Title: A conversation with ourselves: reflecting on our professions, the systems we work in and our roles within it.

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Abstract: The following opinion piece first contextualises and then presents eight statements which represent reflections on our therapeutic psychology professions, the systems we work in and our roles within it. The statements were first presented at the 8th Community Psychology Festival in Newport. The statements are designed to quickly and concisely introduce some clinician-led criticality reflective of this time. We know that lots of other critical content exists. But some of it can be very wordy and some of it can seem somewhat divorced from the real-world experiences of those who have chosen to engage with therapeutic work in the NHS and other settings. We share the following statements, not as truth, but as a starting point for wider conversations, discussions and action. Below, the statements are introduced, and their initial presentation contextualised. After the statements we briefly discuss the reactions to them before presenting an annotated reference list where readers can learn more about the background to the statements.

Introduction

This opinion piece highlights some reflections based on shared experiences of what it can be like to work as an applied practitioner psychologist within UK health systems. Lots of other critical content exists and has done for decades. However, it is sometimes written by academics from outside of clinical systems and can therefore feel disconnected from the real-world experiences of those who engage with therapeutic and psychosocial work in the four National Health Services' (NHS) and other relevant settings.

The intention of this piece is simply to consolidate other ongoing conversations into a set of reflections on applied psychology within the context of UK NHS systems, wider political contexts and our roles within it all. The authors collated these statements to assemble some baseline, clinician-focused criticality to explore if these sentiments were useful to colleagues.

We recognise that given the diversity of position, perspective and training across and within the applied psychology professions that some will not yet have had the opportunity to reflect on or engage with the ideas presented here. As such, the authors hope that these reflections act as an initial primer that allow others to get up to speed with these ideas, and also acts as a foundation to speak about other areas across the applied professions, especially at a public level or those within the realm of our governing bodies. The authors do not claim any single statement to be especially new or unique. Instead, they hope any novelty comes from presenting the statements together in a concise, accessible format.

The first presentation

These reflections were first presented at the 8th Community Psychology Festival in Newport, Wales (October 2024). Very simply, the authors introduced the reflections as stated below and asked participants to consider them and discuss them in small groups.

On the day and now, we recognise that this kind of conversation can be emotive, and we welcome plurality and diversity of thought. Our professional story is complex. We draw on the systemic concept of 'both-and' to sit with this. ("Both-and" thinking can be contrasted with "Either-or" thinking. With both-and thinking, opposite or contradictory ideas can be held and both be true in part or whole, one position does not need to be picked and the other rejected). Also, we don't believe that the current arrangement of statements represents a final list. Indeed, even as part of the session we encouraged others to extend, edit and remix them in ways that were useful to them.

Below are the statements and the introductory paragraphs that accompanied them at the festival. After, we describe the initial reaction to them and provide an annotated reference list pointing to material which allows the reader to learn more about the statements. Deliberately, these sources are not all peer reviewed articles, but also include relevant reports, blogs, high quality news articles – many of which we hope are easy to access.

"The introduction given at the Community Psychology Festival.
We asked to put this session on to lean into our vulnerability, to make space for feelings of uncertainty and to create a shared space to name some of the issues our profession has and to talk about them together. To see if a shared sense of understanding could emerge, and to build beyond the initial reflections below.

We will all have our own unique perspective and we value that. We do not expect everyone to agree nor are we seeking this. We want to create this space in the spirit of naming some elephants in the room, and finding others. The reflections we share are a foundation for everyone to build on. To agree with, disagree with, rip up and start again. In the hope of building a shared vision of a way forward.

The reflections below are a distillation of conversations we have had together and with others. Sometimes talking about things which are known and widely shared, other times trying to capture things that are felt, but maybe less spoken about.

We are not seeking division or to persuade people that our experience is the one. There will be other contexts we will not be aware of that could potentially provide new, maybe even better, understanding. We are trying to feel out whether there is a sense of shared experience and make space to work through that together. Seeking to own our narrative so it doesn't own us.

In the session today, we hope that by simply naming these things and sharing them might provide a platform for us all to move forward. By sharing our frustrations, and engaging with them we hope to take a tiny step towards something better. What better place to do that than at a community psychology festival where there is explicit permission to seek transformative ways towards 'doing' psychology better.

The reflections are typically written from the viewpoint of NHS workers (typically clinical and counselling psychologists) but may also apply to other applied psychologists (e.g. educational, health and forensic) in NHS and other settings.

