

Reconciling the Roles of Professional Helper and Critical Agent in Health Psychology

Isaac Prilleltensky and Ora Prilleltensky

J Health Psychol 2003 8: 243

DOI: 10.1177/1359105303008002713

The online version of this article can be found at:

<http://hpq.sagepub.com/content/8/2/243>

Published by:



<http://www.sagepublications.com>

Additional services and information for *Journal of Health Psychology* can be found at:

Email Alerts: <http://hpq.sagepub.com/cgi/alerts>

Subscriptions: <http://hpq.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations: <http://hpq.sagepub.com/content/8/2/243.refs.html>

>> [Version of Record](#) - Mar 1, 2003

[What is This?](#)

Reconciling the Roles of Professional Helper and Critical Agent in Health Psychology

Journal of Health Psychology
Copyright © 2003 SAGE Publications
London, Thousand Oaks and New Delhi,
[1359-1053(200303)8:2]
Vol 8(2) 243-246; 033713

ISAAC PRILLELTENSKY AND ORA
PRILLELTENSKY
Peabody College, Vanderbilt University

THE THOUGHTFUL COMMENTARIES on our article 'Towards a Critical Health Psychology Practice' brought important questions into sharp relief. Each commentary made significant contributions to critical health psychology. As we make no attempt to excuse our shortcomings or omissions, instead of defending our original position, we try to synthesize the major themes raised by our commentators and move the discussion forward.

The majority of the commentaries point to the need to reconcile the professional role with the critical role in critical health psychology. Several authors pondered how we can incorporate the insights of critical psychology into our daily practice, and how we can make sure that our specialized knowledge of individual health behaviour works in concert with our knowledge of power differentials and their repercussions on health.

Critical health psychologists struggle to reconcile two sets of values, assumptions and practices associated with their roles as professional helpers on one hand, and critical agents of social change on the other. Hitherto we have not articulated how these two sets of knowledge, practices, and roles work in synergy for the promotion of wellness and liberation (Nelson & Prilleltensky, in press). In this brief

reply we propose ways of melding professional and critical praxis.

Figure 1 depicts three domains that distinguish the professional helper from the critical agent: knowledge, practice, and role. Our challenge is to find ways of reconciling the two sets of skills and aims. From the perspective of the professional helper, the critical health psychologist wishes to answer three important questions:

1. How does our special **knowledge** of wellness inform our social justice work?
2. How does our ameliorative **practice** inform our transformative practice?
3. How does our insider **role** of wellness promoter in the health system inform our outsider role as social critic?

From the perspective of the social change agent, the critical health psychologist needs to address the following issues:

1. How does our **knowledge** of inequality and injustice inform our health psychology work?
2. How does our transformative **practice** in society inform our ameliorative work in the health system?
3. How does our outsider **role** as social critic inform or relate to our insider role?

We would argue that reconciling these diverse

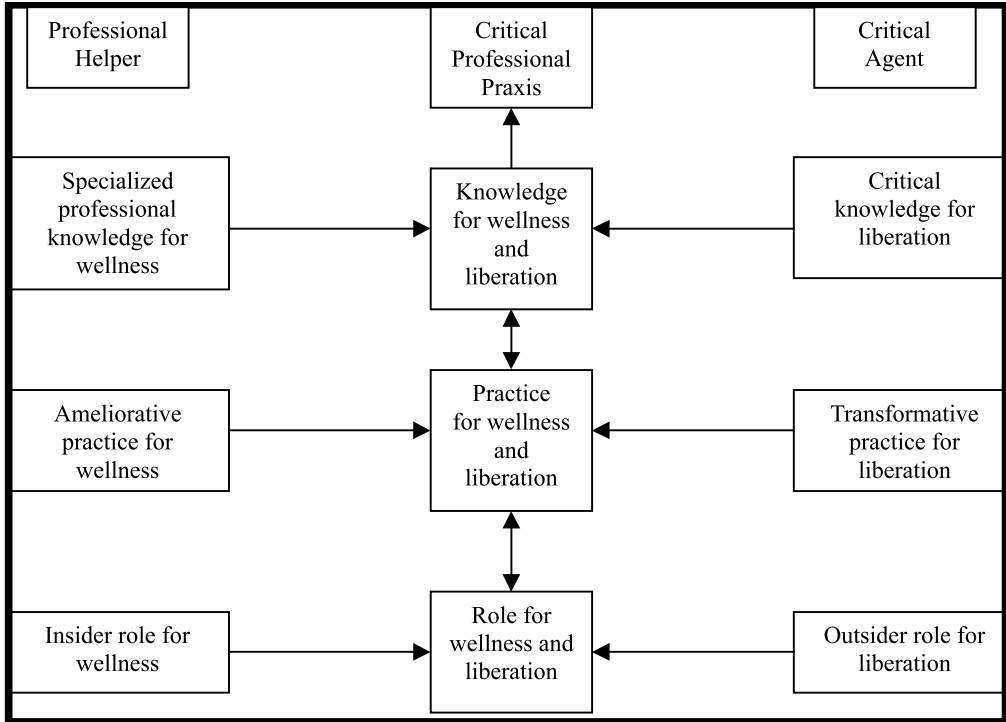


Figure 1. Knowledge, practice and roles for critical professional praxis in health psychology.

roles would promote the dual goals of critical health psychology: wellness and liberation. In addition, addressing these questions would deal with the request for specifics expressed in most commentaries.

