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Reflections on *Psychology in the Real World* groups

By Elisabeth X

This paper involves reflections on having attended three *Psychology in the Real World* groups – *Understanding Ourselves and Others*, *The Black Dog*, and *Walk and Talk* – and compares these to mainstream mental health services.

I belong to a choir. Sopranos, basses, altos and tenors. For the most part we stay in our individual groups, hearing our own tune. Comfortable, confident and safe. One conductor I worked with would, on occasion, like to mix things up a bit. Once he gained our trust he liked to challenge us. Sometimes he would rearrange the seating so that each choir member was seated next to someone singing a different tune and then go on to rehearse a complicated harmony. The level of concentration increased: we focused, we listened to one another, we altered our volume so that all the harmonies could be heard. We were patient when others struggled. We learned that listening to someone else's notes helped us pick up our own. At other times he would have us sitting in groups opposite one another, tenors and sopranos facing basses and altos, a few feet apart singing the same piece but hearing it differently. Another ploy was to make us learn each other's harmonies – an appreciation of what it feels like to be in someone else's shoes, to understand the difficulties they had. He would encourage us to be bold and sing out, even if we were not

sure and got it wrong: the only way he could help us correct our mistakes was to hear them and work on them. Another musical director would teach us a simple four-line song, ask us to close our eyes and then together ‘play’ with the sound. Sometimes it sounded terrible, sometimes funny and sometimes beautiful. With our eyes closed the awkwardness decreased, and our sense of hearing was heightened to pick out all the different sounds, even the quietest.

This process of listening, focusing, risking and learning is something similar to how it feels on a *Psychology in the Real World* course (see Holmes, 2010). You have some idea of what you are getting into but don’t know how it will turn out. The effect we have on others. How we feel. Stepping outside our comfort zone to be with people who challenge us. Seeing where we fit in and where we do not. Having a go at something new. Seeing things from a new angle, hearing other people’s stories and, maybe, if we are brave enough, helping and being helped. Being vulnerable and surviving. Learning to listen for the unfamiliar voice to see how it blends or clashes with our own ... to listen for the ‘unexpected song’.

Why it works (most of the time) ...

Keeping things simple and stating clearly what is on offer is the initial attraction. No strings. No hoops to jump through. Very ordinary. Some of the most powerful moments have been the most basic ... a loaned book, a cup of coffee, acknowledgement of your presence or absence. Remembering your name. Concern without intrusion. For the most part a gentle determination to include you in what is going on. Therapeutic? Yes, but not in the obvious way. Not always in an easy way. Simply there, honestly there, compassionately there.

It has been helpful having something at different times throughout the year, a rolling programme to access independently and use for time out, advice and reflection. A process

that does not end when the courses do, but the ideas and experiences weave themselves sometimes obviously, sometimes unexpectedly, but slowly and definitely into lives as patterns change. The topics covered have explored different ways of understanding mental distress, such as what impact our past and current social circumstances have on our mental health. There have been no ‘light bulb’, ‘penny dropping’ moments when everything becomes clear but there can be a shift in what we believe about ourselves and others and how we have learned to see the world. When I was small I loved to write, to make up little stories or poems until people told me, as I got older, that my handwriting was terrible, my grammar and spelling atrocious, I couldn’t even learn the alphabet, the style of my written work would never get me an ‘A’. So I stopped writing, until now. Until I re-learned the power of the pen and the experience of being heard ... in the *real world*.

When it might not ...

It takes a degree of motivation and commitment to access and attend any *Psychology in the Real World* event. But it makes great sense to be able to get to most, if not all, of the sessions even when the topics or the discussions touch on sensitive or difficult subjects. This on the whole does not seem to be a significant issue – the groups I have been part of have always been oversubscribed and well-attended, with the dropout rate low. *Walk and Talk* is the only one where a longer-term commitment is not needed – people can come and go as many or as few times as they choose. Maybe only do half the walk, maybe stay for a drink and pub meal, maybe just walk and not talk that much at all. To those expecting these courses to be therapy groups there may be disappointment; to those not wanting this, relief. The groups I have attended have seemed to be mostly made up of people who have had some contact with or are currently accessing mental health services. Maybe if more staff from services were to come there would be a different dimension to the groups? There could then be an openness and honesty of communication. For example, discussions on ‘managing risk’ and what it feels like to be ‘managed’; the

impact of witnessing self destructive behaviour - fear, anger and frustration - and maybe realising that the feelings of carer and client are not so different. In short, the better the mix of participants the more we might learn from each other.

Sometimes the groups have felt too big and somewhat intimidating, with maybe one or two people dominating the conversation. Sometimes quite intense and emotive. There has at times seemed to be an issue of not being able to please everyone at the same time and of trying to compromise. It can be stressful. The dreaded invitation for comments working the way around everyone in the room – the feeling of being nine years old and the teacher asking me what seven eights are. There have also been times when I have been more aware of being ‘observed’ by the course leaders who are sat discreetly in a corner of the room during small group work, writing – you can’t help imagining what they are taking notes on!

