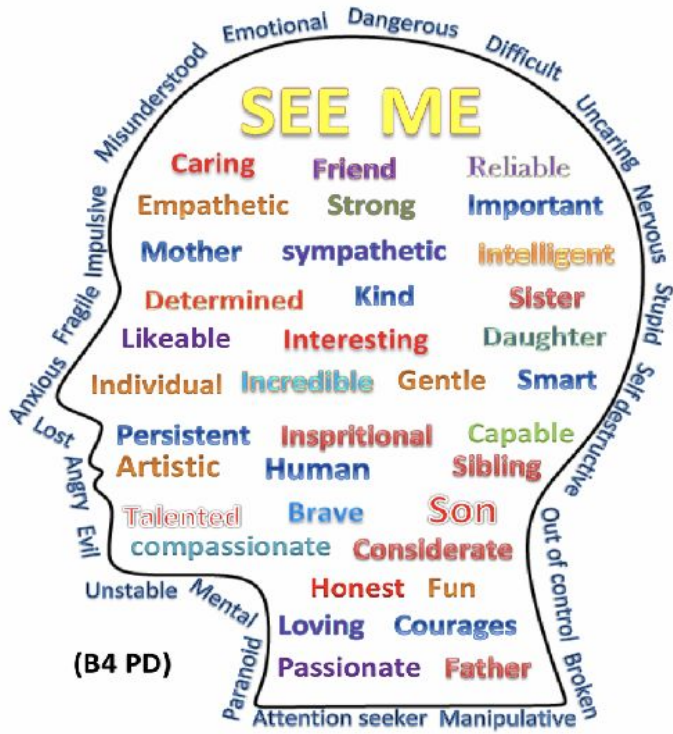


# Neoliberalism and the smokescreen of 'mental health'

Economics and the Power Threat Meaning Framework

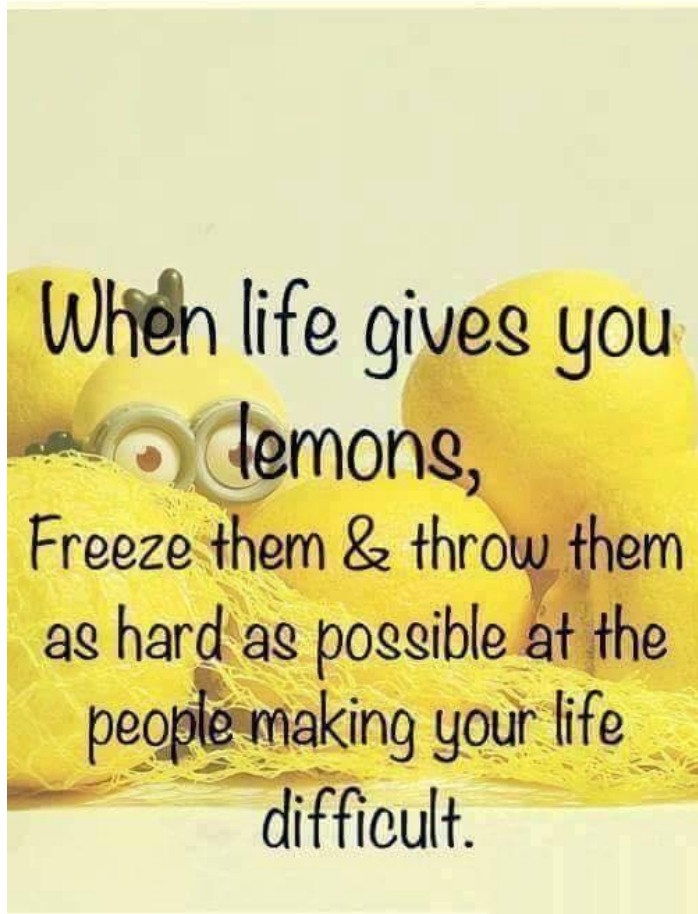


- See me before the PD group
- A coproduced group
- Aim to promote a positive image of those labelled as ‘personality disordered’
- Inspired by this group to become part of Psychologists for Social Change

# Madness and civil rights

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- Health and social care provision can be enhanced by updating practices in line with contemporary views on social justice
- Service User Involvement has at times been applied through a consumerist framework, but has its roots in the civil rights movement.
- Mad Studies is an area of education, scholarship and analysis about people who identify as mad, their experience, history, culture, political organising, narratives and writings. (Lucy Costa 2014)
- “My dream is...a world in which the experience of [madness] and the expertise and insights it brings is positively valued”
  - Rachel Perkins, psychologist who has experienced psychosis.



