

JCPCP

**The Journal of Critical Psychology,
Counselling and Psychotherapy**

Volume 25, Number 2, Summer 2025

***Special Edition:*
David Smail and his work**

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Anne Cooke, Clinical Psychology Training Scheme, Salomons Centre, Broomhill Road, Southborough, Tunbridge Wells, Kent, TN3 0TG, UK. Please contact Anne if you wish to review books. Books for review should be sent directly to Anne (anne.cooke@canterbury.ac.uk).

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JCPCP is a peer-reviewed journal which values personal experience above professional boundaries and doctrinal jargon. It provides a forum for ideas, experience and views of people working in the psychological world and those who use psychotherapy or receive psychiatric services. The journal encourages a critical, reflexive view of psychology and counselling and is a constant challenge to orthodoxy. Our contributors reflect on their work and experiences in therapy, in relationships and

in institutions. The journal embraces philosophical, radical and scientific perspectives in its analysis of psychological, psychiatric and psychotherapeutic systems. With a following wind, it will sometimes make you laugh out loud.

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by Penny Priest

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by Peter Lehmann & Craig Newnes (eds)

This volume presents a collaboration of users and survivors of psychiatry (ex-patients), professionals, researchers, lawyers, and academics around the world committed to helping people understand the potential harm (including drug dependence) that prescribed psychotropic drugs can cause and how to safely reduce or stop taking them.

Psychobabble and Snake Oil

by Henry Bladon and Marcel Herms

This book is a collection of poems about mental health in collaboration with the artwork of Dutch artist Marcel Herms. The collection seeks to highlight the hyperbole that has always existed in psychiatry. It also looks at the nature of suffering and offers thoughts and reflections on a number of experiences.

The Journal of Critical Psychology, Counselling and Psychotherapy

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1st print run

‘Growing up and taking care’ – a personal appreciation of David Smail and his work

Paul Moloney

Paul Moloney is a counselling psychologist working in an NHS Adult Learning Disabilities Team in Shropshire, UK; and the author of the book ‘The Therapy Industry’.

Abstract: David profoundly influenced my development as a therapist, and my efforts to understand my own place in this turbulent world.

Key words: Learning disabilities, critical psychology, burnout

One afternoon in the early 1990s, newly enrolled on a postgraduate social work course, I was searching the shelves of Birmingham Waterstones for a critically-minded publication on the topic of mental health treatments when my hand alighted on a copy of *The Origins of Unhappiness* (Smail, 1993). A forthright title that promised bold and fresh thinking; the volume didn't disappoint. Starting with a bracingly honest survey of the shortcomings of the talking therapy field and its leading theories, David laid the groundwork for a new understanding of personal distress; rooted in our shared lot, as fragile bodies in a capricious and sometimes brutal world. These arguments, founded upon long clinical experience and rigorous analysis, struck me, like the best poetry and music, as a distillation of truths sensed for much of my life, but never expressed. As David had remarked, the contours and currents of the social world are experienced *‘as feelings and not as a series of intellectual, articulate appreciations.’* Indeed, the clues were to hand, in my own somewhat raddled and very ordinary history.

Working class, fractured Anglo-Irish family; assembly-line style comprehensive schooling; involuntary witness to the Thatcher government's evisceration of the industrial heartlands of the UK; and later, participant-witness to the inanities and unintentional cruelties of the mental health treatment system.

In a key chapter, David took the decade of the 1980s as a case study; the era of business culture ascendancy, or of what became more widely known as neoliberalism. He showed how the national Tory government's ruthless deployment of political and financial power swept most of the working population into line, but at the cost of widespread disorientation and distress. Not by coincidence, this was the decade in which the counselling and psychotherapy professions flourished, as the shaken and the anguished looked around for answers to their problems.

David's narrative spoke straight to my own situation in the middle of that period, as a 'work and literacy skills coach' within a Birmingham based Youth Training Scheme, founded by a national charity. The team was six recent graduates, based in a dingy Victorian civic building – giving on the job guidance and support to the 'trainees': young people with learning difficulties, seeking employment in shops, care homes, cafes, and workshops across the city. Our ethos was as cheery and anarchical as we could make it; a spirit exemplified by the colleague who brought his pet goat with him to work every day.

Together with the dole offices and job centers, the charitable sector of the economy was among the first testing grounds for the new public management; imposed, with largely ruinous consequences, upon all state funded institutions – first by the UK Conservative government, and then by its New Labour successors.

