

Austerity psychology

Are 'these troubled times' having an impact on how you research, teach or practise psychology? We asked, you responded, opening with the **Committee of the Society's Community Psychology Section.**

It is the political task of the social scientist... continually to translate personal troubles into public issues, and public issues into the terms of their human meaning for a variety of individuals. (Wright Mills, 1959, p.187)

Community psychologists are never in any doubt that austerity is a psychological issue. There may be some who are not so sure, fearing perhaps that there is a danger of crossing over onto political territory and losing objectivity in the process. Others may find the territory overly social and insufficiently psychological. The community psychology position is that psychological functioning can only be fully understood by appreciating its social context and that one important aim of psychology is to bring critical attention to the way in which distress may be compounded by blaming individuals, families and communities for problems that are in large part a consequence of the way society is arranged (Kagan et al, 2011; Orford, 2008; Walker et al., 2012).

When it comes to austerity specifically, we can point to more particular evidence linking macro-economic conditions with individual and family health and well-being. The evidence includes: work that traces the influence of family income loss on the problem behaviour of children via the mediating link of the disorganising effects of austerity on family life during

the 'great depression' years in the USA (Elder & Caspi, 1988); studies of the psychological effects of unemployment and 'under-employment' in the UK and elsewhere, showing that lack of adequate employment is a major cause of psychological distress and ill-health (e.g. Warr et al., 1988); and the work of Brown and colleagues (see Brown & Harris,

1978) on the role of stressful life events and difficulties in the onset of depression in women, which showed how factors such as socio-economic status in London and traditional crofting/churchgoing lifestyle in the Outer Hebrides, coupled with individual and family vulnerability factors, were important in the origins of depression. Summarising that work, Brown (1998) referred to the two ever-interconnecting strands to human life – the one personal, the other social, made up of a life career of accumulating social assets, resources and status.

Many other examples could be cited in support of the argument that the psychological is social, the personal political. What is harder to understand is why psychology has lagged behind other disciplines in trying to understand these connections. Examples of the way in which other disciplines have taken the lead in this include the work of medical



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Factors such as socio-economic status, coupled with individual and family vulnerability factors, are important in the origins of depression

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epidemiologists on the social gradient of health and the importance for health of psychological factors such as job control (e.g. Marmot et al, 1997); and the writings of Wilkinson and Pickett (2010) on the harmful effects of income inequality, which they attribute to psychological factors such as status insecurity. Students of psychology should be much better informed and more reflective about such work and its implications.

There are many potential consequences of the austerity programme for psychology. One is economic: scarce resources will need to be even more carefully allocated at both the policy and practice levels. Consequently, applied psychologists will not only be required to consider what works, but also at what cost (Maynard, 2012). Psychology needs to keep up with the emerging requirements associated with the austerity programme, by incorporating training in economic analysis into the research methods curriculum at undergraduate and postgraduate level.

As the most vulnerable groups (such as the elderly, the disabled and low-income earners) are hit hardest by the austerity policies (Penny & Slay, 2012), community psychology implores psychologists to be confident in standing alongside these groups. There is the need for innovative community-level interventions that empower and involve these vulnerable groups. Applied psychology has traditionally been disproportionately focused on individuals, and if there is any opportunity arising from the austerity programme it is to move psychology towards practising at a wider systems level. Arguably, most psychology is political in the sense that it ends up being used, either overtly or covertly, with or without our agreement, to support or challenge policy. We therefore call on psychologists to become more proactive in lobbying and policy work at both a local and national government level. We would encourage our professional body to do the same.

Choose to be agents of change, not just victims

Our clients face the daunting challenge of survival in an age of austerity. They are not alone. As psychologists, we also face this challenge, though we are likely to experience it in different ways.

This is the second age of austerity. The first came after the Second World War, in a nation that was traumatised by conflict and carrying a massive national debt. The government of that time nurtured the spirit as well as the body of the people by investing in the National Health Service. How different things are these days! Under the banner of neoliberalism the NHS is privatised, services are cut and an individualistic philosophy is used to demonise those 'scroungers and skivers' who have the temerity to exist on benefits.

