



# 32

## Conclusion

Carl Walker, Sally Zlotowitz, and Anna Zoli

The authors in this book have responded to the array of political, social and economic injustices that frame distress. In order to do so they reoriented their practice to confront, resist, challenge and sometimes subvert the psychologising that has been criticised for strengthening oppressive structures. Instead, the projects and approaches reframed distress practices 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. In so doing they address Martin-Baro's challenge to make meaningful contributions to the problems of the day (Martin-Baro, 1994).

Several key questions arose for us as editors reading these contributions. Why did the people try these new approaches? How did they manage to carve out space to undertake work that moved beyond the mainstream and what challenges do we find ourselves facing as we reflect on the implications for what is possible going forward?

---

C. Walker (✉) • A. Zoli

School of Applied Social Science, University of Brighton, Brighton, UK  
e-mail: [c.j.walker@brighton.ac.uk](mailto:c.j.walker@brighton.ac.uk); [a.zoli@brighton.ac.uk](mailto:a.zoli@brighton.ac.uk)

S. Zlotowitz

MAC-UK & Art Against Knives, London, UK

## Why Are People Trying New Approaches?

We believe that a key element driving much of the work in this book was a recognition among our authors of the complex nature of distressing experiences and the often invisible routinised misery inflicted upon people through structural arrangements. To 'know' the complex nature of suffering requires individual biographies to be embedded in the larger matrix of culture, history and political economy, which cannot be understood simply through the intrapsychic biomedical lens.

The work contained within sought to realise versions of wellbeing that were inherently social and relational. Rather than understand it as a set of entities to be acquired or internalised qualities of individuals, there was a commitment to an understanding of wellbeing as sets of effects produced in specific times, places and circumstances (Atkinson, 2013). The approaches mobilised in this book often used, as a start, the idea that distress results from complex and embodied arrays of social experiences that are embedded within specific historical, cultural, political and economic settings.

To explain and act upon distress, it was important to embed individual biographies in the larger matrix of culture, history and political economy. That what have been discussed as 'symptoms' that need treatment, can often be usefully understood as the attempts of everyday people to control, deflect or ignore the pain that accompanies these. Many of the projects in this book recognise that social inequality has a powerful effect on mental and physical health (Cromby et al., 2012; Friedli, 2009; Marmot, 2010; Mirowsky & Ross, 2003; Read & Sanders, 2010; Wilkinson & Pickett, 2009) and that attempts to act on suffering means that we can no longer ignore the effects of such social inequalities. The long-term impact of racism, bullying, poverty, inequality and the corrosive effects of dysfunctional families, social worlds and political regimes are reasons why people become distressed (Ussher, 2011; Dillon et al., 2012). There was a recognition that counselling focussed solely on individual change is insufficient when interventions do not address external barriers or the challenges presented by policies and practices (Toporek, 2018). Experiences of distress are inseparable from material, social environmental, socioeconomic and cultural contexts and patterns of emotional difficulties always reflect prevailing social and cultural discourses (Johnstone et al., 2018; Kleinman et al., 2012).

Moreover, suffering is something that most people find difficult to grasp. It is not a natural phenomenon that we can identify and measure but a social status that we extend or withhold, usually through formal diagnosis (Morris,

1997). The link between poverty and mental distress is not due to a singular variable of ‘income’ (Harper, 2016). Living in poverty is more stressful, with fewer buffers, so challenges are more likely to be catastrophic. People living in poverty have less control over their lives, and live with lower status, often accompanied by shame, powerlessness and stigma (Wilkinson & Pickett, 2009). Poor wellbeing is consistently associated with markers of social inequality such as unemployment, low income and impoverished education (Harper, 2016; Cromby et al., 2012; Walker, 2007).

