

This article originally appeared in JCPCP. Full citation: Holmes, G. (2006) Some thoughts on ‘Psychology in the Real World: Understanding yourself and others’. Journal of Critical Psychology, Counselling and Psychotherapy, 6, 99-106. The links cited in the original article have been updated. More information on these courses is available in the book Psychology in the Real World: Community-based groupwork see <http://www.pccs-books.co.uk/product.php?xProd=498>

For more information and to subscribe to JCPCP see <http://www.pccs-books.co.uk/products/personal-subscription-journal-of-critical-psychology-counselling-and-psychotherapy-jcpcp/>

Some thoughts on ‘Psychology in the Real World: Understanding Yourself and Others’

Psychology in the Real World: Understanding Yourself and Others is the title of a 12 week course that I have run five times over the past 3 years. This article attempts to give a taste of what the course entails and some of the interesting complexities of trying to engage in something that bridges NHS provision of Clinical Psychology and Adult Education, and is and is not ‘therapy’. The article is not a piece of research (evaluations and satisfaction surveys of the course can be accessed on www.psychologyintherealworld.co.uk). I invited several participants on the course to write a reply to this article, representing their own thoughts and experiences. To some extent this replicates the spirit of the course where people are encouraged to speak their minds in a frank exchange of ideas relevant to what might loosely be termed ‘psychology’. Jo Clare has responded to this invite and her article follows this one.

In an article it is impossible to describe everything that happens on the course or even describe the structure satisfactorily, but initially I will attempt to give a flavour of what goes on before trying to tease out some of the interesting aspects of the course in terms of the provision of psychology services. The course normally runs for 12 weeks, has been attended by between 10 and 14 people each time and has run at two venues: a community health and education centre in an economically and socially deprived part of a new town, and an arts and education centre in a more affluent town. Participants sign up for the course in the same way they sign up for other courses (e.g. Art or Language classes) at each venue. It has either been free, or £28 (£5 with concessions). The course is actively advertised and promoted at local Community Mental Health Teams (CMHTs) and at other mental health services as well as generally advertised alongside other courses by each venue. People who attend a CMHT have made up 20-35% of the group each time (Shropshire CMHTs focus on people who have been in psychiatric hospital or are at risk of admission/MHA assessment). I have been available to talk to anyone interested in coming on the course about any worries they have and provide more information than that available in the flyer advertising the course. Each venue employs a person who is able to help anyone who might struggle to attend any of the courses on offer to fully participate (e.g. show them around the building beforehand, come to sessions with the person).

In the first meeting participants select from a menu of topics (see fig. 1) what they are most interested in exploring and are encouraged to suggest other areas that, given sufficient interest from the group, can be included. In subsequent weeks each topic is looked at from a different angle. The course is a product of its postmodern time in the sense that there is an “appreciation of the plasticity and constant change of reality and knowledge, a stress on the priority of concrete experience over fixed abstract principles, and a conviction that no single a priori thought system should govern belief or investigation” (Tarnas, 1996). For example, ‘Why are we so afraid of mental illness?’ involves a lecture and discussion on the history of the concept of mental illness, drawing upon historical accounts (e.g. Porter, 2002) as well as following Foucault’s genealogical investigations into the social construction of knowledge. During ‘In what kinds of ways do our experiences during childhood affect us?’ participants listen to a recording of ‘95 Theses 95’ by Garrison Keillor, a (fictional) account by a man returning to Lake Wobegon describing his childhood experiences and early adulthood; the participants then do a formulation – a theoretical map of why he is like he is based on the information we have. This tends to include illustrations of object relations theory, Freudian personality theory, transactional analysis and cognitive theory. ‘How come so many people don’t like the way they look?’ takes a social materialist stance looking at the role of capitalism and distal powers (see Smail, 2005) in influencing people’s behaviour; an example of material used to convey this can be found on <http://www.psychologyintherealworld.co.uk/resources/image-mag.pdf>

‘What helps us feel safe and secure?’ starts with an invitation to the group to think about this question themselves, and involves word association to the word ‘insecure’ and participants drawing ‘safe’. ‘What is the point of being alive?’ starts with Bertrand Russell’s quote: “Is man what he appears to the astronomer – a tiny lump of impure carbon and water impotently crawling on a small and unimportant planet?” It draws upon existential psychotherapy (e.g. Yalom, 1980), develops into a group discussion with citations from French existentialists Sartre and Camus, and ends with exploration of what for each of us makes life meaningful. ‘What is it like to be listened to?’ involves paired listening/co-counselling as well as reflection on whether people have ever felt listened to outside the group, whether people feel they have been listened to in the group, and other group reflections.