The people this punishes above all are the poor, those at the bottom of the pile in terms of social and economic status as well as power. This includes people described as learning disabled as well as others unable to sell their labour on the open market. Their income is reduced, and they are either denied services altogether, or maintained on minimal support packages that leave them desperately lonely and at risk of exploitation and harm. A dominant discourse that condemns people for impairments over which they have little or no control means that less able people become an easy target for condemnation, stigmatisation and abuse (Sin et al., 2009). The impact of these developments is seen in increased rates of disability as well as physical and psychological ill-health (Emerson et al., 2009). People's self-perception and sense of identity is undermined on all fronts (Jahoda & Markova, 2004).

Applied psychologists find themselves caught in an uneasy position, charged with implementing the policies of austerity whilst at the same time attempting to ameliorate their harmful impact. Every clinical psychologist that

I talk to expresses their unhappiness with their work environment, both on their own behalf and on behalf of their clients. They are working in radically restructured services, commissioned and managed by people without a clinical background. These people, with very limited understanding of the complexities of formulation, impose cost-saving clinical decisions that are at best likely to reduce the clients' quality of life. The working conditions of psychologists are degraded, our clinical judgement is devalued, and our ability to function compassionately and effectively is compromised. This has worrying implications not only for the individuals who need our services but also for the future of our profession.

How can we respond? And how should we respond? Most of us want and need to keep our jobs, but to do this whilst caring for ourselves and maintaining a sense of integrity. Whilst working with the new system we need to have the courage and confidence in our professional ability to continue to represent the clinical needs of our clients. This is difficult, particularly for those of us working as lone psychologists in multiprofessional teams. We cannot do it alone. We need to find ways to strengthen our professional identity, through regular meetings with other psychologists and continued access to CPD. We also need the upper echelons of our professions to have the vision and commitment to think beyond making the new systems work. We need them to articulate a philosophy that provides an alternative to the dominant political discourse. This means countering individualisation with social understanding; countering commodification with a belief in the inherent value of the person; and countering a belief in financial reward as a motivator with a belief in public service and altruism.

The world of values is not particularly comfortable territory for psychologists. Our core professional identity is as

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scientist-practitioners, and we afford primacy to facts. But we also know that science operates within a social context, reflecting society's values in the subjects of its study, the ways in which it chooses to study them and the practices that flow from this (Kuhn, 1996). Moreover, psychologists working in learning disability, in emerging from the crucible of psychometric testing and behaviourism, have shown a willingness to nibble at the edges of the scientific paradigm. We have taken on board the idea of reflective practice (Schon, 1991); grown to respect the validity of multiple stories (see Smith, 2011); accepted the

importance of the social context of our work (Baum & Linaard, 2006); and introduced the practice of mindfulness, which has its roots in Buddhism (Singh et al., 2007). Behaviourism itself has evolved into 'positive behaviour support' (British Psychological Society, 2004).

It seems that the public statements of the BPS have barely caught up with this richness of perspective and the way in which it has been driven by values at least as much as science. Now as a profession we face our biggest challenge ever. We need the BPS to reposition itself with a clear statement of philosophy that is fit for purpose in these troubled times. It is

only with such a strong professional lead that individuals, in the field of learning disability and elsewhere, will have the conviction and confidence to maintain a principled stance and thereby work effectively, whether at a clinical or a strategic level.

The tide will turn. And, as Giddens (1991) reminds us, we are not just the victims but the agents of change. If we choose to be so.

