

Psychotherapy and Politics: Uncomfortable Bedfellows?

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[p.9] **Psychotherapy and Politics: Uncomfortable Bedfellows?**

The growth of psychotherapy as a form of treatment within the NHS in the UK cannot be divorced from the overall post-war development of the welfare state within Western countries (Barr, 2004). Notwithstanding the argument that the primary function of the welfare state may be limited to ameliorating some of the worst effects of global capitalism for citizens (see Allen, 2007), it at least represents what could be considered a humane response to such social harms. Unfortunately, however, the welfare state has come under increasing attack from the growing dominance of neoliberal political philosophy which is primarily based on minimising the role of the state in social protection (Mishra, 1999), with some libertarians arguing that the welfare state is unethical in impeding the functioning of free markets (Barr, 2004). Using the argument that fundamental change is necessary to address the national debt, the current UK government is implementing a typical neoliberal package (cf Klein, 2007) of de-regulation, privatisation and massive spending cuts which are, in the words of Environment Minister Greg Barker, “on a scale that Margaret Thatcher in the 1980’s could only have dreamt of” (Peev, 2011). The situation is perhaps even starker in smaller European economies such as Ireland, Portugal and Greece that are currently being financed by the IMF and EU bailout fund and are thereby being compelled to introduce neo-liberal economic reforms. In Ireland, for example, the government is in the process of pushing through a series of austerity budgets that include severe cuts to social protection, health and education and which will, according to bodies such as TASC (an independent equality think tank) “impact disproportionately on low income and other vulnerable groups by reducing their disposable income, driving more people into poverty and exacerbating inequality” (TASC, 2011, p. 2). In the context of such a dismantling of the public services it is important to critically evaluate how psychotherapy, in its disavowal of its political role, may have unwittingly supported the growing dominance of right wing neoliberalist ideology.

The theories and practices of individual and group therapies to date have largely eschewed the social / political factors that give rise to much of the distress witnessed by therapists (Pilgrim, 1992), and the focus has been on the “individual as the locus of problems” (Hare-Mustin and Marecek, 1997, p. 113). For example, Volosinov (1976) contends that Freud’s theoretical focus on individual factors (such as sexuality) in the formation of the psyche represents a denial of how a person’s consciousness is shaped by socio-political contexts such as class, nation and historical period. Other authors have also shown how theoretical developments in the field of psychotherapy reflect and support the power dynamics of the historical period in which they become popular (e.g. Cushman, 1995). The typical material situation of therapy as a [p.10] professionalised relationship occurring in a clinic or consulting room already somewhat divorced from the particulars of everyday life helps support this generalised tendency to treat what arises in the therapeutic encounter as somehow separable from the wider context of its constitution, precisely because it is this wider context that is consistently bracketed off.

The frequent result of all this is that understandable distress arising from the sociopolitical contexts of peoples’ lives has been reduced to individual psychological problems to be fixed in the privacy of the consulting room. At best, therapeutic

practices based on such reductionist ideology leads to individual's feeling less distressed in an oppressive world as they are encouraged to conform to societies norms (Moloney & Kelly, 2003). However, more commonly it is likely to lead to individual's blaming themselves for their own distress and their inability to change, while the social and material origins of their distress remain intact and blinded from view (Smail, 2001).

Pilgrim advocates the potential for the development of more radical forms of therapy arising from challenges to the reductionism of mainstream therapies in his statement that he "saw psychotherapy at first promising a role in personal and political liberation" (Pilgrim, 1992, p. 226). Although he admits that his experience of working in this field for a number of years led to a degree of disillusionment with this role, he holds on to some degree of guarded optimism in therapy's potential "as a stepping stone to empowerment and social change" (p. 241). For therapy to act as a stepping-stone to empowerment and social change it is necessary for therapists to base their work on ideals of social justice. This implies developing therapeutic approaches that recognise the links between personal and social distress, rather than obscuring them (Parker, 1999). This linking of the personal with the political, as advocated for example within the feminist movement (Moane, 2011), aims towards an explicit recognition of the well-researched links between psychological distress and the sociopolitical contexts that contribute to its constitution (Pilgrim, 1997). These contexts include both oppressive ideologies such as racism and sexism, and structural power inequalities such as the growing gap between rich and poor (Wilkinson, 1996; Wilkinson & Pickett, 2010). This implies that critical therapeutic work will need to engage with the political realities of people's lives involving both ideological and structural power.

