

# Escaping Psy-Dominance Ideas from Critical and Community Psychology

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“

A critique does not consist in saying that things aren't good the way they are. It consists in seeing on just what type of assumptions, of familiar notions, of established and unexamined ways of thinking the accepted practices are based... ***To do criticism is to make harder those acts which are now too easy.***

”

Michel Foucault

“

Although the risks and contradictions of life go on being as socially produced as ever, the duty and necessity of coping with them has been delegated to our individual selves.

”

Zygmunt Bauman 2007 p. 14

# Psy Dominance

The individualising and internalising of avoidable human distress which obscures the importance of social context: sources of oppression, inequality, abuse and other barriers to liberation, connection and human flourishing.



“

It (diagnosis) is based on the assumptions that troublesome behaviours, emotions and psychological experiences will form the same kinds of pattern, conform to the ”, same theoretical frameworks, as bodily complaints; (and) that these behaviours and emotions are outward symptoms of an underlying internal dysfunction...

Boyle, 2007

“

Psychology [clinical] – all unknowingly – has done more to mystify the human condition than just about any other even remotely intellectual enterprise.

”

Smail, 2007 p i

# Psychiatrists and Psychologists; A difficult spot the difference?

Coles, Diamond & Keenan (2013)

## Psychiatrist

- ▶ Distress is biologically caused physiological dysfunction reported and displayed in behaviour
- ▶ Technical Language: Diagnostic
- ▶ Individual is the focus of the problem
- ▶ Medication treats causes of individual distress once caused
- ▶ Experts required to assess and treat distress
- ▶ Social context interacts with individual vulnerability from biology

## Psychologist

- ▶ Distress is related to conscious or unconscious thoughts, feelings and behaviour learned in past experience reported and displayed in behaviour
- ▶ Technical Language: Formulation
- ▶ Individual is the focus of the problem
- ▶ Individual therapy treats causes of individual distress once caused
- ▶ Experts required to assess and treat distress
- ▶ Social context interacts with individual vulnerability from biology and experience

# Impact of Psy Dominance

- ▶ Individualising, pathologising, increases social marginalisation and sense of 'not a proper person' who needs experts/drugs to fix/manage them – IATROGENIC?
- ▶ Sick Role (Parsons), Personal Responsibility, Brain or Blame dichotomy (Boyle, 2013)
- ▶ Drugs have life-long and unpleasant side effects – physical, psychological, interpersonal.
- ▶ Treatments like ECT are invasive and cause damage
- ▶ System of diagnosis based drug treatments, licences, money and research – increases number of diagnoses, maintains need for Psychiatrists and therefore more ordinary problems/people pathologised and medicated
- ▶ **Drives development of *Psychological interventions* through privatised medical system linked to drug companies and diagnostic classification.**
- ▶ **Maintains unequal power between experts and those people who are the focus of labelling and treatment – Psychiatry and Psychology's claims to Psy Dominance do not hold up under scientific scrutiny, but they maintain status of Psy-professions.**



# Escaping Psy Dominance: Critical Approaches

- ▶ What are the causes and solutions to avoidable human distress?
- ▶ The importance of subjectivity and context
- ▶ Power and Clinical Psychology Practice
- ▶ Power and Medical Discourse
- ▶ Diagnosis and the Use of Language
- ▶ Social Inequality



# Critical Psychology Practice

- ▶ Deconstructed and contextually aware 'Therapy' e.g. Systemic and Narrative Therapy, group and community intervention
- ▶ Sharing the construction of knowledge about and solutions to avoidable distress
- ▶ User and community co-production and involvement
- ▶ Community Psychology – working with and for groups and organisations, usually around prevention or actions against oppression



# Some Examples from Mental Health Services...

- ▶ MIND Psychiatric Medication Group – Nottingham
- ▶ International Women's Day Events – Leicester
- ▶ TrailBlazers – Hackney Narrative Therapy based BME Access Service (Angela Byrne)
- ▶ Co-production and user involvement in the development of services and commissioning
- ▶ Alternatives to statutory services e.g. Soteria Network, User run crisis services
- ▶ Other examples...?
- ▶ Is it enough to escape?