In *The Origins of Unhappiness*, David had remarked that some people seemed to welcome this transformation, as if awaited all their lives. I recall, at the time, how some people who were promoted into management changed their manner and sartorial sense, almost literally overnight: from 80s' left-wingers sporting Doc Martin Boots and dungarees, to sharp-dressed business wannabees. One of these new supervisors kept his gold earring. But that did not prevent him from relentlessly pressing new, unachievable productivity targets and heaps of meaningless paperwork upon everyone. As our scope for helping the trainees steadily shrank, so all meaningful expressions of dissent met with disciplinary measures, sheathed in studiously empathic counselling jargon. Of course, the trainees suffered the most, but it was hard to find enough time and energy to stick up for them. The Trades Union – which some of these young people had joined with our encouragement – proved unable to help.

Solidarity, David had said, is the main form of social power available to ordinary people. My sojourn in the charitable sector had confirmed the value of this advice, for both sides of the coin. It was the rapid series of staff redeployments that broke our unity as a team, and our ability to mount anything beyond symbolic resistance.

From the first, as a trainee counselling psychologist, in the late 1990s, David's writings

inspired me to find other psychologists uncomfortable with the mainstream, and sometimes to speak out whenever I felt that the emperor was naked. The West Midlands Critical Psychology Special Interest Group or 'SIG', came out of a chance meeting in a CBT training seminar, hosted by a renowned therapist, extolling the virtues of 'cognitive restructuring techniques' for the distressed residents of one of the most socially deprived electoral wards in the UK. With jaunty self-assurance, she stood before the assembled mental health professionals, sketching an elaborate flowchart on the scuffed and ink-stained whiteboard. The diagram captured the convoluted mental pathways said to inculcate 'negative automatic thoughts' and 'low mood.' Not once did the trainer consider the erosive indignities of being a poor, badly housed immigrant in a hostile neighbourhood. More surprisingly, neither did her audience – comprised mainly of seasoned local Community Mental Health Nurses. When I nervously raised this rather obvious objection, the psychologist quickly squished a concessionary rectangle into the margin, and labelled it 'environmental maintainers.' For clinical accuracy that box should have engulfed the entire diagram, like a jellyfish.

After the seminar, I was approached by someone who expressed similar misgivings about the talk. He introduced himself as Paul Kelly, newly qualified clinical psychologist. Paul observed that there were few opportunities for thoughtful psychologists to express and share their doubts about received ideas and practices; free of censure from senior colleagues and managers. We therefore arranged a meeting for that purpose. Subsequently, Paul invited clinical psychologist colleagues interested in narrative therapy, as a more socially informed alternative to the reductionist mainstream. We thus created the Community and Critical Psychology Special Interest Group (or 'SIG') as a monthly discussion forum, for the integration of communitarian ideas into the professional thinking and practice of qualified and trainee psychologists, and of any other mental health practitioners keen to examine and debate the social and political context of their work. We invited David Smail to speak at a local event designed to publicize his ideas and the activities of the SIG.

Gradually, it became clearer that some of the participants were keen to discuss politically radical versions of talking therapy. Others, perhaps more aware of the limitations of *all* psychological treatments, wished to explore the implications for psychological theory and for their own vocation, in the NHS. It was from this set of people that David founded the Midlands Psychology Group (MPG). In its early years, these gatherings alternated between Birmingham and Nottingham, David's then home town; and were often organized around compelling guest speakers – including Tana Dineen, Jim Orford, John Shotter, and John Cromby.

The MPG proved to be a safe harbour in which to speak and reflect about the lessons of clinical experience, away from the competitive and time-pressured world of a public health service psychology department. Friendship is an inestimable gift. The group introduced me to the rewards and occasional frustrations of discussion, debate and collaborative writing; and it enabled me to benefit from David's generous mentorship.

‘We need to move from an ideology of treatment to a culture of care’

As an institution, the NHS presents more and more obstacles to the critically minded psychologist – official mental health treatment pathways geared to questionable psychiatric diagnoses, diminishing physical space in which to work and in which to meet patients, steadily increasing online bureaucracy. Cynicism and burnout are widespread amongst the workforce.

Community Adult Learning Disability Teams are similarly burdened though the adult learning disability (ALD) clinician seems to have more leeway to step outside of the confines of the National Institute of Clinical Excellence (NICE) assembly line, as long as she or he can provide a sound rationale. This relative freedom reflects three unusual features of the learning disabilities field: the paucity of the official ‘evidence base’ for ‘diagnosis led’ psychological interventions; how people with learning disabilities struggle to describe their subjective experience in ways that can be slotted into preset diagnostic moulds; and the extent to which, very often, their problems are patently spawned by inimical circumstances.