In recent years, there has been a 'turn towards discourse' in psychological theorising that is reflected in recognition among certain therapists of the importance of ideological power in human distress. For example, within narrative therapy (Freedman and Combs, 1996; White and Epston, 1990) attention is paid to how dominant discourses within society (e.g. in relation to race, gender, class, sexuality etc.) impact negatively on the well-being of clients and an attempt is made to assist individuals to challenge these discourses. One of the aims of the critical therapist may, therefore, be to assist individuals to recognise that their difficulties are not due to some psychological deficit, but rather an almost inevitable outcome of living in a certain type of society: as Smail (2005) puts it, rather than simply encouraging insight there is a need to foster 'outsight'. This may involve having conversations with clients with the aim of deconstructing culturally held notions that pervade traditional psychotherapy of for example, individuality, freedom, and choice and that lead to individuals internalising their struggles in life. Although the process of [p.11] deconstructing oppressive discourses may lead to some alleviation of distress through challenging ideas of self-blame, it could be argued that this in itself is unlikely to lead to any lasting positive change for individuals as they are still faced with the social factors that led to their distress. A true recognition of the role of the social context in distress would suggest that lasting change only comes about through actions that lead to changes in the wider context of the individual's life. Such changes might be facilitated by the therapeutic co-construction of new and more advantageous personal narratives but do not flow automatically from them: actual social and material opportunities for change also need to be present. Furthermore, the so called re-

authoring of personal narratives may prove to be difficult and at times impossible given that such narratives are usually integral to the power dynamics within society and so deeply embodied within individuals' emotional repertoire that they are relatively impervious to change (Archer, 2000). This may imply that the role of the therapist as it is currently conceived is rather limited and will need to expand beyond the confines of the consulting room into the social and political arena.

As Pilgrim (1992) recognised, the movement from individual to group therapy presented an (unfulfilled) opportunity for therapists and their clients to connect their individual distress with that of others and ultimately with their shared social and political environments. There have been some attempts among therapists to make this connection in their work. For example, Prilleltensky (1994) outlines how family therapy, theoretically based on general systems theory, offered the potential for therapists to engage with their work at a social and political level. Unfortunately however, earlier schools of family therapy tended to focus their attention on the family as the locus of 'pathology' and failed to see how the family itself is "embedded in systems of power" (Parker, 1999, p. 7). This has helped psychiatry to dismiss explanations of the causal role that family relations can play as 'family blaming', and so helped to bolster intellectually bankrupt organic deficit models of distress. As family therapy has evolved towards what is commonly referred to as systemic therapy, there has been a growing recognition of the importance of working at a social and political level to effect change although this approach remains a relatively small player in the overall therapy industry (see for example Pearce and Cronen, 1980)

Drawing on feminist theories and the field of community psychology (Orford, 1992), Sue Holland developed a model of working with distressed women in a deprived social environment that moved from an understanding of individual experiences to social action (Holland, 1992). The women were encouraged to question internalised and de-contextualised formulations of their distress and instead to situate their experiences within the context of the environment in which they lived. Ultimately, the aim of this was to encourage the women to overcome their distress by finding ways of changing their context for the better through social action and this appears to have had some success. This recognition of the importance of social action has continued to influence the work of psychologists whose work could be described as falling under the broad umbrella of community psychology (see for example Kagan & Burton et al. 2011; Holmes, 2010).

