



Making the psychological political – challenges for community psychology

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Abstract

Community psychology deals with the life of groups of people in context and is therefore inevitably concerned with their struggles, successes, projects and dreams. Sooner or later, because these contexts are constructed economically, politically and historically, engagement with the political is inevitable as all social groups encounter social and economic interests that differ from their own. On a global scale these conflicts include competition for resources, the dynamics of profit maximisation, and the use of violence to maintain and extend economic and political domination.

In Britain community orientated psychologists have become increasingly aware of these political questions and at least some are more ready than in the past to commit to political engagement both at the local level and on national and international questions.

Some of these developments will be traced, exploring some of the following questions:-

What are the connections with other attempts to develop a politically engaged psychology?

What are the prospects for such engagement and how best can community psychologists contribute to wider struggles and campaigns?

Why is this engagement increasing now?

What constraints are there to such action and do community psychologists self-constrain their political effectiveness?

What does this mean for the definition and focus of community and other related psychologies?

In exploring these questions it will be assumed that while professional ideology and practice has a historical specificity there is a universality of human needs and that this entails the transformation of community psychology in response to new challenges from global capital.

Key words: psychology, politics, alternatives, organising, community psychology, activism

Introduction

Community Psychology's main business is concerned with the life of groups of people in context, with their struggles, dreams, projects, successes and setbacks, in a variety of collaborative roles. Sooner or later this means an engagement with the political since groups encounter political and economic interests different from their own. That is to say conflict is intrinsic to human life and to that of people in context, a context that is constructed economically, politically and historically. Community Psychology then is inevitably political – unless it seeks escapism in other pursuits.

To give some focus to the argument it will be worth providing some examples of conflict situations that

affect communities worldwide and that have impacted on the work of community psychologists in from the UK to Latin America, from Australasia to Palestine:

- A social housing provider sells housing to a property developer to develop private housing.
- A government ban on hunting foxes threatens the livelihood of groups of rural workers.
- Government subsidy for public transport is reduced, isolating poor families.
- A transnational corporation transfers production to a location with cheaper labour

or less regulation, removing employment and impoverishing a community.

With State support a transnational corporation displaces a farming community in order to extract minerals from the underlying earth.

A health centre and its primary care and preventative services is closed following the introduction of user co-payments imposed by the World Bank.

People are displaced to make way for a prestige project in a capital city.

Such conflicts have a number of root causes:

- Competition for resources
- Profit maximisation
- Deficits in democracy and in the representation of marginalised interests
- The use of violence to maintain and extend economic and political hegemony.
- The continuing consequences (economic, behavioural, cultural, economic, political) of previous historical impacts of these factors.

At its worst, the liberal-philanthropic paradigm that includes much of community psychology can act as a mask for some of this. To the extent that its aspirations and practice are ameliorative rather than transformative, it can defuse social movements rather than fortify them. NGOs, where community psychologists and similar workers frequently work, are often part of Capital's strategic toolkit (Petras & Veltmeyer, 2005). Participation, so often emphasised by Community Psychology can be no more than co-optation sapping autonomous organising (Cooke & Kothari, 2001; Kagan, 2006; Kagan, Castile, & Stewart, 2005).

However, there is a tendency in Community Psychology (whether or not it claims that title) that increasingly seeks to face up to the political saturation of community and community action, and there are signs of an increasing willingness to commit to political engagement both at local level and on national and international questions. The rest of this article explores some aspects of these developments.

Some examples and issues:

- It needs to be made clear that this increasing politicisation is not entirely new, but we will look at the recent growth of interest in political engagement in its present context. Some of these recent examples include:
- Opposition to the psychologisation and medicalisation of misery.

- Opposition to war and the involvement of psychologists in the war apparatus.
- Work with marginalised groups, using an explicit political analysis – e.g. asylum and racism.
- Work on minority and human rights.
- Work with communities that are being or have been dispossessed.

However, this engagement with a more politicised set of issues is new territory for many community psychologists (although not all, Burton, 2004; Burton & Kagan, 2005).

I shall use the experience of some members of the network of community psychologists in the UK to highlight some critical dimensions of this unaccustomed engagement with the political. Three recent initiatives from the UK that highlight this relative inexperience will be reviewed.