When life gives you  
lemons,  
Freeze them & throw them  
as hard as possible at the  
people making your life  
difficult.

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Resilience = overcoming adversity, whilst also potentially changing or even dramatically transforming (aspects of) that adversity

Angie Hart

PTMF: resilience is access to positive power resources, including what makes threats easier to survive. (being wealthy/living in a low crime area/ having qualifications and secure work/ being healthy and physically strong/ having confidence about solving problems from a history of successes)

# Social Determinants of health

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- Alston Report (2019) – UK is the world's 5<sup>th</sup> largest economy, 1/5 live in poverty. Contends that austerity measures were ideological rather than economic.
- Marmot Report in 2020: Wealth inequality has increased, food insecurity has increased, real pay below 2010 levels, tax and benefit reforms have widened inequality. Life expectancy stalling for the first time since 1900, has fallen for women

# Marmot (2020)

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- Cuts don't work
  - Often cost more than they save
  - Poverty costs UK 78 billion in measures to reduce poverty (not incl benefits)
- Private Finance Initiatives have been found more expensive and less efficient than public financing of infrastructure like schools and hospitals – but yet we continue with PFI

To help  
people in  
severe  
distress



# An example of how inequality leads to distress

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- An area of high deprivation is a neighbourhood that has a lack of access to important resources such as income, education, employment and health.
- Children in the most deprived areas of the UK are eleven times more likely to be removed from their parents care (Bywaters 2017).
- Despite this, poverty (including welfare cuts) is not considered within Social Work practice and policy, and so parents are blamed for the problems their children encounter, regardless of the parents' psychological needs and their social contexts (Gupta, 2018).



# The Power Threat Meaning Framework

- The PTMF challenges the medicalisation of human suffering, as using medical terms is one way that socio-political contexts are not spoken about when explaining and addressing distress and disturbance in society
- Centers meaning rather than biology in addressing severe distress
- Sees justice as a core human need and activism as a route to wellbeing
- Severe distress and troubled behaviour are threat responses that result from power being used in harmful ways. Often the true 'power horizon' is far beyond our individualistic gaze