Arguably, the core professional values of NHS community learning disability teams in the UK resonate, in some respects, with David’s emphasis on the clinical importance of social and material power. For instance, there is a recognition that, historically, for people in this group, ‘care’ has usually meant a poisonous blend of domination and neglect – ranging from institutionalization and outright abuse, to the imposition of harsh physical restraint, crude behavioural technologies, and the overzealous application of psychiatric drugs. Some health and care professionals know that their field is overshadowed by the dark history of 20th century eugenics.

Moreover, an understanding of the broad psychological significance of physical embodiment informs much of the thinking and practice of learning disability (LD) health and care professionals, whether they are discussing the implications of someone’s unique sensory profile, or the clinical importance of physical impairments and developmental history, or the need to help someone acquire the capacities and skills for participation in daily life. Within the last ten years, LD teams have started to organize their work around the reality that many of the psychological and behavioural difficulties manifested by their clientele reflect personal histories of trauma and loss. A parallel focus on the therapeutic importance of emotional bonds with family, friends and caregivers has underlined the intimate entanglement between nervous system, body and world for people with learning disabilities; as indeed for all of us. Finally, the learning disabilities field has long recognized the centrality of a benign, ‘person centered’ social environment: for well-being – and for prevention, treatment and rehabilitation.

It is seldom a struggle to convince carers, patients – and especially nursing colleagues – of the import of social power both for *understanding* and for attempting to ease distress. Besides the individual patient, clinical work, depending upon how the shoe pinches, can involve their family, friends, care team, and any other valued people in their

community. Here, the method of Power Mapping, developed by Theresa Hagan and David in the 1990s and the more recent Power, Threat Meaning Framework (Boyle & Johnstone, 2020) – (which draws upon many of the themes explored within Smail's writings) - offer valuable road maps for therapeutic practice. The same applies for that portion of David's work rooted in phenomenology and critical realism. These philosophical perspectives, extended by current theorists and clinicians (see Cromby, 2015; Fuchs, 2018; Ratcliffe, 2022 and Shotter, 2016), have helped me to think more carefully about the complexities and subtleties of power, and to diagnose environments, rather than people.

Furthermore, both David's critical reading of the outcome literature on talking and behavioural treatments, and his willingness to accept the hard-won lessons of clinical practice, helped me to see that even the most supposedly standardized therapeutic interventions can have unpredictable effects, depending on the characteristics of the patient, of our therapeutic relationship, and – above all – of their life-world. David's personal and intellectual influence helped me to foster a healthy scepticism about the usefulness of what I do. Most who seek my aid are grappling with disabling and demoralizing conditions; sometimes amenable to improvement but sometimes beyond repair. In which case, escape becomes the only option, with the aid of the local social work teams. Gatekeepers to better housing and care, the team managers, themselves subject to severe budgetary constraints, can struggle to see that the issue is not one of '*finding the right psychiatric diagnosis.*' All of these problems of course have more distal causes, in David's terminology – including central government austerity programs that have eroded disability benefits and hollowed out the neighbourhood services and facilities upon which so many depend.

Returning to the theme of clinical practice, if persuasion and placebo effects play a large role in medicine, and especially in the field of talking treatments, then this is even more so for people with learning disabilities. In a culture which equates wealth and productivity with value, and which regards the poor and the disabled with a mixture of condescension and contempt (Ryan, 2025), then it is little surprise that many in this client group approach health and social care professionals with wariness and supplication. Many have become highly skilled at telling practitioners what they believe the latter want to hear. By contrast, a clearheaded recognition of the limits of what I can achieve for any of my patients may have helped me to listen more carefully: alert to exaggeration in their account of the presumed benefits of psychological techniques, on the one hand, and to small but more achievable gains, on the other.

Sceptical thought can be uncomfortable. But this attitude has perhaps enabled me to avoid extremes of doubt and despair, and the temptations of defensive professional humbug. There has even been the consolation of finding that, on occasion, I might have tangibly helped someone after all.

Currently, ALD services in the UK are promoting the doctrine of Positive Behavioural Support (PBS) – a largely behaviourist framework for the creation of an

individualized care service: founded upon careful assessment of the service user's personal needs, strengths, and wishes. Much of my work entails meeting with care teams to help them to develop or improve a PBS framework for a given 'service user', with the aid of a psychological formulation. I try to help the care team make more sense of apparently bizarre or threatening conduct, to achieve more empathy with the person they are caring for, and to imbue the PBS plan with meaning – as the recipe for the creation of a more humane personal world rather than what, in effect, might end up as a more efficient Skinner Box.

