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Introduction

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It's probably not right to start this book by saying we gave it the wrong title but we have questioned the title along the way. After all, we are aware that many of the ideas contained in this book are not 'new', nor do they belong to or can be owned by the discipline of 'psychology'. That is of course not meant as a slight to our authors, but an acknowledgement of the many visible and invisible people who have paved the way for this book and these practices; potentially people who have been marginalised by the dominant psychological culture, which is Euro-American centric, English-speaking, individualistic and values positivist, quantitative science (see Katz, 1985; McDermott, 2001; Naidoo, 1996). People who remain 'unsung' in our psychological history. After all, mainstream Western psychology celebrates and teaches, at all levels of education, experimental science, reductionism and the institutionalised removal of people's social context (Bulhan, 1985). It is a cliché now to say it, but it remains true that the psychology heroes we learn about in psychological curriculums are white men conducting experiments with white North American students (Henrich et al., 2010). In the UK, historically we owe our

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more radical liberation and critical psychology ideas to the international critical thinkers of South America and South Africa (e.g. Freire, 1972; Martín-Baró, 1996; Maldonado-Torres, 2017), and to the psychiatric survivor movements (see Adame et al., 2017; Morrison, 2013), critical psychiatry (e.g. Rapley et al., 2011), post-colonial scholars (e.g. Césaire, 2000; Fanon, 1967), activist groups (e.g. Recovery in the Bin), feminist and race scholars and activists (e.g. Crenshaw, 1991; Hooks, 2000), most of whom remain marginal in our psychology curriculums but provide inspiration for this work (the above is of course a tip of the iceberg list).

However, perhaps what is unique is the application of these ideas in current times, within our current contextual challenges. Here our authors and their collaborators are bringing to life ways which we can change thinking and practice that address the realities, challenges and suffering of a post-financial crash and a hyper-neoliberal global system.

The Current Context in the UK and Beyond in 2019

Since the financial crash in 2009, the UK and other parts of Europe, have experienced the ‘violence’ of neoliberal, ideological power through the austerity policies implemented, demanding a reduced state and public spending with accompanying privatisation and an ongoing marketisation of our public services (Cooper & Whyte, 2017). Professor Philip Alston, the United Nations Special Rapporteur on extreme poverty and human rights came to visit the UK in 2018 on a fact-finding mission and found that *‘14 million people, a fifth of the population, live in poverty. Four million of these are more than 50% below the poverty line, and 1.5 million are destitute, unable to afford basic essentials...For almost one in every two children to be poor in twenty-first century Britain is not just a disgrace, but a social calamity and an economic disaster, all rolled into one.’*

These powerful social and economic forces have also generated opportunities for anti-immigration sentiment, growing racism and hate crime and the scapegoating of the unemployed, those suffering psychological distress or living with disabilities who have experienced changes to social security systems as cuts and policy changes have created harmful and callous welfare systems, such as ‘fit for work’ assessments and coercive psychological approaches to ‘getting people into work’ (Cooper & Whyte, 2017; Friedli & Stearne, 2015). The degree of human suffering created by this welfare reform has exacerbated

distress and increases in suicide by people with disabilities, as reported by activist groups such as ‘Disabled People Against the Cuts’ and recorded in the academic and non-fiction literature (e.g. Barr et al., 2015b; O’Hara, 2015). Moreover, women from the most marginalised and poorest communities in the UK have suffered disproportionately from austerity, notably those from Black and Asian communities (Hall et al., 2017) and austerity has exacerbated place-based health and social inequalities.

Additionally, in the UK, public and community spaces have been sold off by local government in response to austerity (Wheatly, 2019), meaning there are fewer non-commercialised places and spaces for people to meet, alongside huge inequalities in land ownership and wealth (Monbiot et al., 2019). Housing has become unaffordable for the many as gentrification takes hold in many of our cities (Minton, 2017), and the austere changes to housing policies since 2010, has led to homelessness vastly increasing, with rough sleeping rising by 165% in England and the use of temporary accommodation by 71% (Fitzpatrick et al., 2019).