1) The Birmingham manifesto

This Statement was produced by a group that met in Birmingham in April 2007. At the Great Yarmouth Community Psychology Conference in September 2006 it had been proposed that there should be an interim event, before the 2006 September 2007 conference in York. This event should aim to produce practical, meaningful outcomes and address relevant issues such as “war” or “the environment”. Before the event, consultation took place with the members of the UK community psychology listserve. These consultations were also facilitated by the West Midlands Community and Critical Psychology Interest Group which organized the meeting. This process clarified the topics to be addressed at the event and the manner in which the day was to be organised.

The topics identified were “War and torture” and “globalisation”. Speakers were identified to provide orientating statements on these, after which participants had the opportunity to work in groups towards practical outcomes to address the issues raised by the presentations and the subsequent discussions.

The day was remarkable for the consensus that was readily established within a broadly Marxian orientation to understanding the wider global context as it impinges on people and communities and on the construction of psychology itself.

The manifesto takes the form of four linked statements on the priority areas of:

- War and Imperialism
- Sites of counter-system resistance
- Action on global warming/environment
- Public services/Privatisation of the National Health Service.

The manifesto (available at <http://www.compsy.org.uk/TheBirminghamManifesto.pdf>) was circulated to the network of UK community psychologists, but there was little immediate reaction. Nevertheless a workshop based on it at the York conference in September 2007 was well attended and led to a more specific statement on poverty.

2) The York Statement on Poverty

This statement was produced at the annual UK Community Psychology conference in a large workshop session (about 30 people) organised by some of those who had produced the Birmingham manifesto. The specific focus on poverty was influenced by the presence at the conference of a keynote speaker Richard Wilkinson (an epidemiologist, see Wilkinson, 2005; Wilkinson, 2007) who had presented evidence on the link between social and economic inequality in a society and measures of wellbeing (he was not involved in the production of the Statement). It was also influenced by the conference setting – York was an important setting for the seminal work of the liberal reformer Seebohm Rowntree who documented the effects of poverty around York, and by the presence of the Joseph Rowntree Foundation at the conference with a keynote speech on the Foundation's anti-poverty programmes of social action.

The statement was brief and focused on the role of psychology in relation to poverty.

As community and critical psychologists we believe that psychologists have a fundamental responsibility to join with others to end both poverty and societal inequality independent of absolute wealth, which we believe are personally, collectively and socially destructive.

We believe mainstream psychology to be complicit with the prevailing psychologically toxic neo-liberal economic order and believe psychology has allowed itself to be used to hide systemic effects of poverty and inequality and instead position poverty as a consequence of individual psychological dysfunction.

We call for the radical transformation of psychology so that it has the resources necessary to expose the personally, collectively and socially destructive

effects of poverty and inequality and the proactive deployment, with allies, of this transformed psychology to end poverty and societal inequality and the exploitation, exclusion, oppression, distress and illness which result from them.”

...on behalf of the UK community psychology network

However, having produced this, the network didn't seem to either know what to do with it, or to have the organisational capacity to take it into a relevant public arena. The point was made that doing this would be best linked to a relevant news story, but when subsequently the Labour government faced an internal revolt as a result of removing the first, low, band of income tax, leaving many on low incomes less well off, we community psychologists were nowhere to be seen or heard. Similarly a possible submission to a Scottish parliament enquiry into child poverty was identified as a possible opportunity for intervention but again nobody was able to commit the necessary time and effort to this and the deadline passed. To be fair, the York statement was more a way of talking to ourselves, affirming an orientation to a major social problem rather than a programme for action as such, but nine months on there has been a seemingly complete failure to do anything more with it in any organised collective way.