Some of the reflections may be hard to hear and make us feel uncomfortable. Maybe part of moving forward is acknowledging where we are now and leaning into that.

Remember, the reflections below are from limited perspectives and will not represent all stories or truths. Please help us expand and enhance them. What would you change and add?"

The statements
1. The NHS can perpetuate inequality. *The NHS has always been unequal in terms of power. Respected Welshman, Nye Bevan said that to get the medical consultants to sign up to a public health service: "I had to stuff their mouths with gold". Even now, there are regular concerns about deference to authority, paternalism and hierarchy, bullying and harassment and a fear of speaking out. Disrupting the status quo can cost you your safety and progression.*

2. We draw power and security from this system. *The same NHS system gives us qualifications and titles with high social value. These titles provide us with internal and external status. We also get a good salary and pension. A job for life and a progression path.*

3. Limited / limiting questioning. *We are highly selected for generalist training. The many hoops we have to jump through may also mean that we are carefully selected to both conform and fawn. While we use Socratic questioning in our direct work, it is often only permitted within safe limits when exploring our wider profession. While some difference is welcomed, deep questioning of ourselves and our role can be seen as threatening and risks shaking "professional integrity". This can lead to a monoculture that makes it incredibly hard for people with difference to exist within it.*

4. The mental health diagnostic system lacks scientific validity and causes harm. *We know the dominant way of thinking about our 'mental health' and the DSM/ICD has always been based on the subjective dominant moral values of the time. This continues to play out today. The WHO and the UN*

have both commented on the human rights abuses embedded into mental health legislation and model of care, this is even true in the UK.

5. The difference that doesn't make a difference. *While we criticise the medical model, we still too often pursue individual approaches, such as CBT, which position wider socio-political and economic issues as individual faults. Asking people to think their way out of societal problems. Through privileging reductionist, manualized approaches, e.g. NHS England IAPT (TTAD), or via talking therapies in structures such as job centres, both us and the people we support can be subjected to moral harm.*

6. None of this is new. *Back as far as 1950, Raimy defined therapy as an: "unidentified technique applied to unspecified problems with unpredictable outcomes …for which long and rigorous training is required!" (p.3). What are we actually experts in? Are we emperors wearing new clothes?*

7. Working today. *We witness the trauma of those we work with and the trauma of those working alongside us in chronically under-resourced, unsupported and toxic systems. We can feel: loyal, guilty, insecure, proud, complicit, ashamed, overwhelmed and fraudulent at the same time. It is easy to feel disillusioned. Owning this story is hard, but the alternative is it going unspoken and still silently directing us.*

8. Daring to organise. *Change will not come from anywhere else but us. Some colleagues experienced the BPS so negatively they broke away from it, and many others feel it can be passive and risk averse. How do we join together to create, share and live alternatives? More community-embedded, holistic and rights-based ways of working are available. There are seeds of this in many learning disability, older adult and children and young people services. What else would you highlight as positive pathways forward?*

Initial response and future steps

During the first presentation of the statements in Newport, the authors were taken aback by the number of people who attended the session and the positive engagement and feedback which came from participants. Several participants asked what was going to happen with the statements next. They suggested that others could benefit from engaging with them: hence the opinion piece you are reading now.

Some participants suggested that the statements may be especially interesting for assistants and trainees as the future of our professions. Other feedback from qualified and experienced practitioners suggested the statements may even be useful to share with other experienced colleagues and even colleagues from other professions.

It seems possible that professional training programmes could use the statements to inform sessions which seek to provide a social-political overview of our professions and to stimulate wider discussions. It may also support trainees' ability to navigate clinical and other systems or provide a context against which to evaluate current and future professional policy and practice.

As authors / collators of these statements – we welcome any future use of this material and the further dissemination or discussion of it. Feel free to contact the authors with any further thoughts and comments. Below we provide an annotated reference list to give readers access to more context and reading around the statements. Do contact the authors if you struggle to access any of the material highlighted.

Annotated reference section

1. The NHS can perpetuate inequality.

For more on the Bevan quote: "I had to stuff their mouths with gold", see Webster (1991). For more on the culture and hierarchies that have long and can still be present in the NHS see the "Freedom to Speak Up Review" (aka the Francis Report), commissioned in June 2014 and published in 2015 (Francis, 2015). The Francis Report led to the formation of the "National Guardians Office" that aims to allow for more openness in the NHS and other organisations. (https://nationalguardian.org.uk/about-us/).