This is not just in the UK. Several of the authors in this book write from Europe and South African perspectives and describe similar increasing distress from socio-economic inequalities. For instance, Vavvos and colleagues describe their role as action-orientated researchers and community psychologists within a coalition in Greece that acted to resist the evictions caused by an enforced national austerity programme. Similarly, our South African colleagues, Ahmed, Karriem and Mohammed, describe in their chapter of this book how the pursuit of a neoliberal, free-market economic system in South Africa has done little to transform the vast inequities, including across race and class lines, that still plague South Africa in the post-Apartheid era. They describe that although some gains have been made, poverty increased between 2011 and 2015, with 2.5 million more people in poverty, informal housing settlements have increased and a class divide in healthcare access remains extensive.

Many manifestations of distress have risen in response to these sociopolitical contexts. The chapters in this book document more international examples. In the UK, academics and campaigners have documented rising suicide rates, self-harm and rise in mental health problems for those in the most deprived areas (Barnes et al., 2016; Barr et al., 2015; Mattheys et al., 2018); this is reflected in treatments too. In the UK in 2016, there were 64.7 million antidepressant items prescribed compared to 31.0 million in 2006 (NHS Digital, 2017), with a disproportionate use of psychiatric drugs within low-income communities (EXASOL, 2017). Levels of loneliness in the UK are reported as almost a fifth of the population, up to 9 million people (British

Red Cross & Coop, 2016), whilst there has also been a significant rise in knife crime (Wilkinson, 2019) and a 26% increase in the number of children placed on a child protection plan (children's safeguarding services) between 2010–2011 and 2017–2018 (National Audit Office, 2019). Behind these issues lies so much pain and suffering for individuals, families, communities and the nation.

Responding to Rising Distress

David Smail famously stated that we cannot escape the clinic. That, while it is clear that the clinic is far from the most appropriate site to address the psychological distress and suffering that people experience, it would be a callous society that stood back and offered nothing. Smail implicitly recognised a need to acknowledge the modesty of the therapeutic contribution so long as people continued to labour under a global corporate plutocracy that depends for its very survival on the unremitting exploitation of mass of consumers rendered incapable of accurately criticising their condition (Smail, 2005).

While being mindful of the fundamental sense in Smail's observation, this book is an account of those who have sought, in one or another to escape the clinic. The authors and practitioners within have, through their own practices, some modest, others more radical, sought alternate terrains in order to conduct what they consider to be legitimate psychologies of distress. For many, the recognition of the ordinary humanity of the therapeutic relationship, and its role as a source of solidarity, has been the launch pad to engage in relational, spatial, political and rights-focused distress work. If there is one key element that ties together the contributions in this handbook it is an increasing understanding that suffering is social and the diagnostic tools and assumptions of mainstream psychiatry and psychologies too often fail to do justice to the complex realities of distress (Moloney, 2013). This realisation is not only grasped by the endeavours of the authors and practitioners in this book. There has been repeated and multiple calls for more operationalisation of systems thinking in both the design of interventions which address health inequality and their evaluation (Hernández et al., 2017).

However, the projects and practices contained in this book still stand largely against the individualising tide. For those experiencing mental health problems, recent years have seen a year-on-year increase in the provision of primarily individually focused mental health interventions; psychiatric medication and psychological therapy are still the default interventions in mental health

(Harper, 2016). Indeed the Healthcare Commission (2007) noted that 92 % of their service-user sample had taken medication. Sloan (2010) was concerned that psychology has systematically made itself irrelevant to debates in economics and politics because it has failed to include broad socio-economic concepts in the education of psychology professionals. This mode of practice is most certainly still the dominant model in the training and practice of psychologists of distress and remains directly connected to the wider forces of colonialism, capitalism and injustice. As Malherbe and colleagues in Chap. 8 describe, other forms of knowing have been subjugated:

Certainly, colonised peoples and their knowledge system are unable to sufficiently meet the 'requirements of respectability'—or what is sometimes referred to as the master codes (Mbembe, 2001)—of a colonial world that is made largely in the image of wealthy, white, cisgendered, heterosexual, male able bodies.