3) Changing politicians' minds about changing our minds

On 10 October 2007 the UK government announced a £170 million expansion of psychological therapies “to provide better support for people with mental health problems such as anxiety and depression” (see <http://nds.coi.gov.uk/environment/fullDetail.asp?ReleaseID=321341&NewsAreaID=2>). This was to emphasize Cognitive behaviour therapies which were said to be more effective than drug therapies (which it later emerged were themselves generally no more effective than placebo). Members of the Community Psychology network had serious reservations about this, a) because of the exaggerated evidence for the effectiveness of these approaches and b) because of the neglect of the social and economic causes of distress, and c) because of the psychologising and individualising of social problems inherent in this kind of discourse and policy prescription. An email discussion on the UKCP listserve (<http://www.jiscmail.ac.uk/lists/COMMUNITYPSYCHUK.HTML>) led to agreement of a press release (available at <http://www.compsy.org.uk/changing%20minds.pdf>)

on the matter, the summary statement of which follows.

“Cognitive Behaviour Therapy and associated approaches are comprehensively problematic. Primary prevention is the only way to substantially reduce socially, economically and materially caused distress. To be effective primary prevention must involve social rather than cognitive change. Reducing income inequality in our society would be one of the most effective ways to reduce psychological distress and ill health”,

the UK Community Psychology Network.

This was released to all national news outlets of any quality and standing and to the specialist press on 16 October 2007 – quite a feat of organisation for a headless coalition.

Unfortunately there was no follow up from any mainstream press agency. We know that press releases need follow up by those issuing them (Monbiot, 2001), but again our lack of organisational capacity (or just organisation) was insufficient. Moreover, we probably allowed our reluctance to use titles and positions on the statement to weaken its impact. Had we said it was issued by four professors of psychology and a number of other senior professionals and academics maybe it would have registered as a controversy for the press to explore.

Nevertheless the statement has remained a useful point of reference for UK community psychology network members, being returned to in various debates. It was also read out at a large event at a British Psychological Society conference with Lord Layard present. He is the economist credited with the government’s policy on making psychological therapies and especially CBT more widely available: he apparently said he agreed with it.

4) Seroxat

The Seroxat SSRI User Group (SUG) is an action group on the SSRI antidepressant Seroxat. It offers support to those who have been harmed by taking SSRIs, providing information and advice on how to seek legal redress against the pharmaceutical industry and on how to cope with and withdraw from SSRIs. It has also been campaigning to hold the following to account:

- a) GlaxoSmithKline (GSK) for withholding on commercial grounds, clinical trial data that showed Seroxat lacked efficacy and was unsafe

- b) GSK in particular and the pharmaceutical industry in general for the social harm caused by the over-medicalisation of social problems and for putting drug profit before public health
- c) The government for failing to implement the recommendations of the House of Commons Health Committee Report into the Influence of the Pharmaceutical Industry (2005). Among other things, the report recommended that the pharmaceutical industry in the UK be more tightly regulated.
- d) the medical and allied professions for not ensuring that their members are adequately trained to recognise adverse drug reactions in patients, properly judge clinical trial data on drug efficacy and safety so that they are not duped by drug company marketing practices, deal with drug company professionals in a way commensurate with protecting public health. They also want coroners made aware and make use of clinical data that shows the risk of death from taking SSRI medication.

One of those who had been involved in the Birmingham manifesto and subsequent activity posted a suggestion on the UK Community Psychology mailing list (on Thursday 22 Nov 2007 at the end of the working day):

I am asking as a matter of urgency (before 28th Nov [- i.e. the following Wednesday]) whether our community psychology network could offer support and solidarity to SUG by endorsing the organisation (at the very least) or coming up with a short statement of solidarity/support (at the very most). SUG have a meeting with Prime Minister Gordon Brown next week to put their case forward. To have a statement of support from a collective of psychologists and users of psychological services might help them.

There was a good response from list members and a collectively edited statement was agreed:

CPUK SUG statement

“The Community Psychology UK Network (CPUK) supports the work of the Seroxat & SSRI User Group (SUG) in their efforts to protect public health from any inadvertent harm caused by the pharmaceutical industry and the medical and allied professions [The use of the term inadvertent was perhaps unfortunate.] CPUK

support SUG's aims to ensure UK health regulatory bodies have sufficient remit, responsibility and resource to guarantee public health and to ensure that those harmed by the products of psychopharmacy are given the support they need to seek justice and get well."

Statement from The Community Psychology UK Network (CPUK), November 2007

CPUK is a broad coalition of over 150 professionals and paraprofessionals that includes, among others, psychiatrists, psychologists, users of psychological services and members of the public. CPOK is committed to work that promotes health and well-being through securing social justice for those marginalised by society's economic, social and political institutions.