Indeed the premise that experiences of distress are inseparable from material, social environmental, socioeconomic and cultural contexts frame a number of the attempts within the book to grapple with, and to challenge, the prevailing mainstream diagnostic practice. Carolyn Kagan and colleagues (2011) suggest that diagnoses of ‘mental illness’ often invisibilise the way that distal, proximal social conditions transform people’s social identity to the extent that employment is restricted and people are perceived as a threat, become ghettoised by a label and locked into a social identity (Kagan et al., 2011). In Chap. 5, ‘Taking a Position Within Powerful Systems’, James Randall, Sarah Gunn and Steven Coles explore the way that psychiatric discourses rooted in the biomedical and biopsychosocial models are structurally embedded within service design throughout the UK and determine service provision, access to help and support, research grants and overwhelmingly shape policy and legislation. They foreground the importance of psychologists continuing to develop alternative conceptual frameworks and practices to counter individualising and arguably pathologising constructs of ‘disorder’ and ‘mental illness’ in ways that allow practitioners to become increasingly outwardly looking and focus efforts on changing the underlying socio-materialist conditions that shape psychological distress. Indeed their clear message is to recalibrate clinical psychology to address inequality, discrimination and social injustice as a matter of course.

If, as Paul Farmer (1997) suggests, various large-scale social forces come to be translated into personal distress and disease where people’s life choices are structured by sexism, racism and grinding poverty, then it makes sense why, in Chap. 3, ‘Growing a Movement: Psychologists for Social Change’, Psychologists for Social Change, a national activist network of UK psychologists, suggest the need for a huge range of campaigns to shift the focus from the personal to the structural patterns of emotional distress.

Some of the chapters in this book focussed on the need to both challenge and move beyond the narrow identity politics of distress that has been obscuring the way that structural violence metes out injuries of vastly different severity. For instance, in Chap. 23, ‘Collaborating with Social Justice Activists

in Ghana's Fight Against Modern Day Slavery: A Case Study of Challenging Heights', Kate Danvers highlights the need for systemic changes, rather than medicalising people's problems. Following her own identity as a values-led practitioner, Kate worked with a community-based child rights NGO in Ghana to develop rehabilitation practices for trafficked children and this work is the focus of her chapter in this book. This chapter and others contained within highlight how suffering is less a condition than an event within the context of a larger surrounding plot; the outcome of a series of preceding acts (Morris, 1997).

## The Practice of Innovating

Moving on from the recognition of the importance of socially and relationally locating suffering and distress, a series of chapters in this book sought to sketch out what a more 'action-oriented' psychology (Burton & Gomez Ordonez, 2009) could look like. It was clear from the contributions and projects embarked upon by the practitioners and psychologists in this book that there are many different ways to perform action orientation. For some, this included more activist-oriented work that directly sought to challenge, subvert and repel specific forms of oppression, marginalisation and the broader realities mediated by the schemata, discourses, practices and relays of power capable of shaping circumstances of distress. In this regard, Tod Sloan and John Brush explored the way that psychology could support activism. They outlined and explored the specific emotional and personal challenges that frequently arise in activist organising, and suggest specific interventions that those trained in psychology may attempt to support and enhance activism within social movements.

In Chap. 7, 'Statactivism and Critical Community Psychology: Using Statistical Activism to Resist Injustice in the NHS and Higher Education', Carl Walker and Anna Zoli focus on statactivist projects in the south of England where the researchers sought to subvert problematic models of social accountability through a public survey on local health commissioning and privatisation and a National Senior Management Survey (Erickson et al., 2020) that challenged the narrow metrics of HE managerialism via a national league table of senior management teams. This project sought to answer Montero's (2009) call for methods that are specifically related to conscientisation. Montero noted that these are difficult to find or even non-existent because, while the mode of community psychology developed in many countries has openly manifested social transformation as the ultimate

goal, what is not clear is the way in which that goal is to be obtained. This chapter and others contained within started to sketch out what some of these methods could look like.