There are a number of ways to construct the key sites for action when creating health responses. Such constructions legitimise what we consider to be appropriate responses to the constructed problem. Rather than contextualise the suffering that has characterised many peoples' lives as the result of political and economic and political ideology, 'mental health' has been substantially viewed as an individual issue that requires psychological or pharmacological intervention.

However, we would argue that most, if not all, of the work in this book points towards ways in which the disciplines of critical community psychology and clinical psychology, often related in many countries, and in the UK in particular, are currently experiencing innovations that could be characterised as moving from the individualising practice realm toward an altogether more contextualising orientation. As the chapters in this book demonstrate, this requires fundamental shifts at all stages of our approach—from research methodologies, how we understand impact and for who, to the construction and legitimisation of different sites for action and responses to differently constructed 'problems'. This book seeks to document new opportunities to challenge local, national or global political, social and economic systems at different scales. We hope the reader will see this book as an inspiring manual containing opportunities to practice differently in the UK and beyond, as ways of resisting and challenging these forces.

Moving from the Marginal to Mainstream: The Opportunities and Challenges

These innovations are also timely because ‘mental health awareness’ is becoming a zeitgeist. In the UK in 2019, everyone is talking about mental health or is pressing for people to be talking about it. The wellness industry, the mindfulness industry, mental health in the workplace they have all taken off as large-scale, capitalist industries. Similarly, tech companies are releasing mental health apps, data, videos and animations and so forth and the cash strapped service commissioners and policy-makers are wondering if digital solutions can fill the mental health treatment gap (e.g. Hollis et al., 2015). Digital entrepreneurs are perceived as key to the future of the nation’s well-being (e.g. see Cook, 2019, article in ‘Elite Business Magazine’). We do not need to critique the wellness industries here when others, like academic Will Davies, have exposed their weaknesses (Davies, 2015) and it is not to say digital healthcare doesn’t have a role, however, we believe that as practitioners, students, psychologists, therapists, academics and related roles, we need to take responsibility for the role our professions have had in individualising distress and how this has been mainstreamed and work hard to counteract this. The evidence for the social determinants of mental health are robust, the social and economic conditions people live in are paramount (World Health Organization, 2014), yet the mainstream narratives and spending do not represent this, focusing on ameliorative interventions (Johnston et al., 2018; Thomas et al., 2018). We need to shift from responsibilising ‘clients’ through over-emphasising the individualistic and intra-psychic notions to responsabilising ourselves as practitioners, researchers and so forth for being complicit in making the political personal, whilst also recognising that our own practice also happens in context and driven by wider systems. This responsibility-taking may involve some discomfort, indeed, it necessitates some discomfort as we try and bring these ‘new’ ways of working from the marginal to the mainstream.

Whilst this means we are encouraging many applied psychologists (including clinical, counselling, educational etc.) to take up ideas from critical community and liberation psychology and take inspiration from these chapters, where this does happen, these approaches can become ‘add ons’ to the mainstream clinical teaching, perhaps even ‘nice to haves’ in students’ final lectures before qualifying. As Ahmed and colleagues explain in their chapter in this book, this conjunction applies in South Africa too, drawing on their example

of trying to facilitate a community psychology project as part of clinical psychology programme and the inherent tensions and limitations of this.

