

# Community Psychology in Portugal: Evolution and Current Trends in Praxis and Research

**Pedro M. Teixeira, Carlos M. Gonçalves & Isabel Menezes**

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## Zusammenfassung

### **Gemeindepsychologie in Portugal: Entwicklung und aktuelle Trends in Praxis und Forschung**

Pedro M. Teixeira, Carlos M. Gonçalves und Isabel Menezes beschreiben in ihrem Beitrag die Entwicklung der Gemeindepsychologie in Portugal und zeigen am Beispiel der Veränderungen in der Behindertenhilfe auf, dass Gemeindepsychologie auch politisch agieren muss, um ihre Ziele zu erreichen.

Nach dem Ende der Diktatur im Jahr 1974 kam es zu einem dynamischen Ausbau der universitären Psychologie in Portugal: 1977 wurde Psychologie zu einem eigenständigen Studienfach und bereits 1981 wurde das erste gemeindepsychologische Projekt durchgeführt. Der Beitritt zur EU stärkte die Gemeindepsychologie. Neue Arbeitsfelder, jenseits der klinischen Psychologie wurden erschlossen und dank EU-fördermittel ausgebaut. Die in diesem Kontext entstandenen Projekte sind gekennzeichnet durch eine Sozialraumorientierung. In vielen Regionen wurden Community Centres (Gemeindezentren) gegründet. Hierdurch wurden Themen wie Inklusion und soziale Verortung in den Mittelpunkt psychologischen Handelns gerückt.

Die sich in den Community Centres entwickelnden Inklusionsstrategien haben zwei Schwerpunkte: ersten aufzuzeigen, dass die Exkludierten nicht selbst an der Ausgrenzung schuld sind und zweitens darauf hinzuweisen und nachzuweisen wie eine verfehlte Sozialpolitik Ausgrenzungsprozesse verstärkt. In den Community Centres entwickelte sich auch die Förderung lokaler Ökonomie und Gründung entsprechender Unternehmen zu einem Aufgabenfeld der Gemeindepsychologie.

Das europäische Veröffentlichungsblatt (EUR LEX) sowie eine überregionale portugiesische Tageszeitung (Portuguese Diário da República) wurden daraufhin analysiert, welchen Stellenwert Empowerment in den gesetzlichen Vorgaben und Politiken zum Umgang mit Menschen mit Behinderung hat. Die Analyse offenbart einen deutlichen Widerspruch zwischen dem Diskurs, der sich an Empowerment orientiert, und einer Praxis, für die dieses nicht gilt. Damit auch die Praxis sich mehr von der Idee des Empowerments leiten lässt, müsste sich - so das Ergebnis einer qualitativen Studie mit Fachkräften - Folgendes ändern: (1) Es bedarf einer Neudefinition der Expertenrolle. (2) Ein stärkerer Einbezug der Familien erscheint erforderlich, damit diese ihre Tendenz zur Überbehütung überwinden können und ihre Beziehung zu dem Familienmitglied mit Behinderung auf eine gleichberechtigte Basis stellen. (3) Menschen mit Behinderung sind intensiv an Hilfeentscheidungen zu beteiligen. (4) die Selbsthilfebewegung muss gestärkt werden und (5) die Gemeindepsychologinnen und Gemeindepsychologen müssen sich auch politisch einmischen.

Schlüsselwörter: Gemeindepsychologie, Behinderung, Empowerment, Inklusion

## Summary

This paper addresses the emergence, evolution and future perspective of community psychology in Portugal, a story that cannot be told unless we take into account the country's socio-political history of the last 35 years, including the transition to democracy (1974) and the entrance in the EEC (1985). Two trends will be discussed. The first relates to active community psychology at community centres, initiated by the civil society and strongly supported through European funds, and will highlight some examples of innovative practice of community psychology. The second relates to research and demonstrates how a political

perspective is essential for community psychology, based on an example in the field of disability care.

Key words: Portugal, Community centres, disability, inclusion

The story of community psychology in Portugal (and certainly elsewhere) cannot be told unless we keep history in mind. Particularly, the fact that Portugal lived under a dictatorship during half the 20th century - a dictatorship that survived World War II, and maintained, by means of a prolonged armed conflict (1961-1974), the final colonial empire of the century. In this context, it is no surprise that during this period, the social sciences were regarded with suspicion and there was no institutional support for the development of psychology and other social sciences. As Madureira Pinto (1998) states in his analysis of the evolution of sociology, the kind of thought characteristic of the social sciences "was seen by the established repressive apparatus as an activity which potentially threatened state security, and therefore had to be watched, censored and repressed" (S. 59).