The initiator of the statement provided the following feedback to the list. SUG asked the Prime Minister (Gordon Brown [GB]) three things:

- 1) Why had the Medicine and Healthcare Products Regulatory Agency not, after four years, concluded its criminal investigation of GlaxoSmithKline?

GB answer: can't comment on an ongoing criminal investigation blah blah blah (standard reply, SUG didn't expect much else, it was enough to see if GB could keep a straight face when explaining why the criminal investigation has so far taken 4 years).

- 2) Why were doctors not better informed about the dangers of SSRI before they prescribe them and better trained to scrutinise clinical drug data?

GB answer: he will write to the British Medical Association and suggest SUG meet to talk with them about this

- 3) Will the government support SUG or help the group identify where support might be found (SUG has 10,000 personal testimonies of people who have been harmed by Seroxat and SUG have no resources to analyse those nor the resources to provide support to the people who have been harmed).

GB didn't answer because he had to run off to the commons for a vote.

Meeting lasted about 15mins and was on a bad day for the PM (criminal investigation into labour party funding had been announced that day). That aside, SUG came away with something - a letter of introduction to the BMA from the PM - the leverage of having had the PM consider SUG's concerns were serious enough to merit a meeting to discuss it, and the opportunity to keep a dialogue going with the PM's office [made possible] by [the fact that] the meeting was interrupted and the third question was not answered.

The CPOK statement of support was handed directly to the PM. SUG found it of considerable help for the meeting.

However there has been no follow up from the network. When early in 2008 research hit the press (BBC, 2008; University of Hull, 2008) showing Seroxat to be no more effective than placebo (Kirsch et al., 2008), there was a suggestion that the network carried out an action about this but after some debate the idea disappeared. The political voice of community psychologists was again, collectively, and inconspicuously absent.

These case studies of attempts to intervene in a more explicitly political way can now be briefly explored to try to identify some of the wider issues that arise when community psychologists try to overtly politicise concerns that although linked to their legitimised practice and roles involve stepping over a boundary that can be both implicit and explicit.

Evaluating the four initiatives.

Strengths

The three initiatives were a new departure of UK Community Psychology into the political realm and as such they were a step forward. They,

- Made explicit that there was a distinctive Community Psychology position on social and political questions.
- Helped Community Psychologists to commit to a politically progressive orientation.
- Led to some political education among the Community Psychology community.
- Made legitimate the idea of politically explicit, public and collective intervention.
- Added leverage to a community based campaigning group in their campaign for justice.

Weaknesses

Sustainability (and organisation). We can see from these examples that at least in these UK examples, Community Psychologists were not able to build effectively on the initiatives they promoted. This reflects their general lack of organisation, a feature of Community Psychology in Britain where there is as yet no formal organisation. In other countries with small relative numbers of Community Psychologists this is also likely to be the case. We saw that the three more outward-facing initiatives were not properly followed up - it was as if it was enough to make the statement.

Ideological purity versus pragmatism. A misplaced ideological purity may also have impeded the effectiveness of these initiatives. An understandable suspicion of hierarchy and elites and fear of reproducing such features in our initiatives meant that the CBT initiative, for example, was less effective than it might have been - who were we that people should take any notice? In our view this reflects a misunderstanding of the processes of social reproduction, committing a category error in confusing the generative socioeconomic processes that create and sustain elites and power relations with the necessary roles of leadership that are required in any effective political movement. The former would not be changed by a Narodnik eschewing of 'elite' labels and identities, while the latter rather depended on it. As a result the need to be effective was traded for the politics of the gesture.

Political incoherence. One problem with a loose group of community orientated psychologists from across the country trying to organise together politically is the diversity of their outlook as well as varying levels of political development. A related problem is that most (British) psychologists have not been political activists so there is not much practical know-how in terms of organising campaigns, nor of the familiar debates on the dilemmas of organization.