It is important that we acknowledge the differences and tensions between the philosophies of these fields and understand the risks of putting them together, including within this book. These differences become clear from quotes such as ‘*clinical psychology has its foundations in modernity, privileging rationality, and the belief in continual scientific and technological progress* (in Van De Mwere & Weatherall, 2019, p. 2).’ This aspect of our UK professional training and the evidence-based discourse dominates thinking. Anecdotally, pejorative statements and concerns are raised by colleagues about ‘less qualified’ practitioners or misuse of protected titles far more frequently than statements about the over-individualising nature of any practice. In addition, knowledge that seems self-evident becomes legitimate evidence only through (expensive) experimental science or neuroscience. For instance, articles in newspapers report on neuroscience studies encouraging us to go into nature because of the benefits to our brains (Johnston, 2013). Experimental psychology books, careers and research funding are dedicated to how poverty impacts on our limited cognitive ‘bandwidth’ (Mullainathan & Shafir, 2013). Poverty creates scarcity and overloads cognitive bandwidths, which means that ‘interventions’ on people in poverty might fail. In other words, in the field of psychology, it is these repeated experiments on students in lab-induced ‘scarce’ experimental conditions that becomes the legitimate evidence required to confirm that living in poverty might be genuinely hard, rather than the lived experience of millions.

Nor does current mental health training consider the ‘social pathologies of contemporary civilisation’ as in sociology (Keohane & Petersen, 2013). For instance, our disconnection from nature and the non-human world is rarely taken as a serious affliction and it is incredible how little UK clinical psychology (and again clinical can be exchanged here with counselling, educational, other forms of applied psychology and many forms of therapy) is attuned to structural and social forces, planetary health or takes a political stance.¹ We are engaged in veteran mental health programmes and research, but there is little said about war or other forms of violence. We have spread the mantra of ‘trauma-informed’ practice whilst we fear that in our workplaces we could be viewed as stepping outside of rationality if we challenge social adversity itself. It is in this context that Psychologists for Social Change (originally Psychologists Against Austerity) developed in the UK and their chapter in the book outlines

¹ Arguably this is changing in the UK and there is a growing number of psychologists engaging with policy, climate justice and social change.

their origins, strategy and approach to mobilising psychologists for political activism.

The spiritual dimensions of our humanity are also separated out within clinical practice. Spiritual practices are not easily integrated into Western psychological therapy, except perhaps when conceptualised as ‘coping mechanisms’. Mindfulness has for instance become mainstream but a side effect of this isolated practice has been to reinforce the notion of self-improvement and coping better with intense employment and education systems rather than necessarily resist or transform them (Purser, 2019). Although mindfulness can of course be beneficial, if wider mental health practice ignores the social context of neoliberalism and a fake meritocracy, spiritual practices like mindfulness can be misused for personal gain or career and business development. A moving chapter in this book, ‘The Jannah Tree’ by Rukhsana Arshad, outlines an innovative approach to reintegrating the spiritual with the clinical in a meaningful way by creating online communities and drawing on metaphors and images from the Islamic faith. This chapter demonstrates how relatively small co-creation processes and changes in the therapeutic process can be of significant value to a culturally excluded group and be more focused around lived experience than technicalities.

The positionality of applied psychologists as ‘neutral’ must be understood systemically. ‘Evidence-based practice’ is the UK’s healthcare system’s only way of knowing despite this evidence being in and of itself, shaped by historical, cultural and sociological stories (Thomas et al., 2018). Far more research funding is available for biomedical ways of knowing about health than socially contextualised or co-created knowledge (Jones & Wilsdon, 2018). As a result clinicians have become accountable to these practices and systems, more than they are to those they serve. Indeed, psychologists in our National Health Service (NHS) have even been penalised simply for advocating for their service users in terms of their housing and social security needs because this is not considered in line with legitimate practice.

This over-emphasis on positivist science within mental health and a concordant superior belief in its methods and techniques, mean it is possible clinical psychology and its systems will inevitably compromise community psychology practice. For instance, social justice values can be compromised, and clinical psychologists can be forced into more comfortable positions that don’t challenge power. It is so often the case that people seem more interested in brains than poverty and it is easy to be seduced by that. Yet all manner of large-scale social forces and discreet local social experiences can come to be translated into distress and misery; we must attend to these. Herein lies the tensions for those trained in clinical psychology wanting to take a different

positionality and a number of chapters in the first part of this book explore this head on as they bring the political into clinical psychology.