David Smail, a clinical psychologist, has also argued for the need for therapists to assist their clients in making changes to their environments in order to effect any lasting positive changes in their lives (Smail, 2001). Drawing on his experience of working as a clinical psychologist in the NHS for many years, he has consistently [p.12] pointed to the role of harmful socio-political environments in the causation of the types of psychological distress seen in clinical settings. This has led to the development of a clinical tool known as 'power mapping', in which individuals are encouraged by the therapist to recognise potential sources of, albeit often limited, social power in their lives (e.g. education) and to access these resources as a way of reducing their distress (Hagan & Smail, 1997). Smail does, however, recognise that access to such resources are limited by the social and material positions of individuals and that therapy is therefore likely to be of limited benefit to those who need it most. He argues, therefore, that one of the implications for a psychology based on the

recognition of the role of power in human functioning is the need to “cultivate a very strong sense of professional modesty and to strive continually to make clear what the limits of its possibilities are” (Smail, 1996, p. 241).

Although all of the above approaches do move some way towards challenging the reductionism inherent in mainstream therapy approaches, it could be argued that their potential to achieve the promise of a genuinely radical approach to therapy is limited by their focus on proximal social factors and they offer less potential for a genuine engagement with the arguably more important distal social and political contexts. One positive example of therapeutic work that attempts such an engagement is to be found in the work of the ‘Just Therapy’ team in New Zealand (Waldegrave, 1990; Waldegrave, Tamasese, Tuhaka & Campbell, 2003)). Their work combines a therapeutic focus on the discursive / ideological context of distress with attempts to intervene within local communities and to influence political policy-making. For example, they have instituted regular contact with political economists in an attempt to influence the government to recognise the links between poverty and psychological distress.

The importance of addressing distress at multiple levels of context clearly has far reaching implications for the work of therapists in terms of the necessity to broaden their skills and knowledge from working directly with clients to engaging with communities and the political establishment. It may not be necessary or possible for all therapists to become involved in political activism. However, at very least it would be important for therapists to form alliances with those who are involved and skilled in social / political activism, and where appropriate to encourage their clients to form such allegiances for themselves. For example, Brown (1981) discusses the important contribution of the radical challenges to the theories and practices of the psychiatric establishment by activist anti-psychiatry groups. Parker (1999) also argues for the importance of alliances between critical psychologists and other professionals that are traditionally considered to be ‘outside’ psychology such as sociologists. He sees this as crucial to challenging the reductionism that pervades mainstream psychology as he states that the “division between psychology and sociology is one good example of an academic division of labour that encourages people to think that what they do as individuals and what they do in society should be in separate compartments” (Parker, 1999, p. 7).

A further implication of the recognition of the role of power in psychological distress is the need for therapists to be aware of their own positions of power in relation to their clients (Proctor, 2002). Therapists are likely to occupy positions of privilege in society and therefore to benefit from current socio-political arrangements. It is important, therefore, that critical therapists maintain a critical self-reflexive stance [p.13] towards their work in order to prevent unwittingly recreating social oppressions within their work with those in less powerful positions. These considerations are sharpened once we acknowledge that the efficacy of therapy – all forms of therapy - is greatly overstated by most outcome studies (e.g. Westen & Morrison, 2001), because this requires us to ask even more searching questions about the interests to which this power imbalance is being recruited.

In conclusion, if therapy is to take politics seriously it needs to re-envision its purpose, theories and methods to fit with the core vision of critical psychology “in

challenging a status quo that benefits the powerful and works against the powerless” (Prilleltensky & Fox, 1997, p. 7). However, sceptics might argue that therapy from its inception is too closely tied up with maintaining such a status quo; this is arguably demonstrated in recent times by the enthusiasm with which government has embraced psychological therapy – in the form of the IAPT (see Website Links below) scheme in order to compel the unemployed and miserable to seek non-existent jobs on greatly-reduced rates of benefit. In this context it is interesting to speculate about whether the apparent recent increase in interest among therapists in current political realities is motivated less by the desire to challenge the ways in which the theories and practices of psychotherapy may have served to reflect and support certain types of unjust societies and more by the fact that their professional power seems to be under threat from political / economic changes within an increasingly neo-liberal political environment.

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Website Links

Improving Access to Psychological Therapies (IAPT)

http://en.wikipedia.org/wiki/Improving_Access_to_Psychological_Therapies

Cognitive Behavioural Therapy and Increasing Access to the Psychological Therapies

<http://ipnosis.postle.net/pages/IAPTCBTdebate.htm>

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