

## **Thinking about community psychology and poverty**

**Guy Holmes and Craig Newnes, Shropshire County PCT**

At the UK Critical and Community Psychology Conference in Birmingham 2003 we were asked to do a session that might assist participants to bring the critical gaze that they often bring to individualistic notions of psychology (e.g. one-to-one therapy) to the areas of critical and community psychology itself. There was to be an emphasis on poverty. The session was split into two halves: the first involved reflective discussion, the second an exercise. The kinds of issues we thought it might be helpful to think about were: What might we learn from a critical look at the history of psychology and history of poverty as regards community psychology? Are psychologists the best people to do community psychology? What communities are psychologists part of and do these overlap with the people identified as needing help? What types of community work are we currently engaged in outside work? Can (and should) we do these kinds of things as part of our work? What harm might be done by bringing professional psychology into communities that are portrayed as needing psychology? What is the impact of being paid to do community work with people who have very little money themselves? The session was set up to provoke thinking rather than didactically teach something. As we did not systematically record comments made in the session we are not able to present findings from the session. However, the following are some of our own thoughts on these issues, partly inspired by participants' comments in the session.

It is presumably possible to argue that clinical psychologists need know little about poverty, economics or the history of monitoring people's lives. It seems to us that a better understanding of our role in the welfare state might come from an understanding of the origins of that state and the history of competing ideologies informing different responses to poverty and suffering. Not least of these responses has been a constantly shifting position on who might be regarded as poor (and similar shifts on the causes and effects of poverty). It is not possible to present an entire history here (readers might look at Hodgkinson, 1967) but certain things are of interest. For example, Chadwick's *Report on the Sanitary Condition of the Labouring Population of Great Britain* (1842) cited unsanitary living conditions as leading to sickness and poverty. His "moral statistics" revealed that 20% of Gross National Expenditure went on welfare while 1/6<sup>th</sup> of the population lived in poverty. The average age of death amongst labourers in Bethnal Green was 16. Amongst middle classes the average age was 45. By 1885 the Social Democratic Federation were claiming that 25 per cent of Londoners lived in extreme poverty. The following year Charles Booth introduced the idea of the poverty line (an income below 10 – 20 shillings a week for a family of four). This allowed him in 1887 to declare that 30.7 per cent of Londoners lived in poverty. Booth was also responsible for introducing the idea of "crowding" and quickly concluded that 57 per cent of East Londoners had insufficient personal living space.

Such confident statistics might imply a robust system of measurement and codification of all things social. Then as now, however, statistics were fraught with potential misunderstanding and mistakes. The first National Census, for example, was only taken in 1800 and was haphazard. By the middle of the nineteenth century much of the muddle headed monitoring of the population so prevalent today was in place. Everything from the number of evictions in Galway to the number of Christmas parcels arriving in London by rail was being estimated (Boyle, 2000).

The history of poverty also reveals centuries of categorising the poor. For example, the first Poor Law of 1601 saw the consolidation of poor relief and rules to distinguish the deserving from the undeserving. The deserving poor were mainly the sick, orphans and widows: the undeserving sent to workhouses. In some ways little has changed since the seventeenth century; bereaved people, foster and adopted children and the sick are seen as deserving. The invention of the concept of mental illness means that those designated mentally ill can now fall into the deserving camp and gain state benefits (but only at the price of being marked as disabled). The unemployed are, generally, seen as undeserving as might be homeless people and criminals. The new diagnosis of Dangerous and Severe Personality Disorder perfectly encapsulates the difficulty: are people with such a label sick (deserving) or bad (undeserving)?

An historical analysis also reveals that the state's involvement in alleviating the effects of poverty has grown significantly over the past 100 years. 'Prevention' has largely followed social hygiene and mental hygiene agendas. Psychologists' skills in assessing and categorising people have played a significant part. This has brought psychologists status, power and wealth but has not alleviated poverty. Capitalism requires unemployment in order to force wages down, the main project of capitalist firms being to maximise 'efficiency' i.e. get the most work from people whilst paying them the least possible wages. Psychology has not offered a cogent critique of this. Indeed, Baritz (1960) argues that occupational psychology was a significant factor in the destruction of union power and the systematisation of workers as the means of production. The state's role in monitoring and control has led to attempts to alleviate poverty being characterised by categorising, monitoring and control of the poor, coupled to what Wolfensberger has called an explosion in the creation of dependency, rather than less poverty. Wilkinson (1996) has shown that inequality of wealth and income are more important factors than absolute wealth (e.g. countries with less inequality have citizens with better health irrespective of wealth or GDP). How have psychologists, who eulogise 'evidence-based practice', utilised this evidence? It is a credit to critical and community psychologists that they give weight to such evidence and invite people such as Richard Wilkinson and George Albee to their conferences, but our own profession does not have a long track record on these issues. Perhaps we need to recognise how much we have to learn from others before we set ourselves up, and are set up, as experts in these areas? Wolfensberger and Thomas (1994) are more sceptical in suggesting that middle class professionals are wholly unsuited to the task (not least because we are seen as despising the poor). The second author has disagreed with this critique and has defended professionals (see Newnes, 1994). Amongst others, the speakers at the conference have shown that working alongside others in

community settings can bring benefits to impoverished communities. This critique does, however, need our thoughtful attention.

