ARTICLE

Charting 'the mind and body economic'

Midlands Psychology Group introduce a special issue dedicated to the theme of 'austerity'

1

First para...

Subsequent paras...

2

questions

Question?

Question?

resources

Weblink/book/journal article

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> Richard Branson and the Barclay Brothers both own their own island. ... International motor shows unveil more exclusive and luxury models by Porsche, Bugatti and Rolls Royce at previously unheard of prices. ... For a swimsuit for that special occasion, you'd need £15 million in spare cash to buy one 'dripping in diamonds' designed by Gideon Oberson. (Lansley, 2006 p.*x*; and see Freeland, 2012)

On both sides of the Atlantic, the super-rich are gaining and flaunting fortunes on a scale last seen in the days of the British Empire. Meanwhile, social inequality of all kinds has been on the rise. At the close of the first decade of the new century, in the United States, one in seven households lacked secure supplies of food, and, astonishingly, nearly one in four of all American children lived in them (National Anti-Hunger Organizations, 2009); More than a quarter of all British children continue to live below the official poverty line (Child Poverty Action Group, 2013), and the figure is higher – 37 per cent – in the capital city (CPAG, 2012). As real wages for the majority have declined (Office for National Statistics, 2013) and social mobility in the UK has all but come to a stop (Dorling & Thomas, 2011), many of the poor are working, but in conditions that are more likely to drain than build their mental and physical reserves (Butterworth et al., 2011; Davis, 2012; and see Abrams, 2002). The share of the working population employed as domestic servants is the same as in the 1860s (Elliot & Atkinson, 2007); and chronic household debt is nearing an all-time high (Lanchester, 2010; Watt, 2013).

3

For the last six years, the Western world has been in the grip of the longest and most serious economic slump since the 1930s. If individual health and economic climate are closely linked, as many would argue, then our political leaders and policy makers have responded to the Great Recession by placing all of us in what amounts, in effect, to a vast clinical trial; but one that is neither supported by firm scientific evidence, nor subject to the normal rules of informed consent. As the epidemiologists David Stuckler and Sanjay Bisu point out in their new book, *The Body Economic: Why Austerity Kills*, in the one arm of this vast 'experiment', millions of people in America and Europe, including the citizens of the UK, have been subjected to 'austerity'. Presented as a strategy to tackle debts and deficits caused by an under-regulated financial sector, it consists largely of amputation: swingeing cuts in government funding for public services, for healthcare coverage, assistance to the jobless and for housing support. It represents too an attack upon the wages and pensions of public sector workers. For those of middling and lower income – and especially for the poor, the sick and the disabled – austerity also means increased financial hardship and the spectre of homelessness. In Europe, the International Monetary Fund and the European Central Bank have pressured governments in Spain, Greece and Italy to dispense this bitter medicine, traditionally imposed upon developing countries in search of economic aid (Stuckler & Basu, 2013).

In the US the American Reinvestment and Recovery Act initiated by President Obama – intended to provide some government assistance to the most needy – was short-lived; 'politicians are now cutting public health programmes, including those that boost economic growth and prevent hardship during recessions' (Stuckler & Basu, 2013 p.142).

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In Britain, the Coalition government has continued the transformation of the NHS, once viewed as the world's most equitable and efficient of healthcare systems, into an increasingly dysfunctional, market-based programme (Davis & Tallis, 2013; Pollock, 2010).

Clearly, the economic choices made by governments are more than matters of growth rates and of budgetary deficits; the work of Stuckler and Basu, at Oxford and Stanford Universities, respectively, and of their many colleagues across the world, shows that these choices are also about life and death (see, for example, Dorling, 2013; Wilkinson & Pickett, 2012). While governmental policies are not the toxins that directly cause illness, they nonetheless do serious harm because they threaten the medical, physical and economic resources, the daily routines and the places and affiliations that, together, help to keep all of us healthy and indeed sane. In the end, we would argue, such policies make it more likely that some of us will become sick or sink into despair; perhaps trying to ease our worries through recourse to chronic smoking or bingeing on alcohol, for instance; and in some cases edging closer toward premature death, whether by self-neglect, or by deliberate choice. In Greece, for example, a modern-day casualty of extreme austerity, rates of self-destruction soared in the wake of the erosion of pension rights and jobs, and likewise for cases of HIV and malaria infection, as the national government shut down the necessary environmental health monitoring and prevention programmes.