Obviously, this distrustful attitude towards psychology was not exclusively Portuguese. Similarly, in Spain "a hard-right and conservative *Weltanschauung* substituted previous modernization and social reform [and] tried to transform psychology into a branch of scholastic philosophy, thereby denaturalizing its contents and impeding its development as a scientific discipline" (Carpintero, 2001, S. 380-381). It was not until 1968 that a university degree in psychology was created (within the Department of Philosophy), while independent departments of psychology at the major universities were established only in 1980 (Martin & López, 2007). Psychology, however, was also looked with suspicion in the former USSR and only after the fall of the regime was it re-introduced as a mandatory subject in Russian secondary schools, as a strategy to counteract the effects of a collectivist orientation in youth (Zabrodin, Popova & Minaev, 1998). So, in spite of the fact that critical psychology has justly denounced the role psychology as a discipline has played in naturalizing oppression (Albee, 1987, 1996, 2000; Albee, Joffe & Dusenbury, 1988; Montero, 2003; Nelson & Prilleltensky, 2005), it is quite interesting to note that in authoritarian regimes, psychology was seen as a menace and a challenge to the *status quo* in various parts of the globe.

In Portugal, the extremely conservative nature of the regime prevented the institution of psychology and other social sciences as a university degree - curiously, its creation was previewed in the writing of a law-decree in 1968 but ultimately excluded from the final text (Ferreira Marques, 1994 in Pinto, 2000) - but it did not prevent teaching and research in psychology to develop in the context of the departments of humanities and medicine, first in connection with education and then clearly expanding to other topics (Borges, 1986; Viegas de Abreu, 2005). In fact, theoretical interest and research in psychology had evolved in relation to medicine and educational science since the 19th century (Abreu, 2005; Carpintero, 2001) - as in other European countries, Spain included - even without the institutionalization of the discipline. But only after the 1974 Carnation Revolution which restored democracy, "the political will, the development of the universities and a new sensitivity to social problems facilitated the establishment of initiatives for the creation of Psychology as a higher education degree" (Borges & Pinto, 1986, S. 2). Finally, in 1977<sup>1</sup>, a university degree in psychology was created at public universities<sup>2</sup>, first in the context of the Departments of Humanities, but shortly after (1979) constituting autonomous Departments of Psychology and Educational Sciences at the three major state universities, after intense student protests (in the spirit of the participatory flavour of the period). The implications of this late institution were compensated by the fact that, after the restoration of democracy, many intellectuals who had been trained abroad returned to Portugal and allowed for a rapid development of the field. During the 80's and 90's psychology evolved from invisibility to a leading role in terms of public recognition - that might even be excessive, not only because by there are 10,000 psychology students in 33 different institutions, but also because:

"psychologists are frequently used under compensatory legitimation strategies (Weiler, 1990) whenever a social crisis or a harmful event occurs, i.e. it looks like a positive sign of concern to assert that "a psychologist is on the way even if the problem is not going to be (or cannot be) solved" (Menezes, Teixeira & Fidalgo, 2007, S. 323).

During this initial stage of development, the more traditional areas of psychology prevailed, but as early as 1981, Professor Bártolo Campos, from the University of Porto, led an action-research community project, supported by the Bernard Van Leer and Calouste Gulbenkian Foundations, on pre-school curriculum development and on in-service education of unqualified pre-school staff working in rural areas. The *Projecto Alcácer* (Campos, 1986, 1989) was the first project in Portugal where, under the vision of an ecological perspective (Bronfenbrenner, 1979), community psychology values and strategies are put into practice. Similar projects followed under the supervision of similarly orientated researchers from different universities (see Menezes, Teixeira & Fidalgo, 2007 for a review). It is fair to mention two of them. Professor Bairrão Ruivo from the University of Porto who was responsible for several projects in the field of early intervention; and Professor José Ornelas, from the Instituto Superior de Psicologia Aplicada (Higher Institute for Applied Psychology), which systematically advocated "community psychology" as a field and coordinated projects in mental health. These projects were for the most part under the influence of North-American authors and perspectives - a tendency that was in tune with other European countries, where North-American psychology was becoming a major source of influence.

