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Psychology in the Real World: Understanding yourself and others: An attempt to have an impact on stigma and social inclusion

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***Abstract**: This article describes (and presents data from an evaluation of) a* Psychology in the Real World *course that attempts to bridge the gap between adult education courses and NHS groupwork. In particular it looks at whether groups such as this one can have an impact on social exclusion and stigma, and reports modest changes in people's attitudes regarding mental illness, and in terms of loneliness, accessing education and employment.*

***Keywords**: groupwork; group therapy; stigma; social inclusion; adult education*

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Introduction

Psychology in the Real World: Understanding yourself and others is the title of a 12 week course that the first author has run five times over the past 4 years. This article is based on an evaluation of the last three courses that have run at an Arts and Education Centre in the West Midlands (see www.shropsych.org/rwgroupresearch.pdf for a copy of the full report). The authors come from different perspectives: the first from the researcher-groupwork practitioner, the second from an outsider perspective (see McDermott, 2005).

The National Service Framework for Mental Health (Standard 1) states that services should 'combat discrimination against individuals and groups with mental health problems and promote their social inclusion'. In 2004 the Minister for Social Exclusion, referring to the report *Mental Health and Social Exclusion* from the Social Exclusion Unit, said:

> This report shows people with mental health problems are one of the most socially excluded groups. Too often, they do not have the support they need to participate fully in society, yet we know that employment and community activities are important in promoting both mental and physical well being.

The report advocated a redesign of Health and Social Services to challenge stigma and discrimination and assist access to employment, community activities, education and training.

The Tomlinson Report in 1996 recognised the impact that mental health difficulties can have on quality of life and the benefits of effective learning provision. The National Institute of Adult Continuing Education (NIACE) identified benefits of learning regarding young people with mental health difficulties as: the provision of structure and stability; opportunities to gain confidence and self-esteem; the building of support networks; empowerment; and the provision of opportunities for people to progress, fulfil potential and gain personal satisfaction. Benefits to society include: greater inclusion of a marginalised group; enhanced understanding, acceptance and tolerance of people; reduced expenditure on health and social services; and improved mental health.

The course

The *Psychology in the Real World* course takes place over 12 weekly sessions of two hours and costs £28 (£5 with concessions). Participants sign up in the same way they sign up for other courses at the Arts and Education Centre; there are no selection criteria, and it is advertised as 'suitable for all'. The course is actively advertised and promoted at local Community Mental Health Teams (CMHTs) and at other mental health services as well as being generally advertised alongside other courses by the venue.

Austin (1999) has discussed the need for 'psychological ramps' to help people access mainstream education: just as people with physical disabilities benefit from having physical environments that enable access, people with mental health problems need to be enabled to overcome psychological and environmental barriers to joining and attending education and community activities. The centre employs a Learning Support Worker who will meet people in advance, help calm any worries, take people around beforehand, liaise with the tutors, and support people whilst they attend *Psychology in the Real World* or any of the other courses. This includes sitting in with anyone who otherwise would be too anxious to attend, or arranging for a friend or family member to attend alongside the person free of charge.

In the first meeting participants select from a menu of topics those which they are most interested in exploring (see Fig. 1 overleaf) and are encouraged to suggest other areas that, given sufficient interest from the group, can be included. In subsequent weeks each topic is looked at from a different angle, utilising different teaching strategies, from lecture and group discussion to experiential investigation. The course is a product of its postmodern time in the sense that there is an appreciation of the plasticity and constant change of reality and knowledge, a stress on the priority of concrete experience over fixed abstract principles, and a conviction that no single a priori thought system should govern belief or investigation (Tarnas, 1996).

Psychology in the Real World courses are very different from psycho-education courses. *Strategies for Living* adult education courses, run in the 1980s (eg Butcher and de Clive-Lowe, 1985) aimed to provide self-help strategies to help people cope with common psychological difficulties. Brown, Cochrane and Hancox (2000) have

Figure1
Topic list from *Psychology in the Real World: Understanding Yourself and Others* Course

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

Why are we so afraid of 'mental illness'?

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

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

Why are people violent?

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

What makes us depressed?

Why are so many people taking psychiatric and other drugs?

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

What is the point of being alive?

What helps us feel safe and secure?

Should we 'be careful who we pretend to be because we are who we pretend to be'?

What is it like to be listened to?

In what ways is our environment psychologically toxic?