One of the biggest challenges that the UK is facing is generating the conditions for a vision of public health that is founded on successful preventative community-oriented approaches to wellbeing. Many disparate community settings, spaces and projects can offer alternative social worlds where people can feel that they belong to a group and where different criteria of worth may be applied making possible positive identities and status. People can experience relationships of mutual support either formally or informally within these settings where loss, guilt, isolation, social marginalisation and stigmatisation can be ameliorated by the psychological sense of community, role models, practical information, ideas on coping, opportunity to help others and mutually supportive relationships (Walker et al., 2017). These can be settings where people have opportunities to experiment with social roles, imagine alternative futures, develop agency and active citizenship, where discourses of disability, victimhood, powerlessness and dependence can, for some, become recognition, belonging and a sense of control (Solomon et al., 2001).

Some of the chapters in this book point to the importance of these disparate community settings, spaces and projects that can offer alternative social worlds. For instance, Charlotte Wilcox and Rebecca Graber, in Chap. 11, “‘We the Marlborough’: Elucidating Users’ Experience of Radical, Informal Therapeutic Practices Within a Queer Community Pub’, highlight the Marlborough Pub, a vibrant social and creative centre of the LGBTQIA+ (and especially trans and nonbinary) community in Brighton, UK. A 2016 MindOut award recognised the radical practices that support mental distress among community members who often desire support but are disincentivised from accessing traditional talking therapies. This pub was a community space that offered a space/place for reciprocity, interconnectedness, embodiment and complex experiences of mental (ill/)health. This echoes research which outlines the way that connectedness, rebuilding positive identities, often within context of stigma and discrimination, hope and finding meaning are central to experiences of recovery (Tew et al., 2011).

Ootes et al. (2013) outline the way that certain notions of space appear in the objectives of mental healthcare and these entail particular notions of citizenship. Objects and space are co-produced and the sense of being ‘out of place’ in care settings is due to all sorts of discontinuities between people’s own places and care settings. A sense of ‘being in place’ is understood as important to people and speaks to citizens’ relationships with other people and groups. This can take the form of community spaces like the Marlborough

Pub but also more intimate relational experiences. The 'Options' project by Hannah Denton, Mark Haydon-Laurelut, Duncan Moss, Angela Paterson Foster and Jan Shepherd showed the way that innovation could come within the therapeutic framework. 'Options' is a locally developed brief therapy intervention that draws on ideas from systemic and narrative therapy as well as community psychology and uses a reflecting team in order to challenge traditional therapeutic norms.

In Chap. 30, 'We Tell Our Own Stories: Older Adults as Expert Researchers', Erin Elizabeth Partridge and The Elder Care Alliance discuss their research and inquiry where older adults serve as co-researchers and leaders in defining research agendas. The initial art-based study, 'Amplified Elders', involved the elders in data analysis and established the possibility for adopting a researcher identity. Subsequent work created opportunities for older adults to speak directly to decision-makers in health care and technology, and use social media as a knowledge dissemination platform. The team concluded that creative, participatory approaches are an essential way to explore new possibilities for the future as well as to subvert and interrogate conventional practice.

## Challenges in Trying to Innovate

The various projects, research, activism and approaches outlined in this book are important moves in the journey away from pathologising and individualising approaches to the way that people suffer. However, we have to unpack this notion of 'innovative' uncritically offered in the title of the book.

A problem with making claims about stretching the boundaries of a discipline, of newness and of being radical is that we are all positioned on different continua of practice. For some people, some of the projects will look edgy, innovative and evidence a commitment to politicising the personal. However, for others, some of these pieces of work will appear wilfully and inherently conservative, staid and accommodationist. Moreover, we might experience an uncomfortable need to shuffle in our seat if we are asked how our work meaningfully contributes to decolonising our communities when our institutional arrangements continue to produce relations that are asymmetrically structured through configurations of gender, race and class that are naturalised through everyday living.

