Changing Communities and Increases in the Prevalence of Depression: is there a Relationship?*

Cambios en las comunidades y el aumento en la prevalencia de la depresión: ¿hay una relación?

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Abstract

The article analyses the impact of individualization processes on community-level determinants of health in postmodern societies, taking depression as an example. The analysis shows how the evolution of the broader social context towards forms of organization focused on the individual and on competition in a market economy implies the vanishing of traditional communities and therefore of their health-supportive functions, thus endangering their ability to fulfill the needs of belonging, mutual support, and identity. The analysis also relates this evolution to cultural phenomena and to recent studies about culture-gene coevolution, implying that the effects of community decline are expected to be even greater in collectivist societies. Through its multidimensional conceptual analysis, this paper aims to contribute to further uncovering the interactions of psychological, psychosocial, and biological factors in mental health.
Keywords
community; social changes; individualization; health: depression

Resumen

El artículo analiza el impacto que los procesos de individualización en las sociedades postmodernas tienen sobre los determinantes de salud de nivel comunitario, tomando como ejemplo la depresión. El análisis muestra cómo la evolución del contexto social más amplio hacia formas de organización enfocadas en el individuo y en la competencia de las economías de mercado, implican el desvanecimiento de las comunidades tradicionales y por lo tanto de sus funciones de apoyo a la salud. Es así que ponen en peligro su capacidad para satisfacer las necesidades de pertenencia, apoyo mutuo e identidad. El artículo también relaciona esta evolución con fenómenos culturales y con estudios recientes sobre la coevolución cultura-gen, implicando que los efectos de declinación de la comunidad deberían ser aún mayores en las sociedades colectivistas. A través de su análisis conceptual multidimensional, el artículo busca contribuir a profundizar sobre las interacciones de factores psicológicos, psicosociales y biológicos en salud mental.
Palabras clave
comunidad; cambios sociales; individualización; salud; depresión

Community as a core concept for health

The article addresses the impact of individualization processes on communities and the effect these changes could have on mental health, taking depression as an example. The main question to be analyzed is whether there could be a relationship between these social changes and the prevalence of depression. Information to answer this question is taken from empirical and conceptual approaches from sociology and community psychology, epidemiological studies on the prevalence of depression, and cultural-genetic studies. The general aim of this exploration is to show the interaction between social, cultural, community and biological aspects. In more specific terms, its intention is to issue a warning about how this interaction –when it includes certain transformations that destroy community aspects related to health– can materialize as mental health problems. The central statement of this article is that some social transformations, through their impact on the constitution of communities, may be responsible for the increase in psychological disorders such as depression, because they impair the satisfaction of fundamental needs that include belongingness and attachment.

Although nowadays a variety of groups are referred to as 'communities' (Veinot & Williams, 2012), a community has traditionally been defined as a human group whose relationships are direct and in-person and that is usually situated in a specific location. Upon the basis of the relationships between their members, these groups construct a sense of community (McMillan & Chavis, 1986) that is expressed through common interpretations, values, symbols, and rituals. Thanks to these elements, communities develop collective forms of relationships and subjectivity which support their capacity for acting as a group, thus contributing to the social and subjective integration of their members (Bessant, 2011; Colclough & Sitaraman, 2005). From the perspective of its members' discourse, a community is conceptualized "as a tangible, physical entity, but also, and above all, as a relational and affective universe" (Mannarini & Fedi, 2009, p. 223).

Research provides evidence for the positive impact these 'traditional' communities have on the health of their members, with specific elements explaining this beneficial effect. For example, a community will increase the wellbeing of its members through a sufficiently wide and dense social network that facilitates the establishment of interpersonal bonds through frequent and lasting contact (Dohrenwend, 1978). This positive impact has also been related to a consensual internal social structure in which roles and hierarchies are clear and members are guided by common goals (Dalton, Orford, Parry & Laburn-Peart, 2008).

From the point of view of their functioning, this beneficial effect has been related to the positive interaction of their members, expressed through mutual support (Sarason, 1974) that has to be perceived as such (Cohen, 2004).