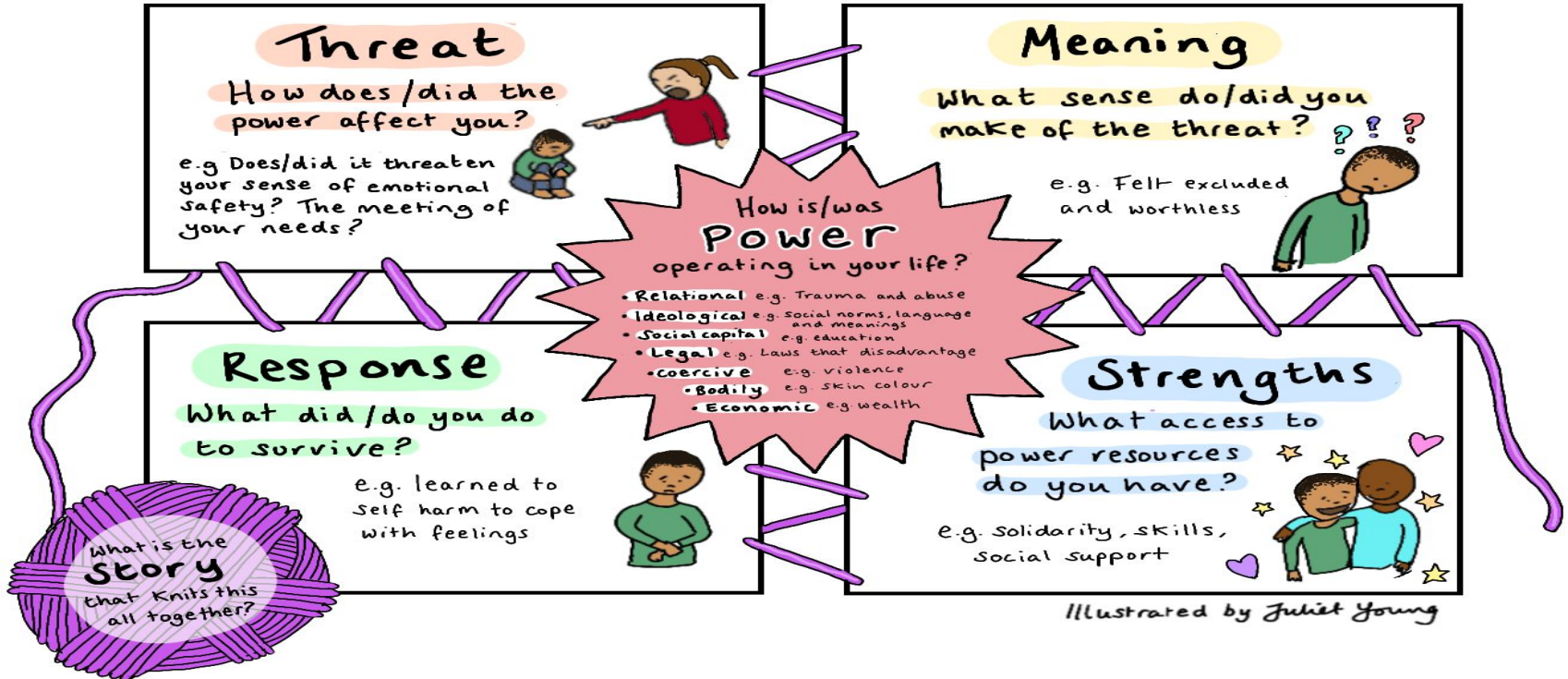
# Mainstream psychology is part of the problem

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- Label and treat distress and suffering as an issue that is about individuals, not acknowledging or addressing the actual social and political causes
- Talking about 'self esteem' and 'resilience' rather than identity, power abuses and agency
- Focus on psychiatric categories and technique based talking therapies, assumes science can be apolitical, defines normality and disorder
- Community psychology provides a politically conscious application of psychological skills in order to work towards social justice
- Debt and the distress debt causes is seen as a personal responsibility and personal failure rather than a political tool deployed by a capitalist system
- Community work is essential to addressing the real causes of distress, but there is greater status and a higher salary for working in an individualised and medicalised way

# Power Threat Meaning Framework

(Johnstone & Boyle, 2018)



# Strongest link between poverty and 'mental health' is with the distress we call 'schizophrenia'

- The New Haven study in 1958 found that those in the poorest social class were 3 times more likely than those in the 2 wealthiest to receive psychiatric treatment but that the poorest were 8 times more likely to be diagnosed as 'schizophrenic'. Later research has confirmed this steep gradient including those with no family history of 'psychosis' (Harrison et al 2001)
- These links are widely accepted, but a biomedical approach contends the link is not causal. PTMF p.138
- Shame is often presented in psychology as if it is a property of the individual, existing independently of the contexts where it is felt, but it is a fundamentally social emotion
- Shame avoidance and repair are social processes, dependent on reciprocal responses from others PTMF p142

# Power - What has happened to you?

A major source of ideological and many other forms of power in any society is its dominant economic system and the assumptions on which it is based

In the UK, since the 1980s, the economic system has been neoliberalism

There are far reaching social and psychological impacts of this economic philosophy: individualism, competition, consumerism. The economic system profit through creating distress and then influencing understandings of distress that preserve the status quo

Ideological power: control of meanings and agendas. Cultural narratives of distress: likens troubling emotions and behaviours to medical illnesses,

Norms values and expectations - self surveillance and self policing, Those with devalued identities face invalidation - being dismissed and silenced

# Privilege does not always lead to well being

- Sub pattern of Surviving social exclusion, shame and coercive power:
- Surviving separation, institutionalisation and privilege:

‘People from more affluent backgrounds may show somewhat different patterns of response. the earlier victimisation/ trauma and the later threat response may be more limited, subtle, and seen as more socially acceptable or even desirable. Reduced empathy and offending behaviour may be masked by social skills and superficial charm. e.g. ‘boarding school syndrome’: sudden loss of attachments at an early age coupled with the need to survive a new and sometimes abusive environment leads to the development of a superficially confident presentation....leading to difficulties with trust and intimacy.’