Undervalued though they might be, many paid support workers are of course very knowledgeable, yet without fanfare or self-consciousness. Often, I have felt humbled by their humane understanding and skills. Yet the advice that I provide to a care team takes place within what David described as a mythology of training – here am I, the expert, delivering the concepts and methods that will supposedly fix the problems.

When I meet with care teams, what is frequently lacking is the chance for open discussion about the challenges, the rewards, and sometimes the fears and the resentments that come with supporting a disturbed but physically powerful or chaotic individual. Rather than the decanting of technical skills, the focus becomes one of helping people to crystalize and share their worries, doubts and questions, and to create practical ideas for moving forward – much of it outside the disciplinary sight of management. This is David's therapeutic triad of clarification, solidarity and encouragement – or, in the clinical psychologist Bob Diamond's words – rebuilding the house of mental health care with home truths (Diamond, 2013).

But there are limits to what can be achieved. No amount of behavioural work, by itself, is likely to produce lasting improvements in the lives of people with learning disabilities. For one thing, behavioural methods appear less effective than is widely assumed, when the evidence is weighed critically (Midlands Psychology Group, 2022). In part, this is because the problematic behaviours can reflect that individual's unease with broader and more subtle features of their environment that elude capture by a narrow behavioural assessment. Most care teams are understaffed and suffer high turnover of personnel. Employers pay minimal wages for very demanding work. Few are committed to the professional development of their employees; most of them working class women or immigrants, with limited options for voicing their struggles and their discontent to their managers (Midlands Psychology Group, 2022).¹

Sober realisations like these, informed by David's trenchant analyses, place the psychologist in an ethically awkward position: To the extent that our interventions make any difference in the longer run, we are propping up a dysfunctional system that needs to

¹ Also see Jones R.S.P. and Williams J. (2023) *The Art of Caring for People with Intellectual Disabilities*. Brighton: Pavilion Publishing.

be scrapped and rebuilt along more humane lines. In these circumstances, one of the most useful things that we can do is to share and publicize our concerns.

'If you criticise the orthodoxy, don't complain when the orthodoxy excludes you'.

Unflinching honesty is one of the hallmarks of David's writings. As novelist Upton Sinclair famously said, *'it is very difficult to get a man to understand something if his livelihood depends upon him not understanding it.'* But David, as a clinical psychologist who practiced for 40 years – managed to do just that.

His work, as a philosopher of distress, may have run against his own professional interests. By the '90s he seemed to feel that he had made few inroads into the thinking and practice of the field, and still less into the worlds of talking therapy and of the public discourse on mental health. David once related that a colleague, unsettled by his views, had tried to publicly label him as clinically depressed. A sure sign that he had touched a nerve. On the other hand, the clinical and community psychologist, Guy Holmes – upon encountering David at a conference during this period – had sensed his dejection; which perhaps also had something to do with another presenter having met a fulsome reception, for extolling the psychological benefits of aromatherapy for unemployed Welsh miners.

David developed most of his ideas during an era in which left-wing thought enjoyed more currency in the field of therapeutic psychology, in the academic world, and in wider society. Health service managers had less power to dictate clinical practice and service development. Clinical psychologists had more control over the pace and content of their work, where theorizing, research and writing for publication were seen as legitimate tasks – albeit pursued by a small minority (Smail, 2005). It doubtless helped that from 1968 David, with a respectable PhD, was himself the head of one the first community-based NHS clinical psychology services. Later, he was awarded a special professorship at Nottingham University, and became the longest serving manager of an NHS psychological therapies service in the country. In line with David's own theories, and as he himself acknowledged, these were all forms of political, educational and cultural capital that gave him wider recognition, and the time and mental freedom in which to form and write about his ideas.

What role has interest and power played in my own story?

From the outset, I have had relatively little intellectual, political and social capital – no PhD and no doctorate. That's not a complaint on my part, merely a statement of material fact. As a counselling psychologist, I'd started out as something of an outsider to the world of clinical psychology – many of my clinical colleagues, having trained together, possess a shared history and fellowship as a result.