Health is further promoted in communities through the cognitive and affective representation of common identification (Campbell & McLean, 2003; McMillan & Chavis, 1986) and the feeling that one is a valuable or meaningful person for it (Sarason, 1974), which constitutes an experience of social integration. Other important elements that have been identified include emotional connection and security (Colclough & Sitaraman, 2005; McMillan, 1976), consensus, and the feeling of mutual fraternity and pleasure (Tönnies, 1979). Another important aspect of a healthy community is to have and maintain a common history by fostering traditions (Wiesenfeld, 1994; 1996).

A final relevant aspect of health is the effectiveness of a community, inasmuch as it permits the experience of empowerment (Rappaport, 1984; UNDP, 2004), social competence (Sánchez, 1988), and social participation (Guareschi & Jovchelovitch, 2004).

From social changes to changes in communities

Most important cultural achievements of humanity are products of human interaction (Nowak & Highfield, 2011). The very existence of human civilization depends on the construction of sustainable

interdependencies that bind together individuals and groups. Despite this intrinsic human tendency, communities have undergone great transformations over time, and individualism –as a cultural phenomenon– has grown.

Sociocultural changes associated with modernizing impulses and globalization processes have produced profound impacts on people's subjectivities and on the forms of sociability that they engage in, which have been widely documented (Bauman, 2007; Beck & Beck-Gersheim, 2002; Castells, 2001; Castel, 2011; Sennett, 2006). The main effects of this process include the weakening of the traditional forms of collective action, the transformation of the corresponding forms of social consciousness and the ways of belonging to a community, plus a growing individualization process. Social points of reference and the communities that people are part of become relativized and the individual seems to depend on him/herself (Hodgetts, Bolam, & Stephens, 2005), more than during other historical periods, for constructing his/her identity and life plan (Araujo & Martuccelli, 2010; Beck & Beck-Gersheim, 2002; Güell, Peters, & Morales, 2012).

Another important effect of this process is the weakening of traditional community ties and the emergence of a limited, partial, segmented, and even superficial type of commitment with multiple communities, none of which elicits total loyalty in the individual (Bessant, 2011), a situation reflected by the discussion on the decline of social capital (Portes, 1998; Putnam, 2000) and on the social cohesion crisis (Castel, 2011).

Several classic and contemporary authors have referred to the way in which social change processes influence the relationships between the self, others, and the community. For instance, Wilkinson (1996) talks of 'unhealthy societies', and Warren (1978) advanced the notion of the expansion of extra-community bonds and the subsequent decrease in the cohesion of communities and in solidarity due to technologization, industrialization, and urbanization. Likewise, Nisbet ([1953]1967) pointed out the progressive disintegration of communities as a result of the increase of impersonality, moral neutrality, and individualism. Thus, modernity has weakened traditional social bonds and has brought forth a social world that is fragmented, isolated, and atomized (Bessant, 2011), thus erasing the conditions necessary for traditional communities (Mannarini & Fedi, 2009).

This phenomenon is more visible in urban than in rural locations, and in the middle and higher social classes than in the lower ones (UNDP, 2000). In less developed countries, and in poverty-stricken areas within them, there still are examples of the traditional type of community. However, even in these contexts, the advance of modernity has led to their progressive weakening. Recent studies on the perspective of citizens show that, in contexts where ten years ago the community was still emphasized as a 'place' for emotional bonds and the construction of identity, there now is almost no reference to these aspects (UNDP, 2012).

Although the discussion of whether communities are in fact declining (Putnam, 2000) or just changing their characteristics (Kloos, Hill, Thomas, Wandersman, Elias, & Dalton, 2012) remains current, some points can be made about how the changes in communities could affect the wellbeing of their members.

Transformation of communities and health: the case of depression

Communities are currently less embedded in geographic locations, may have a shorter lifespan, and be less exclusive, in the sense that their members frequently belong to more than one community (UNDP, 2002).

In terms of their structure, new forms of community are characterized by the smaller density of their social networks, their shorter lifespan, the greater flexibly of their roles and hierarchies, and, in the case of technologically-mediated communities (Francescato, Solimeno, Mebane & Tomai, 2009), their lack of a physical environment (Chambers, 2013). Internet-mediated social relationships have made it easier to belong to several groups and net-

works simultaneously (Findlay, Hoy & Stockdale, 2004; UNDP, 2002).

These transformations have a potential impact on wellbeing because they alter several of the psychosocial and psychological determinants of health (Kulkarni, 2012), such as social support, attachment, and identity, and could even interact with genetic conditions (Luyten & Blatt, 2013).