Some similarities and differences between *Psychology in the Real World* and individual and group psychotherapy

The course is less stigmatising

People attend as students/participants not patients/clients. Being a student makes people feel better than being a person needing psychological help. CMHTs and other mental health services bombard people with stigmatising messages from the signs on the approach road warning drivers about bent people with sticks; to the words ‘mental health’, ‘mental illness’ and other stigmatising labels and diagnoses; to the locked doors and intercom systems; to the files and records and myriad ways of stripping away

people's affirmative identities. Both venues where the courses have run are welcoming and full of people attending a variety of courses, who have not come because they were referred or because they are 'ill' or needing treatment/therapy but because they are interested in something.

The course aims to challenge stigma

The majority of people who are on the course and have attended mental health services disclose this fact at some point. People who have not had this experience are often surprised to discover that people they have got to know as people have been in the local psychiatric hospital, hear voices, etc. and as a consequence have some of their stereotypes and prejudices challenged. Some topics (e.g. 'Why are we so afraid of mental illness?') are geared to thinking about prejudice and stigma. In psychotherapy groups I have facilitated for people who have been in mental health services for a considerable time, stigma has been a re-occurring topic, but the group has only provided an opportunity to think about the impact of stigma, whereas it appears that the course in a modest way perhaps lessens stigma.

The course aims to help loneliness

Years of providing individual therapy to lonely people who have no or very little contact with people who care about them has led me to conclude that individual therapy only helps loneliness whilst it is ongoing. People in group therapy can become very intimate with other people in the group at one level but rarely become friends or even meet outside the group (some group therapies actively discourage this). *Psychology in the real World: Understanding Yourself and Others* provides a place where people talk intimately with each other in the sessions (and learn that they can be like this outside). One of the quotes I often cite is: "A therapist, like a good friend, is someone with whom we can think aloud" (Gordon, 1999). This is to suggest a model for intimate friendships (not a recommendation for therapy). But the course provides experiences that go beyond this: people usually have a cup of tea with each other before the course starts and in the break; sometimes they stay after and have lunch with other people (and me), meet other friends at the venue and introduce them to course participants. People become friends. One of the main reasons people sign up for adult education courses is to make friends; this is widely known (see Arnold, 2005) and openly acknowledged - in the first session people often say (sometimes in roundabout ways) that they signed up for the course because they were lonely.

The course aims not to accentuate narcissism

In my opinion modern capitalist societies bombard people with overt and covert messages that promote and foster individualism and narcissism. Some therapies purport to 'treat' narcissism but all primarily focus on individuals talking about and thinking about themselves and the factors that have affected them. The course involves this but is explicitly called 'understanding yourself and others' - participants are encouraged to relate ideas to people other than themselves. Some people have found it very helpful in

terms of understanding family members and report shifts in significant relationships following the sessions. It does not always work well: In these crazy times when media realities frequently overwhelm the realities of our own experiences, participants have at times related the ideas to celebrities and we find ourselves trying to understand David Beckham, a product rather than a man we know.

Therapeutic factors that occur despite the structure and setting being different to those of group psychotherapy

Perhaps because I am used to creating environments where people can talk intimately, people rapidly do. I also model self-disclosure, talking about breakdowns, difficult family experiences, and other personal experiences that seem relevant and illustrative. At times the course can feel like a therapy group and many of the therapeutic factors in group psychotherapy (e.g. Yalom, 1985) appear to occur, often quicker than in group psychotherapy settings that I have been involved in (as participant or facilitator).

Universality - learning that 'I am not the only one' - is powerful in sessions such as 'Why do we get depressed?' Some people learn that it is possible to frequently feel depressed without taking psychiatric drugs or being involved in services; others that what they call depression some people call oppression, grief, or repressed anger. *Instillation of hope* comes about for people who attend CMHTs by hearing the stories of people who have also struggled but live a life free of services. *Imitative behaviour, interpersonal learning, catharsis, altruism*, and *imparting information* are weekly occurrences. There is also encouragement to reflect on the experience of being in a group (although little opportunity to openly work through insights about the mirroring of family dynamics). Clearly, although the process of group therapy differs significantly from this course, it is not just therapy groups that are therapeutic. This philosophy was one that led to the setting up of the course, in that my own experiences of lectures, seminars and experiential teaching sessions (especially when in intimate environments) rank alongside listening to patients and my own individual and group therapy/personal awareness in terms of being 'therapeutic'. Of course, none of these rank alongside receiving and giving love, which also magically occurs at special times on the course.