In Chap. 8, 'Reflexively Interrogating (De)colonial Praxes in Critical Community Psychologies', Nick Malherbe, Shahnaaz Suffla and Mohamed Seedat make the point that while much critical community psychology

scholarship argues for forms of epistemological rupture that dislocate social hegemony and espouse emancipatory ideals, its focus on the continued salience of coloniality in the subjugation of ‘Other’ knowledges and ways of life remains uneven. Their chapter explores the way that the decolonial turn in psychology is increasingly evident in contributions from the Global South that seek to make visible the structures of power, and mainstream ‘ways of knowing’ that continue to produce alienated people. However, on the whole there remains a dearth of work examining the imminent contradictions, regressions and unevenness inherent in decolonising work. One’s positionality and intersecting cultural identities influence the ways in which we encounter or participate in structural inequality. A temptation in social justice work is the tendency to allow deficit narratives to describe those who are affected by injustice. Here we can perpetuate a saviour approach to addressing inequity as well as reinforce the notion of the individual as the source of the problem as opposed to the role of an unjust system (Toporek, 2018). The reader can judge the degree to which this is evident in this text.

The chapters contained within this book only fleetingly take on the spectre of coloniality in our institutions. Moreover, much of the work in these chapters could be criticised for being embedded within what Fryer and McCormack (2010) call the ‘briefcase war’, where the drafting and enacting of policy, the relaying of problematic discourses, the relays of structural oppression, including politicians, policymakers, bureaucrats, teachers, lecturers, psychiatrists, psychologists, therapists and social workers, eschew the notion that structural oppression is being intentionally waged by malevolent individual agents. Rather, in the words of Iris Marion Young (1989, p. 272), ‘[o]ppression designates disadvantage and injustice; some people suffer not because a tyrannical power intends to keep them down but because of the everyday practices of well-intentioned liberal society’.

Most versions of community psychology would claim to be critical in the sense that they claim a commitment to ‘liberation’ of people from pathogenic, socially unjust enslavement through social and structural intervention which ‘empowers’. However, Fryer and Fox (2015) remind us that in the Frankfurt School of Marxist intellectuals what is meant by ‘critical’ is an approach that tries to understand a social reality through introduction of another, more penetrating and comprehensive frame of reference. It has been suggested that much of the action of community psychologists is politically conservative, ideologically problematic and acritical in theorisation, and in reality constitutes an accommodationist position seeking greater influence within the mainstream fraternity. There is accommodationism in the projects in this book but there is also a resolute commitment to journeying away from accommodationism

into edgy, challenging and uncomfortable spaces of practice. Moreover, we sense a commitment to challenging the dominant discourses in the mainstream psychologies that can appear natural, deny their own partiality and maintain their authority by appealing to a much peddled 'psy common sense'.

Power itself can be overt or covert, subtle or blatant. It can afford people multiple identities as people engage in domination or resist domination. Individuals will come into contact with externalised forces that they will often internalise, desires are embedded in norms and regulations and experience is shaped by the prescriptions of the day. Agency and personal power are not completely erased but these 'floating discourses' exist and are profoundly influential. This makes social change work incredibly challenging. In Chap. 31, "We Can Speak but Will There Be Any Change?" Voices from Blikkiesdorp, South Africa', Rashid Ahmed, Abdulrazak Karriem and Shaheed Mohammed reflect on the struggles of communities living in temporary residence areas (TRAs) in South Africa. They note that, in spite of the extent to which they believed they were able to step outside of the parameters of mainstream clinical psychology, the translation to community gains of their particular project was very little. They highlight the power of constraints on all researchers, practitioners and activists trying to create a more socially just world. For them, the devastating impact of neo-liberal economic policies and the increasing ascendancy and dominance of mainstream psychology in South Africa and globally made social justice work impossible.

While the chapters in this book make a good case for psychologist's greater involvement in human rights issues, we have to be mindful of the argument for their reduced involvement in human rights. We constantly need to reflect on psychology's role in perpetuating systems that infringe people's human rights (Kinderman, 2007).