Following this idea, some empirical studies and conceptual analyses have attempted to find a connection between the transformation of communities inherent to the individualization process and the health problems that are becoming increasingly common around the world (Gotlib & Hammen, 2002), one of which is depression. The decline of traditional communities is pointed out as the cause of these problems because it alters several of the psychosocial determinants of health (Kulkarni, 2012).

Although several variables may be involved, an interesting hypothesis stresses the importance of the weakening of communities and social bonds as a mediating variable between socio-cultural changes and illness (Campbell & Murray, 2004; Cornish, 2004).

It is known that depression is a mood disorder which not only affects the quality of life of those who suffer from it, but also of their family and social environments (Martinez, Rojas, & Fritsch, 2008). This relationship is bi-directional, meaning that depression can also be triggered –or prevented– by characteristics of the person's social context (Araya, Rojas, Fritsch, Gaete, Rojas, M. & Peters, 2003).

In 1989, Seligman had already pointed out that the increasing levels of depression may have to do with 'environmental determinants,' showing the contrast between its prevalence among the general US population and some 'non-modern' cultures (e.g. the Amish). He considered that the growth of individualism to the detriment of the common good was causing the increase of depression in some societies. This argument is still current: for Castonguay (2011)

> […] the lack of commitment to common projects, one could suggest, has robbed individuals of buffers against depression when they are confronted with personal difficulties or failures. Our over-involvement in activities aimed at increasing our individualistic accomplishments, wealth, and comfort might well make it more difficult to reach out for and obtain help and support from others when we experience serious difficulties in our lives. (p. 132)

In consonance with the above-mentioned analysis, epidemiological data from of Chile –a country rapidly developing towards more individualistic features– reveal a global increase of depression and suicide. Furthermore, these surveys also show that people from urban areas display a significantly higher prevalence of depression symptoms than those living in rural ones (18.3% vs. 12.4%) (MINSAL, 2004; 2011).This coincides with the aforementioned deeper weakening of communities in urban zones.

Further empirical evidence that could be interpreted in the light of psychosocial conditions is provided by Bromet, Andrade and Hwang (2011). Their cross-national study, based on general population samples, shows that the lifetime prevalence of Major Depressive Episodes is higher in high-income (14.6%) than in low- to middle-income (11.1%) countries (t = 5.7, P < 0.001). The authors argue that this result should not be interpreted as an effect of methodological conditions, mentioning some dimensions that could be considered for possible explanations, including the socio-cultural.

From the perspective of the present article, this evidence could be interpreted in relation to the above-mentioned changes in social and community embeddedness, in the sense that there is a higher prevalence of depression in countries with more individualistic socio-cultural characteristics (that, as has been stated, are accompanied by a decrease in traditional community life).

The socio-cultural hypothesis of depression prevalence could be made even more complex if some recent research regarding biological factors is also included. There is evidence for the hypothesis of "culture-gene co-evolution" (Chiao & Blizinsky, 2010); for the interactions between culture, stress, emotion regulation, and genetic polymorphisms

(Kim, Sherman, Sasaki, Xu, Chu, Ryu, & Taylor, 2010; Kim, sherman, Mojaverian, Sasaki, Park, Suh, & Taylor, 2011); and for the relative frequency of genes involved in social sensitivity and the degree of individualism versus collectivism (Way & Lieberman, 2010).

Considering these findings, Luyten and Blatt (2013) have proposed that the current changes in cultural patterns that disturb the balance between relatedness and self-definition within a given culture may be connected to psychopathology. In societies that are –genetically speaking– more sensitive to the social environment, collectivism may protect individuals against depression. When these societies undergo an individualization process, this buffer effect may be weakened.

> As many of these societies shift toward a greater emphasis on achievement and self-definition (individualism), with less emphasis on social ties and social support, it can be expected that the prevalence of psychopathology will increase as the moderating influence of social support and collectivistic attitudes more generally in these socially sensitive populations decreases—a grim prediction that is increasingly borne out by recent research findings showing dramatically increased rates of depression and suicide in these cultures. (p. 179)

Discussion

This article explored the relationship between social and community changes and health, specifically depression. Its aim was to contribute to further uncovering the interactions involved in the health-society interface (Campbell & Jovchelovitch, 2000) to which communities belong, analyzing the interactions of psychological, psychosocial, and biological factors.