The course focuses on the psychology part of clinical psychology. It frees both me and participants up from the suffocation and pressure of having to focus on bringing about change. The course has a known end date whereas ending contact with people is frequently difficult in CMHT contexts where levels of distress and pressures regarding 'risk' combine to make ending difficult. 'Follow-up' ranges from bumping into people in the market to engaging in joint projects.

Power

I was once asked to do some training for CMHT staff on empowerment. I asked the participants to each think of someone they thought of as powerful. I then got them to generate a list of the things that gave that person power. We then made a collective list. I then asked the staff to think of things that they did in their daily work that helped the people they were paid to help get more of these factors. At this point several people left

and the remaining people argued that I had tricked them. We never got on to how they could change their jobs in ways that might actually help people have more power.

The list generated overlapped with what David Smail and Theresa Hagan have called proximal powers (see fig. 2). Most psychologists invest considerable hope that areas that they focus on (e.g. understanding of the past) will have beneficial effects on other areas of the power map. My experience (e.g. Holmes, 2003) is that for individual therapy this is only rarely the case. The course however does provide some avenues for facilitating access to more power. Despite years of clarifying with people that some of the roots of their difficulties relate to poverty, lack of opportunity, empty existence, loneliness, etc, and despite a myriad of attempts to encourage people during individual sessions, few people once outside the sessions act on things they have discussed, and relatively few changes in the proximal powers occur, especially for people who have relatively few resources to draw upon in terms of bringing about change. In contrast, the courses do appear to have had modest but beneficial effects in some parts of each of the four quadrants of the power map. Even though both venues for these courses are very close to the CMHTs where I have worked, no person that I saw individually ever signed up for a course there. People who are involved with the CMHT who have come to the Psychology in the Real World courses have signed up for other courses (including French at degree level) after the ending of the course. By seeing people in a venue where they can see others signing up for courses, and by having overcome barriers to going through the doors of the venue (see Austin (1999) regarding the need for psychological ramps to help people access education) people have been helped to get into further education. Other participants are arranging to set up or co-facilitate their own groups or courses (e.g. a Writing Group). People have reported beneficial knock-on effects in several of the spheres of Home and Family Life (e.g. improvements in relationships), Social Life (e.g. having made friends and joined associations), Personal Resources (e.g. more confidence to speak their minds) and Material Resources (e.g. are doing courses that will lead to qualifications).

As we discuss each topic I tend to encourage some focus on distal powers (e.g. the pharmaceutical industry in shaping ways of thinking about what might otherwise be thought of as social problems, and the malign effects of the advertising industry, marketing, corporations and modern capitalism in general) as I feel that these tend to be underplayed in contemporary accounts of explaining experience. However all of us endeavour to engage in ‘collaborative conversation’ (Hulme, 1999) as we try to understand each other’s views whilst being open to constant revision and amplification of our own ways of making sense of things.

Is the course Education?

Not in the sense that this government talks of “education, education, education”. Participants are not treated as empty vessels waiting to be filled with knowledge conveyed by an expert psychologist. It is not a psycho-educational course where students are taught what is wrong with them. The purpose of *Psychology in the Real World: Understanding Ourselves and Others* is to engage in a joint endeavour to critically reflect

on areas of life that hold resonance for us and to be open to having our established beliefs challenged. One participant said “I thought I would be told all the answers, but this is much more liberating.” Wisdom ensues it cannot be pursued, and the course reflects contemporary interest in the wisdom of groups (or ‘crowds’) rather than the wisdom of experts (e.g. Surowiecki, 2004). The ‘evidence’ we look at includes evidence from the scientific method and psychological research (Lauren Slater’s book *Opening Skinner’s Box* and Eliot Aronson’s *The Social Animal* are frequently referred to and popular texts). However, as Bertrand Russell said: “Science cannot answer the most interesting questions.” So we also turn to sociological, political, philosophical and psychological perspectives outside academic psychology (from films such as *The Corporation* and *SuperSize Me* to Camus’ *Myth of Sisyphus*). But most of all we focus on the evidence of our own senses and lives. In this sense it is a somewhat postmodern endeavour, where “the critical search for truth is constrained to be tolerant of ambiguity and pluralism, and its outcome will necessarily be knowledge that is relative and fallible rather than absolute and certain” (Tarnas, 1996, p.396).