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A refreshing outlook

The impact of the current economic climate in the UK is only just starting to be realised. With the increase in food banks across the country, it is becoming more difficult to deny the realities of the thousands of people who are living 'below the breadline'. Cuts in funding to services, particularly those that provide support to victims of domestic violence (Walby & Towers, 2012) may lead to increased violence both inside and outside of the home. Working in physical health settings, there has been an increase in the number of people referred for 'somatic complaints' or 'medically unexplained symptoms' – as Shorter (1992) suggests, this may be one way that people can legitimately express their difficulties in adjusting to the current climate. People are expressing physically and psychologically the feelings of hopelessness and helplessness that come with such power imbalances. But how can psychology work with people experiencing inequality on such a scale?

Feminist approaches to psychology may hold one way of looking at the current difficulties experienced across the country. Feminist psychology moves beyond advocating equality for women, and looks towards dismantling the power

imbalances that keep people trapped in cycles of oppression, including (non-exhaustively) gender, wealth, class and considerations of race and (dis)ability. Psychology as a whole is in an excellent position to take up feminist ideals as more than one of many different types of therapy – as there are many more women in psychology than men, psychology is essentially the first science subject to be 'feminised.' In some circles feminist psychology has been seen as purely political and therefore outside the realms

of a more scientifically based discipline, but it also acknowledged that the personal sphere is a political one and our clients are politicised. Politics shape policies, which in turn shape people's experiences of the world, and a denial of this would be a denial of the very realities that the people who use psychological services inhabit on a daily basis.

The work of a number of psychologists and academics across the globe has been instrumental in shaping feminist theories about inequality and relationships (see Baker Miller, 1976, for an excellent introduction to relational therapies). However, most psychological research tends either to focus on people as ill (case studies of illness and individual coping with life or death issues) or to look for global factors located within the person (e.g. research into personality types or genetic correlates). Whilst this type of work is invaluable, we must also ensure that the effects of poverty and class-based issues receive the attention that they deserve in terms of research funding.



There is no point in theorising if it does not help the people who access services

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There is no point in theorising, however, if it does not help the people who access services. One way to do this is to make it clear that the reasons for people needing help are multifaceted and to place some emphasis on poverty and inequality. It is also important to try to avoid catch-all labels such as *depression* without explaining *why* the person might be depressed. For example, unemployment and bereavement are two things that may contribute to depression; however, one has more pressing implications for government policies on welfare, social care and economic growth. Therapies following social-constructionist and narrative traditions can be seen as feminist, as they work collaboratively with people to create an understanding of their distress that is less medicalised and takes into account the multitude of social and cultural messages that people experience and that contribute to distress.

My work over the past four years (mainly in physical health settings) has come from a place of wanting to empower people to be able to recognise the difficulties that can spring from systemic inequalities, poverty and violence, whilst helping them to effectively and realistically negotiate their ways through the world. This has been done in a variety of ways, from recommending feminist texts to patients, to encouraging them to sign up for self-defence classes (and attending with them as an observer if necessary). When working with patients with 'weight management issues', initiatives such as Health at Every Size (HAES) allow more freedom to explore the meanings of size and weight with people rather than adhering rigidly to a model that situates the patient's weight as a problem and ignores societal constructs of weight and shape, as well as the implications of poverty or a lack of education on making 'bad food choices'.

From the viewpoint of a newly qualified clinical psychologist, feminist psychology offers a refreshing outlook on the current economic climate and the difficulties experienced by patients. Attempts to help people to overcome low mood and anxiety so that they are 'ready for work' in an environment of high rates of unemployment does not change the economic policies and social conventions that have created this situation. As psychologists, with the ability to reflect on our practices and the practices of others, we are able to do so much more.

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An invitation to look outwards

We are regularly informed by the government that we are living in times of 'austerity'. The media continues to report that there is general support amongst the population for addressing the economic 'deficit'; however, the extent to which there is public understanding that 'austerity' is just one possible economic strategy that might be utilised to address it is less clear. We hardly need make the case that measures taken in the name of 'austerity' have placed more people at risk of poverty (Sutherland, 2012).