Research that indicates para-professionals and non-mental health professionals (e.g. hairdressers) might be just as good as mental health professionals in terms of helping people who talk to them about their problems (see Orford, 1992) has led some psychologists to suggest that we should train or supervise these people. Our profession is proficient at creating roles for us where we are the experts and therefore have our professional standing and salaries bolstered. This is the same ideology ('psychologists know best') that has us rushing to become clinical supervisors under the new mental health act. Perhaps we need a bit more humility. Social workers have a long history of trying to help oppressed communities. Their training is rooted in anti-oppressive practice. In comparison psychologists are new to the arena, yet our instincts for colonisation coupled to the difficulties social workers currently face in doing their jobs in ways that might help rather than monitor disadvantaged communities mean that there are opportunities for our profession. Yet what skills do we bring? We are highly trained in conducting research. But is there really a need for more research that shows how bad poverty is for people? Does research lead to greater attempts by governments and powerful interest groups and industries to alleviate poverty? One irony of the establishment of the poverty line is that poverty can be reduced by doing nothing except moving the line.

It remains unclear whether psychologists are particularly good at community work. Our exercise encouraged participants to think about things in the neighbourhood where they live that they do or have witnessed that have helped people (particularly poor people) who live there. We asked people to think about which of those things they do or could do as part of their work, and what might prevent or hinder that from being a helpful enterprise. "Things that help" ranged from picking up litter to organising protests against the invasion of Iraq. At the conference (and at other sessions) the exercise revealed that very few psychologists live in the community where they work, they often do very little community work, and rarely think of doing, or do not want to do, things at work that they do or witness as helpful in their home communities. This more or less exactly mirrors Wolfensberger and Thomas's (1994) concerns.

The two of us have encountered significant difficulties in getting to know the community where we work when it does not overlap with our home community. Going to a pub where people might be welcomed rather than intimidated (or even advising a pub) with someone who is socially isolated and fearful is far easier if it is a pub you frequent. Even doing this brings complexities – some psychologists are averse, during out of work hours, to bumping into people who might have been referred to them (see Perrin and Newnes, 2002). You learn about a community from being in it – from neighbours, from going out at night, from free newspapers, from waiting at the bus stop, from walking your dogs. It seems tricky to try and be involved in community work without this. Sue Holland's work in inner London (e.g. Holland, 1992) seems inconceivable to try and repeat without living in the community where such projects might develop. In addition, doing things to improve a community works best when it is organic rather than done with the aim of improving a community. We

do things to improve our local communities (e.g. at local schools, roads protests) because we want to improve things for ourselves and our children as well as for our neighbours – it is not philanthropy, charity or paid work to help the deserving poor.

For many years in our clinical work we have seen people in distress who feel that their problems are essentially their own. The social contexts in which they live mitigates against sharing experiences, collective action or even walking safely to the shops. We have discovered many reasons why people might be expected to feel overwhelmed. Lack of money plays a large part both in their distress and lack of opportunities to escape oppressive experiences that cause that distress.

Simultaneously we have found that people themselves do not always describe these contexts as if they are important, instead taking an essentially individualist stance themselves. They hold a view that there is something intrinsically wrong with them even when we suggest that in their circumstances we would feel the same. The history of psychology has a lot to tell us about the origins of this way of thinking. Psychology has spent a century categorising people. Abnormal Psychology textbooks are now virtually indistinguishable from psychiatry text books, taking DSM as their model outline. Psychology has monitored people for deviance, been a major force in the eugenics movement and shaped the modernist idea of the self to such an extent that people barely know how to challenge the concept. It is hardly surprising that the people who come to us for help construct their difficulties as individual failure rather than an understandable effect of the iniquities of capitalism – dominant ideas in psychology have led to this (Hansen, McHoul and Rapley, 2003). We wonder how much psychologists can free themselves from this background.

Do poor people need middle class professionals to tell them why it is bad to be poor? Even worse, do they need people whose backgrounds, wealth and training do little to bridge gaps in understanding or provide skills that might alleviate people's poverty? If people want to do something about poverty and help people in poor communities they might be better off setting up businesses that pay people a decent wage (rather than the poverty-inducing minimum wage) and give them control over their work as well as providing a supportive network. Certainly, careful thought needs to be given to what it is that psychologists and psychology has to offer that might truly benefit disadvantaged people. Critical and community psychology may offer opportunities to harness energies of practitioners who want to look beyond individualising notions of psychology. These psychologists may be in a position to assist, enable and contribute to collective action in response to social need (e.g. Bostock, Noble and Winter, 1999). This kind of psychology is allied with notions of critical reflection regarding motivations and practices. And although critical and community psychology is unlikely to reduce the burgeoning number of distressed people seeking professional help (drug companies and the therapeutic industry have a vested interest in increasing this flow), we are hopeful that this evolving discipline may lead to a collective response to such distress. This article is in the spirit of assisting a reflective critique of such an endeavour.

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## Address

Chaddeslode House, 130, Abbey Foregate, Shrewsbury, SY4 3RY