Francis, R. (2015). Freedom to Speak Up: An independent review into creating an open and honest reporting culture in the NHS. Department of Health. https://webarchive.nationalarchives.gov.uk/ukgwa/20150218150343/https://freedomtospeakup.org.uk/

Webster, C. (1991). Note on “Stuffing their mouths with gold”. In C. Webster (Ed.), Aneurin Bevan on the National Health Service (pp.219-222). Wellcome Unit for the History of Medicine. https://wellcomecollection.org/works/ga2pjwqw

2. We draw power and security from this system.
As an example of the personal dilemmas in this area, see Henning-Pugh (2023) and others’ pieces in The Psychologist for personal accounts of using or not using the “Dr” title that is acquired through professional training.

Henning-Pugh, M. (2023). Is there a doctor in the house? The Psychologist. https://www.bps.org.uk/psychologist/there-doctor-house

Various Authors (2023). Should psychologists use their Dr title with pride? The Psychologist. https://www.bps.org.uk/psychologist/should-psychologists-use-their-dr-title-pride

3. Limited / limiting questioning.
In terms of the potential monocultures of UK clinical psychology – there is ongoing work in terms of class, see the work of the #ClassClinPsych collective (classclin's Campsite.bio), Aika et al. (2024) and Bryant et al. (2023). In terms of other forms of diversity see Fazal-Short and Bajwa (2020) and Virhia (2022). Interestingly questions about the potentially restrictive and even bullying nature of training itself have recently emerged in the psychotherapy field (see Bradley, 2024).

Aika, H., Reena, V. & Williams, F. (2024). Experiences of socioeconomic disadvantage in clinical psychology: A thematic analysis of aspiring and trainee clinical psychologists. Clinical Psychology Forum, 362, https://doi.org/10.53841/bpscpf.2023.1.362.9.

Bradley, J. (2024). ‘Real nastiness’: therapist training courses in UK can be ‘toxic’ and need regulating, say students. The Guardian. https://www.theguardian.com/society/2024/nov/17/real-nastiness-therapist-training-courses-in-uk-can-be-toxic-and-need-regulating-say-students?utm_source=chatgpt.com

Bryant, A., Curvis, W. & Place, K. (2023). Challenges of class within the psychological professions part 1. Psychological Professionals Network. https://ppn.nhs.uk/north-west/our-work/blog/item/challenges-of-class-within-the-psychological-professions-part-1

Fazal-Short, N. & Bajwa, S. (2020). ‘We need to broaden the conversation to institutional bias’. The Psychologist. https://www.bps.org.uk/psychologist/we-need-broaden-conversation-institutional-bias

Virhia, J. (2022). The lack of diversity in clinical psychology (UK). Medium. https://medium.com/%40jasminevirhia/the-lack-of-diversity-in-clinical-psychology-uk-4379c9519fd1

4. The mental health diagnostic system lacks scientific validity and causes harm.
Criticisms of the current mental health diagnostic system are easy to come by (Harper & Cromby, 2020). Also, it is worth noting that international bodies such as the United Nations and World Health Organization are becoming explicit in their criticism of reductionist biomedical paradigms, calling instead for more community based, stakeholder led and rights based approaches to mental health.

Harper, D. & Cromby, J. (2020). From ‘what’s wrong with you?’ to ‘what’s happened to you?’: an introduction to the special issue on the power threat meaning framework. Journal of Constructivist Psychology. 35 (1), 1-6. https://doi.org/10.1080/10720537.2020.1773362

United Nations Human Rights Council. (2017). Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (A/HRC/35/21). https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/076/04/PDF/G1707604.pdf

World Health Organization and the United Nations (represented by the Office of the United Nations High Commissioner for Human Rights (2023). Mental health, human rights and legislation: guidance and practice. World Health Organization & United Nations. https://www.who.int/publications/i/item/9789240080737

5. The difference that doesn't make a difference.

In the US context, the roots of community psychology stem from perceived shortcomings in clinical psychology, and are often traced back to 1963. This does not mean that community psychology there, then or now, has all the answers. Many community psychologists, in the US and elsewhere, are unhappy with the progress this field has made (see Weinstein, 2006 [and see Fox (2008) below]). Moreover, implementing community psychology within the UK context can be tricky (see Thompson et al., 2022). But the pioneering work of George Albee (US; Pachter & Delon, 2007) and Sue Holland (UK; Holland, 1991) and others in the UK and around the world continue to provide inspiration (Walker et al. 2022).