The decline of traditional community structures and functions was analyzed as an inextricable part of the individualization process, and related to the effect that the weakening of traditional community functions can have on the prevalence of depression. Thus, the hypothesis that the weakening of traditional communities' health-supporting functions is

a mediating variable between social development and health was advanced.

The decline of traditional communities has weakened several of the aspects that have been empirically related to their 'health providing functions'. The most seriously affected area is the affective dimension, as a result of the weakening of emotional bonds and the reduction of social support, both of which are elements closely connected with health in general (Cohen, 2004; Sarason, 1974) and depression in particular (Castonguay, 2011; Tan & Yadav, 2012). Furthermore, the short lifespan of some new forms of community, along with the possibility of simultaneously belonging to several groups and networks (Findlay et al., 2004) may imply that the new community patterns cannot adequately fulfill their identity-defining function because a common history cannot be generated or maintained.

The shorter lifespan of communities means that they can be momentarily effective in supporting the wellbeing of their members, but as they vanish after some time, the social support that they provide and their identity-defining function can also cease to exist.

Lastly, the impact of these community functions cannot be fully understood if it does not take into account the knowledge that recent research on culture-gene interaction has provided. The findings of this new research area may help to explain why, in some formerly collectivist societies, the shift towards individualism brings about an increase in depression rates (Kim et al., 2011).

The analysis conducted in this paper could be regarded as an attempt to build "meaningful theory in health psychology" (Marks, 2008), which, however, might be extended to the community intervention level in order to be complete.

Community intervention should, then, focus on the reestablishment of the "community-level determinants of health" (Campbell & Jovchelovitch, 2000) by developing strategies that can contribute to countering the noxious effects of the deterioration of the traditional community, in order to produce an improvement in people's quality of life (Murray, Nelson, Poland, Maticka-Tyndale, & Ferris, 2004).

Following this idea, community intervention should continue focusing on the reinforcement of community components in various contexts, such as workplaces (Francescato & Zani, 2013), neighborhoods (Turró & Krause, 2009), or schools (Francescato, Tomai, & Mebane, 2006) as a way to strengthen some of the health-related functions of traditional communities, but without necessarily intending to re-create the traditional community form. The challenge would be to build health-promoting features typical of communities in a new way that does not contradict the characteristics of social relatedness in today's world. Thus, community action could focus on those health-promoting functions classified as 'functional' (Wiesenfeld, 1994). In order to strengthen these aspects, it may be effective to focus on central aspects of the definition of community (Krause, 2001), such as: belonging (feeling 'part of' and 'identified with'); interrelation (communication, interdependence, and mutual influence); and common culture (in the sense of the existence of shared meanings). These elements emphasize the subjective features over the physical, separating the community from the territorial aspect. From this point of view, community interventions aimed at promoting health could focus on strengthening the sense of belonging (Putnam, 2000), but taking into account that membership in contemporary communities can be multiple and communication-based, and that it is no longer bound to a specific place (Delanty, 2010).

On a practical level, the 'instruments' of these community interventions could involve communication tools, including verbal as well as non-verbal aspects, and encompass language as well as rituals, ceremonies, and other means to strengthen the sharing of a common history, which constitutes the ground on which the sense of belonging can develop. Furthermore, with the aim of strengthening psychosocial aspects related to mental health, it is advisable to employ a critical community psychological perspective (Fryer & Fagan, 2003), emphasizing social change through community building.

References

Amiel-Lebigre, F. (2004). Psychosocial factors associated to depressive episodes with hospitalization in women: a case-control study. *Encephale, 30,* 97-105.

Araujo, K., & Martuccelli, D. (2010). Individuation and the Work of Individuals. *Educação e Pesquisa, 36*(Spe), 77-91.

Araya, R., Rojas, G., Fritsch, R., Gaete, J., Rojas, M., & Peters, T. (2003). Treating depression in primary care in low-income women in Santiago, Chile: a randomized controlled trial. *Lancet, 361,* 995-1000.

Bauman, Z. (2007). *Consuming Life*. Cambridge: Polity Press.

Beck, U., & Beck-Gernsheim, E. (2002). *Individualization: Institutionalized Individualism and its Social and Political Consequences*. London: Sage.