Psychology in the Real World compared to a CMHT

Community mental health seems to have expanded and contracted at the same time. There is an explosion of ‘specialties’ and ‘expertise’ offering programmes and treatments that work if you ‘try hard enough and are committed to change’. They can be complex and difficult to access and have long waiting lists. If you don’t fit into one of the services on offer or if you fail the assessment you get lost. You get confused. A square peg in a round hole is still a square peg, just a bit more battered, bruised, fragile and stuck. The pressures of time, demand and measurable results shape the services on offer, as might value for money – not an unreasonable objective. But value depends on whether you are the deliverer or recipient of the service, looking in the short term or long term and on how you measure or define success. Positive experiences of community mental health services and *Psychology in the Real World* ventures have for me been when people have taken time to get to know me – my love of music, gift wrapping and rain; my fear of snails, the dark and flying; seemingly irrelevant things but a gateway to trust. We have shared

books, cookery tips and jokes. We have shared grief, pain and sadness. When professionals seemed to realise that I am more than my problems, that my problems do not define me. When they did not rush me; did not blame me for not asking for or accepting help in a fashion that is comfortable and familiar to them; did not believe that I am unreachable, boring or hostile. When they did not say that I try too hard or not hard enough. In *The Noonday Demon* Andrew Solomon wrote about how to help people with depression: 'Blunt their isolation. Do it with cups of tea or long walks or by sitting in a room nearby and staying silent or in whatever way suits the circumstances, but do it. And do it willingly.' Basically, when you are feeling vulnerable and sad, what makes you feel better? What makes you feel heard? What makes you feel more powerful? What makes you feel safe? Shape the services and your practice around this and you will begin to understand that the client/patient/service user or person you see in front of you is not so different from yourself. I have come to realise that there are no experts with all the answers. As in the Jon Bon Jovi lyric: 'It's OK to be a little broken, everybody's broken, it's just life.' I have learned that we *all* have difficulties, *all* need a break, a helping hand, time, and that if you are struggling you are probably running just about average.

On groups...

We all have an understanding of what it is to be in a group. Our families, friends or social class. Our education, faith and political associations. Hobbies, clubs or star signs. Some memberships are life long, others transient. Some we can never change and others are formed out of a need to change. We participate in some because of our abilities and are placed in others, by default, by our disabilities. Being in a group can be a positive and powerful experience, however being put into a group to which you do not want to belong or being excluded from a group for whatever reason, especially one in which you would like to belong, can be damaging and isolating.

In the area of mental health, what is the effect of being in a group where you are defined

by specific characteristics and behaviours? Some people can experience this as being labelled for life with all the negative connotations this brings. Others seem to feel that having a formal diagnosis comes as a relief, feel liberated and get to access much welcomed peer support. I have noticed that in some *Psychology in the Real World* groups, during the 'round robin' introductions, some people say their name, quickly followed by a diagnosis, whilst others do not. The point being that there is a choice; it is clear that in the groups we are free to define ourselves in whatever way we chose, and in doing so this leads to an acceptance of ourselves, by ourselves and by others. But what about groups that take this to the next level and promote some behaviours as a 'life style choice', an example being the rise of Pro-Anorexia websites? I guess, like most things in life, that somewhere in between the paralysing effects of stigma and a potentially lethal life style choice there could be some middle ground where we all could sit comfortably. As some of you may have noticed, this article appears under a pseudonym and you may conclude that I have not found my comfortable, middle ground. You may be right.

As the above indicates, *Psychology in the Real World* courses have allowed me to reflect on how we all are in groups. They have provided me with a chance to step outside the roles imposed or created by the other groups to which I belong. To think about how we are understood. What can we learn about ourselves when we are still? What shapes our personalities? Is stubbornness really determination? Does hostility disguise fear? What makes us laugh or cry? What makes us hide? In the confines of the group, how we hope and fear, trust and risk, irritate and entertain. To reflect on how, as Hemmingway put it, we are 'strong in the broken places.' The group experience helps to highlight our differences, but more commonly, our similarities – the same in our uniqueness.

So what is different about these groups and mental health-related therapy groups? The balance of power is central to the outcome. From the moment of first contact and referral from a G.P. the balance shifts from client to health professional in most mental health services. As clients we wait for an appointment, we come to your workplace, we wait

until you are ready. We hope you don't cancel or are late. We know nothing about you, but you already know something personal about us. We retell our story again and again until it is watered down to a couple of sentences on a page and lost. We hear your reassurances about confidentiality and your apologies when records go missing. We are assessed, discussed, judged and allocated. Some of us are told 'we don't fit the criteria for the help on offer.' Our choices diminish as our part in the process becomes less relevant. As Geneen Roth put it, we 'drown when no one is looking, not wanting to bother anyone.' We are discharged.

Psychology in the Real World courses demand that we are and remain pro-active from the beginning. We choose. We apply and turn up to a venue that is new to all of us, both facilitators and participants. We are all nervous. Some of us have met before. We are remembered. We are not defined by our problems, diagnoses or hang-ups. We have coffee breaks together. It is almost impossible to leave one of these community groups without some new insight into ourselves and others, either because of, or in spite of, who we are or who we pretend to be. Maybe one of the most hopeful things that can be heard during an exchange of ideas is 'I never thought of it like that before.' The belief that there is no such thing as fate, knowledge is power and a chat over a cappuccino can change your mind.

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