# Psychologists get Political!!!

- ▶ Mental Health, resilience and inequalities – WHO report (2009) – Lynne Friedlie
- ▶ Critical and Community Psychology Groups – London and East Midlands become established (2011) – supporting practice, publishing and teaching critical and community psychology on training courses.
- ▶ British Psychological Society Position Statement on Diagnosis and Language guidance (2013)
- ▶ Social Materialist Manifesto (2014) – MPG
- ▶ BPS 'Understanding Psychosis' document – 2015 Anne Cook
- ▶ Psychologists Against Austerity - campaign linked to the General Election 2014 but is still ongoing – Sally Zolotowitz
- ▶ Walk The Talk (2015) – Ste Wetherhead

# BPS DCP Position Statement

Psychiatrists under fire in mental health battle | Society | The Guardian - Google Chrome

www.theguardian.com/society/2013/may/12/psychiatrists-under-fire-mental-health

Magazines

the guardian

Mental health  
The Observer

## Psychiatrists under fire in mental health battle

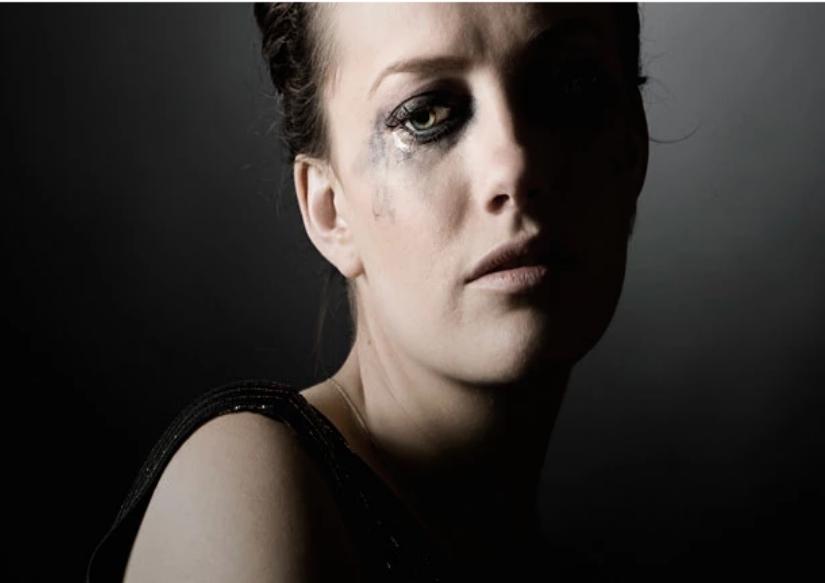
British Psychological Society to launch attack on rival profession, casting doubt on biomedical model of mental illness

Jamie Doward

Sunday 12 May 2013 00.06 BST

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British psychologists are to say that current psychiatric diagnoses such as bipolar disorder are useless.  
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The British  
Psychological Society  
Promoting excellence in psychology



Division of  
Clinical Psychology

## Understanding Psychosis and Schizophrenia

Why people sometimes hear voices, believe things that others find strange, or appear out of touch with reality, and what can help