Bessant, K. (2011). Authenticity, Community, and Modernity. *Journal for the Theory of Social Behaviour, 41,* 2-32.

Bromet, E., Andrade, L. H., Hwang, I., Sampson, N., Alonso, J., Girolamo, G., Kessler, R.. (2011). Cross-national Epidemiology of DSM-IV Major Depressive Episode. *BMC Medicine, 9,* 90-105.

Chavis, D. M., & Newbrough, J. R. (1986). The Meaning of Community in Community Psychology. *Journal of Community Psychology, 14,* 335-340.

Campbell, C., & Jovchelovitch, S. (2000). Towards a Social Psychology of Participation. *Journal of Community & Applied Social Psychology, 10,* 255-270.

Campbell, C., & McLean, C. (2003). Social Capital, Local Community Participation and the Construction of Pakistani Identities in England: Implications for Health Inequalities Policies. *Journal of Health Psychology, 8,* 247-262.

Campbell, C., & Murray, M. (2004). Community Health Psychology: Promoting Analysis and Action for Social Change. *Journal of Health Psychology, 9,* 187-195.

Castel, R. (2011). *Die Krise der Arbeit. Neue Unsicherheiten und die Zukunft des Individuums*. Hamburg: Hamburger Institut für Sozialforschung.

Castells, M. (2001). *Das Informationszeitalter*. Leske + Budrich Verlag: Opladen.

Castonguay, L. G. (2011). Psychotherapy, psychopathology, research and practice. Pathways of connec-

tion and integration. *Psychotherapy Research, 21,* 125-140.

Chambers, D. (2013). *Virtual Communities and Online Social Capital. Social Media and Personal Relationships.* Basingstoke: Palgrave Macmillan.

Chiao, J. Y., & Blizinsky, K. D. (2010). Culture–gene coevolution of individualism-collectivism and the serotonin transporter gene. Proceedings of the Royal Society B: *Biological Sciences, 277,* 529-537.

Cohen, S. (2004). Social relationships and health. *American Psychologist, 59,* 676-684.

Coimbra, J. L., Duckett, P., Fryer, D., Makkawi, I., Menezes, I., Seedat, M., & Walker, C. (2012). Rethinking Community Psychology: Critical Insights. *The Australian Community Psychologist, 24,* 135-142.

Colclough, G. & Sitaraman, B. (2005). Community and Social Capital: What Is the Difference? *Sociological Inquiry, 75* (4), 474-496. doi: http://dx.doi.org/10.1111/j.1475-682X.2005.00133.x

Cornish, F. (2004). Making 'Context' Concrete: A Dialogical Approach to the Society-Health Relation. *Journal of Health Psychology, 9,* 281-294.

Dalton, S., Orford, J., Parry, J., & Laburn-Peart, K. (2008). Three Ways of Talking about Health in Communities Targeted for Regeneration: Interviews with Community Professionals. *Journal of Health Psychology, 13,* 65-78.

Delanty, G. (2010). *Community.* London and New York: Routledge.

Dohrenwend, B. S. (1978). Social stress and community psychology. *American Journal of Community Psychology, 6,* 1-14. Reprinted in T. Revenson, A. D'Augelli, S. E. French, D. Hughes, D. Livert, E. Seidman, M. Shinn, & H. Yoshikawa (Eds.). (2002). *A quarter century of community psychology* (pp. 103-117). New York: Kluwer Academic/Plenum.

Findlay, A. M., Hoy, C., & Stockdale, A. (2004). In what sense English? An exploration of English migrant identities and identification. *Journal of Ethnic & Migration Studies, 30,* 59-79.

Francescato, D., Solimeno, A., Mebane, M., & Tomai, M. (2009). Increasing students perceived political empowerment through online and face to face community psychology seminars. *Journal of Community Psychology, 37,* 874-894.

Francescato, D., Tomai, M., & Mebane, M. E. (2006). *Psicología comunitaria en la enseñanza y la orientación.* Madrid: Narcea.

Francescato, D., & Zani, B. (2013). Community Psychology Practice Competencies in Undergraduate and Graduate Programs in Italy. *Global Journal of Community Psychology Practice, 4,* 1-12. Retrieved from http://www.gjcpp.org/pdfs/2013-001CC-SI-20131018.pdf

Fryer, D,. & Fagan, R. (2003). Toward a Critical Community Psychological Perspective on Unemployment and Mental Health Research. *American Journal of Community Psychology, 32,* 89-96.