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

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

found that 'workshops' for people in the community (for example on stress management utilising cognitive-behavioural and other coping strategies) are effective and economical in reducing stress and anxiety on a large scale in non-clinical populations. Carson and Brewerton (1991) showed that such courses can reduce stigma (as people attend as students, not patients, and in educational rather than mental health service settings). Feedback from Butcher and de Clive-Lowe's (1985) course, however, suggested that participants would have liked more opportunities to discuss their own problems, and Brown, Cochrane and Hancox (2000) suggested that a programme offering fewer methods may be more effective.

Psychology in the Real World provides these opportunities and reflects contemporary interest in the wisdom of groups rather than the wisdom of experts (Surowiecki, 2004). As Fig 1 reveals, it concentrates on *Why* rather than *How* questions and actively encourages participants to generate and formulate their own ideas and theories in response to such questions. It challenges individualistic notions in psychology, focuses on people understanding themselves *and* others, and gives weight to the social and distal causes of distress (it looks not just at the 'causes' but at the 'causes of causes'). It overlaps with the concept of the social pedagogue and takes a broad view of what education is (which includes aspects of social, psychological, emotional development), but the facilitator does not see himself as a social educator – rather a creator of an environment in which this kind of development can occur. As such, these courses offer a radical alternative to psycho-educational and 'skills for ills' programs; one that might not lead to ever-increasing numbers of people identifying themselves as individually ill or disturbed and in need of individual therapy or treatment.

Why are we so afraid of mental illness? (see Fig. 1) involves lecture and discussion on the history of the concept of mental illness, drawing upon historical accounts (e.g. Porter, 2002) as well as following Foucault's genealogical investigations into the social construction of knowledge. It provides information about the history of people designated as 'mentally ill' being given stigmatising labels (for example, people with 'insufficient mental hygiene'), being excluded (for example, put on ships and given food at ports and sent away – the 'ship of fools'; being incarcerated in institutions outside towns); being grouped alongside other stigmatised groups (for example, being put in hospitals previously used for people

with leprosy) and how this degrades and devalues people in their own and other people's minds (Wolfensberger, 1992). It invites discussion about the ways that group processes work to scapegoat people who are different, and how these processes lead people to over-emphasise the sameness of members of the in-group and over-emphasise difference in comparison to members of out-groups, and how members of both the 'sane' and 'mentally ill' groups engage in these processes. During *In what kinds of ways do our experiences during childhood affect us?* participants listen to a recording of *95 Theses 95* by Garrison Keillor, a (fictional) monologue of a man's childhood experiences and early adulthood. The participants, as a group, produce a formulation – a theoretical map of why he is like he is based on the information they have. This tends to include illustrations of various psychodynamic theories. In terms of stigma, it is emphasised that these ideas apply to all of us – they are not just ways of explaining psychopathology, but are means of understanding the ways in which childhood experiences stay with and shape us all. *How come so many people don't like the way they look?* takes a social materialist stance looking at the role of capitalism and distal powers (see Smail, 2005) in influencing people's behaviour; an example of material used to convey this can be found on www.shropsych.org/leaflets.htm. Again, the emphasis is that all of us are bombarded with messages from fashion and media industries that make all of us (not just people diagnosed as anorexic, bulimic or body dysmorphic) uncomfortable with our bodies. *What helps us feel safe and secure?* starts with an invitation to the group to think about this question themselves, and involves an invitation to participants to free associate after hearing the word 'insecure', and to use art therapy to draw the concept 'safe'. *What is it like to be listened to?* involves paired listening/co-counselling as well as reflection on whether people have ever felt listened to outside the group, whether people feel they have been listened to in the group, and other group reflections.

Throughout all the sessions participants are encouraged to engage in collaborative conversations (Hulme, 1999), sometimes in pairs, sometimes in the whole group. A key philosophy is that we are all psychologists: although the facilitator might present some theories and research from psychology (as well as sociology, philosophy and history), participants are actively encouraged to explore and develop their own views. They are not treated as 'empty receptacles' waiting to be filled

with the knowledge and expertise of a psychologist who purports to have the answers to life's problems. It is not a psycho-educational course where students are taught what is wrong with them and given strategies for living. The purpose of *Psychology in the Real World: Understanding Ourselves and Others* is to engage in a joint endeavour to critically reflect on areas of life that hold resonance for us and to be open to having our established beliefs challenged. One participant said 'I thought I would be told all the answers, but this is much more liberating.' As Freire stated: the essence of education is the practice of freedom; people are to be assisted to become 'fully human', and this does not occur through the 'banking' approach to education, where students have to remain open to deposits made by the teacher (Freire, 1970/2000).