Austerity offers psychologists a fresh opportunity to acknowledge the social and material influences on distress. If we take up the invitation to look outwards, rather than inwards for causes of distress, we may need to look beyond our relationships with others, our families, schools and social networks and out into the more distant edges of our 'power horizon' (Smail, 2005) to the political and social context that is the birthplace of austerity, and the place where our interventions might be targeted.

There has been a recent debate in the letters page of this magazine (April and May 2013), about whether psychologists could be agents of social change. How might we do this? The Four Element model of community psychology (Orford, 2008) offers us a framework. Psychologists can use the knowledge that they have to directly address inequalities, for example by facilitating access to research evidence for marginalised groups (Fox & Priest, 2004). An example of this from our own practice in the Homeless Mental Health Service might be sharing knowledge about the impact of the social context on mental health with sex workers through a monthly newsletter. From the position of accumulating this knowledge we can move towards joining together with others; for example, over the years we have built close relationships with local groups who campaign with and provide services for homeless people. Once we have joined with others we can begin to take action together. For example, we might take up invitations from the City Council to contribute to their consultation on proposed cuts to the funding of services for people who are homeless. We can also support groups of people who have lived experience of homelessness to take direct action in

relation to changes to services or policy they disagree with. Together our voices are louder and we all gain in access to power and resources.

Having made the case for community work, we would sound a note of caution. 'Austerity' has made partnership working more difficult. Increasingly, services and organisations are facing financial cuts meaning that there is not as much capacity across organisations. It is also increasingly common for community



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organisations to find themselves in competition with each other for service provision, which has led to fragmentation and self-preservation, neither of which are conducive to partnership working. Though it is difficult at times, continued dialogue with partners and maintaining our focus on what we're all here to do can help overcome these constraints.

Psychologists' approach of looking inwards for causes of distress means that more distal causes, like poverty, are at risk of being obscured. We can change this by looking up and out, illuminating the distal influences on human suffering and building partnerships with communities. These approaches can be mutually beneficial, friendly to the public purse, and ensure people who want support are reached before they get to crisis point and become at risk of being drawn into more costly, inpatient systems.

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My manifesto in an age of austerity

I grew up and trained in a rather triumphalist and peaceful New Zealand. Post-Cold War, nuclear-free, and (largely) pre-terrorism, pre-credit crunch and pre-global warming. Not for me or my friends was there a Gallipoli or a Crete. In retrospect there was little imposition made on me by power; parents, employers or the state. This has given me a somewhat optimistic and independent character. It also shaped my initial approach to psychology, as I had a strong belief both in the potential of the individual and that the barriers to achieving that potential were internal. This view now looks both privileged and naive.

I have a memory as a small boy of playing the hero. Somewhere along the line (perhaps realising I was not that heroic) I became interested in the cowards. Not the monsters but the petty collaborators with the strings of omissions that contributed to horrors both big and small. Professional psychology pays well, and like anyone at the upper end of the income scales I have been immune from austerity. My fear is that I am blinded to and rewarded by the system that I work in such that I cannot imagine a genuinely fairer and kinder world. A darker view is that if we were genuinely revolutionary we would not be nearly as well compensated and respected as we are.

In light of all of these concerns I give you one psychologist's reaction to austerity, my manifesto if you will. Firstly, I want to strive for a more authentic practice. These times are a reminder to genuinely listen to people's lives, not pathologise that experience or falsely