# Are our problems down to the way we think?

- Ideological power results in disadvantaged groups being denied the necessary resources (information, ideas, contacts, confidence) to understand their experiences differently from the dominant mainstream perspectives
- Some therapies focus on the idea that distress is due to the way we make sense of things, but then neglect the role of developing a coherent narrative as a route to recovery
- Vulnerability to harm is really down to our access to or lack of power resources, including power to make our own meanings and have them valued by others (not have links between threats and responses obscured, not be silenced or dismissed by those with more power and influence)

# What people have to do to survive...

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- Threat responses lie on a spectrum from automatic bodily reactions (e.g. flashbacks, panic, the urge to flee) to less automatic strategies (restricting your eating, using alcohol), and include unusual experiences such as hearing voices, having mood swings and being overwhelmed by suspicious thoughts
- We may be told that severe emotional distress can be experienced by anyone, but life circumstances make all the difference - poverty, child abuse, impacted by war, racism, rape, being in care, domestic violence, being a refugee, being in a context of high income inequality - we need to ask what has happened to those in severe emotional distress, and see where these problems cluster in communities and marginalised groups
- Medical diagnoses all have a 'western' cultural bias, seeing 'western' cultural norms as the norm for humans. From a PTMF perspective ALL expressions of distress are 'culture-bound'. At a very basic level, as members of the same species, we share certain biologically-primed responses to threats to our core needs. Beyond that, local norms and cultural assumptions will inevitably shape the threat reactions we employ. Our 'Mental health' approaches maintain wealth inequality, scientific racism and gender inequality



# Identity in Northern Ireland is a sore point

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- The 'orange and green divide' is part of who we are, part of our ongoing story - but we need to ask what has been done to us? what have we been caught up in? Not assume there is something wrong with us
- Capitalism, sectarianism, colonialism, racism and patriarchy: these social realities are bound up together and cannot be separated out from wealth inequality
- Coproduction, working alongside and platforming those most affected:

"Equality is equality is equality, If we refuse any human being the entitlement to equality, we deny ourselves proper equality. It is either for everyone or for no one." David Ervine UVF, PUP

# Reversing the pathologisation of anger and resistance

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- Act not just because you are angry about injustice, but because you love the idea of justice
- Love is not antithetical to outrage and anger.....redemptive anger moves you to transformation and human uplifting

(Ruby Sales, Civil rights activist)

Nb Make sure our concern is change for the common good and not bolstering our own sense of rightness (Loretta Ross, an anti racist activist, feminist scholar and an abuse survivor)

# NARRATIVE

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- Story-telling and meaning-making are universal human capacities. Some ideas are promoted by those with more power and influence in our society and other perspectives are marginalised and silenced
- The PTMF validates and provides evidence for the central role of narrative of all kinds as an alternative to diagnosis, and as a means of witnessing and healing, both within and beyond services.
- The evidence-based General Patterns support the construction of particular narratives of any kind
- So – including but going beyond evidence-based practice and historical truth, in order to value ‘narrative truth’ (Spence, 1982); and whether stories seem to ‘fit’ in a way that ‘makes change conceivable and attainable’ (Schafer, 1980).
- Recovery as ‘reclaiming our experience in order to take back authorship of our own stories’ (Dillon and May, 2003)

# How do we generate knowledge and research and interventions without diagnoses?

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- General Patterns are an alternative to psychiatric categories
  - Psychiatric categories presume theories based on bodies and disease can explain human experience and distress
- Patterns of meaning based threat responses to power
- General patterns take the form of narratives, that include social and political context and identify patterns in human distress that emerge across cultures in response to adversities and contexts
- These are open to revision and development
- Sub-patterns can be developed to capture particular examples that fall under a broader pattern. (e.g. working classes in high income economy, wealthy in low income country, credit poverty)

# Surviving poverty and low Socio Economic Status 1/5

Poverty of any kind (absolute or relative) confers low status, with extremely negative social judgements. The impact of poverty is greater in countries with large income inequalities, because your position in social hierarchies matters more and people are more anxious about their status and how they are seen by others. There is more pressure to achieve status by purchasing valued goods and services and to do this by getting into debt. All of this is made worse by cultural narratives of individual responsibility and success due to individual merit.