Course ideologies and aims regarding stigma and social inclusion

The course is intended to be less stigmatising and to challenge stigma more effectively than groups set up in mental health services

People attend as students/participants not patients/clients. Being a student makes people feel better than a person needing psychological help (Carson and Brewerton, 1991). The venue is free of stigmatising signs and messages (e.g. locked doors) that characterise many mental health settings. It is welcoming, and full of people attending a variety of courses, who have not come because they were referred or because they are 'ill' or needing treatment/therapy but because they are interested in something. The majority of people who have attended mental health services disclose this fact at some point during the course. People who have not had this experience are often surprised to discover that people they have got to know as people have been in the local psychiatric hospital, hear voices, etc. and as a consequence have some of their stereotypes and prejudices challenged. Hayward and Bright (1997) have argued that having more rounded views of people designated as mentally ill can be effective in combating stigma. In psychotherapy groups that the first author has facilitated stigma has been a re-occurring topic, but the groups have only provided opportunities to think about

the impact of stigma, whereas it appears that this course (in a modest way) perhaps lessens stigma.

The course is aimed at reducing loneliness and social exclusion

Years of providing individual therapy to lonely people, who have no or very little contact with people who care about them, has led the first author to conclude that individual therapy tends to only help loneliness whilst it is ongoing. People in psychotherapy groups can become very intimate with other people in the group at one level, but rarely become friends or even meet outside the group (some group therapies actively discourage this). *Psychology in the Real World: Understanding Yourself and Others* provides a place where people talk intimately with each other in the sessions (and learn that they can be like this outside). One of the quotes often cited during the course is: 'A therapist, like a good friend, is someone with whom we can think aloud' (Gordon, 1999). This is cited to suggest a model for intimate friendships and to assist the creation of an environment where people can 'think aloud' during the sessions (not as a recommendation for therapy). But in addition to this people usually have a drink with other course members in the adjoining café (before each session and in the break), sometimes they stay for lunch, meet other friends at the venue and introduce them to course participants. In short, people become friends. One of the main reasons people sign up for adult education courses is to make friends; this is widely known (Arnold, 2005) and openly acknowledged - in the first session people often say that they signed up for the course because they were lonely.

Feedback from participants

Either 13 or 14 people signed up for each course, with 6 people in total dropping out before the end of the courses. As people are not referred to the course it is impossible to say what percentage of people have had contact with mental health services, but the first author estimates this to be over 50% (ranging from people taking psychiatric drugs prescribed by a GP to people who have had multiple admissions to psychiatric hospital). Approximately 10% of participants had held professional

positions in mental health services. As part of an evaluation of the course, 40 people who had attended over the 2004-05 period were sent a detailed questionnaire asking them about their thoughts on the course. 23 questionnaires were returned - a response rate of 58%, which is comparatively high for a lengthy postal questionnaire. 82% of the respondents were female (compared with 78% of the overall sample) with a mean average age of 49 (range 21-77). Eight respondents attended the first course, 6 the second, and 9 the third.

Questionnaire and analysis

The questionnaire included 15 closed questions with an invitation to comment on each, and a blank page with an invitation to make general comments. The full report of the evaluation can be read on www.shropsych.org/rwgroupresearch.pdf which also lists all questions asked.

Data relating to the first 15 questions were analysed in terms of percentages of people responding 'yes', 'no' and 'don't know'/ 'not relevant' to each question and a content analysis of comments made about each question. The final page of the questionnaire, which invited people to make further comments, was subjected by the two authors to a grounded theory analysis of the type described by Pidgeon and Henwood (1996). This article does not attempt to repeat the methodological rigour of the original report nor give a comprehensive account of the feedback. Rather, extracts from the report have been taken in order to shed light on the particular areas of stigma and social inclusion and to highlight some group processes, whilst endeavouring to not misrepresent the original data.

Data

Analysis of specific questions

A significant majority (>75%) of respondents reported having a greater understanding of themselves and of others as a result of coming on the course. The heterogeneity of the group was welcomed:

Fortunately we had a wonderful group of mixed ages, backgrounds. I don't know how well this particular course would run if otherwise.

There appears to have been some breakdown of 'us and them' thinking and a diminishing of stereotypes, for example:

I would like to think I exercise a little more tolerance to others.

Although some people retained identification of themselves as part of a (disadvantaged) group, this was without a belief that this was indicative of individual defectiveness:

It has confirmed my feelings that being a system survivor is a constant struggle and the system needs to move forward.

Of the respondents, 83% felt that the course had increased their knowledge, skills or confidence, with many comments relating to increased knowledge of people, psychology and mental health, and increased confidence through being able to speak in a group, for example:

Knowledge is power; I was also able to confront my fear of talking publicly.