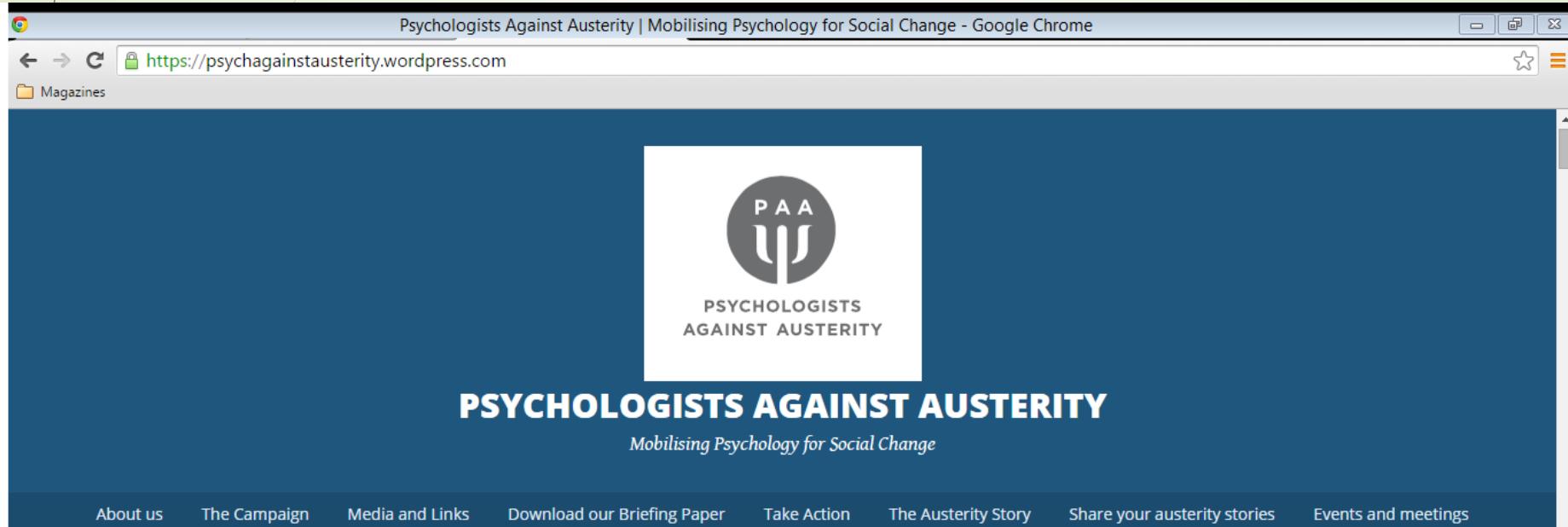


Edited by Anne Cooke

*A report by the Division of Clinical Psychology*



# Psychologists Against Austerity



A screenshot of a Google Chrome browser window showing the website <https://psychagaintausterity.wordpress.com>. The page has a dark blue header with the PAA logo and the text 'PSYCHOLOGISTS AGAINST AUSTERITY' and 'Mobilising Psychology for Social Change'. Below the header is a navigation bar with links: 'About us', 'The Campaign', 'Media and Links', 'Download our Briefing Paper', 'Take Action', 'The Austerity Story', 'Share your austerity stories', and 'Events and meetings'. The main content area features a large image of a protest sign with the text 'Cuts = Stress' and 'Mental Health Matters'.

## The Campaign

The evidence from psychological research is clear, as applied psychologists it is our *public and professional duty* to be speaking out against the further implementation of austerity policies.

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# #walkthetalk2015

The psychologists walking 100 miles to fight austerity's impact on mental health | Dawn Foster | Society | The Guardian - Google Chrome

www.theguardian.com/society/2015/aug/17/psychologists-march-to-highlight-devastating-impact-of-cuts-on-mental-health

 Magazines

 Society

## The psychologists walking 100 miles to fight austerity's impact on mental health

Psychologists embark on a mental health march to raise awareness of the devastating effect that cuts are having on their patients



Dawn Foster

Wednesday 19 August 2015 07.29 BST

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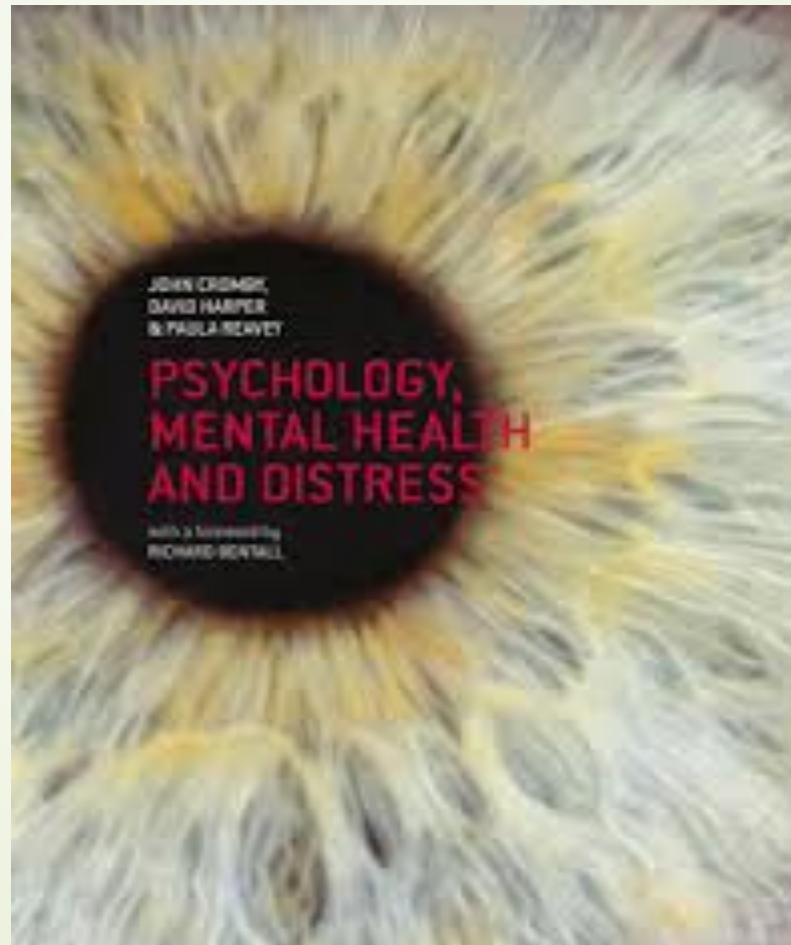
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# Mainstreaming Critical Psychology