Psychological isolationism. Perhaps the biggest problem though relates to the question of psychologists organising as a group. In some of the background work for the Birmingham manifesto the point was made that Community Psychologists have three potential roles within which political commitment can be discharged:

Citizens

We are all citizens and it is fundamentally in this role that we should be organising and participating in counter-systemic struggles, whether on burning excessive hydrocarbons, opposing more wars,

solidarity with progressive social movements and so on.

Experts

As psychologists we have some legitimacy and expertise. We know and can say with authority that commercialisation is poisoning childhood. We know and can say with authority that restrictions on abortion harm women. We know and can say with authority that Britain's asylum laws destroy family life. We don't have to be pompous about it, just claim the expertise we can for the good of the cause.

Workers

We are workers who sell our labour power, some are only one or more pay cheques away from destitution. We should defend the interests of ourselves and of other workers world-wide using the vehicle developed for this, the trade unions.

From the Birmingham Manifesto available at <http://www.compsy.org.uk/The%20Birmingham%20Manifesto.pdf>

But in negotiating these roles there is scope for confusion. There are at least two potential problems:

- the denial of specific position based expertise and influence (a stance touched on above) in a false effort to assume the undifferentiated role of activist - in circumstances where that would be better served by assuming a more specific and expert role (Quintal de Freitas, 1994), and
- the failure to make appropriate and effective alliances with those who are not psychologists. This was noticeable in the case of a 'psychologists against fascism' group set up to campaign against far right political groups. The group in question was reluctant to even ally with other allied professions and as a result was so small that it failed to acquire an effective critical mass.

These two opposing tendencies seem almost symbiotic - the failure to understand one's specific role contributes to a denial of it that then leaves many psychologists feeling exposed and retreating to the security of the psychological community after all. There are, however, examples of radical psychology networks that have been more effective in forging effective alliances (Burton, 2004). In the UK Psychology, Politics, Resistance for example has emphasised work with survivors of the mental health

system and taken action on issues such as electroconvulsive treatment.

Questions

We now turn to a discussion of the wider implications of a political turn in community psychology, considering what it means for other politically orientated psychologies and for community psychology itself, together with its prospects for making any kind of a contribution to human wellbeing on a wider terrain.

What are the connections with other attempts to develop a politically engaged psychology?

There are some connections with other attempts to develop a more politically engaged psychology – some participants in the above initiatives have had involvement in the mental health system survivors' movement for example while others have been involved with more theoretically orientated variants of critical psychology. Some network members have also carried out work on the war of terror, torture and psychological complicity (Burton & Kagan, 2007 in press; Duckett, 2005; Harper, 2004, 2007). Some have been involved with community-based struggles through their Community Psychology roles. However in general the developments described here are largely independent of other radical/political psychologies. This is both a strength and a weakness: most previous attempts to develop more politically engaged psychology have had little effect (Parker & Spears, 1996) and a fresh approach starting from today's context could perhaps be more successful. But many issues are likely to be predictable, dealing with the same relations between economy, society and the life-worlds of people, so access to already existing conceptualisation is likely to be helpful, particularly given the general academic and professional isolation of psychology from other fields of social science, so long as this does not mean a retreat into the restricted codes of academic theoretical discourse.

What are the prospects for such engagement and how best can community psychologists contribute to wider struggles and campaigns?

It is difficult to assess the prospects for such engagement – this will depend on both internal and external contexts, and if we know anything it is that prediction is difficult. But the key question here is, "how best can community psychologists contribute to wider struggles and campaigns?"

The Birmingham workshop identified the three roles of citizen, expert and worker and we want to suggest that while conceptually distinct they do necessarily overlap in practice. For example in campaigning against a hospital closure we might be potential users, experts on the impact of such closure on access by marginalised sections of the community, and health service workers affected by the changes. Sometimes our interests in these roles will be in conflict but often, as in this example they will not be and the key uniting factor is to question and combat the neoliberal models of efficiency and marketisation (Lister, 2005) that underpin such policies.

Campaigning groups will rarely say: "let's invite a community psychologist to work with us and advise us" (although there are exceptions Kagan, Lawthom, Knowles, & Burton, 2000; Sánchez, Cronick, & Wiesenfeld, 1988). Indeed there is understandable suspicion as to what psychological expertise could contribute. So it is often necessary to approach struggles and campaigns in those other roles of citizen and worker, not making a big thing of the psychological role. In other cases the campaign emerges while the community psychologist is already engaged in a community based project and here the task may be to renegotiate the role.