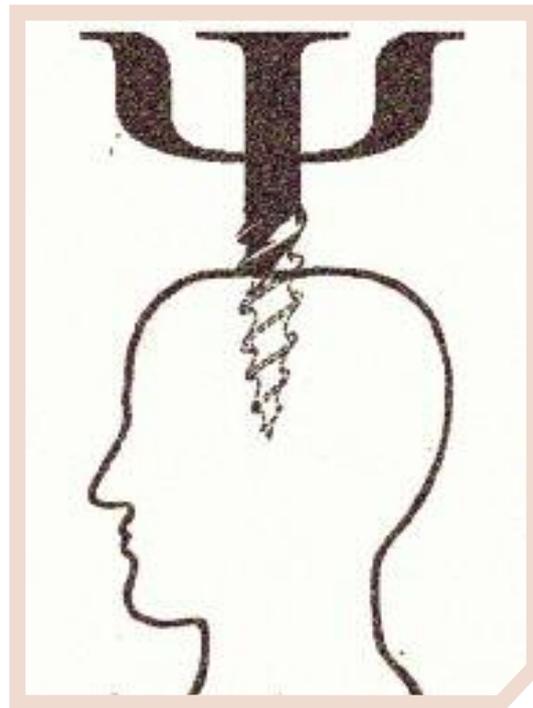
attribute cause or agency to the individual (either defective thoughts or defective genes). History, biology, society and class bind us at least as tightly as the interpretations that we make about our own experience.

Secondly, I recognise that I have power, both individual and collective. Collectively we have a professional voice, access to politicians and a science that can speak to the effects of policy and is directly relevant to the decisions of austerity. We can speak to the need for strong communities, gainful occupation, sense of equity and personal efficacy along with the shared sense of purpose that makes for healthy people and society. As a profession we can applaud decisions that contribute to this just world and speak out against those that do not.

Thirdly, I will use my individual power. I make judgements that directly influence the material quality of people's lives. I believe people are at their best when active, engaged and contributing within a rich social life. I will intervene with the institutions people are involved in to help create the circumstances where an individual person can flourish.

Fourthly, I will discuss the implications of giving a diagnosis to the people I see. Diagnosis may be useful, but it requires something from the person. They agree to a particular construction of the world but are allowed to appeal to power for aid and forgiveness of social obligations. I have always been amused that our society requires people to be sick to get help, where demands for justice are ignored. Perhaps it is safer for the majority (who are only lightly touched by odd mental phenomena, death or financial insecurity) or the powerful to recognise distress only if it does not require collective change. As the validity of individual mental health diagnosis is fraught, it is something that I will only apply with the patient's permission and for their benefit (British Psychological Society, 2013).

Finally and perhaps most contentiously, I should be exploring the idea of collective action with my patients. I accept at an individual level people need to feel effective and I encourage autonomy and assertiveness within people's lives. Many times this has involved an



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individual recruiting additional power (legal, police or family) to protect them interpersonally or to face a difficult situation. This recruitment always includes an element of tackling the shame that an individual feels for being in that situation at all.

The logic for me is inescapable. The social structures within which people live, including austerity, support people's distress. The demonising of the poor serves to take further power, degrade autonomy and is likely lead to additional helplessness and distress. Therefore in the face of these onslaughts a psychologist must support individuals to find collective strength, exercise autonomy and recognise that their need or poverty is not an individual failing. We need a collective rejection of the myths that those of us in power tell those who do not have power.

I do not know if I can do this, and the reader will recognise practical difficulties. However, I wish to practice critically and be a good steward of the public resources at my disposal. I hope in trying to act on these ideas I go some way to behaving justly and usefully to those who share their stories with me.

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What do you think?

We put out a call for contributions to this 'Opinion special' in the publication and on Twitter via @psychmag, but no doubt there are many who missed that and would now like to contribute. We would love to hear from you: The Psychologist is a forum for communication, discussion and controversy among all members of the Society.

So do you think there is such a thing as 'austerity psychology'? Are these difficult economic times having an impact on how you research, teach or practice psychology? Are there positives and negatives? How can psychology, as individuals and as a profession, adapt and thrive?

E-mail your contributions to psychologist@bps.org.uk to continue the discussion via our letters pages.

'I have the feeling that we are in a war period'

Maria Kasmirli and Keith Frankish with a Greek perspective on austerity psychology

Over the past few years no country in Europe has experienced more extreme austerity than Greece. With unsustainably high levels of national debt, the country has been forced to rely on loans from the 'troika' of the European Commission, the European Central Bank and the International Monetary Fund. These lenders required the government to implement austerity measures to reduce the deficit, and the consequent tax rises and spending cuts have sent the economy into a deep recession, now in its sixth year. Unemployment has risen to 27.4 per cent (60 per cent among young people); hundreds of thousands of businesses have closed, and there has been widespread social unrest. This has been a harsh climate for Greek psychologists, both academics and clinicians.