On the other hand, as a trainee in Birmingham, my clinical supervisor and the department seemed to accord me some respect in virtue of my knowledge of the critical

and community psychology fields, and my efforts to integrate them into my own learning and practice. As David observed, it is comforting to have our hard-won experience confirmed by another, no matter how bleak it might be. As part of my counselling psychology training, David agreed to provide the personal therapy required for me to qualify. When it was finished, I joked that he had cured me. Far from despair, David's writings, and his guidance, helped me develop an appreciation of the importance of character and context when it came to trying to understand myself and others, and to have more trust in my own fallible judgments.

For work satisfaction, David's perspective has made the theory and practice of therapeutic psychology richer and more interesting – bringing history, philosophy, politics and cultural studies into the frame – for wider reading and teaching, but frequently for therapeutic work. My commitment to critical and community psychology has sometimes led to fruitful collaborations with other psychologists, especially in the context of the community psychology influenced Shropshire and Telford ALD men's group, which has run successfully for almost twenty years.

More generally, my insistence upon the clinical importance of social and material power, and the limited effectiveness of talking therapy, may have sometimes helped create a professional distance with some colleagues, and particularly those allied with mainstream psychology (though of course it takes two to tango, and some defensiveness on their part probably contributed). It might not have helped things when, inspired by David and colleagues in the MPG, I wrote a book, *The Therapy Industry* (Moloney, 2013), which demonstrated in some detail the evidentiary and conceptual shortcomings of the most popular talking treatments. For personal and professional self-protection, I've since become less willing to openly question the orthodoxies. Perhaps like David, but in a far more modest capacity of course, I've discovered that there is a time-limit upon how long anyone can be an outspoken critic without losing heart. I've become far choosier when it comes to dissenting with senior managers and colleagues over the direction and ethos of our ALD psychology services.

In *The Origins of Unhappiness*, drawing on the work of the sociologist, Durkheim, David argued that all of us require the presence of tacit social frameworks or 'forms', if we are to act coherently and confidently in the world. When these forms crumble, then we are not far behind.

That, precisely, was the condition for many, in the wake of the governmentally dictated changes in working practices introduced throughout the NHS in the mid 2010s. Hot-desking, the mass warehousing of ill-assorted community teams in bustling call-centre like offices, abrupt interdictions upon customary practices such as home working, and the sudden dearth of clinical rooms in which to see patients. These and many other obstacles and dislocations, vividly captured by clinical psychologist, Penny Priest in her recent novel, *Team of One* (Priest, 2024), were too much for many friends and colleagues. Some became

physically ill or took early retirement. Others moved to new jobs, or, in the most tragic instances, were driven into mental and bodily breakdowns – unwilling spectators to the destruction of all that they had worked for, and to the calamitous consequences for some of their most vulnerable patients. The more diligent and creative the clinician the more they seemed to suffer. The loss of these valued colleagues did little for my own morale; always susceptible to feelings of illegitimacy, springing from the mismatch between my blue-collar family background and the strictures of the middle-class professional milieu of an NHS psychology service (Sennett & Cobb, 2023). As David had said, ‘*if you are not part of the mainstream, then don’t expect the mainstream to embrace you.*’ (Moloney, 2004).

‘Far from things not being as bad as they seem, they are in fact worse.’

David had believed that everyone, no matter how pernicious their conduct, contains a seed of compassion. In *Taking Care* (Smail, 2001), he noted the almost desperate love that some people lavish on their dogs, which led him to wonder how fundamental cruelty might be to our nature. I believe that David increasingly wrestled with the reality that selfishness and indifference – manifest in the enduring popularity of right-wing leaders and the worship of wealth – have continued to thrive in Western culture. Despite a screen of self-deceiving rhetoric, the United States and the UK are among the most ruthlessly unequal societies in the post-industrialised world.

In our occasional conversations about politics and psychology in the last three years of his life, I felt that David was struggling more and more to square his lifelong hopes for social progress with the trenchant failure of the socialist left in British politics; and with the enduring conservatism of the British electorate, including much of the traditional working class. For many years, David had corresponded on this and other themes with the US social scientist, Bill Epstein.