Holland, S. (1991). From private symptoms to public action. *Feminism & Psychology*, *1*(1), 58-62. https://doi.org/10.1177/0959353591011007

Pachter, W. S., & DeLeon, P. H. (2007). Reflections on George Albee's legacy of promoting human potential and social justice. *Journal of Primary Prevention,* 28, 45–53. https://doi.org/10.1007/s10935-006-0069-1

Thompson, M., Stuart, J., Vincent, R. E., & Goodbody, L. (2022). UK clinical and community psychology: Exploring personal and professional connections. *Journal of Community Psychology*, 50, 2904–2922. https://doi.org/10.1002/jcop.22805

Walker, C., Zlotowitz, S., & Zoli, A. (Eds.). (2022). *The Palgrave handbook of innovative community and clinical psychologies*. Palgrave Macmillan. https://doi.org/10.1007/978-3-030-71190-0

Weinstein, R.S. (2006), Reaching higher in community psychology: Social problems, social settings, and social change. American Journal of Community Psychology, 37: 47-61. https://doi.org/10.1007/s10464-005-9008-1

6. None of this is new.

The quote by Raimy comes from a 1950 text about the "Boulder Conference" – which established the scientist-practitioner model*. The quote is cited in a 1990 article about the "futility of psychotherapy" by George Albee, himself a clinical psychologist and former president of the American Psychological Association (see point 5 above).

** Being a geek, one of the authors got hold of the original text from 1950. They failed to find the quote that Albee cited. But wonder if Raimy, or someone else, said it at the conference itself. We would still recommend reading Albee's 1990 article!*

Albee, G. W. (1990). The futility of psychotherapy. *Journal of Mind and Behavior, 11*(3-4), 369–384. https://www.jstor.org/stable/43854098.

Raimy, V. (1950). Training for clinical psychologists. Prentice.

7. Working today.

For more on the potential challenges of retaining psychological professions in the NHS workforce in England see Rosario and Tiplday (2024). Also see their reference list for more information on this area.

Rosairo, M. & Tiplday, B. (2024). Are we retaining clinical psychologists and other psychological professionals in the NHS workforce and can we do more? Clinical Psychology Forum, 375. 39-47. https://explore.bps.org.uk/content/bpscpf/1/375/39.

8. Daring to organise.

Issues between some clinical psychologists and the BPS / Division of Clinical Psychology (DCP) became such that in 2018 the Association of Clinical Psychologists UK was established to provide "a strong voice for clinical psychologists in the UK" (https://acpuk.org.uk/).

Since 2020, the website https://bpswatch.com has highlighted potential issues within the BPS. This has resulted in a book level account (Pilgrim, 2023). However, leaning on the importance of 'both-and' thinking, of the multiple concerns expressed by these authors, one focuses on 'identity politics activists' within the BPS. This is not a concern shared by the authors of this piece.

At the same time, the BPS contains both the DCP and the Community Psychology Section. The latter supports the Community Psychology Festival where these statements were originally presented. The former is home to forum which is giving voice to this opinion piece. The editor specifically being willing to publish this piece because its issues and concerns are ones the BPS and DCP are trying to work with. So naturally and understandably, the BPS would prefer we organise from within.

There are no easy answers here. And, at the same time, there do seem to be some echoes from elsewhere, from those who have walked this road before. Writing about the response of US psychological institutions to critique from within, Dennis Fox reports they would often receive: "publication in prestigious journals, congratulatory letters, citation by others coming after us, but not much institutional change", later noting: "it's important to keep in mind that psychology's vast mainstream still pays little attention to its own radical critics" (Fox, 2008, p.233).

Again, there are no easy answers here. This piece simply brings together multiple, overlapping, longstanding issues in the hope that being more fully aware, is a first step towards positive action and possible change.

Fox, D. (2008), Confronting psychology's power. Journal of Community Psychology, 36, 232-237. https://doi.org/10.1002/jcop.20233

Pilgrim, D. (Ed.) (2023). British psychology in crisis: A case study in organisational dysfunction. Phoenix Publishing House Ltd.