Psychology has only recently established itself as an independent academic discipline in Greece (the first department was established in 1987), and psychology departments are small and vulnerable. For the last three years, no new staff have been recruited, retiring staff have not been replaced, and even formally appointed staff have not been allowed to assume their posts. Meanwhile the Ministry of Education has admitted more students (undergraduate admissions are centrally controlled), reduced completion times, and increased the number of exam periods (turning universities into 'mass processing exam centres' as one academic puts it). With budget cuts, departmental mergers and closures, and competition from the private sector, many academics feel stressed and dispirited. Some talk of the 'slow death' of small departments, such as those of psychology, and many younger academics have left to seek posts overseas.

Research has also been hit. University research budgets have been cut and can support only small projects, and outside funding is scarce (there are European Union grants, but competition for them is fierce). Even basic support is lacking; researchers often have to self-fund attendance at conferences, and institutional subscriptions to online academic journals have lapsed. As salaries have been slashed and payments delayed, this raises the prospect that only those with independent means will be able to remain active researchers.

Psychologists working in applied settings (hospitals, clinics, community mental health centres, and educational environments) have

faced heavier demands and tougher working conditions. The crisis has brought a huge rise in depression, suicidality, anxiety disorders, drug abuse, domestic violence, social exclusion, and other mental health issues, and the services of medical psychologists are needed more than ever, especially in the public sector, to which patients have increasingly turned. Yet public provision has shrunk. Many institutions have been closed, had funding withdrawn or staff cut. This has created long waiting lists at the remaining institutions and left many vulnerable patients with nowhere to go: one practitioner told us that in many cases child victims of domestic abuse have to be kept in hospital. Meanwhile, fewer staff (from a small base) have increased workloads, while suffering exhaustion and insecurity themselves. 'Sometimes, I have the feeling that we are in a war period,' says Corina Hatzinikolaou, a developmental psychologist



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at the Institute of Child Health in Athens. 'In many public health structures, psychologists have to act quickly and attend to as many people as they can, not necessarily providing the best service, but attending to the most urgent needs.' There is a similarly bleak picture in the private sector, where psychologists have seen their practices shrink, while having to treat patients with more serious problems.

Yet, despite the huge stresses they are under, psychologists have responded positively to the situation. Many professionals volunteer their services, working with humanitarian organisations and churches to provide counselling and therapy services to the poor, immigrants,

homeless, and addicts; and many self-employed practitioners work with public organisations for reduced fees or none at all. Many young unemployed psychologists are involved in voluntary work – selflessly, since such activities are not considered part of their practice.

Academics have also recognised the importance of addressing the new situation. Sofia Triliva of the University of Crete talks of an 'ethical imperative' to study the impact of the economic crisis on people's lives, and has herself focused on the effects on young people and on the rise of racism, ethnocentrism and fascism, especially in schools. Maria Platsidou of the University of Macedonia notes that positive psychology is now appreciated more than ever, and that there is increased interest in topics such as subjective well-being, resilience and practical ways of helping people cope. More generally, the erosion of social structures has vividly illustrated the social dimension of psychological well-being. As Triliva puts it, 'The bases of the person's insecurities and problems are social, economic, and political, so how can s/he confront these problems as a disconnected individual or entity?'

Have there been any positive aspects to the crisis? It is hard to find any, but some of those we talked to pointed to an increase sense of solidarity and social responsibility, and to the challenges of developing new research partnerships and working together for social change.

Perhaps we can mention also the opportunities for developing international collaborations. For one thing is certain: anyone interested in the effects of austerity, on individuals, society and the profession of psychology itself, can learn much from their colleagues in Greece.

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