Unlike other observers of American society, Epstein has never accepted that the ruling elites are the sole architects of pernicious social policies that favour the wealthy and punish the poor. Americans, he argues, get the politics and social programs that most of them want, or deserve. This happens through their actions at the ballot box, and more insidiously, through their tacit endorsement of those popular cultural and social institutions that embody harmful cultural myths. From an anthropological viewpoint, Epstein has gathered a wealth of data to suggest that most Americans – and by extension, many citizens in other Western societies, including the UK – embrace a mean-spirited individualism; evidenced in the recurrent popularity of largely ineffective psychotherapeutic solutions to enduring social problems (Epstein, 2010). As David observed, ‘*Epstein makes a disturbing argument – constructed so powerfully that effective rebuttal seems at times impossible.*’ (Epstein, 2010).²

For me, his arguments are increasingly persuasive: both as an account of our

2 Quoted from the dustjacket of the book.

present-day world, in which genocide can be livestreamed for months and years in an official manoeuvre of denial, endorsement and doublethink (El Akkad, 2024) – *and* more personally. There is a match between Epstein's thesis and the texture of my own formative social and political experiences; in a family of factory labourers and carers: many of whom well understood the inequities of capitalism and colonialism, but voted Conservative nonetheless. This does not mean that I have come to reject David's theories. After all, B.F. Skinner, the father of radical behaviourism, strove to incorporate the notion of instinctive behaviour into his own supremely environmentalist psychology. Nevertheless, toward the end of his clinical career, in the more despairing passages of his writings, David wondered if catastrophic change might be the only way to wrench our society from its worst delusions: forcing more of us, perhaps, into cooperation and mutual care for the sake of survival. As a vast and seemingly ineluctable tragedy approaches – in the twinned shapes of climate and biosphere breakdown (Epstein, 2025; Ilhaz, 2022) – I feel more than ever that he was right.

Towards 'A Rational Faith'

Conservative philosophers such as John Gray (Gray, 2023) and Roger Scruton (Scruton, 2010) have argued that societies suffer their greatest harm at the hands of those, on both the political left and the right, who succumb to the temptations of a reckless optimism; indifferent to truth and in denial of experience. Such an accusation could not be made against David. Unusually for a writer working within broadly socialist and anarchist traditions, his prescriptive voice is cautious and unflinching (Passmore, 2000). The outlines of utopia are plain enough; it is another thing to know how to get there.

A sober assessment of our destructive history and present circumstances precludes the creation of a route-map to paradise on Earth. We are shaped and overshadowed by our own past; as communities, as individuals, and as participants within institutions that are openly coercive, or – more commonly – serve to disguise control as care. Our efforts to improve the world are riddled with contingency and disappointment.

Given the very long odds, courage and even faith are required. Not in their religious guise, but as a form of necessary acceptance if we are to attempt worthwhile action in the public realm: Faith is not *'a wishy-washy substitute for technical certainty [...] but rather a necessary attitude or stance without which life cannot be lived except as private indulgence.'* This does not *'have to be faith in anything more than possibilities one cannot see.'* (Smail, 2001, p. 132). Some contemporary thinkers share this view; for instance, Rebecca Solnit affirms that, *'to hope is to give yourself to the future, and that commitment to the future makes the present inhabitable.'* (Solnit, 2006).

Where it mattered most, David always taught – or better, *indicated* – by personal example. For me, there is enormous comfort in his clear-eyed analysis of what confronts anyone of good conscience trying to live in the world as we find it. I've never been very good at mustering the spirit of trust that he describes. When it *has* come to me, then it

has arrived as the gift of circumstance – visiting more often with age and accumulating experience.

Happiness of a sort, the origins of which are clear enough; I have much to be grateful for.

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The oranges of unhappiness

John Cromby

Retired Professor of Psychology, now Honorary Professor of Mental Health & Psychology at the University of Nottingham.

Abstract: My discovery of the unexpected specificity of David Smail's influence on some of my academic work, and an explanation of how it might have come about.

Keywords: Critical psychology, David Smail, social context

Throughout my career as an academic psychologist, David Smail's ideas were frequently relevant. I often referred to his writings in both my research and my teaching work, particularly – but not exclusively – when it concerned mental and emotional distress. Indeed, I cited David only a few weeks ago in a blog on this topic (Cromby, 2025). At the same time, David's work has thoroughly permeated my personal life. I cannot count the number of times I have found myself saying to friends and family things like “David Smail explains this...” or “David Smail has an interesting view on that...”

I first encountered David's ideas in 1984 when studying psychology at Loughborough University. The lecturer for ‘abnormal psychology’ set an unusual coursework task: we students were to read, and write a book review of, “*Illusion and Reality: the meaning of anxiety*” (Smail, 1984). While that was my first encounter with David's writing, the book of his that has most impressed me is “*The Origins of Unhappiness*” (Smail, 1993). Sometime during the early years of Midlands Psychology Group (MPG) I began referring to this book as ‘*The Oranges of Unhappiness*’. I can't recall David actually falling on the floor laughing at this wordplay, but nor was he offended: hence this paper's title.