Academic colleagues from counselling psychology have reflected on the importance of stewardship of concepts like ‘intersectionality’, creating guidelines to ensure its radical roots and authorship are not watered down or lost as the ideas move into the mainstream (Moradi & Grzanka, 2017): for example, ensuring that ‘intersectionality’ is accurately recorded with its historical roots in Black feminism and women of colour social justice activism. Similarly, as practitioners we must be stewards of the radical roots of the fields of community and liberation psychologies. It is so much more than another technique. It is a sociohistorical way of understanding the world that permeates what we might consider important knowledge and ways of knowing in the context of power relations (Montero et al., 2017). It is about being directly accountable to marginalised people in a meaningful way, whatever form that might take. The chapters in this book bring to life some helpful thinking about authentic accountability. For instance, in Chap. 24, Taliep and colleagues bring to life structures and processes of community-based participatory research which ensured the teams were accountable to the community.

The Everyday Challenges of Working Differently

Without wanting to become too mired in professional naval-gazing, it is worth briefly exploring the tensions and dilemmas that can arise when as practitioners we try to work from a social justice and critical community psychology framework. Dilemmas in which there are often no straightforward answers, such as: whether to participate in events led by institutions we may not completely agree with? Whether to work for such institutions and try and change them from the inside? Or when working with communities, dilemmas such as: are we undermining community activists and bringing too much of our own ‘psychology’ agenda and rituals? If we are given platforms, and choose to speak about marginalised communities, are we making assumptions about what those people might say or are we helpfully speaking out? Is any research done ‘on’ communities useful for the greater good? In Sally’s work at MAC-UK (www.mac-uk.org), a charity transforming services for excluded young people in London, there are multiple dilemmas every day. The work involves supporting other youth mental health services to embed the principles of community psychology and co-production into their design and delivery (Zlotowitz et al., 2016; Durcan et al., 2017). The questions arise of how do you best bring people onto the journey of working differently? How do you

negotiate and compromise within statutory services? How do new ways of working interact with a conventional system? It requires consistent reflective and reflexive practice, diverse teams and critical friendships to support with thinking through these sorts of dilemmas.

Dialogue is key and spaces are needed to build trust with colleagues, activists and those we work with to allow for this real dialogue. Within many of the chapters in this book the authors have been generous enough to cover their own dilemmas, tensions, mistakes and challenges in this work. This is what makes it so useful. It is important to know that we all struggle, that we are often drowning in the grey areas, that we all have blind spots and can get it wrong in practice. Collective solidarity and generosity towards colleagues, students and those in different agencies are all part of the change required. And yet, at the same time, it is also true that is the responsibility of those with privilege to understand our impact and do what we can to ensure our work does not replicate social inequities. This requires constructive collective thinking like that provided by the authors in this book.

Possible Futures

‘Global mental health’ initiatives and movements have led to some uncritically transposing Western values onto other societies (Bracken et al., 2016) and without considering learning in the other direction. Yet bold ideas about what constitutes good health and well-being are emerging out of the climate and social justice movements, for instance, the ‘sumak kawsay’ concept which originates in South America indigenous cultures and has been enshrined in the constitutions of Ecuador and Bolivia (Gudynas, 2011). As explained by the writer Oliver Balch in the UK’s *Guardian* newspaper (2013), ‘Buen Vivir’ (the Spanish translation) challenges so many elements of the Eurocentric dominant culture:

A defining characteristic of buen vivir is harmony... harmony between human beings, and also between human beings and nature. A related theme is a sense of the collective. Capitalism is a great promoter of individual rights: the right to own, to sell, to keep, to have. But this alternative paradigm from South America subjugates the rights of the individual to those of peoples, communities and nature.