Examples of the areas where Community Psychology has relevant expertise include,:

- Group organisation and dynamics – really important when small groups are engaged in difficult campaigns.
- Communication and propaganda.
- Understanding and documenting community impacts.

The caution to observe in all of this is that while we have a certain expertise, if we are truthful it isn't all that great, or at least the seduction of applying it across contexts can lead to error.

Why is this engagement increasing now?

This heading rather begs the question that political engagement is increasing, and this could be no more than wishful thinking in the context of declining political activism as the conduct of politics becomes the privilege of professional politicians, marketing and media machines, themselves obligated to dominant economic interests. However, taking the claim at face value, we could attribute it to the ever increasing domination of Capital and its servant the State. The reshaping of capitalist strategy in the form now called neoliberalism continues to influence

community life in many ways. It also affects the work lives of psychologists as neoliberal restructuring (marketisation, facilitation of capital entry) reaches welfare services, educational establishments, urban planning and non-governmental organizations, while the impacts of the State's military adventures and internal security provisions are felt in communities, particularly poor or dissident ones. This brings the dominant political-economic forces home to community psychologists and occasions this more activist-engaged stance. We should therefore expect more such political engagement from Community Psychologists as neoliberal strategy both intensifies and exhausts itself.

What constraints are there to such action and do community psychologists self-constrain their political effectiveness?

There are constraints of various kinds to such action. It is important to be aware that the space for committed political action in (all?) societies is conditional – the implicit contract being “yes you can organise and lobby, but only so long as you don't try to fundamentally change the system” (Petras & Veltmeyer, 2001). This is why ultimately this kind of activity must be part of a broader political strategy and coalition.

However, there are some things that seem to potentially constrain the current effectiveness of community psychologists seeking to engage politically:

Psychologists are mostly dependent on the State for their income and position power, and can be constrained in taking on a more open political role. Indeed in some circumstances it will be dangerous for one's employment.

Psychology is not traditionally political in orientation – its very construction has been that of the science of the general individual, abstracted from anything but the most proximal social context (Danziger, 1990; Sève, 1975). So political analysis and activity does not come easily to psychologists, nor in many cases does the formation of alliances with others (as discussed above). Community Psychology is in many ways the counterfactual case, but we should not underestimate the extent to which it carries the traits of its parent.

What does this mean for the definition and focus of community and other related psychologies?

The growth points mentioned so far are small and tender and may not become anything at all viable. But if they do it is possible that they will give new definition to the central concern (or perhaps contradiction) of Community Psychology.

It is 'community' psychology because it emphasises a level of analysis and intervention other than the individual and their immediate interpersonal context. It is community 'psychology' because it is nevertheless concerned with how people feel, think, experience and act as they work together, resisting oppression and struggling to create a better world. (Burton, Boyle, Harris, & Kagan, 2007)

That is to say community psychology could renew its orientation to transformation through a recognition that its mission is ultimately political and the redesign of its practices to that end.

Conclusion

Community Psychology is a construction – historically and societally bounded. This determines its politics. To the extent that the battle of ideas steps up, so will the contradictions that affect Community Psychology and its practitioners. One response would be quietist distraction (for example the study of the community as object) while at the other extreme would be naïve attempts at activism. The latter have to be encouraged since this is how learning takes place, overcoming naïveté through praxis, but this is only likely to yield much if community psychologists are able to step outside the isolation of being psychologists.

Appendix – the 4 core statements from the Birmingham Manifesto

1) War and Imperialism

We believe that the war and occupation of Afghanistan and Iraq is immoral, illegal and irresponsible.

As community psychologists we have seen how these wars have created suspicion, fractured trust, intensified racism, and damaged community cohesion both within and between countries.

These wars and occupations are not about promoting democracy. Rather, they have restricted freedom of thought and freedom of movement.

There is a psychological cost both for civilians and soldiers, creating a rip in the global social fabric

between individuals, families, communities and our social institutions.