Contemporary Relevance

While perfectly readable, 'Origins' is a relatively dense text. An introductory chapter establishing the psychological context is followed by a perceptive account of the significance of power in human life, primarily accomplished via a lengthy discussion of power relations between children and their parents. The account is clinically informed and focused on everyday experiences. The third chapter, by contrast, is more theoretical and philosophical. Here, David sets out his conceptual account of human psychology: how it is shaped by power and material resources, and how it depends upon bodies and social relations.

Chapter 4 of 'Origins' is the longest in the book. It comprises a detailed 'case study' of the 1980s: an analysis of the distressing psychological impact of Margaret Thatcher's policies. This is followed by another two chapters: one on how this analysis might impact upon clinical psychological and other interventions; and a final chapter ('A Rational Faith') that both reiterates important conclusions from the previous chapters and reflects on their broader implications.

It's possible that the 1980's 'case study' could seem dated, particularly to younger readers. Arguably, however, this is precisely why they might usefully read it. The neoliberal ideology that was first implemented at scale by the Thatcher government has dominated UK politics ever since, regardless of which party is in power. That's why, when asked to identify her greatest achievement, Thatcher replied "Tony Blair and New Labour" (Burns, 2008). Placed in this context, David's analysis of the distress caused by the *initial* implementation of neoliberalism furnishes a valuable element of psychological history.

'Origins', in my view, represents the moment where David's writing is simultaneously at its most intellectually impressive and eloquently poetic. Few scholarly books simultaneously excel on both of these dimensions: impressive intellectual clarity and evocative, poetic eloquence rarely accompany each other. This is unfortunate, especially for psychology where their melding might be seen as particularly valuable. In my opinion, this rare blend of literary qualities does much to explain why 'Origins' is such a rewarding read. Intellectually, 'Origins' is where David establishes many of the conceptual pillars of what he later formalised as the social materialist approach to psychology. While he does this throughout the book, it is in the third chapter that David presents a detailed, schematic account that holds the various concepts together. Here, he discusses topics including body and environment as the 'raw materials' of psychology; different kinds of powers and power relations; why willpower is illusory; and the need for what he called public 'forms' if we are to render our feelings thoroughly meaningful to *ourselves*, let alone to others.

David acknowledges that his terminology of public 'forms' might be confusing. I find it helpful to think of them as *templates that are socially shared within a culture*. Being shared, like a language, these templates can confer aspects of agreed meaning upon feelings. This helps us interpret and communicate how we and others feel.

To illustrate: Watters (2010) discusses the rise of Western (DSM-defined) anorexia

in Hong Kong. Until quite recently self-starvation was almost never seen in Hong Kong, and when it was the phenomenology differed markedly from the DSM description. Hong Kong patients recognised and disliked how thin they were, and didn't calorie count or obsess over portion size: they wanted to eat more, but couldn't.

Then, in the mid-1990s, a spate of media interest in self-starvation in Hong Kong featured experts who interpreted it using the DSM, and this introduced the DSM diagnosis to the public. In the years following, some Chinese celebrities acquired DSM diagnoses of anorexia, then 24-hour eating disorder helplines were publicised, and before long 'fat phobia' became established as the main reason for self-starving. DSM-defined anorexia proliferated in Hong Kong such that, today, both the prevalence and the phenomenology of self-starvation there closely resemble their DSM descriptions.

Watters describes this proliferation as the result of adding DSM-defined anorexia to the Hong Kong 'symptom pool'. But he might just as easily have said that the DSM definition came to function in Hong Kong as a public form: a template that interprets, and confers a particular sense and meaning upon, feelings (which in self-starvation might include misery, worry, anger, self-loathing, hunger, weakness and more).

Intellectually, then, David's writing in 'Origins' is penetrating, clear and precise. Simultaneously, there is a profound emotional eloquence woven all through the book. This enables it to succinctly convey, not just David's understanding of the psychological damage inflicted by the social and economic order, but also his empathy for those affected. For example, on p.119 of 'Origins', David describes young men out drinking in the city centre, men who by late evening were:

"...reduced to barely articulate chunks of erectile muscle, quartering the Friday night streets in an alcoholically heightened expectation of finding girls they can fuck in a car park somewhere."