Wellness and liberation

Although our commentators do not use this terminology, we think they would concur in affirming the goals of wellness and liberation for critical health psychology. Whereas the former is the primary domain of the professional helper, the latter is the main concern of the critical change agent (Nelson & Prilleltensky, in press). Wellness and liberation exist in a dialectical relationship. Without liberation many oppressed people cannot experience wellness, and without wellness there is no superordinate goal for liberation. Our objective is to blend the two so that our various roles and skills attend to

emancipation and quality of life at the same time.

Knowledge

Adler (this issue) made the point that health psychologists cannot encompass all the domains of knowledge in their research. We agree that interdisciplinary research and action is vital. But it is entirely possible to have interdisciplinary research and action that support the status quo. This is why we need critical knowledge of how power and inequality play a role in health (Habermas, 1971). If we were to stay at the level of individual wellness alone, and were not to consider the impact of inequality, disadvantage, and oppression, or were to leave those political domains to others, we would not be as effective in our individual work because we would obviate the role of power in health. There is a need to incorporate critical insights into our daily working routine. At present, interdisciplinary

research and action lack a critical component, and, when they exist, as Adler observed, it is primarily in research institutions, not necessarily practice settings.

We were encouraged to see evidence that some spiritual communities can empower themselves and others to pursue health and emancipation in the larger community. The commentary by Oman and Thoresen (this issue) offers valuable entry points for the critical health psychologist interested in working with religious communities to enhance their own well being and the well being of others. It is not enough to seek wellness for one's own group if others continue to suffer due to oppression and inequality. Once our own wellness is enhanced, the critical change agent asks what can be done to extend wellness to those who suffer from social maladies.

The type of knowledge we pursue has been well articulated by Aristotle and recently revived by Flyvbjerg (2001). *Phronesis* is the type of practical knowledge that combines scientific understanding with political wisdom. It is a very applied type of knowledge that seeks understanding in context; contexts that are perpetually suffused by power differentials and inequality. In Habermas' words: Knowledge for emancipation.

Practice

Fox, Sharples, and Sykes (all this issue) expressed the valid need for more specifics in the actual day-to-day practice of critical health psychologists. Nelson and Prilleltensky (in press), Prilleltensky and Nelson (2002), and Murray, Nelson, Poland, Matycka-Tyndale, Ferris, Lavoie, Cameron, and Prkachin (2001) have proposed actual ways of blending the transformative role with the ameliorative task. For us, transformation refers to system change whereas amelioration refers to individual or reformist change that leaves the sources of the problem unaffected. There are in fact many ways to advance the transformative impulse and critical knowledge in the health system. Some potential avenues include:

- Creating awareness among colleagues about how power differentials get enacted in interactions with patients

- Forming research and action groups in the workplace to explore how practices may be more empowering of clients
- Increasing political literacy of patients to empower them to scrutinize hospital practices
- Establishing practices that enable participation of clients, patients and community members in management of health settings
- Connecting with poor communities and partnering with them in raising the level of public health, advocating for more resources, protesting tobacco advertising, boycotting sexist advertising and others.

Each workplace differs in foci and practices, and we do not pretend to tell critical practitioners what will work best for them. This is just a very minor list of potential ways of blending transformational with ameliorative work. Sharples (this issue) posed very important questions for research that would produce practice-oriented outcomes. Murray and Campbell, in turn, explicate the links between global dynamics and personal and community health and what can be done about them. Bolam and Chamberlin propose a type of reflexivity that can also lead to action and practice-oriented outcomes. We are pleased that some of the commentators answer questions posed by others.

Role

As insiders within the health system, critical health psychologists face many barriers and limitations. While they may be aware of many oppressive policies and practices they may be constricted in their ability to act. Outside critics, in turn, may feel free to point to shortcomings but may not have the inside knowledge of how systems work, or why some procedures that may seem irrational from the outside may be well justified from the inside. We are afraid that if the turn towards professionalisation discussed by Bolam and Chamberlin limits the critical role of the health psychologists, the outsider voice will be muffled. It is very important to listen to the voice of discontent of critical psychologists. In its absence, the bureaucratic machines of hospitals and governments will continue to process clients without attending to structural injustice within their own backyards.

Conclusion

Whereas the pull for the professional helper is for amelioration, wellness, and smooth running of institutions, the pull for the critical change agent is for transformation, liberation, and disruption of unjust practices. For critical professional praxis to emerge, these two roles need to exist in tension and synergy, not in opposition. If wellness and liberation are to emerge, we need specialized knowledge as much as political knowledge, ameliorative therapies as much as social change, and people working inside the system as much as people confronting it.

References

Flyvbjerg, B. (2001). *Making social science matter: Why social inquiry fails and how it can succeed again*. New York: Cambridge University Press.

Habermas, J. (1971). *Knowledge and human interests*. Boston: Beacon.

Murray, M., Nelson, G., Poland, B., Matycka-Tyndale, E., Ferris, L., Lavoie, F., Cameron, R., & Prkachin, K. (2001). *Training in community health psychology*. Report to Canadian Institutes of Health Research.

Nelson, G., & Prilleltensky, I. (Eds.). (in press). *Community psychology: In pursuit of well-being and liberation*. New York: Palgrave Macmillan.

Prilleltensky, I., & Nelson, G. (2002). *Doing psychology critically: Making a difference in diverse settings*. London: Palgrave Macmillan.

COMPETING INTERESTS: None declared.

ADDRESS. Correspondence should be directed to:
ISAAC PRILLELTENSKY, Department of Human and
Organizational Development, Peabody College, Box 90,
Vanderbilt University, Nashville, TN, 37203, USA. [email:
Isaac.Prilleltensky@vanderbilt.edu]