Curiously enough, Portugal's accession to the European Union (in fact, in the European Economic Community back in 1985) not only had the political significance of including the country in a community of democracies - opposed to the "proudly alone" motto of the dictatorship - but also had a momentous impact for the development of community psychology.

## **The role of community centres in the promotion of social inclusion**

European programmes supported the emergence of new organizational forms for psychological, social and community intervention, which reinforced the theoretical perspective universities were already trying to further regarding psychologists' professionalism. In fact, it is very interesting to note that, in spite of the late establishment of psychology in Portugal, universities were, since the late eighties, very much in line with the international tendencies that stressed primary prevention (Albee, Joffe & Dusenbury, 1988; Blocher, 1987; Bond & Compas, 1989; Conyne, 1987; Hurrelman, Kaufmann & Losël, 1987), the ecological metaphor (Bronfenbrenner, 1979; Kelly, 1987) and collaborative strategies such as consultation and teamwork (Blocher, 1987, Gallessich, 1982; Kelly, 1987; Oja & Smulyan, 1989). Portuguese universities also advocated a conception of psychological intervention beyond classical face to face strategies (i.e., counselling and psychotherapy), so that psychologists would assume a consultative role in multi-professional teams; primary prevention goals and an ecological and developmental perspective; and an expansion beyond traditional professional contexts (schools, hospitals, companies, etc.) (Campos, 1985; Costa & Menezes, 1991; Soares, 1991). It is therefore not surprising that, in the early nineties, many of the emerging community centres, local units created by initiative of the civil society and strong support from EU funds, were encouraged by universities, based on the belief that these centres "have the advantage of enjoying genuine community integration and, therefore, a larger capacity to work in unison with community problems and resources, becoming integrated projects in the social development of a given community" (Costa & Menezes, 1991, S. 79). These centres were frequently located in deprived neighbourhoods, address a very wide spectrum of community issues and focused on diverse groups including children, adolescents, adults and senior citizens

(Costa & Menezes, 1991; Soares, 1991). Many of these centres were created across the country and played a major part in expanding psychological services to the general population, particularly those in disadvantaged situations, while at the same time expanding the way psychologists themselves conceived their role as professionals and their involvement with colleagues from other fields (Duarte, 1999). This also raised psychologists' awareness of the need to go beyond an intra-psychic view of the individual and, therefore, to include in their interventions an ecological perspective that considers social transformation and social inclusion as a condition for individual wellbeing. As a result, community psychology was a particularly attractive framework as it assumes the role of psychologists as agents of social change, working in collaborative partnerships with other professionals and community actors.

The *Gabinete de Atendimento à Família (GAF)* is an example of such a community centre that is currently the largest in the North of Portugal. Created in 1994, the European Year of the Family, by a religious community, the Order of Carmelites, GAF is located in Viana do Castelo, a city of 40,000 inhabitants in the northwest of Portugal. Its initial goal was to provide a structure of support for families with high levels of poverty and social exclusion, through an inclusive and integrated service with a multidisciplinary team working at different levels: social, psychological, economical, labour, juridical, educative and cultural. As a result GAF, like most community centres in Portugal, assumes a multidisciplinary approach involving a team of 26 professionals from several disciplines (social workers, socio-cultural animators, community mediators, lawyers, nurses, designers, sociologists). Again like other centres, GAF addresses a variety of social issues such as addictive behaviours, AIDS, delinquency, integration of former convicts, homelessness, immigrants, unemployment, family dysfunction, domestic violence and children at risk. Services include housing, meals, food and clothing banks, occupational ateliers, a shelter house, a street team, educational and support groups, individual counselling etc. The centre is organized into five areas of intervention: (i) community support, (ii) health and deviant behaviours, (iii) domestic violence prevention and intervention, (iv) child and family protection, and (v) social enterprises.

An analysis of GAF discourse and praxis based on public documents and its webpage illuminates several distinctive trends. Firstly, the GAF places an emphasis on networking with community resources and institutions. In fact, community centres have introduced a new type of relationship in community action that involves strong institutional networks, even if most centres would agree that this is an unfinished agenda, as better coordination between public and private sectors are a constant demand. GAF has tried to mobilize community agents and resources by establishing a series of formal and informal partnerships with other institutions, and has developed an intense interaction with local, national and even international organizations.