Many other indigenous cultures around the world have wonderfully variegated vocabularies to express similar concepts about ways of life that value togetherness, diversity, reciprocity and care for life, that is the African *Ubuntu*

philosophy (Mabovula, 2011) or *utu* and *mana* in Māori culture (Metge, 2002; Henare 2001). Our colleagues in South Africa are doing thought-provoking work with excluded young people through nature-based practice, traditional rites of passage and wilderness work (this work is not represented in this book but take a look at <https://usiko.org.za/> and Naidoo et al., 2017). Many of our South African colleagues in this book are arguing for a decolonised approach to research, services and models in improving their communities' health and reducing structural and physical violence—resisting the medical and psychological models of Europe and the US. These bigger picture visions which link the social, economic and ecological to human welfare are gaining traction in the Global North. The well-being economy alliance (<https://wellbeingeconomy.org/>) is pulling together the different innovations, governments and organisations working to redefine progress according to concepts such as planetary health, degrowth, economic indicators beyond GDP, community wealth building, the regenerative economy and other new economies. Our hope is that the work outlined in this book will contribute to these bigger visions and movements, providing practical, smaller scale examples of how we can slowly move towards them in the work we do as psychologists and ways that we can contribute (e.g. Zlotowitz & Lloyd, 2019). We hope this will help us make steps towards a new era in psychological practice and thinking.

About This Book

When we asked for submissions for this book our ambition was for that it could partly act as a platform for more marginalised voices and guard against the 'ivory towers'. That included our younger colleagues, those based in non-European countries, those from marginalised communities and with direct experiences of oppressive structural forces, like inequality, poverty, violence, racism, sexism, ableism, heterosexism and so forth. We encouraged authors to include the voices of participants from projects or services and to be practical, creative and accessible wherever possible. We wanted to humanise our authors and their work with photos and stories. Our hope was, and is, that this book might appeal to community activists and be a useful tool to a range of practitioners and citizens. Unsurprisingly, it was difficult to realise this aim—the language and rituals of psychology are still strong within the book and therefore it is unlikely to be inclusive and accessible. Nonetheless, we are grateful to our authors and contributors for thinking with us about this process and

putting extra time into creative processes which we hope has made some difference.

The chapters feature activities in which the traditional remit of community and clinical psychology (and other psychologies) have been subverted, altered, stretched, changed and reworked in order to reframe practice around human rights, creativity, political activism, social change, space and place, systemic violence, community transformation, resource allocation and radical practices of disruption and direct action. As Editors, we understand that readers will have different perspectives about the degree to which each case example breaks away from traditional remit. People are beginning in different contexts and working within different systems and there is often tension between what is and what seems possible. What we hope is that the tensions are named, are clear and will encourage dialogue with each other and across countries as we build a movement of practice.

We have loosely split the chapters into the following themes: clinical psychology and political activism, working in radical and disruptive spaces, transformative change work, creativity and social change. These are not 'hard' distinctions, there is certainly overlap and difference within and across the categories, but these themes we hope provide a pragmatic structure. Beginning with the part 'Clinical Psychology and Political Activism' the first three chapters outline how through collective and political action outside of services, clinical psychologists can challenge the social determinants of mental ill-health (e.g. housing, austerity) and the opportunities and limitations of this. This part includes a discussion of the ways in which acts of resistance from inside the clinical system can move practice away from damaging models and on activism and psychology in a broader sense with some ideas for creating and sustaining activism. The part 'working in radical and disruptive spaces' includes a host of different approaches, from disrupting individual therapeutic methods in the UK through to decolonial practice with community groups in South Africa, co-creation of support through online communities and the 'opening up' of university spaces for those experiencing mental distress. The third part 'transformative change work' contains an exciting range of innovative approaches to research and practice from work based in many different countries. The chapters are full of thoughtful ways of partnering with marginalised groups to create better services, social conditions, platforms for resistance and self and community expression. Finally, the fourth part on 'creativity and social change' offer examples of creative methods and outputs, from poetry, creative writing to photography, documentary-making and other arts, to inspire action on incredibly difficult experiences, like homelessness, the

effects of austerity and poverty or mental ill-health. For us all these chapters create a huge amount of hope for a better way of connecting and creating social change.

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