What are Psychology in the Real World groups like?

Although each group is different they share some characteristics, such as:

• They take place in 'the ordinary places of life'…arts and education centres, libraries, along river paths and in local pubs.

• They are not 'skills for ills' groups – they respect the fact that, as one participant put it, 'there are as many recoveries as there are people'. There is a recognition that each person's reactions to their life experiences are unique and complex, there are a myriad of causes of distress, and sharing our experiences and thoughts with others enables a collective wisdom to arise that often outweighs the wisdom of any expert. Participants are not seen as empty vessels needing to be filled up with knowledge passed on by the group leader, but rather as people who can develop their own ways of critiquing the world that they live in and its impacts on them and others. Group members may learn *how to think* but are not taught *what to think*. As one participant put it, 'I expected to be told the answers, but this is much more liberating!'

• People are not formally referred to the groups – the groups are open to all and are advertised locally in a variety of NHS and other community settings (such as pubs and shop windows). When advertising the groups, attempts are made to get as broad a mix of people as possible in terms of age, class, gender, sexuality, race and, particularly, mental health service involvement. Often around a third of participants have been accessing secondary services such as community mental health or assertive outreach teams, a third have had some primary care service (e.g. taken psychiatric drugs prescribed by a G.P. or received counselling) and a third have had no previous mental health service involvement. The age of participants has ranged from 4 to 84 – from a young child who regularly joined in *Walk and Talk* alongside his parents to an octogenarian who, during *Thinking about Medication,* described herself as a 'carer and psychiatric system survivor who was damaged by ECT over 30 years ago'. This mix of participants contrasts sharply with mental health services which tend to categorise people in terms of some attribute or presenting problem and exclude people who do not fit certain criteria.

• They are often inspired, planned and co-facilitated by people who have previously attended other *Psychology in the Real World* courses, and are frequently based on ideas that came out of these groups. For example, *Toxic Mental Environments* and *Thinking about Medication* led to explorations of the importance of accessing the countryside as a way of people detoxifying reactions to contemporary culture and as an alternative to taking psychiatric drugs. This led to Anna Hughes and me setting up *Walk and Talk*. Anna, as well as being a mum and a marathon runner, describes herself as a mental health service user. *Walk and Talk* has subsequently been run and organised by a collective of people, some of whom have a history of mental health service involvement, some of whom do not, but all of whom initially came along as members of the group (see facilitators page).

• Research findings are discussed and critiqued (e.g. *What lessons might we learn from the Milgram and Stanford Prison experiments? Might the validity of research conducted by organisations that have a financial interest in obtaining positive results be sometimes compromised?*). However, unlike the NICE guidelines, the evidence of group members' lived experiences, and reflections on those experiences, are given just as much weight as findings from 'the evidence base'. These are also held up for critique (e.g. *To what extent are insights gained from our own personal experience applicable to others?*).

• We explore theories and research relating to the causes of people's distress, but look beyond immediate factors to the *causes of causes,* for example aspects of 21st century consumer capitalism that perhaps damage us all.

• Participants are encouraged and assisted to move from critique and analysis to social action during and on ending the groups.

The groups have been evaluated in a range of ways and have been shown to have impacts on various aspects of people's lives and the communities they inhabit. For example, some people's health and wellbeing has improved (e.g. group members have reduced and come off psychiatric medication); others have recognised changes in what David Smail has called *proximal powers* (e.g. by coming to a non-stigmatising and valued group, rather than attending a mental health unit as a 'patient' or 'service

user', and going on to attain skills and status as a group co-facilitator, people have taken on roles that accord them greater power); there appears to have been some lessening of stigmatising and prejudiced attitudes in the area of mental health (e.g. people who have never had any involvement with mental health services have commented on having less fear and greater understanding of people who have been in the local psychiatric hospital, or been diagnosed with schizophrenia, having got to know fellow group members who have had such experiences); and people have brought about some modest changes in various systems and environments (e.g. by coming together to improve, protect and increase access to the river paths used on *Walk and Talk*).

A loose nexus of people associated with *Psychology in the Real World* continue to link up with and support each other. Some have set up their own projects; others have inspired and assisted the setting up of similar groups. For example, group members, some with considerable histories of psychiatric service involvement, have described the groups at conferences and training events, gone to other parts of Britain to provide advice and assistance to people setting up medication groups, and have initiated eco-projects to help people access the benefits of being in the countryside. Many have re-acquainted themselves with old skills and others have developed new ones.

Evaluations have indicated that, although *Psychology in the Real World* groups are not set up as therapy groups, a significant number of people report benefits that mirror the therapeutic gains people obtain from individual and group therapy. The benefits people describe, however, go beyond those of self-understanding. For example, expressing one's views and being listened to and respected in a group tends to bolster people's self esteem in a more powerful way than occurs in one-to-one therapy. And if this takes place in a large group in a socially valued setting, such as at a conference, the impacts are even more dramatic. But not all feedback about the groups is positive and not everything is a success. Although dropout rates tend to be low, people do leave the groups before the end, and certainly not everyone who comes to a *Psychology in the Real World* venture becomes an activist. No group can meet all the needs of everyone who gets involved and all groups have the capacity to harm as well as help. Although Psychology in the Real World: Community-based groupwork has chapters written by people who describe some dramatic and long-lasting beneficial

impacts following their involvement in the groups (e.g. some no longer conceptualise themselves, or are conceptualised by others, as psychiatric patients, have come off psychiatric drugs after decades of use and have become paid employees in the NHS), for the majority of group members any gains have been relatively modest (e.g. some previously lonely and isolated people have made friends).

It is hoped that this website will assist people to set up their own groups…just do it, in your own way. We did!