Gotlib, I. H., & Hammen, C. L. (2002). Introduction. In I. H. Gotlib, & C. L. Hammen (Eds.). *Handbook of depression* (pp.1-20). New York: Guilford Press.

Guareschi, P. A., & Jovchelovitch, S. (2004). Participation, Health and the Development of Community Resources in Southern Brazil. *Journal of Health Psychology, 9,* 311-322.

Güell, P., Peters, T., & Morales, R. (2012). Individuación y consumo cultural: las afinidades electivas. In P. Güell & T. Peters (Eds.). *La trama social de las prácticas culturales* (pp.21-49) Santiago de Chile: Universidad Alberto Hurtado.

Henríquez, A. (2012). *Experiencias exitosas de organización comunitaria en sectores afectados por terremoto y maremoto: el caso de las localidades de Dichato, Coliumo y Cocholgüe de la comuna de Tomé.* Unpublished (tesis de maestría), Escuela de Psicología, Pontificia Universidad Católica de Chile, Chile.

Hodgetts, D., Bolam, B., & Stephens, C. (2005). Mediation and the Construction of Contemporary Understandings of Health and Lifestyle. *Journal of Health Psychology, 10,* 123-136.

Kim, H. S., Sherman, D. K., Mojaverian, T., Sasaki, J. Y., Park, J., Suh, E. M., & Taylor, S. E. (2011). Gene–culture interaction: Oxytocin receptor polymorphism (OXTR) and emotion regulation. *Social Psychological and Personality Science, 2, 665-672.* doi: http://dx.doi.org/10.1177/1948550611405854

Kim, H. S., Sherman, D. K., Sasaki, J. Y., Xu, J., Chu, T. Q., Ryu, C., & Taylor, S. E. (2010). Culture, distress, and oxytocin receptor polymorphism (OXTR) interact to influence emotional support seeking. *PNAS: Proceedings of the National Aca-*

demy of Sciences of the United States of America, 107, 15717-15721. doi: http://dx.doi.org/10.1073/pnas .1010830107

Kloos, B., Hill, J., Thomas, E., Wandersman, A., Elias, M. J., & Dalton, J. H. (2012). *Community psychology: Linking individuals and communities* (3rd ed.). Belmont, CA: Wadsworth.

Krause, M. (2001). Hacia una redefinición del concepto de comunidad. *Revista de Psicología, 10,* 49-60.

Kulkarni, M. (2012). Social determinants of health: The role of neighborhoods, psychological factors and health behaviors in predicting health outcomes for the urban poor in India. *Journal of Health Psychology, 18,* 96-109. doi: http://dx.doi.org/10.1177/1359105311430004.

Luyten, P., & Blatt, S. (2013). Interpersonal Relatedness and Self-Definition in Normal and Disrupted Personality Development. *American Psychologist, 68,* 172-183 doi: http://dx.doi.org/10.1037/a0032243

Mannarini, T., & Fedi, A. (2009). Multiple senses of community: the experience and meaning of community. *Journal of Community Psychology, 37,* 211-227.

Marks, D. F. (2002). Freedom, Responsibility and Power: Contrasting Approaches to Health Psychology. *Journal of Health Psychology, 7,* 5-19.

Marks, D. F. (2008). The Quest for Meaningful Theory in Health Psychology. *Journal of Health Psychology, 13,* 977-981.

Martínez, V., Rojas, G., & Fritsch, R. (2008). Programas de prevención de la depresión en adolescentes en el sistema escolar: una revisión de la literatura. *Gaceta de Psiquiatría Universitaria, 4,* 206-213.

McMillan, D. (1976). *Sense of community: An attempt at definition.* Unpublished manuscript, George Peabody College for Teachers, Nashville, TN.

McMillan, D. W., & Chavis, D. M. (1986). Sense of Community: A definition and Theory. *American Journal of Community Psychology, 14,* 6-23.