The second trend is the prominence of people's rights as citizens in the community and their empowerment to reclaim these rights, combined with the belief in people's right to be(come) autonomous and included in familial, social, professional and community terms. It is quite easy to assume a needs-based perspective when working with disenfranchised and excluded groups; it is more complex and demanding to affirm that more than stressing people's needs it is their rights that should be emphasized, and that are in jeopardy through their everyday experiences:

In people's notions about everyday life circumstances many aspects are naturalized. We all do that in order to carry out our multiple daily tasks, thus creating habits. In doing so, we accept explanations and modes of understanding life that reinforce existing social and political interests and naturalize social exclusion and inequality (Montero, 2007, S. 524).

The GAF assumption that social exclusion is not a personal issue or the victims' responsibility implies not only stating publicly that social policies frequently perpetuate the inequalities that generate exclusion, but also advocating the creation (and creating) of actual opportunities for access to citizenship by excluded people.

Finally, the third is the option for the development of social enterprises, where GAF was clearly a pioneer, as community centres did not typically organize social enterprises. GAF has created "Wash-Gaf" and "Oficinas" with the goal to professionally integrate people who were experiencing difficulties in finding a job, generally after having lived in the GAF's shelter, while offering services to the community. While it is recognized that these enterprises can have a powerful impact for the workers, as they constitute what the French would call *entreprises d'insertion* (Moulaert & Ailenei, 2005), their influence of generating social capital in the community itself has also been noted (Kay, 2006). This emphasis on social or solidarity economy gives both workers and the community an opportunity to exert their citizen right to opt for alternative "modes of organisation based on solidarity and reciprocity" (Moulaert & Ailenei, 2005, S. 2043) - and thus, intended or not, increasing the pluralism and diversity within the community itself.

## **The role of community clearly psychology research in the promotion of social inclusion: The case of disability**

During the 70's and 80's several authors, particularly in the UK, USA and Scandinavian countries, contributed to the emergence of a field of Disabilities Studies that highlighted the limitations of a medical intervention on chronic conditions and the need for new theoretical and intervention perspectives (Oliver & Zarb, 1989; Hahn, 1985). The introduction of a social model of disability in a field dominated by biomedical discourses and practices gave a new perspective on how the disabled face discrimination and social exclusion (Smart & Smart, 2006). Several academics and disabled activists have advocated the need to go beyond an individual functionalist perspective and consider socio-political and environmental models that focus on social change and transformation (Schalock, 2004; Goodley & Lawthom, 2005; Simeonsson, 2003).

The relevance of contextual factors has been stated by human development theories (e.g. Bronfenbrenner, 1979) and has been well illustrated in the field of Disability Studies. Colin Barnes (1997) analysed the socio-political contextual influence on the lives of disabled people through an historical account from ancient Greece to the nineteenth century. His work has demonstrated how different worldviews and philosophical conceptions of human nature, in contrast with the notion of perfection and purity, have played an important part in framing societies and, in particular, how economic policies and productivity issues associated with the able body throughout time have defined people's roles in society. From death at birth (e.g. infanticide in Ancient Greece) to the individual as object of pity and charity, disabled people have been eliminated, discriminated and excluded in societies.

During this period of emergence of a new field with the establishment of social models across different countries in Europe, there was an increased interest in disabilities issues by academics and activists. Interestingly, Portugal was during this time struggling with the transition into a democratic political regime that also represented a transition from a period of governmental neglect of and lack of support for social issues (responsibility was on the families and on charities), including disability, to a period of creation and implementation of several organizations like advocacy associations for the disabled, service providers, rehabilitation centres, special education schools and so forth. Given the traditional role of families, most of these organizations were founded and run by parents of disabled persons. Due to the initial absence of professional expertise in rehabilitation and disability services, most of these organizations were initially centred on a protective and caring perspective, with settings and practices that resembled an extension of the family. This caring role was later challenged by professional views and practices inspired by the perspective of human development.

Analysing the emergence and development of these organizations is fundamental to understanding how they perceive their mission and goals and also for characterizing their current practices. At the University of Porto, some studies are now being carried out guided by empowerment theory and focusing on organizational analysis of the daily activities of rehabilitation service providers (Teixeira, Loja, Costa & Menezes, accepted), self-advocacy associations for disabled people (Teixeira, Loja, Costa & Menezes, accepted) and associations for chronically ill people (Pais & Menezes, in press). The latter studies aim to understand how the power to choose and to influence decision-making processes is attained and exercised. We will briefly review the daily activities of rehabilitation services.