Stuckler and Basu note that austerity programmes in fact have a long history throughout the last century, most of it dismal. From the rejection of Roosevelt's New Deal by certain American states in the 1930s, to the (Washington-inspired) economic 'shock therapy' applied to Russia and Eastern Europe during the 1990s (which opened up the former socialist economy to privatisation and plunder) and onward, to the IMF programmes in the Asian crisis of the same decade… austerity programmes carry huge costs in human health and well-being and seldom deliver the promised widespread benefits in wealth and productivity (and see Harvey, 2011). In Russia, the country in which the collapse of economic and social safety nets was most drastic, male life expectancy dropped a full seven years, from 64 to 57. This was the most catastrophic decline in mortality for any industrialised country not embroiled in famine or war, during the last 50 years. Indeed, Stuckler and Basu show that in the current crisis, climbing rates of poor physical health, infectious diseases and of self-destruction are the true indices of what amounts to an official institutionalisation of insecurity: both personal and communal. In the USA for example, suicide rates were already rising slightly before the start of the recession, which then made a bad situation worse. In the three years from 2007 to 2010, American suicide deaths accelerated by an additional 4750 over the existing trend. A similar pattern was observed in the UK, where self-inflicted mortalities rose by more than 1000 cases between 2007 and 2010, shadowing the continued rise in British unemployment.

None of this should be a surprise. The epidemiologists Richard Wilkinson and Kate Pickett have shown that, for industrialised countries, the size of the gap between rich and poor faithfully predicts the extent of mortality, ill health and interpersonal strife, and especially for those with the least means (Wilkinson & Pickett, 2012). In Britain and many other countries that have embraced austerity, the poor are being blamed for their own predicament. The UK has not been as socially divided since the 1930s, but those who cannot work because of illness or disability have begun to face vilification and hatred from the media, and from their fellow citizens, to a degree that would have been unthinkable just a few years before (Coote & Lyall, 2013). Public attitude surveys in the UK indicate a growing indifference, if not contempt, toward the jobless and the indigent. To add insult to injury, this is happening at the time when sickness and disability benefit entitlements and legal protections for the weakest are being systematically cut away. Much of the moral justification for this retrenchment is based upon a rhetoric that pits 'scroungers' against 'strivers', or the deserving against the undeserving poor, as the Victorians would have said (Lister, 2004; Mooney & Hancock, 2010; Wiggan, 2012).

Trends like these are anticipated in the research of social psychologists like Melvin Lerner, who have shown that it is disturbingly easy to bring about conditions in which the victims of mistreatment are blamed for their own persecution and suffering, attributed to their supposed lack of morals and of internal resolve. Lerner argues that for the more comfortable onlooker, it is sometimes easier to believe that the world is really a fair place (in

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Caption

Freeland, C. (2012). *The plutocrats: The rise of the new global super-rich and the fall of everyone else*. London: Allen-Lane.

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which everyone ultimately gets their just deserts) than to acknowledge the evils that it systematically inflicts (Lerner, 1980). The associated quasi-religious belief in the power of the individual to overcome their own problems is embedded deeply in Anglo-American culture, and within much of psychotherapy itself (Epstein, 2010, 2013), has long been used by the powerful as a justification for disciplining the poor (Jones & Novak, 1991).

Nowhere is this ruthless attitude more evident than in the current governmental assault upon the principle of universal entitlement to state benefits: hastily being displaced by a system that places conditions on the receipt of such support, that forces people into low-paying and unsatisfying work, and that is designed to reduce and deny payments to those who are already struggling to get by. The new fitness-to-work tests and a so-called tax on 'spare bedrooms' for people living in social housing share the common feature of individualising the entitlement to benefits, but do nothing to address the widespread social inequalities that cause indolence and poverty in the first place (Wiggan, 2012). This line of thinking complements the introduction of the psychological 'technologies' of parenting training, anti-obesity initiatives and of central government endorsement of the use of 'behavioural nudging' toward healthier lifestyles – in theory designed for the general population, but in practice aimed mainly at the poor (Basham, 2010; Moloney, 2013; Throop, 2009).

Returning to Stuckler and Bisu's metaphor of the cross-continental clinical trial, what then of the alternative therapy, which they term 'stimulus'? For this treatment, citizens in some places have insisted that their leaders invest in a contrary path: designed to strengthen public health and social safety net programmes. Sweden underwent a massive economic crash in the early 1990s but suffered no comparable rise in suicide or alcohol-related deaths. In the early 21st century, Iceland struck the worst bank crisis ever, but, in response to demands from ordinary voters, its government eventually rejected the IMF's calls for radical austerity, and instead increased its social security spending between 2007 and 2009, with the result that the general health of Icelanders improved during the crisis, while the economy of the country grew by 3 per cent (Stuckler & Basu, 2013). Similar gains in public health are evident in other countries that have rejected austerity during the period of the current recession, including Canada, Norway and Japan (Harvey, 2011; Stuckler & Basu, 2013).

