Community Critical Psychologies: Ideological Convergence Despite Geographical Dispersion

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At first sight there appear to be, internationally, many diverse, radical, manifestations of 'community psychology' but we share a belief that international community psychology has gradually become decreasingly diverse and decreasingly radical the more it has become academically and professionally established and evangelised and is now endangered as a critical alternative to the disciplinary ideologies, theories, procedures and practices of mainstream psychology. As a consequence, in our view, the interests of people whose lives are most characterised by immiseration, suffering, social injustice and oppression are increasingly blighted and increasingly threatened. However, we believe that these reactionary developments were and are not inevitable and can be reversed by those collectively committed to community critical psychology.

In this paper, despite many differences in our constituting contexts, approaches and work, we come together in solidarity as community *critical* psychologists to emphasise our common commitment to the development and enactment of community *critical* psychologies, and our common opposition to the dominant community (acritical) psychologies. The ordering of terms is significant here. We are committed to the wider spectrum of critical psychologies which expose and contest community injustice and misery rather than to the subset of community psychologies which are critical in standpoint. We are critical in relation to oppressive and unjust societal arrangements but also critical in relation to community psychologies, and other manifestations of 'psy', which collude with or actually construct and maintain oppression and injustice.

Although the concept of community is central to community critical psychology, we believe it is remarkable how seldom and how superficially the notion of community has been subjected to critical i.e. historical, political and ideological critique by community psychologists who use the term.

In dominant discourses "community" is usually positioned either as a 'safe', 'warm', 'friendly' 'place' or community is positioned as marginal, amoral, anomic or foreboding, forbidding and frightening. Because the uncritical construction of community can lead to a justification for processes of 'othering', exclusion and apartheid-construction through boundary drawing, we believe that we have an obligation as community critical psychologists to critically reflect on the concept of community, to clarify to which community we refer when we use the term 'community',

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to consider who is being 'othered' by being placed outside of 'community', through our talk, thought and action, and to theorise how the concept has been constructed historically and is reconstructed and deployed today. This is especially the case when community is positioned as a place of familiarity (shared interests, shared space, shared identity and so on) and othering is achieved through positioning in terms of alien exteriority.

The concept of community has been transformed and employed by various interest groups for varying political and economic purposes and is rooted in regulation. For example, historically, the concept of community was tied to the management of workers under colonial direct rule in East Africa where 'community' was constructed to classify and regulate South Asian immigrant skilled manual workers. The construct 'tribe' had been used to administer the African workforce but this was regarded as inappropriate for South Asian workers so a new concept had to be created. During the dramatic social upheavals of the English Industrial Revolution, community was reconstructed to transfer the regulation of society from regulation by nature (agriculture and artisanship) i.e. to the regulation of society through bureaucratic social administration and the mechanisation of working practices (agribusiness, commerce and industry). More recently, in the UK, community was incorporated in 'third-way politics' – transferring responsibility away from social institutions to 'communities' with the consequence that 'community' has become the site of a political project which mediates between the individual and social institutions.

It is therefore essential for community critical psychologists to undertake critical analyses of "community" because it is important to understand the constitutive material, social, socio-economic, cultural, ideological and discursive contexts within which attempts are made to anchor its meaning, the ideological purposes for which it is invoked and the types of subordination it creates.

This larger context, within which the objects of study and intervention of community psychology are in contemporary times inevitably immersed, is in perpetual socio-economic, cultural, political, ideological and historical flux. We believe that contemporary 'hyper-', 'late-', 'post-', 'liquid-' or 'modern-' societies are impossible to comprehend on the basis of single organizing principles, as at least appeared to be the case in the past when traditional societal organizations seemed more stable, rigid and *simple*, i.e. less complex, and more predictable. Contemporary societies have become increasingly characterised by: paradox and contradiction; developmental trends working in divergent and sometimes opposite directions; accelerating social change, unremitting scientific and technological innovation; rampant ubiquitous consumerism; elimination of common cultural/collective reference points; the gradual disappearance of successive grand meta-narratives and the emergence of individualising, life narratives. Relations between traditional societies and contemporary ones have, in other words, been ruptured.

We believe these changes have cumulatively changed the means through which personal existence can be rendered meaningful and as a consequence: people have found it increasingly difficult to construct a sufficiently coherent understanding of themselves and the social world in which they live; isolated and victimised persons have been blamed for their own social exclusion, unemployment or having been 'othered' in myriad ways; and governmentality has been increasingly achieved through uniquely subtle modes of control in which psychology has been central because both constructing 'known' psychological dimensions of 'reality' and itself being a manifestation of the psychologised-therapeutic cultures which it has played a part in constructing.

'Community' is an ambiguous concept which has, in diverse lay and expert discourses, a wide variety of sometimes contradictory meanings, serving the interests of a wide variety of ideologically distinct interest groups. The growing individualisation and privatisation of life has been paralleled by a mythologizing of 'community' which has ignored the often inegalitarian and unfair aspects of communities and refrained from consideration of the problematic specificities of particular communities in their socio-historical context i.e. power imbalances associated with ethnocentrism, classism, heterosexism, ageism, sexism, embodied diversity and, especially, patriarchy and colonisation.

We believe that colonialist practices constitute one of the most important causes of community mental health problems. There are a number of examples of colonialist practices to be drawn upon. However, here, we focus upon problematic uncritical western funded projects misleadingly referred to as "civil society" organizations, often NGOs (Non Government Organizations) which have come to constitute an encompassing network recently imported and now operating widely in the third world.