# DCP position on DSM 5 2013

*“The DCP is of the view that it is timely and appropriate to affirm publicly that the current classification system as outlined in DSM and ICD, in respect of the functional psychiatric diagnoses, has significant conceptual and empirical limitations. Consequently, there is a need for a paradigm shift in relation to the experiences that these diagnoses refer to, towards a conceptual system not based on a ‘disease’ model.”*



# British Psychological Society

## Language Guidelines 2015

- ▶ **Principle 1:** Where possible avoid the use of diagnostic language in relation to the functional psychiatric presentations.
- ▶ **Principle 2:** Replace terms that assume a diagnostic or narrow biomedical perspective with psychological or ordinary language equivalents
- ▶ **Principle 3:** In situations where the use of diagnostic and related terminology is difficult or impossible to avoid, indicate awareness of its problematic and contested nature.

# Questions?

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# (some)Critical Voices in UK Clinical Psychology

- ▶ Mary Boyle
- ▶ David Pilgrim
- ▶ Mark Rapley
- ▶ **Midlands Psychology Group:** David Smail, John Cromby, Penny Priest, Bob Diamond, Janine Soffe-Caswell, Paul Moloney, Paul Kelly
- ▶ Rufus May
- ▶ David Harper
- ▶ Guy Holmes
- ▶ Craig Newnes
- ▶ Lucy Johnstone
- ▶ Lynne Friedli
- ▶ Anne Cook
- ▶ Barbara Riddell

# Ok, so what about CBT?

- ▶ Critical Psychology is questioning of power and the generation of knowledge, and whose interests particular ideas serve.
- ▶ CBT is rested on many of the same internalised, individualised, responsibility laden and diagnostic assumptions as the Bio-Medical model.
- ▶ CBT, and other branded/technical therapy is the technology for the professionalization and maintenance of status/power of Clinical Psychology
- ▶ The application of CBT in the UK is linked to productivity and employment, e.g. 'getting people back to work' or to the 'happiness' agenda, both of which are linked to capitalist consumption not increasing the health and wellbeing of all.
- ▶ CBT uses a narrow and biased 'scientific evidence base' that ignores a wide range of knowledges, including other scientific work regarding the impact of context and effectiveness of all interpersonal and therapeutic encounters c.f. Scott D Miller's work on therapeutic engagement.
- ▶ That doesn't mean that under the appropriate circumstances these theories and techniques are not helpful to people – context and openness to other possibilities is key.

# References

Bauman Z. (2007) *Liquid Times: living in an age of uncertainty*. Cambridge, Polity Press

Coles, S., Diamond, B., Keenan, S. (2013) Clinical Psychology in Psychiatric Services, pp 111-120 In Coles, S., Keenan, S., & Diamond, B. *Madness Contested: Power and Practice*. PCCS Books

Deacon, B. J. (2013) The biomedical model of mental disorder: A critical analysis of its validity, utility, and effects on psychotherapy research. *Clin Psychol Rev.* 33(7), 846-61

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