Following an ecological-developmental perspective (*e.g.*, Bronfenbrenner, 1979) an initial analysis was made at a policy level. The purpose was to explore if empowerment values are present in policy discourses and if individual, organizational and community empowerment processes and outcomes are stated as goals with regard to disability issues. The data collection procedures included the search and compilation of disability policy documents published between 1996 and 2006 in the Official Journal of the European Union (EUR Lex) and the Portuguese newspaper *Diário da República*. Policy analysis was conducted through the method of content analysis in search of: (i) assumption of empowerment values, (ii) orientation towards the implementation of empowerment processes, (iii) goals for the achievement of empowerment outcomes. An example of the found evidence follows: The European Union Council Resolution of 20 December 1996 calls on member states to:

- "1. Consider if relevant national policies take into account, in particular, the following orientations: empowering people with disabilities for participation in society, including the severely disabled, while paying due attention to the needs and interests of their families and carers; enabling people with disabilities to participate fully in society by removing barriers;
2. Promote the involvement of representatives of people with disabilities in the implementation and follow-up of relevant policies and actions in their favour."

Overall, results show that empowerment values are present in policy discourses about disability and that both outcomes and processes are goals to be achieved at individual, organizational and community levels of empowerment (Table 1). However, there is a lack of evidence that this is the case when considering social and organizational practices that concern disabled people, given the absence of studies on empowerment processes and outcomes in the rehabilitation field in Portugal.

Table 1: Evidence of empowerment outcomes and processes in European Union and Portuguese disability policy documents

Empowerment	Processes	Outcomes
Individual	EU Resolution 20 Dec 1996 EU Resolution 17 Jun 1999 EU Directive 78 de 27 Nov 2000 EU Decision 3 Dec 2001 EU Resolution 6 Feb 2003 Decreto de Lei 38/2004	EU Resolution 20 Dec 1996 EU Decision 27 Nov 2000 Decreto de Lei 38/2004
Organizational	EU Resolution 20 Dec 1996 EU Resolution 17 Jun 1999	EU Resolution 15 Jul 2003 Decreto de Lei 38/2004

	EU Directive 78 de 27 Nov 2000 EU Decision 3 Dec 2001 Decreto de Lei 38/2004	
Community	EU Decision 27 Nov 2000 EU Directive 78 de 27 Nov 2000 EU Resolution 6 Feb 2003	EU Resolution 15 Jul 2003

Focusing on the level of organizational analysis with the purpose of exploring how empowerment issues are understood and put into practice by rehabilitation service providers, we conducted semi-structured interviews with professionals from rehabilitation organizations. Data (work in progress) show that: When questioned what are the changes that are needed for empowerment processes and outcomes to occur, professionals identify their own attitudes as being required to be less directive in decision making processes with disabled people, in daily activities, and point out the need of working more with families to do the same. Professionals identify the need to involve families in individual development/rehabilitation processes, in order to involve them in supporting a more active role for disabled people. Families are perceived as being overprotective and having low expectations about the achievement of individual goals, and therefore tend to decide on behalf of the disabled person or place that responsibility solely on the professionals. A reproduction of a medical model based on the expertise of professionals seems to be dominant. Actually, although the content analysis of policy documents reveals that empowerment values and principles are assumed, the way services can be obtained and chosen depends solely on medical assessment and referral. Disabled individuals have little or no influence at all in deciding what kind of support they need and where to get it. Also, services guided by preventive and developmental perspectives focusing on autonomy promotion have been residual. There is a lack of diversity of services, particularly those that focus on early intervention, on one hand, and those that provide support for independent living, on the other (acknowledging that all individuals are inter-dependent in a society). Those that do exist are focused, mainly, on aspects of medical rehabilitation, such as physiotherapy, forms of special education and professional training, or occupational day care.

Policy discourse can, actually, be very diverse and reveal many different perspectives. For example, in January 2008 a policy decision (Decreto de lei 3/2008, 7 de Janeiro) was made to define specialized support resources for children and youngsters with permanent special education needs in schools. It states that:

"special education aims at educational and social inclusion "

In the same month a law (Lei 3/2008, 18 de Janeiro) was approved to define the 'status' of the students of basic and secondary education and states that it aims to:

" promote, particularly, assiduity, integration of students in the educational community and in the school, the completion of mandatory schooling and their civic education "

The debate in the education field surrounding the terms 'integration' and 'inclusion' is still far from being clarified and these policies present evidence of the fact (Vislie, 2003). Laws can be ambiguous and also non-sufficient. Structural modifications in public buildings to ensure mobility and accessibility as required by law, for example, are yet to be completed. They would represent a basic but essential step for disabled people's mobility and open up new possibilities for processes of empowerment. The failure to meet these standards, however, is an example to show that policies alone, although necessary, are not enough for social transformations to occur. Creating social awareness for the needs of others and for inclusive design, as well as

accounting for the practices employed by decision makers, is a battle that disability advocacy groups are still fighting.