2/5

Poverty is associated with a wide range of other adversities such as child abuse and neglect, family conflict, witnessing domestic violence and being taken into care. Poverty is the 'cause of causes' of severe emotional distress and it is linked to many psychiatric diagnoses. The links between poverty, low SES and a diagnosis of 'schizophrenia' are the strongest. Poverty and low SES are both causes and consequences of a wide range of emotional and behavioural difficulties.

Poverty makes it much more difficult for people to meet their core needs in positive ways - needs such as safety and security, social esteem and connections, control over important areas of their lives and a sense of meaning and purpose. Poverty is especially likely to create a sense, and reality, of entrapment. Feelings of powerlessness, shame and defeat can lead people to downgrade their life goals

3/5

Poverty means that much of your material, relational, emotional and cognitive resources are needed simply for day to day survival, including interacting with welfare systems, rather than leading a full life and having long term goals.

Poverty has a strong impact on physical health, through low quality housing, living in areas of high pollution, poor diet, physically demanding work and not being able to afford time off to access healthcare or recover from illness, and the bodily effects of chronic adversity. This in turn increases psychological and social challenges.

# 4/5

Poverty interacts with other devalued identities and inequalities, through systematic discrimination in access to education, jobs, housing, etc. Where the national majority is white, people of the global majority are more likely to be poor, as are women, older people and people with disabilities. Judgements about being 'undeserving' are particularly harsh in individualistic societies. The meanings attached to poverty play out differently at these intersections:

black people face unevidenced claims about lower intelligence as reason for low SES

Women held particularly responsible for childrens behaviour

Men feel especially shamed if unable to bring in income for their families



5/5

Claiming benefits can be a source of distress, with a constant sense of insecurity and uncertainty. Complex and punitive systems create a pervasive sense of powerlessness, shame and fear that seeking fairness could lead to further punitive measures.

Children living in poverty can be disadvantaged from birth physically, cognitively and socially through caregivers lacking resources to provide high quality care, low quality housing, exposure to conflict, rejection, bullying and low expectations from teachers.

# Negative operation of power

***Ideological*** – through e.g. exposure to very negative representations of people who are poor or working class from politicians and the media. This is reinforced by individualistic discourses suggesting that personal characteristics such as aspiration, self-esteem, self-efficacy and resilience are key to success. People from lower socio-economic backgrounds are overrepresented in mental health systems where their understandable responses to adversity can be stripped of meaning and transformed to 'illnesses'. These groups have few public opportunities to create alternative influential meanings of their situations and responses.

Overall, people living in poverty and especially those receiving welfare payments are subjected to intense State and public scrutiny, surveillance and judgement for their 'lifestyles', food choices, relationship and parenting practices, spending patterns, employment/job-seeking and so on. This is often linked to policies designed to change their behaviour, even when similar behaviours are widespread across society.

# Threat responses

Threat responses are often used to serve the following functions:

***Regulating overwhelming feelings*** – e.g. through use of alcohol and drugs, smoking, ‘comfort’ eating, compulsive rituals, rumination, giving up, low mood.

***Protection from danger*** – e.g. through hypervigilance, insomnia, anxiety, attention and concentration disruption, distrust, suspicious thoughts or voices, carrying weapons, aggression, restricting activities, isolation.

***Protecting identity, self-image and self-esteem*** – e.g. through avoiding social contact, concealing markers of poverty, such as where you live, avoiding or under claiming benefits you are entitled to; hostility and aggression, dominance in relationships, hostility to others living in poverty and projection of negative cultural stereotypes onto them.