Furthermore, we believe that these acts of war are based on the interests of Anglo-American capital and as such constitute an act of Imperial aggression.

2) Sites of counter-system resistance

The community psychology network will support any individuals, groups, organisations or movements, at area, national or international level, which are working to oppose inequality and disempowerment. Amongst allies we would therefore expect to offer our support to some of the following: professionals and professional groups dedicated to the provision of public services based on the principle of equity and those campaigning to preserve and extend such services; campaigns, such as feminist, lesbian, gay and bisexual, and anti-racist campaigns, which support the rights of groups who may be disempowered because of prejudice and discrimination; campaigns of support for countries and peoples affected by past and current forms of imperialism; those promoting open access, non-capitalistic, forms of communication such as the internet, use of open access software, and development of non-commercial forms of publication; and any faith group, political party, trade union, or individual writer or broadcaster which/who represents a 'site of resistance' to inequality or disempowerment. At the same time we recognise the need, in parallel, to develop the CP network itself as an effective site of resistance; by providing mutual support, building on the start made at the Birmingham meeting, and by combating the isolation of a group largely composed of psychologists.

3) Action on global warming/environment

We believe that as psychologists we have a responsibility to contribute to government and community action to protect the environment.

Ecological damage and climate change currently threaten continuing life on the planet. The immediate consequences of global warming particularly threaten the poorest and least resourced people in the world (and those least responsible for the problem).

As psychologists, we should be contributing our knowledge and skills to support and help to progress the work of environmental scientists, campaigners and activists in areas such as energy stewardship, investment in public transport and encouraging sustainable consumption.

Psychological theory and practice can help to:

- Understand and counter processes of denial
- Expose and critique powerful vested interests
- Understand processes of participation, persuasion and decision-making
- Encourage and enable people to work together toward sustainable futures.

If we are to survive and thrive, people and societies need to make change happen: as psychologists, we must play our part.

4) Public services/Privatisation of the NHS

The National Health Service in the UK, established by the 1948 Labour government with the following founding principles: Comprehensiveness - a service covering and meeting all kinds of health care needs - from infancy to old age, not just for physical illness (mental health and wellness), preventative and curative. Universality - a service of uniform quality for all - on the basis of citizenship rather than either ability to pay or insurance scheme parameters. Free of charge - it would be paid for by the state (on the basis of redistributive taxation - a principle since eroded). Equality - those with more resources (educational, money, etc) would get no better a service than those who were less advantaged. Since people do not have equal health care needs, the point is to have access on the basis of need and not any factor irrelevant to need (see www.dhrsa.org.uk).

It is the duty of government to govern in the interests of its citizens, promoting their well being through positive policies and by ensuring protection from threats.

This includes a duty to address inequalities through a coherent policy framework that includes effective public services.

The UK network of community psychologists commends important aspects of the track record of the Labour government 1997-2007 in promoting the health and well being of the population. In particular there have been significant advances on child poverty and early intervention, the increased real expenditure on the NHS and joined up strategies to improve local population health and well being, for example through Local Strategic Partnerships.

However, we believe that these developments are lacking in ambition for social justice and they are compromised and threatened by other government policies that favour the private sector and especially big business. Examples of this inadequacy are:

- Failure to reintroduce progressive redistributive taxation of incomes and to reduce indirect taxation that hits the poor.
- The creeping privatisation of the NHS that is leading to fragmentation, demoralization and inefficiency - this last being inevitable since private enterprise has to make a return to shareholders.
- The failure to effectively manage and constrain those business interests that threaten community health and well-being, including
 - the drinks and gambling industries
 - industries targeting children
 - the car and airline industries
 - speculative finance capital whose impacts on job security and community life can be devastating
 - large retail concerns that are driving small local enterprises out of business and threatening institutions (such as the milk delivery and corner shop) that are critical to a neighbourhood based community.

We believe psychologists are well placed to comment on the impacts on health and well being of the current policy mix and we will contribute to the development of a positive alternative people-oriented policy framework, contributing experience, skills, knowledge and evidence to the efforts of groups campaigning for an effective, adequate public policy framework that places people ahead of profit, recognises the value of publicly owned resources and services and that fearlessly tackles vested interest for a better society.

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