We need to guard against the uncritical acceptance of community as a 'spray-on' solution where social rupture is sacrificed for a limited vision of community rebuilding. Too often our work is reduced to simplistic new age notions of individual power (Gridley & Turner, 2010).

Moreover, it is useful to recognise that, while this book evidences a commitment to models of suffering and distress which are relational, critical, political and structural, much of the inherent theorising of subjectivity remains conservative. A glance at the work of anthropologist Tim Ingold (2015), for instance, highlights a degree of radical thinking that averts us from presupposing the mind of the individual as an externally bounded entity, instead committing to lives and minds as open-ended processes whose most outstanding characteristic is that they carry on. Ingold (2015) discusses performed sociality where 'the form of a thing does not stand over it or lie



behind it but emerges from mutual shaping, within a gathering of forces, both tensile and frictional' (p. 24). Here, social life lies not in the accretion of distinct blobs but in the correspondence of lines. For Ingold (2015), real life humans inhabit a fluid reality in which nothing is the same one moment to the next and nothing repeats, where finding a place and holding fast in a fluid medium presents its greatest challenge, and where the metaphorical, and literal, commitment to understanding human beings as lines opens levels of possibility still beyond the reach of much of the psychologies.

## Final Thoughts

Poverty infiltrates deeply, through the structuring and limiting of social relationships to shame, sadness and the fear of social difference and marginalisation. We are living in a time of new ideological landscapes of poverty as deficit and dependency (Ridge, 2013), where even childhood poverty has been privatised into families. More than ever we need new ways to understand the operation of complicated social apparatuses (Miller & Rose, 2008). The work contained within this book to a large degree recognises these challenges and constitutes a progressive step away from the 'little engineers of the human soul and their mundane knowledges' (p. 5) where a narrow commitment to the hegemony of mainstream psychiatry and psychology masks colonial discourses and practices, and hence resolutely resists the politicisation of suffering.

The community psychologist Isaac Prilleltensky noted that 'cholera wasn't eradicated by developing new treatments, rather it was eradicated by improving drains back in pre-Victorian times' (Nelson & Prilleltensky, 2010, p. 85). It is this structural frame of reference that we will need to develop if we are to start to seriously impact suffering. The projects contained within this book constitute a much-needed attempt to start to build such a frame of reference.

## References

- Atkinson, S. (2013). Beyond components of wellbeing: the effects of relational and situated assemblage. *Topoi* 32, 137–144.
- Burton, M., & Gomez Ordonez, L. H. (2009). Liberation psychology—Another kind of critical psychology. In M. Montero & C. Sonn (Eds.), *Psychology of liberation—Theory and applications*. Springer.
- Cromby, J., Harper, D., & Reavey, P. (2012). *Psychology, mental health and distress*. Palgrave Macmillan.