It is not very original to suggest that (good) education is good/helpful/therapeutic for individuals and wider society. The W.E.A. (Workers’ Education Authority) has amongst its stated aims and values the aims of: changing and enriching lives through learning, at individual and community levels; creating equality and opportunity and challenging discrimination; believing in people, communities and their potential to change through education; challenging and questioning ourselves (see www.wea.org.uk). But perhaps psychologists and psychology can make a modest contribution in this area.

Is it the ‘Real World’?

Without wanting to get bogged down in a philosophical analysis of whether anything is ‘real’, the course takes its title from an acknowledgment that mental health services tend to be provided in very odd environments. CMHTs do not tend to feel like they are part of a community, and seem more akin to inpatient facilities with their strange and bureaucratic procedures, overt and covert monitoring, and locked doors with codes for entry. As my good friend and psychiatric system survivor and activist Olive Bucknall once said to me during a visit to our local inpatient facility: “Nothing that happens in here is normal; not one thing occurs like it does in your own home.” The venues for the courses in comparison do have a feel of being much more part of the local community. Also the mix of people means people come with a mix of identities not just mental health professional and service user, which reflects how we are in the world outside mental health services. The language we use is everyday language rather than technical language, which broadens participation - after all, English is a brilliant language to express things in. We try to follow Einstein’s injunction that “Everything should be made as simple as possible, but not simpler.” The original list of topics (which has been added to each time the course has run) initially reflected what I thought were common themes in discussions I have had with people referred to me over the years coupled to topics I would have wanted to think more about at undergraduate or post-graduate level but were rarely part of the syllabus or taught in a way that helped me make sense of my own experiences.

Concluding remarks

Whilst Richard Tarnas in his discussion of the postmodern mind has said that “In virtually all contemporary disciplines, it is recognised that the prodigious complexity, subtlety and multivalence of reality far transcend the grasp of any one intellectual approach, and that only a committed openness to the interplay of many perspectives can meet the extraordinary challenges of the postmodern era” (Tarnas, 1996 p. 404), it does not always feel that way in professional psychology or in a NHS that is always being ‘modernised’. Clearly, although encouraging critical reflection on all explanations of human behaviour and an ethos that we are all psychologists, a 12 week course running for just 2 hours each time is a limited space to address these ideas. In addition there is a likelihood that the comments I make carry added weight through status and role. And there is always a risk that by coming out of the NHS referral environment I am contributing to the ever-expanding spread of the ‘Psy-complex’ and the ‘selling of Psy’ (see Hansen, McHoul and Rapley, 2003). The courses seem a drop in the ocean and not particularly radical in comparison to community psychology practised in other fields (e.g. the critical and liberationist social psychology of Ignacio Martin-Baro - see Jimenez-Dominguez, 2005). I sometimes wonder whether I should nail my colours more firmly to a flag rather than facilitating reflection on each topic from a multiplicity of theories (I am tempted to run a course called ‘Toxic Mental Environments’ and focus to a far greater extent on social and environmental factors that create distress). Individual therapy and group therapy involve opportunities to analyse aspects of individual experience in far greater detail than a course ever can. However, although I have sometimes questioned clinical psychologists aptitude and skills regarding community psychology (e.g. Holmes and Newnes, 2004), some psychologists are skilled communicators, educators and facilitators, and are used to enabling people to speak intimately about their experiences and ways of seeing the world. Psychologists interested in community work and education who are looking for challenges beyond the consulting room might want to think of courses that they could put on that might benefit individuals and communities alike.

References

- Arnold, S. (2005) Lesson’s Over. *The Guardian*, 14.06.05.
- Austin, T. (1999) The role of education in the lives of people with mental health difficulties. In Newnes, C., Holmes, G. & Dunn, C. (Eds.) *This is Madness: A Critical Look at Psychiatry and the Future of Mental Health Services*. Ross-on-Wye: PCCS.
- Gordon, P. (1999) *Face to Face: Therapy as Ethics*. London: Constable.
- Hagan, T. & Smail, D. (1977) Power-mapping—I. Background and basic methodology. *Journal of Community and Applied Social Psychology*, 7, 257-267.
- Hansen, S., McHoul, A. & Rapley, M. (2003) *Beyond Help: A Consumers’ Guide to Psychology*. Ross-on-Wye: PCCS Books.

