

Social Justice in Psychotherapy: an increasingly emerging concern.

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This article is mostly a report on my experience of attending the Conference of the Division of Counselling Psychologists and then the Community Psychology Section Festival. I have titled it as being about social justice, because this was a common theme that formed a major part of the agenda at both events. During this year I have also had a number of other experiences of this theme being discussed in other places; I will comment on these, and conclude with an attempt to integrate some common threads that have emerged.

The theme of social justice in psychological work in the BPS has by now quite a long history – David Smail and the Midlands Psychology Group have been publishing on this for a decade or more. This discussion has sometimes had a fairly overt political agenda, and psychologists have often had an aversion to this. However, as time has gone on, attention has increasingly been paid to whether psychological practices that have evolved within statutory services on mental health in the NHS are themselves politically neutral. This was the thrust of many of the presentations at both conferences, developing the ideas of critical psychology, and examining how difficult it is to put into practice.

At the DCoP conference, the tone was very much set by the title, and a keynote address by Sheelagh Strawbridge: Social Justice and the politics of psychological distress. In it she returned to the roots of Counselling Psychology in humanism and challenging professional power, and traced how the division has always been aware of how an individualised medical model of psychological distress can tend to divert attention from seeing the connection of people's distress to socio-economic and political policies and decisions. She noted how this has become increasingly problematic in the face of managed care models and their increasing emphasis on diagnosing and classifying difficulties, and costing their treatment. This has led to narrowing and limiting of ways of alleviating the distress, with poverty, overcrowding, benefit sanctioning, and insecure employment being disregarded as possibly being the most significant contributory factors in many cases, even though depression and anxiety are reaching epidemic proportions in some particular parts of UK society. In this, individual therapy maintains a focus on the need for internal change in patients – learning coping strategies, challenging negative thoughts and beliefs, etc, using the language of self-management and self-policing of internal dialogue. Though this can be helpful and is well suited to 'light touch' interventions that can be delivered in very cost-effective ways, thereby reaching a wider clientele than under previous mental health delivery models, it has also invited an overly 'managerial' paradigm of fitting people into a market-based society with values that are highly influenced by a neo-liberal economic/political vision of life, promoted in most western nations. In this arrangement, medicalised terminology can be seen to serve an ideological function, and keep the focus on treatment provision rather than on social change as a preventative measure in public mental health discourse. It also reinforces an uneven power relationship in service provision, and this is seen in particularly clear light where psychological assessment is increasingly being used in assessing readiness for work, and for receiving some benefits. This raises difficult ethical issues for psychologists and counsellors working in the mental health field, who wish to do the best by their clients in as holistic a way as possible, and not just comply with quick fixes.

This last point was a theme that was developed, very movingly, in another workshop which I attended as part of the Psychotherapy section conference later in the year. John Adlam and Chris Scanlon made the point that these ethical difficulties manifest in the dual pressures many professionals in the Mental Health field experience – the top down managerial pressures to implement neat solutions, and the bottom up pressures from service users who feel pressured

individually and don't respond well to the responsibility for their condition thrust on them, and who identify the system as not having their best interests at heart. This produces some fairly toxic work environments; a fuller report on this will be appearing elsewhere in this review.

In the other lectures and workshops at the DCoP conference, how these issues are handled in practice was returned to often, with participants discussing how to do one's best to redress the balance within their places of work. A theme brought out in one series of workshops was on using discourse analysis to deconstruct ideas and language used in psychotherapy to reveal implicit power imbalances and dependencies. For example, in analysing the expression "nervous breakdown", the workshop leader showed how legitimising this folk psychology term might be useful: it implies a transition rather than steady state pathology; it confers a socially endorsed period of 'time out' which may be healing, like a journey; and helps to enable psychologists to be uniquely positioned to question some of the oppressive norms of self-management that other aspects of the managed care system may be emphasising, that are adding pressure on the individual.

Another use of discourse analysis which was also examined was in looking at 'ruptures' in the therapeutic relationship, which in medicalised language might be constructed as non-compliance. It was suggested that instead they can be discussed in terms of practicing negotiating more real intersubjective experiences without blame, deciding to hold rather than resolve tensions, and introduce more creative 'roles' in the relationship in a conscious way, including finding alternative languages to a medical terminology.

On an optimistic note, Mick Cooper and his research team outlined the positive work being done with children and young people in a wide variety of settings, and how they are increasingly able to evidence positive outcomes from this work, even though much of it is time limited. Again, they showed the influence of socio-economic disadvantage, and the pressures being felt by schools as they get seen as 'wellbeing hubs', but reported some progress in getting parents increasingly involved in therapy work with young people, which tends to bring better outcomes. Interestingly, they have been trialling forms of avatar based therapy, and this seems to be something that boys find interesting and engage with well.

Other sessions throughout the two days focussed on diversity issues, again, often with a theme of social justice; legitimising oppressed voices was often touched on, perhaps best epitomised by one speaker as: Rage about racism is healthy. Work with other minority groups was also prominent, such as Syrian refugees, transgender individuals in transition, and Aspergic/autistic clients.

Overall I came away from the DCoP conference encouraged by the enthusiasm of everyone I talked to, students, practitioners and theorists, for challenging inequality and reasserting human values in counselling, and enlightened as to how participants intend to implement this enthusiasm.