When considering empowering aspects such as choice, control and the ability to wield influence, it is important to keep in mind the 'cultural inheritance' of a long dictatorship that conditioned its citizens towards passivity and submission to authority. It is crucial to challenge this definition of citizenship by advocating an active engagement in the definition of the common good as upholding individual and collective rights as well as introducing socio-political accounting practices. Such goals require more disabled people to take control and become politically active in self-advocacy associations that represent them. However, although there are several disability advocacy groups in Portugal, they are mainly run by parents, academics or professionals.

The emergence of a new paradigm of disability (Schalock, 2004) has inspired new biopsychosocial (Simeonsson, et al 2003) and sociopolitical (Hahn, 1985; Smart, & Smart, 2006) models that challenge the definition of disability. For instance, the concept of learning disability is based on the presence of failure to achieve in what is determined as a 'normal' learning setting. Lennard Davis (2006) recalls how the concept of 'normalcy' was introduced in the European culture in the nineteenth century through the use of statistics by astronomers. Its adaptation for the analysis of the distribution of human features such as height and weight, and the introduction of the 'average man' concept had several social implications and lead, from a negative point of view, to the extreme of the eugenic movement. Considering the effect that environmental constraints and labelling concepts have on peoples lives, the need for change in attitude towards human achievement and certain relational settings (e.g. educational, cultural, social ) becomes obvious in the interest of individual wellbeing. Questioning settings and their disabling 'normality' may be a key for prevention and promotion of human development and wellbeing. It also represents a challenge for innovative practices and research that requires an agenda aimed towards more social and political transformation.

## **The road ahead: The need for a Political Community Psychology**

Psychology in Portugal struggled to affirm itself as a science and a profession - and successfully. But, in discussing the essential skills of community psychology, the last author recently stated that community intervention should be recognized as the skill of making politics by other means (Menezes, 2007), and therefore putting

"psychological knowledge at the service of people who are oppressed, disempowered and excluded - thus assuming that community intervention is actively committed to personal well-being and social justice" (Coimbra & Menezes, in press).

In fact, in spite of the extremely intense development of the field over the last three decades, psychology and community psychology are still failing to recognize their political responsibility in exposing discrimination, claiming for specific rights and generally affirming that equality requires the recognition (and valuing) of difference. It is now time to follow Martin-Baró's (1986) challenge, to turn community psychology into committed and engaged praxis and research, recognizing and exposing the pervasive effects of lack of power, oppression and discrimination and actively arguing that psychological well-being requires social and political transformation.



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## Notes


1. This *décalage* (1974-1977) is understandable if we take into account that Portugal effectively experienced a revolution with the subsequent social convulsions. Universities were under great pressure to evolve. For instance, Porto University had 6 faculties until 1974 and 5 more were created in the 5 years following the revolution (Psychology and Education Sciences included).
2. Since 1962/64 psychology was an unofficial degree conferred by a private school, the *Instituto Superior de Psicologia Aplicada* (ISPA).
3. A situation, which mirrors that of Spain (Carpintero, 2001; Martin & López, 2007).

## Authors


### **Pedro M. Teixeira, PhD**

Faculty of Psychology and Education, Porto University  
Rua do Dr. Manuel Pereira da Silva  
4200-392 Porto  
Portugal  
 [pteixeira@bitte-keinen-spam-fpce.up.pt](mailto:pteixeira@bitte-keinen-spam-fpce.up.pt)

### **Carlos M. Gonçalves**

Gabinete de Atendimento à Família (GAF)  
Rua da Bandeira, 342  
4900-561 VIANA DO CASTELO  
Portugal  
Phone: +351 22 258 829 138  
Fax: +351 22 258 811 313  
 <http://www.gaf.pt/>

### **Isabel Menezes, PhD**

Associate Professor  
Faculty of Psychology and Education, Porto University  
Rua do Dr. Manuel Pereira da Silva  
4200-392 Porto  
Portugal  
Phone: +351 22 6079775  
Fax: +351 22 6979725  
 <http://www.fpce.up.pt/ciie/invs/isabelmenezes.htm>