- Dillon, J., Johnstone, L., & Longden, E. (2012). Trauma, dissociation, attachment and neuroscience: A new paradigm for understanding severe mental distress. *Journal of Critical Psychology, Counselling and Psychotherapy*, 12(3), 145–155.
- Erickson, M., Hanna, P., & Walker, C. (2020). The UK higher education senior management survey: A stactivist response to managerialist governance. *Studies in Higher Education*. <https://doi.org/10.1080/03075079.2020.1712693>
- Farmer, P. (1997). On suffering and structural violence: a view from below. About suffering: voice, genre and moral community. In Kleinman, A., Das, V, Lock, M., Introduction. *Social suffering*. University of California Press.
- Friedli, L. (2009). *Mental health, resilience and inequalities*. World Health Organization.
- Fryer, D., & Fox, R. (2015). Community psychology—Subjectivity, power, collectivity. In I. Parker (Ed.), *Handbook of critical psychology*. Routledge.
- Fryer, D., & McCormack, C. (2010). *The war without bullets: Socio-structural violence from a critical standpoint*. Paper presented at 3iccp Puebla June 3–5.
- Gridley, H., & Turner, C. (2010). Gender, power and community psychology. In G. Nelson & I. Prilleltensky (Eds.), *Community psychology*. Red Globe Press.
- Harper, D. (2016). Beyond individual therapy. *The Psychologist*, 29, 440–444. <https://thepsychologist.bps.org.uk/volume-29/june/beyond-individual-therapy>
- Ingold, T. (2015). *The life of lines*. Routledge.
- Johnstone, L., Boyle, M. with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D., & Read, J. (2018). The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis. Leicester: British Psychological Society. <https://www1.bps.org.uk/system/files/userfiles/Division%20of%20Clinical%20Psychology/public/INF299%20PTM%20Main%20web.pdf>.
- Kagan, C. Burton, M. Duckett, P. Lawthom, R., & A. Siddiquee. (2011). *Critical Community Psychology: Critical Action and Social Change*. BPS Blackwell Textbooks.
- Kinderman, P. (2007). Human rights and applied psychology. *Journal of Community and Applied Social Psychology*, 17, 218–228.
- Kleinman, A. (2012). Rebalancing academic psychiatry: why it needs to happen – and soon. *The British Journal of Psychiatry*, 201, 421–422.
- Marmot, M. (2010). *Fair society, healthy lives: The Marmot Review executive summary*. The Marmot Review. <http://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf>
- Martin-Baro, I. (1994). *Writings for a liberation psychology*. Harvard University Press.
- Miller, P., & Rose, N. (2008). *Governing the present*. Polity Press.
- Mirowsky, J., & Ross, C. E. (2003). *Social causes of psychological distress* (2nd ed.). Aldine de Gruyter.

- Montero, M. (2009). Methods for liberation: Critical consciousness in action. In M. Montero & C. Sonn (Eds.), *Psychology of liberation—Theory and applications*. Springer.
- Morris, D. (1997). About suffering: voice, genre and moral community. In Kleinman, A., Das, V., Lock, M., Introduction. Social suffering. University of California Press.
- Nelson, G., & Prilleltensky, I. (eds.). (2010). Community psychology: In pursuit of liberation and well-being. Palgrave Macmillan.
- Ootes, S. T. C., Pols, A. J., Tonkens, E. H., & Willems, D. L. (2013). Where is the citizen? Comparing civic spaces in long terms mental healthcare. *Health & Place*, 22, 11–18.
- Read, J., & Sanders, P. (2010). *A straight talking introduction to the causes of mental health problems*. PCCS Books.
- Ridge, T. (2013). ‘We are all in this together’? The hidden costs of poverty, recession and austerity policies on Britain’s poorest children. *Children & Society*, 27, 406–417.
- Solomon, M., Pistrang, N., & Barker, C. (2001). The benefits of mutual support groups for parents of children with disabilities. *American Journal of Community Psychology*, 29(1), 113–132.
- Tew, J., Ramon, S., Slade, M., Bird, V., Melton, J., & Le Boutillier, C. (2011). Social factors and recovery from mental health difficulties: A review of the evidence. *British Journal of Social Work*, 42(3), 1–18.
- Toporek, R. (2018). Strength, solidarity strategy and sustainability. The counselling psychologists guide to social action. *European Journal of Clinical Pharmacology*, 7(1), 90–110.
- Ussher, J. M. (2011). *The madness of women: Myth and experience*. Routledge.
- Walker, C. (2007). *Depression and globalisation*. Springer.
- Walker, C., Hanna, P., & Hart, A. (2017). *A community psychology approach to wellbeing*. Palgrave Macmillan.
- Wilkinson, R., & Pickett, K. (2009). *The spirit level: Why more equal societies almost always do better*. Allen Lane. For slides see: [tinyurl.com/5s6vqjl](http://tinyurl.com/5s6vqjl)
- Young, I. M. (1989). Polity and group difference: A critique of the idea of universal citizenship. *Ethics*, 99, 250–274.