***Preserving a place in a social group(s)*** – e.g. through concealing markers of poverty in social interactions, self-silencing, getting into debt to buy consumer goods, bullying, appeasement.

***Communicating distress/eliciting care*** e.g. through low mood, giving up, self-harm, somatic symptoms.

***Creating a sense of meaning and purpose/ Protecting self-image and self-esteem/ Preserving a place in a social group*** – e.g. through setting up or engaging with community support systems and through social and political activism.

# Psychologists for Social Change

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- Influenced by critical, community and socio-material approaches to psychology
- National network for those interested in applying psychology to social and political action
- Started as a response to austerity
- Grew out of London comm psy network - works with marginalised communities, promotes empowerment and emancipation
- Use psychological knowledge and skills (within political and activist spaces). Working alongside, not speaking for others
- Collaborative, distributed power, participatory and peer driven

# The Psychological Impact of Austerity

- Knowledge of the evidence based links between cuts to public services and severe emotional distress is missing from the public debate about austerity and the covid recovery
- Austerity policies have damaging psychological costs
- 'Mental health' is not an individual issue. To promote wellbeing, we need to look at the entirety of the social and economic conditions in which people live
- Austerity was framed as an unavoidable and moral, as the nation had 'maxed out its credit card'. These were policy choices that were avoidable and immoral

# Austerity Ailments and the alternatives

Austerity Ailments	A society that is equal, participatory and cohesive
Humiliation and shame	Agency
Fear and distrust	Security
Instability and insecurity	Connection
Isolation and loneliness	Meaning
Being trapped and powerless	Trust

# Examples of clear and robust research linking austerity to damaging psychological outcomes

- 'MH problems' are associated with markers of low income and SES in all the 'developed' nations, no matter which indicator is used
- Suicides increased in countries that adopted austerity, but not those that protected the welfare state
- Shame and humiliation: endemic in poverty, and is central to most forms of extreme emotional distress e.g. prolonged humiliation following severe loss trebles the chance of needing services for severe emotional distress
- Trussel Trust: Use of foodbanks increased 22 fold, with the majority reporting shame and humiliation. Most common reason cited for using foodbanks is delays in benefits and changes to benefits.

# Fear and distrust

- Politics of fear and distrust are used to drive through policies that hit the most vulnerable the hardest
- blaming people for misfortune, disability or poverty and promoting the idea that people who receive state help are untrustworthy directly promotes distrust in society
- Neighbourhoods with high levels of distrust have higher levels of all forms of severe emotional distress including psychosis
- Loss of trust in the world is a known precursor to suicide
- Policies that increase distrust within and between communities are therefore poisonous to both community and individual wellbeing



# Unjust vilification of benefits claimants

- The DWP has been reprimanded by the UK Statistics Authority and the parliamentary committee for Work and Pensions on the misleading and ideological use of statistics, to promote negative views about benefits claimants, including disabled people
- This is a deliberate strategy to undermine public support for the principle of social security
- 3p percent of media stories discussing benefits focus on fraud, despite the fact that the fraud rate is only 0.5 to 3 percent, this feeds th finding that the public overestimate benefit fraud by a factor of 34.
- This kind of rhetoric fosters distrust by promoting the idea that people who recieve state help are duplicitous and underserving

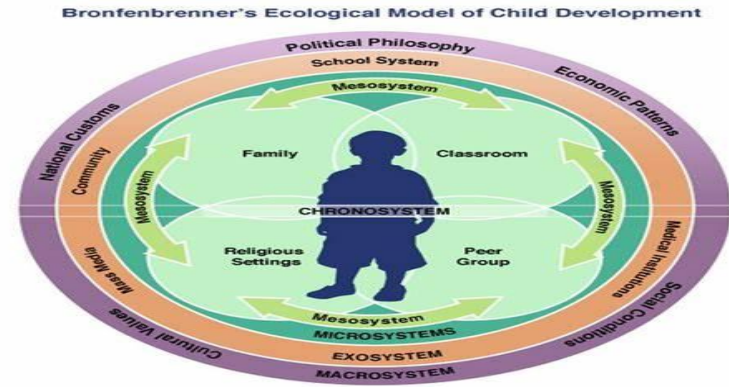
# Contributing to WRDA project

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- **Consciousness Raising**
  - Gender inequality
  - Wealth inequality
- **Feedback to participants**
  - Recognising social context
  - Critique of psychiatric diagnosis
  - Coming together and activism as a solution
- **Co-produced training on peer support**