Ministerio de Salud de Chile, MINSAL (2004). *Encuesta Nacional de la Salud. Chile, 2003.* Chile: Ministerio de Salud de Chile. Retrieved from: epi.minsal.cl/epi/html/invest/ENS/InformeFinalENS.pdf

Ministerio de Salud de Chile, MINSAL (2011). *Encuesta Nacional de la Salud ENS Chile 2009-2010.* Chile: Ministerio de Salud de Chile. Retrieved from: http://www.minsal.gob.cl/portal/url/item/bcb03d7bc28b64dfe040010165012d23.pdf

Murray, M., Nelson, G., Poland, B., Maticka-Tyndale, E., & Ferris, L. (2004). Assumptions and Values of Community Health Psychology. *Journal of Health Psychology, 9,* 323-333.

Nisbet, R. A. (1953/1967). *Community and Power (formerly The Quest for Community).* New York: Oxford University Press.

Nowak, M., & Highfield, R. (2011). *Super Cooperators: Altruism, Evolution, and Why We Need Each Other to Succeed.* New York: Free Press.

Portes, A. (1998). Social Capital: Its Origins and Applications in Modern Sociology. *Annual Review of Sociology, 24,* 1-24.

Putnam, R. (2000). *Bowling Alone. The Collapse and Revival of the American Community.* New York: Simon & Schuster.

Rappaport, J. (1984). Studies in Empowerment: Introduction to the Issue. In Rappaport J, C. Swift, & R. E. Hess (Eds.)- *Studies in Empowerment* (pp.1-7). New York: The Haworth Press.

Sánchez, A. (1988). Intervención comunitaria: introducción conceptual, proceso y panorámica. In A. M. González, F. Chacón & M. Martínez (Eds.). *Psicología Comunitaria* (pp.169-186). Madrid: Visor.

Sarason, S. B. (1974). *The psychological sense of community: Perspectives for community psychology.* San Francisco: Jossey-Bass.

Seligman, M. E. P. (1989). Research in clinical psychology: Why is there so much depression today? In I. S. Cohen (Ed.). *The G. Stanley Hall Lecture Series* (pp.79-96). Washington DC: American Psychological Association Press.

Sennett, R. (2006). *The Culture of the New Capitalism.* Boston: Yale University Press.

Tan, K. L., & Yadav, H. (2012). Depression among the urban poor in Peninsular Malaysia: A community based cross-sectional study. *Journal of Health Psychology, 18*(1), 121-127.

Tönnies, F. (1979). *Comunidad y asociación.* Barcelona: Península

Turró, C. & Krause, M. (2009). Beyond survival: Tracing individual empowerment processes in a poor Chilean settlement. *Journal of Community Psychology, 39,* 381–403.

UNDP (2000). *Informe de Desarrollo Humano. Más sociedad para gobernar el futuro*. Santiago de Chile: Programa de las Naciones Unidas para el Desarrollo.

UNDP (2002). *Desarrollo Humano en Chile. Nosotros los chilenos: un desafío cultural.*Santiago de Chile: Programa de las Naciones Unidas para el Desarrollo.

UNDP (2004). *Informe de Desarrollo Humano. El poder: ¿para qué y para quién?* Santiago de Chile: Programa de las Naciones Unidas para el Desarrollo.

UNDP (2012). *Informe de Desarrollo Humano. Bienestar Subjetivo: el desafío de repensar el desarrollo*. Santiago de Chile: Programa de las Naciones Unidas para el Desarrollo.

Veinot, T. C., & Williams, K. (2012) Following the "Community" Thread from Sociology to Information Behavior and Informatics: Uncovering Theoretical Continuities and Research Opportunities. *Journal of the American Society for Information Science and Technology, 63,* 847-864.

Warren, R. L. (1978). *The community in America*. New York: University Press of America.

Way, B. M., & Lieberman, M. D. (2010). Is there a genetic contribution to cultural differences? Collectivism, individualism, and genetic markers of social sensitivity. *Social Cognitive and Affective Neuroscience, 5,*203-211.

Wiesenfeld, E. (1994). Paradigmas de la psicología social latinoamericana. In M. Montero (Ed.). *Psicología Social Comunitaria – Teoría, Método y Experiencia* (pp.47-74). México: Universidad de Guadalajara.

Wiesenfeld, E. (1996). The Concept of "We": A Community Social Psychology Myth? *Journal of Community Psychology, 24,* 337-346.

Wilkinson R. G. (1996). *Unhealthy societies. The affliction of inequality.* London: Routledge.