If the scientific evidence shows that the real danger to public health is not recession *per se*, but austerity; then it is worth asking why so many governments eschew the idea of stimulus. One answer is that 'austerity' persists, not because it is based upon good clinical evidence, or even upon common sense, but because it reinforces an official myth: that in everything from health care to education, small government and free markets will always and everywhere achieve better results than the state. As many historians and economists have shown, there is little evidence for this neoliberal orthodoxy, either (Harvey, 2011; Judt & Snyder, 2012). But it does serve the interests of politicians and of their allies and sponsors, who seek to gain from the attack upon the state and from the privitisation of health and social welfare services (Davis & Tallis, 2013; Perelman, 2006).

If rates of psychological distress and suicide have been rising in consequence, then how have our political leaders responded? They have dismissed these trends as 'short-term fluctuations', and they have offered us 'improved access to psychological therapy' and lectured us about 'happiness', and how to attain it. They have implemented measures of national well-being that are of questionable validity and that downplay the reality of widespread personal distress, especially amongst the least privileged sectors of society (Friedli & Stearn, 2013; Midlands Psychology Group, 2007). For the psychology professions, the resulting growth in therapeutic services has been largely welcomed. What has been sorely lacking is a thoughtful and critical appraisal of this situation, and of what it

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implies for the work of psychologists and for the theories that they use. The articles in this issue of *The Psychologist* are intended to open the door to just such an analysis, and to further debate.

Because all kinds of official psychology claim academic roots, then a good starting point is the tertiary education system, which has suffered more than its share of cuts and realignments, first under New Labour, in the name of 'business values', and then under the ConDem coalition's austerity programme. Professor Ian Parker's article explores how the teaching and researching of social psychology is being affected and where this is likely to lead us. Parker argues that when education is increasingly regarded as a commodity, there is at least more room for the students' voices to be heard, if only as consumers. However, psychologists – overburdened with administrative work, in competition for limited resources, and under growing pressure to achieve 'productivity' as defined by managers – are retreating defensively into their own narrow specialist niches. The danger is that critical and feminist voices in academic psychology will continue to be ignored, and that the discipline will be pushed even more toward its customary focus upon the individual, as the supposed locus and cure of all personal and social problems.

These themes are echoed in Professor Gary Thomas's searching examination of some of the key assumptions and values that underpin the British school system. Drawing upon the income inequalities hypothesis of Wilkinson and Pickett, Thomas, an educational psychologist at the University of Birmingham, asks what austerity implies for the welfare and performance of those students who struggle the most. These are the students who have traditionally been viewed by the education structure as the bearers of developmental disorders like ADHD, and who have too often been seen as failures. He argues that the key is not to identify more and more developmental syndromes in such students and the supposed treatments for them. Rather, educationalists, families and communities need to nurture a better understanding of how inequality leads to so many children being viewed, wrongly, as dysfunctional and unable to learn, and of finding ways of helping the school system to accept their difference, and to build upon their strengths. The discussion poses deep questions about the nature and purposes of the education system, about who has the power to define normality and deviance, and to what ends.

David Fryer explores some of the likely psychological effects of the growth in unemployment and insecure employment that go with the cuts. He shows that a tsunami of misery and ill-being is steadily building, and that therapeutic and applied psychologists of various stripes will be asked to deal with this tide; and may find themselves running out to meet it, each of them gripping a bucket, marked 'therapy'. Fryer suggests that, rather than just individualised CBT, psychologists should be helping their clients and the wider public to articulate how their distress reflects the world in which we live, how that world has been shaped by the interests of the powerful, and how all of us, as citizens, might seek to improve it.

This theme is the bread and butter of community psychology, and Dr Carl Harris, in the final article, considers how this discipline can help ordinary people to achieve some of these aims. He discusses his involvement as a clinical and community psychologist with the residents of a council estate on the edge of Birmingham, which had received funding for local initiatives from the New Deal for Communities Regeneration Initiative. Dr Harris describes his work with the Family Wellbeing Project, in which he and other health and social care professionals allied themselves with a group of residents to chart those aspects of life on the estate that they believed most important to their well-being, and to use this knowledge to improve the delivery and planning of housing, health, policing and other public services and amenities. Carl draws upon the experiences of these local residents to show how the current and planned reductions in public services are likely to harm this community, and many others like it, in the UK.

The analyses presented here suggest that psychologists – drawing upon their scientific and clinical knowledge and experience – are in a good position to chart 'the mind and body economic': to show how our day-to-day emotional well-being can all too often reflect the fiscal policies that govern our lives. More fundamentally, these analyses challenge the single underlying premise upon which so many of the recent austerity programmes rest; namely, that people are impoverished because of their psychological deficits – their lifestyles, their worklessness, family breakdown, bad parenting, drink and drug addiction, irresponsible debt, criminality and lack of motivation or positive thinking – when, in truth, they are poor because they lack money.

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