Carrying this theme forward, it was interesting that one of the first keynote addresses at the Community festival was on the theme of teasing out the difference of approach that community psychologists take to working with many of the same mental health problems as counselling psychologists do. Community psychologists identify themselves as coming from the same philosophical tradition as counselling psychologists, and aim to try to challenge some of the same barriers to wellness and growth, but feel that the individualisation of therapy is problematic, in that it may often add to the difficulties inadvertently. This socio-cultural critique of therapy sees individual therapy as reinforcing political and corporate values which emphasise the responsibility of the individual to work, spend and demand services through financial arrangements. In this way, mental health problems tend to be seen as an 'inefficiency' in the system, and services should aim to

return patients to fully functioning, fully participating members of society as quickly and effectively as possible. Thus community psychology views the most effective interventions for people's distress in society as those that promote empowerment to challenge these pressures and stresses that are caused by value-laden decisions taken further up the hierarchy of control – often governments and corporations. Thus austerity measures are a common focus for social action, in that they are the result of governments and corporations excesses being visited on the most disadvantaged in society, cutting their community assets and services, and making their livelihoods increasingly insecure, increasing the cycle of deprivation.

This was brought into more detailed focus by an address about recent government attempts to block researchers from lobbying for policy change, where their research has indicated that this would be for the common good. Instead, there seems to be a trend of selective appropriation of psychological evidence to justify austerity and 'work fare' type programmes, with no forum for healthy scientific debate, and no chance to complain. Various examples of sociological studies were then explained, some examining the, again, unnoticed trends/changes that come about through policies and planning procedures. A particularly striking example of this was the depiction of 'debtogenic' urban landscapes that are emerging in many areas of our cities, where in poorer areas, as older established shops and services leave, what fills the vacant lots are more pawn brokers, loan agencies and betting premises. How this contributes to and exacerbates cycles of deprivation is not something the planning authorities examine in a 'social science' way, or legitimise as reasonable objections when raised as such.

Another aspect of 'marketisation' producing deleterious effects in public service was explored in relation to higher education, where lecturers' workloads are constantly being raised, discouraging lecturers away from doing what is best for the students in order to meet their administrative and promotional targets. An interesting community based challenge from one group of social science professors was to launch a survey amongst academic staff in all universities, similar to the National Student Satisfaction Survey, asking staff to rate their senior management team on a range of issues related to student learning and welfare. Results are starting to be collated and disseminated through education journals.

A major theme throughout the festival was on inventing and developing care/therapeutic practices that go across traditional discipline boundaries to have maximum effect, and in consequence also cause greater energy and engagement for all the agencies involved. Quite a few community 'arts on referral' groups were represented, often doing 'hands on' type workshops explaining their practices through immersive experience. One particularly moving workshop I attended was entitled 'A-lonely', which was a drama/documentary piece put on by a group of community researchers into loneliness amongst older people. The 'play' was a spoken word performance of verbatim quotes from their interview data, arranged in a dramatic and poignant way, but it also led on to hope – as part of their research they had also invited the participants to come to an internet/social club they are now running, which is growing within that particular area of Bristol. Other groups are exploring ways to help people adopt new, healthier behaviour individually and collectively through engaging through multiple channels – smart phone apps, social prescribing, crowdsourcing studies, group work including lobbying and petitioning – promoting inclusivity so distressed people see themselves less as outsiders and less isolated.

This aspect of establishment/outsider conflict was also developed in a workshop for counsellors I attended in my area (Bristol), where the leaders encourages us to more consciously acknowledge our own 'class identification' and how this affects our behaviour and choices in life – shopping, groups we support, attitudes towards aspiration etc, and estimate how much this affects our

therapeutic work with different class groups amongst our clients. This was very interesting, and led onto to looking at the book: 'The road to somewhere', in which the author (David Goodhart) outlines his view that the main divisions in society are between 'somewhere people', more connected to people and places, generally less affluent, and 'anywhere people' more cosmopolitan, affluent and self oriented. His explanation of the rise of populism is that 'somewhere people' are raising their voice, and vote, more recently as the neo-lib establishment is seen as increasingly out of touch; hence Trump, Brexit etc. Some interesting points are raised in it about social exclusion.

This was a theme that was also brought out at the Community Psychology festival in workshops on action research on homelessness in the times of austerity – particularly looking at how to re-engage hope in people who have become very afraid of any commitment to other people and society in general, because all the help they have ever received was only short-term and overly controlling. This was linked to further research on how much growing housing insecurity is become a big factor that impinges on mental health; ACORN and other tenant unions are leading research on this, and taking action to try to alleviate this where possible.

Another avenue of research and interest in the experience of marginalised groups was on working with people on the autistic spectrum. This latter group is getting more attention in the media and in therapeutic clinical work generally, and it was heartening to see research being initiated into the subjective experience of ASD clients in therapy – results to be reported soon.

Lastly, there were a number of workshops on the theme of enabling social cohesion. One version of this is building what is termed 'social capital' – greater networking and investment of time, effort and money by people in the community, offering greater support to each other and building more resilient communities. Another version was put as the reframing of longstanding resentments which can tend to tear communities apart as 're-sentiment'; working on ways to change feelings/sentiments at a personal and group level so that greater harmony and common purpose can be encouraged to get people to work together rather than apart, for social action.

In conclusion, I hope I have informed readers of some new ideas emerging in the world of psychotherapy. I would welcome any responses to this to appear in later editions of the review, and possibly an ongoing debate. Beyond the world of psychotherapy it is heartening to note that attention is being drawn to other issues of Social Justice in the press at this time (December 2017). Firstly, the scandals that have been emerging around sexual harassment are defining the need for more awareness around sexual equality and respect for women in the workplace, particularly where men previously have created a dominant discourse of coercion and silencing of victims. I feel this will have much wider repercussions as the months go on. Secondly, as the Grenfell Tower investigation gets under way, there is a healthy debate about who should actually lead the investigation in the light of the revelations about how residents' complaints and warnings were dismissed by the establishment of the Council and its Quangos. Possibly more equal sharing of power may arise through concerted popular demand.

Steve Heigham. December 2017.