

## **Psychology, Mental Health and Public Policy: the 'Power Threat Meaning Framework'**

Professor John Cromby, ULSB, University of Leicester

The discipline of psychology has (at least) a dual relationship with policy. On the one hand it can be used to support measures that individualise, that medicalise, that locate potentials and problems within persons – including their brains - in ways that downplay their continuous connections with circumstances, relationships, biographies, cultures and environments. Used this way, psychology seems more likely to support policies that address idiosyncratic manifestations rather than underlying societal or economic causes, policies which prioritise quick fixes over enduring or fundamental reforms, and policies whose effects, on balance, tend to be conservative or regressive.

On the other hand, psychology can be used to illuminate how individuals are continuously shaped and influenced by their circumstances. Psychology can reveal how subjectivities are the dynamic product of embodied potentials, social relations, and material and cultural resources. It can show how these potentials and resources come together contingently, in ways that render each person uniquely individual - notwithstanding that they are largely shared with others of the same cultural milieu. Used this way, psychology seems more likely to support policies that address shared concerns, to illuminate rather than obscure their connections with social and economic factors, and so to be aligned with policies whose effects tend to be more progressive, redistributive or empowering.

This dual aspect becomes very clear when we consider the psychology of mental health. Here we sometimes see psychology borrowing psychiatric diagnostic concepts and treating them as though they represent medical illnesses, even though there is no good evidence for this. We see psychology treating people's experiences of distress as though they are primarily the outcome of aberrant cognitive processes, themselves related to (hypothetical, unproven) biological impairments. We see psychology recommending individual treatments of dubious efficacy that it then packages as essentially technical solutions to these problems.

But at the same time we see psychology developing its own conceptions of clinically-relevant distress, where they are understood as meaningful (if nevertheless unusual or self-defeating) outcomes from toxic combinations of difficult experiences and circumstances. We see psychology engaging with histories of trauma, abuse, deprivation, marginalisation, discrimination and neglect, in ways that reveal their damaging consequences, and that show how these are modulated by available resources including economic, social, cultural and (what we might call) emotional capital.

This duality seems to point to two quite different policy agendas. When psychology borrows from psychiatry its implications will relate primarily to health policy, will depend largely upon psychiatric evidence, and will tend to emphasise policies on medical (psychiatric) treatment. By contrast, when psychology develops its own conceptualisation of distress, the policy implications address a wider range of factors, are informed by a greater range of evidence, and encompass a variety of institutions, sites and practices. The 'Power Threat Meaning Framework', recently published by the British Psychological Society, will be explained and offered as a policy relevant example of this kind of development.