# Gender inequality

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- Much higher levels of mental disorder are diagnosed in women compared to men
  - Women experience higher levels of physical and sexual crime, and the roles that are predominantly taken on by women have lower status in society (child rearing, certain paid roles)
  - Female attributes are viewed more negatively in society – rationality is valued over emotionality, emotionality (even in response to serious crime and oppression) is pathologised by psychiatric services
- Its not that everything is good for men – gender stereotypes impact on men's mental health too – higher level of suicide and lower level of seeking mental health treatment
  - Inequality harms everyone, including those who benefit in some ways

# Women as mothers

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- Our society places extra expectations on women as parents compared to men, while giving lower status to child rearing than paid work that contributes little to the society overall
- Psychological research draws links between ‘post natal depression’ and problems with child development that have life long impacts
  - In our individualistic culture, the implication is a failure in mothering, rather than a focus on the social contexts that lead to more disadvantage for mothers and their babies
- Psychological approach is overly individualistic e.g. meeting a mum who was sitting under a blanket all day – symptom of depression or realities of life?

# Wealth inequality

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- Mums from less wealthy areas are 4x more likely to suffer 'post natal depression'
  - Evidence that CBT has better outcomes when provided to people from wealthier areas
- Families with kids have been hardest hit by cuts
- Associated discrimination
  - One study in England shows an increase in children on the 'At Risk Register' for 'Neglect' in a disadvantaged area of one city that has been hit hard by cuts, with no increase in a nearby wealthier neighbourhood over the same time frame.

# Breaking through the smokescreen:

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Although individual treatment can be important when our emotional wellbeing is very low, **this is not a solution when many people out of one community have low emotional wellbeing.** It is important to *look at the factors that are affecting that community*. It is also important to recognise the power of people coming together, sharing their experiences, realising they are not alone, and taking positive action together as a community. The Mas project is an excellent example of this.

# 25<sup>th</sup> May 2020

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- [https://www.theguardian.com/commentisfree/video/2017/jan/18/the-west-was-built-on-racism-its-time-we-faced-that-video?CMP=share\\_btn\\_link](https://www.theguardian.com/commentisfree/video/2017/jan/18/the-west-was-built-on-racism-its-time-we-faced-that-video?CMP=share_btn_link)
  - “the university is not racist, the university is racism”
    - Deepa Naik
  - Western universities produced the scientific idea of ‘race’
  - The colonial relationship did not end when Britain gave up its colonies
  - Global inequality is white supremacy. Smart phones should not be as widely affordable as they are – based on colonial exploitation

**There is no such  
thing as race. None.  
There is just a human  
race – scientifically,  
anthropologically.**

|  
Toni Morrison

**GH**



# Services can be built to address the real causes of severe distress

- Deep End project in Glasgow. Income maximisation workers
- Sisters Uncut, Black Lives Matter movements - collective movements to address the intersections of racism, austerity and gender inequality
- Community Wealth Building
- Consciousness Raising - Positive Money and DARE
- Small actions count e.g. PSC in South West England setting up a table in benefits office and providing free psychological assessments to support benefit claims

**A STRAIGHT TALKING  
INTRODUCTION TO**

**THE  
POWER  
THREAT  
MEANING  
FRAMEWORK**

**AN ALTERNATIVE TO  
PSYCHIATRIC DIAGNOSIS**

**MARY BOYLE &  
LUCY JOHNSTONE**

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ClassClinPsych Being working class in psychology @classclin on twitter

Facebook: Psychologist for Social Change Northern Ireland

Psychologists for Social Change is a network of applied psychologists, academics, therapists, psychology graduates and others who are interested in applying psychology to policy and political action. We believe that people's social, political and material contexts are central to their experiences as individuals.