During the first two decades of resistance to the Israeli occupation, the Palestinian people in the West Bank and Gaza Strip managed to establish an extraordinary network of grassroots organisations and community level committees, including student unions, women's groups, workers' groups and a wide variety of professional organisations. Underlying this sense of community and collective responsibility was spectacular participation in volunteering and contribution to the public good. When the first *Intifada* erupted in 1987, these grassroots community groups engaged in sustained resistance to oppression and provided much needed social and psychological support to victims of political and military violence.

When the second *Intifada* erupted in 2000 the situation was quite different. The Palestinian community in the West Bank and Gaza was less prepared to sustain collective struggle and provide the level of social and psychological support it did before because indigenous, grassroots, and community based voluntary organisations had been disabled by an invasion by a plethora of Western Non Government Organizations providing individualized, depoliticized, psycho-social training-cum-mental health care services to a broad variety of groups including women, children and victims of military violence. Not only were these projects sporadic, overlapping, ill defined, seldom properly evaluated and generally unrelated to any strategic plan or a clearly defined movement to enhance the mental health of oppressed Palestinian communities but they were constrained by the economic and political agendas of the funders and contributed to the construction of demoralised, depoliticised and pacified communities through psychologising, medicalising and individualising collective injustice and oppression stemming from brutal repression and military violence perpetrated through the occupation. The work of these Non Government Organizations was anything but praxis towards liberation and social justice for the communities they purport to serve. Within this oppressive context mental health research and practice became part of the problem rather than part of the solution.

We call for the development of community critical psychologies up to the task of understanding and contesting the constructed consequence of prolonged colonialist oppression and profound social injustice recently reproduced in recent reactionary, so-called, 'innovations' in mental health social policy and practice in Western Europe which fail to address the most basic social, political and economic issues and, paradoxically, contribute to the creation of oppression,

injustice and suffering.

Take the example of the UK which currently has one of the highest rates of child poverty in Europe, although the relevance of this – even at a time when the discourse of 'evidence-based practice' is dominant - tends to be underplayed or actually ignored. The US and the UK in the 1970s and 1980s exemplified the political, economic and social changes that came to be known as neo-liberalism which encouraged a right of centre focus on the supply side of the economy. Corporate interests were placed at the heart of the political agenda and in country after country, markets were deregulated, state planning and power dismantled, welfare cut and/or criminalized and full employment policies abandoned. These changes were directly responsible for grossly inflating the number of people living in poverty, growing social inequality, decreasing occupational security, work intensification and homelessness.

Regarding mental health, the overwhelming focus of inquiry has been on the individual. Individual discourses of suffering have been promoted in medicine, the media and politics. This is exemplified by Richard Layard, who, in his work in the economics of happiness and in his affiliation with the Blair government, became a prominent spokesperson and influential lobbyist for individualistic interventions in relation to mental health. Layard contended that 10,000 extra therapists and 5,000 clinical psychologists needed to be trained over a short time and the consequent 'Improving Access to Psychological Therapies Programme' was the UK government's solution to the mental health crisis. The aims of the programme included providing psychological therapy to help people stay in work and improve their well-being. More recently the UK Government announced plans to provide CBT to people made redundant. All the while the UK government, in conjunction with a business community with growing influence over social and economic policy, and bolstered largely by uncritical, compliant or even collusive institutionalised psychology, has continued to collude with damaging economic and labour market practices that contribute to increasing social distress.

We believe that social science relevant to health and community is characterised by four broad forms of intellectual labour and knowledge production operating alongside each other, sometimes in synergy and sometimes in uneasy co-existence. These synergies and tensions speak to the ambiguities and challenges inherent in the broader quest to advance liberatory forms of scholarship and praxis in community psychology and other social and human sciences.

The first form of labour, 'knowledge brokering', is characterised by utilization of a range of mathematical and statistical techniques and formulae to make meaning of what was assumed to be objective, measurable phenomena. Such meaning and understanding, in the form of empirically produced data are used as instruments to construct and legitimate pronouncements and recommendations.

The second form of labour, evidence-led model development, is characterised by the promotion of various models of service delivery guided by the principles of community psychology and emphasises partnership, equity, prevention, positive mental health, appreciation of context, experimental efforts dedicated to developing replicable, cost-effective, and culturally appropriate modes of psychosocial services.

The third form of labour, rebellion, is characterised by recognition of community members as authentic and vibrant intellectual agents and attempts to synergize particular analytical and methodological skills with project participants' investigative and dissemination skills such as

story-telling and narrative exposition. Like any innovation this form of labour produces new and unexpected tensions and questions about how to restrict the dominance of certain forms of knowledge creation within and outside of science and how best to foster egalitarian relations when science meets society.

The fourth form of labour, critical introspection, is characterised by introspective critique of the production and re-production of material and discursive inequalities in the system of knowledge-creation.

Whilst there is diversity in our respective community critical psychology standpoints and practices, we have here tried to draw out some characteristics of the standpoints and practices which we share. Thus we tend to:

draw upon subjugated literatures and conceptual frames of reference from outside the mainstream Anglo-Saxon psychological disciplinary tradition;

problematise: individualism, the psychological and 'the community' as modes of conceptualisation and bases for intervention;

critique mainstream psychologies as disciplinary practices;

emphasise that capitalist neo-liberal globalisation, colonialism and patriarchy are fundamental causes of misery and ill health in contemporary societies;

emphasise the importance of developing and enacting politically progressive community critical psychologies as contributions to the task of collectively transforming social reality to promote health, well-being and social justice;

recognise the obligation to reflexively turn the critical gaze not only on the disciplinary ideologies, theories, procedures and practices of mainstream psychology but also on those of acritical *community* psychologies;

urge the reconstruction, root and branch, of the interconnected conceptualisations, practices, procedures, technologies and ideologies which constitute both elite 'psychology' and popular 'psy'.

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