- Holmes, G. (2003) An audit: do the people I see 'get better'? *Clinical Psychology*, 24, 47-50.
- Holmes, G. & Newnes, C. (2004) Thinking about community psychology and poverty. *Clinical Psychology*, 38, 19-22.
- Hulme, P. (1999) Collaborative Conversation. In, Newnes, C., Holmes, G. & Dunn, C. (Eds.) *This is Madness: A Critical Look at Psychiatry and the Future of Mental Health Services*. Ross-on-Wye: PCCS.
- Jimenez-Dominguez (2005) The critical and liberationist social psychology of Ignacio Martin-Baro: an objection to objectivism. *The Journal of Critical Psychology, Counselling and Psychotherapy*, 5(1), 63-69.
- Keillor, G. (1985) *Lake Wobegon Days: The Original Radio 4 Broadcasts*. BBC Radio Collection.
- Porter, R. (2002) *Madness: A Brief History*. Oxford: Oxford University Press.
- Smail, D. (2005) *Power, Interest and Psychology*. Ross-on-Wye; PCCS.
- Surowiecki, J. (2004) *The Wisdom of Crowds: Why the Many are Smarter than the Few*. London: Abacus.
- Tarnas, R. (1996) *The Passion of the Western Mind: Understanding the Ideas that have Shaped our World View*. London: Pimlico.
- Yalom, I. (1980) *Existential Psychotherapy*. London: Basic Books.
- Yalom, I. (1985) *The Theory and Practice of Group Psychotherapy*. London: Basic Books.

1. Introductory session. What is psychology? What is psychology in the real world? What kinds of things lead us to become who we are?

Why are we so afraid of ‘mental illness’?

In what kinds of ways do our experiences during childhood affect us?

How come so many people don’t like the way they look?

Why are people violent?

How can we make major decisions, and help others to make life-changing decisions?

What makes us depressed?

How come so many people are taking psychiatric and other drugs?

Why do people get angry? Why are people troubled by anger?

What is the point of being alive?

What helps us feel safe and secure?

What helps at times of crisis?

Should we “be careful who we pretend to be because we are who we pretend to be”?

What is it like to be listened to?

In what ways is our environment psychologically toxic?

Is there more to be learned from *The Simpsons* than self-improvement books?

12. Last session: What is it like when things come to an end? Evaluation, what next and saying goodbye.

Fig. 1. Potential Topic List for *Psychology in the Real World: Understanding Yourself and Others*

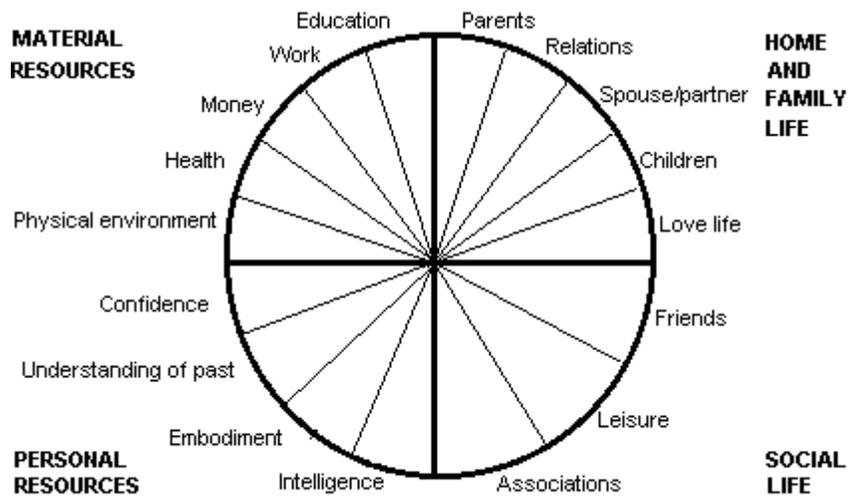


Fig. 2 Terrain of Proximal Powers/Power Map (from Hagan and Smail, 1997)