional approach may have been instrumental in preserving individuality and upholding personal freedom at a time when these were constrained, in an era that extols individualism, it has eroded the sense of community and contributed to victim-blaming. Postmodern approaches emerged as emancipatory forces in response to the hegemonic domination of scientific philosophies. Unfortunately, their skepticism in the realm of moral philosophy undermines their progressive potential. Communitarianism's emphasis on mutuality and caring has to be comple-

mented by an emancipatory approach that seeks not only to care for disadvantaged people but also to change the social and political conditions that perpetuate suffering. Although my approach calls for an emancipatory psychology, it should be noted that today's emancipators can become tomorrow's oppressors. We should also be mindful of the fact that the needs of oppressed people constantly change, forcing us to reconsider what is the best approach in the face of changing ecologies and human desires. Constant vigilance is required to ensure that what currently seems an appropriate morality does not turn into vacuous dogmatism in the future. Moral frameworks should be constantly interrogated to make sure that their tenets are still congruent with Kekes's (1993) definition of moral values as "humanly caused benefits that human beings provide to others" (p. 44).

Elucidating the moralities of psychological discourse and practice is a humbling enterprise that challenges one's sense of integrity. In my case, this exercise has clearly but painfully illuminated my personal limitations and contradictions as a moral actor. Although painful, this is an important and necessary exercise, for if we are serious about halting the wave of moral inertia recognized by Maxwell (1991) and "if we care about attaining a higher level of moral conduct than we now experience, we must be ready to express our moral sense" (Etzioni, 1993, p. 36). However nascent and imperfect, I hope to have conveyed a constructive moral sense, one that can serve psychologists as well as the community at large. I hope psychologists use the framework, but I also hope that they challenge it and that we all learn from the ensuing dialogue.

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