In terms of self-esteem and psychological well-being, more people responded that it had improved than not. Seven positive comments were made, including comments about how attaining higher self-esteem takes time and how the course helped in this process through people being able to speak, be listened and attended to *'in a safe and accepting group environment'*, through hearing other's experiences and through increased understanding of problems that affect us all.

The results were more equivocal regarding employment prospects: 30% felt their employment prospects had enhanced as a result of coming on the course, whereas 30% disagreed (39% did not think this was relevant or did not answer this question). Positive comments included:

Encouragement to change my job after nine years which has increased my confidence.

Similarly equivocal findings were for the question 'I feel a greater part of a community or group', with 39% responding in the affirmative, 43% negative and 18% not answered/not relevant:

It certainly helped to be part of a group of people who were understanding and accepting, and that helped me to go on to a group where there was a greater mix of people and experiences.

I feel I can join in groups more – before I felt rather hesitant and felt I shouldn't – that perhaps I wasn't wanted (pathetic but true).

Other participants pointed out the transitory nature of this sense of belonging:

Not as a permanent state. Whilst the course ran there was a group member feeling.

Although only a minority reported feeling less lonely (26%) a number of positive comments were made, for example:

It was nice to feel accepted and talk openly with such a nice group of people who I look forward to seeing sometime in the future.

There were 5 neutral/negative comments, which fit into two categories: people who said they never feel lonely and people who said they always feel lonely or alone whatever the circumstances, for example:

I always feel lonely. No amount of interaction will change this. It is the way I am and always have been.

One aim is that the course will serve as a start-off point for people to go on and attend other courses, at the same or alternative venues (the centre puts on over 50 different short and term-long courses and has links with neighbouring universities). Informal feedback indicated that this aspect of the course had potential to be very successful: one man who hears voices and has been involved in psychiatric services for many years started a degree in Languages after attending. Of the people who filled in the questionnaire, 26% had already enrolled on

another course, with a further 25% indicating an intention to enrol on other courses in the near future.

In response to the question 'As a result of being on the course my views about 'mental illness' and people called 'mentally ill' have changed', 39% answered *yes* and 43% *no* (17% *not answered/relevant).* Eight positive comments were made centring around themes such as insights into the way all of us can be affected by damaging life experiences and a lessening of the 'ill' and 'well' dichotomy, for example:

> *I feel a lot less fearful of people with mental health problems. I see mental health now as a scale that we are all on somewhere rather than 'them and us'.*

There were 4 neutral/negative comments, for example:

> *I already had a pretty good idea about both from personal experience! But I think that other group members who perhaps had not had such close experience seemed to gain more understanding as the weeks went by.*

Of the respondents, 13% had had less contact with NHS and Social Services since doing the course, and none had had more contact, indicating that the course does not bring more people into a (stigmatising) service, and perhaps helps a little to reduce people's involvement with statutory services.

Analysis of general comments

The report includes a grounded theory analysis of 107 data strips from 20 participants who responded to an invite at the end of the questionnaire to make general comments about the course. This enabled some analysis of process issues that helped the courses be successful. Nine positive comments about the facilitation style and its contribution to personal outcomes were made, including reference to the facilitator's *'honesty'*, *'clarity'* and *'sympathetic response to some of my obvious past problems.'* Perhaps because the first author/facilitator is used to creating environments where people can talk intimately, people rapidly do. Modelling self-disclosure – the facilitator talking about his own breakdowns, difficult family experiences, and other personal experiences that seemed relevant and illustrative – appeared helpful in creating a therapeutic environment:

> *I was particularly impressed with the way he told his own story which removed the 'them and us' feeling. Also the way he is able to listen to the daftest comment as if it is relevant and valid!; An excellent tutor who at all times encouraged group participation and enabled us all to allow our vulnerability to be revealed.*

Comments about the importance of the group members related to them being '*supportive*', '*sensitive, nice, clever human beings*', and of

> *… various ages, gender and worldly experiences, sitting around a table eyeing each other up and not knowing what to expect and a clinical psychologist with a warm, friendly personality.*

Participants welcomed the '*trust and honesty*' in the group. The atmosphere and dynamics were described as

> *non-threatening (no intrusive questions) so there was no tension.*

People felt validated:

> *I personally find it difficult to talk in a group set-up but over the weeks I found myself joining in discussions more and more and realising that my point of view was as valid as anyone else's.*

Part of the analysis included grouping of data under the concept 'Personal Impact' on people of being on the course (which was further analysed under 3 main sub-categories): In terms of 'Inner Resources and Self-Understanding' people said they felt '*empowered*', '*more alive*' and had more '*motivation*', '*confidence*' and '*insight.*' One person said:

> *I felt mentally stronger for doing this course (didn't do it for that reason, so that was an unexpected bonus).*

Other comments included:

> *We were led through a long path to acceptance – accepting others/who we are, not what the 'Kellogs' breakfast ads believe we have to be like.*

In terms of 'Understanding Others' people also commented positively, for example:

> *It was so good to realise that in spite of or because of all our faults and failings we are all mortal and members of the human race and it's ok not to be scared of those who are different to ourselves, live lives and express themselves differently.*

'*Life Changes*' described by participants included major relationship changes, and job/education changes, for example:

> *The course made an important contribution to enabling me to get out of the rut I was in and to move on with my life by leaving a long term unhappy marriage, in enabling me to accept and value myself and to sense the care and support of others in the group.*

Discussion

The evaluation indicates that courses such as *Psychology in the Real World,* which are on the boundary between community based learning and therapeutic groups (see Muir, 2000), can have positive effects in a variety of ways, including in the areas of stigma, loneliness and social inclusion. At times the course can feel like a therapy group and many of the therapeutic factors in group psychotherapy (Yalom, 1985) appear to occur, often quicker than in group psychotherapy settings that we have been involved in (as participants or facilitators). The concept of 'universality' runs through the topics and group learning experiences. People embedded in psychiatric services hear the experiences of people who have also struggled but do not have contact with services – this brings about 'instillation of hope'. 'Imitative behaviour', 'interpersonal learning' and 'altruism' are weekly occurrences. There is also encouragement to reflect on the experience of being in a group (although little opportunity to openly work through insights about the mirroring of family dynamics). Clearly, although the process of group therapy differs significantly from this course, it is not just therapy groups that are therapeutic. From Plato through to the Workers Education Association (WEA.) people have put forward the proposition that education that enables people to critically reflect on their experiences and the world

is helpful to individuals and society in general; spending time in a communal enterprise of analysis and exploration of the roots of people's distressing behaviours appears to have been experienced as helpful by the majority of participants on the *Psychology in the Real World* courses, and there is evidence of potential benefits to the wider community.

Members of the group stated that they had more understanding of people who have had mental health problems. There seemed to be less 'us and them' thinking from people who have never been involved with mental health services and from people who have, with a recognition that we are all people who can and will struggle when life overwhelms us. This fits with an ideological belief that it is minorities that are stigmatized and if we all see each other as part of the human race then prejudices against certain groups such as the 'mentally ill' become lessened. This involves a different strategy from ones that aim to reduce stigma, discrimination and increase social inclusion for an identified disadvantaged group such as the 'disabled' (strategies often included under the banner of 'mental health promotion'); such strategies have their advocates in the psychiatric and social work professions and in the service user movement, but in our opinion can run the risk of increasing stigma through emphasising differences rather than similarities between people.

The course seems to have some effects on empowering people through increasing competencies, as advocated by proponents of social role valorisation and the attainment of social power (e.g. Wolfensberger, 1992; Smail, 2005). Inevitably any gains will be relatively modest, and not all participants recorded them, but gains seem apparent in the areas of education and accessing other courses; employment prospects; confidence, self-esteem and self-concept; improved relationships; and through making friends. The course did not lead people to have more contact with mental health services, in fact, it did the opposite, thus does not seem to be part of the types of mental health promotion that leads to an ever-burgeoning psy-complex (Hansen, McHoul and Rapley, 2003).

Doel and Sawdon (2001) evaluated groupworkers' views on factors that make for successful groupwork, and *Psychology in the Real World* was fortunate to have many factors they highlighted. For example, the facilitator was able to spend considerable time preparing for each session (even repeated topics sometimes needed up to 8 hours preparation for

a two-hour session); the setting was appropriate for groupwork as well as being a crucial site regarding people signing up for other courses and thus increasing social inclusion; the course has been recognised by the Mental Health Directorate Clinical Governance Group as fitting with NSF and other NHS Trust and Government directives and aims and thus has official sanction; co-workers in the CMHT were actively supportive and helpful in encouraging core CMHT clients to sign up and come to the course. Given the time pressures on all workers in the NHS and Social Services it is not easy to protect sufficient time to do things beyond responding to individual referrals. But if we are serious about combating stigma and prejudice and facilitating social inclusion, and if we want to assist people to critically reflect on the underlying causes of distress (rather than teach people 'skills for ills'), the type of groupwork encompassed in the *Psychology in the Real World* courses perhaps offers one way of doing this.

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