Taken out of context this may seem judgemental, but as David then considers the young women whom these men desire it becomes perfectly clear that judgement is not his intention. He describes how these women:

"...signal, probably unconsciously, a raw seductiveness no less market inspired than the romantic love they actually crave. These [the young men and the young women] can appear as people emptied out of their humanity, enacting like sleepwalkers' fantasies in which they have been soaked ever since they were small children."

Here, the evocative description of both sexes as 'soaked' – in alcohol, and simultaneously in a sea of fantasies and feelings that has washed over and through them for many years – succinctly conveys how their agency is compromised. But far from being condemnatory,

David then explains how these young women and men:

“...are, of course, not empty of humanity at all. They are like everyone else, human bodies subject to all the pains and longings which are common to human bodies. The difficulty is that they have learned no ways of giving expression to and elaborating their embodied humanity other than those constructed and promoted by the commercial interests of Business.”

I read ‘Origins’ again before writing this paper. I undertook a particularly close reading this time, so that I could precisely trace how key themes in the book were taken up in my own writing. What this revealed genuinely surprised me. I was fully expecting to identify passages where topics such as power, bodies, social relations and materiality, frequent themes in my own work, are elaborated in ‘Origins’: But disconcertingly, in addition to those generic, topical connections I also discovered some very specific influences. I will now summarise two aspects of my academic work where these specific influences are apparent.

Example 1: Characterising my research

During my career I was occasionally challenged (by promotions committees, job interview panels, university research managers) to account for the heterogeneous nature of my publications. Since these challenges often arose at important career junctures a solution was clearly necessary, but for a while inertia (aka an excessive workload) prevailed.

Then, for two months in 2010-11, I was a visiting scholar at Massey University in New Zealand. A friendly professor of psychology there posed the same challenge. Could I explain how my journal papers, books and book chapters on topics as diverse as epigenetics, social constructionism, virtual reality, fear of crime, neuroscience and mental health, actually comprise a coherent and developing research program? I was away from the UK for nine weeks, temporarily relieved of all teaching and administration duties, and the context was welcoming, amicable and open-ended; for the first time I felt able to give the question serious thought.

While I can’t recall coming up with an answer, I am certain it didn’t come about by re-reading ‘Origins’ because, mindful of weight limits for flights, I took no academic books at all with me to New Zealand. What I do recall is an enjoyable vineyard tour with the professor and his wife at the end of my visit, when over lunch I explained the connection between the seemingly disparate publications listed in my CV. In quite different ways, I said, my publications all highlight the interactions of bodies and social influence. And this is significant, because these interactions actually *generate* the phenomena we call psychology. Then I began to detail how these interactions relate to the various topics that my research addressed, albeit differently from one to the next: the living body is omitted from both virtual reality and social constructionism (though representations of it appear, and are

managed differently, in each); social influence is mostly missing, distorted or minimised in neuroscience; and so on. Therefore, by comparing and contrasting these different topics a more complete picture of these interactions might emerge.

Of course, this was largely nonsense: at no point during my career did I devise a grand plan, long-term strategy or ultimate research goal. I instead retrofitted a ‘bodies-and-social factors-produce-psychology’ narrative to a disparate set of writings that were more the products of curiosity and opportunity than strategic choice driven by a consistent question.

Yet the professor accepted my explanation, as did subsequent assessors in the UK. Soon, I started to use the narrative in other places: in job applications, in the introduction to my university webpage, in conference papers; and gradually became quietly proud of it. I was particularly pleased by my insight that psychological phenomena do not comprise the foundations of the discipline, but are actually the products of other, more fundamental processes: that psychology itself is produced by the interactions of bodies and social influences. I continued to use versions of this narrative until my retirement in 2022.

Example 2: Radical Individuality

In 2015 my solo-authored book “Feeling Bodies: Embodying psychology” was published. It was dedicated to David, who had died in 2014, and to his wife Uta. The book attempted to establish an embodied psychology based largely upon Suzanne Langer’s (e.g. 1972) process philosophy of mind.

“Feeling Bodies” is an ambitious book – some might perhaps say too ambitious, and with hindsight I’d agree. The most problematic part of the book, for me, is the fourth chapter ‘Experiencing’. Building on the three preceding chapters, this chapter presents an account of how embodied experience emerges; how such experience is jointly constituted and dynamically patterned by feeling, language and activity; how it moves and flows, and how it is both shaped by prior events and anticipatory of future ones.

Despite its flaws, this chapter does contain at least one satisfying concept: radical individuality. The term ‘radical’ is most often used today in relation to political positions or movements, but in its original meaning it describes *going to the root* of something. It is in this original sense, of having a fundamental understanding, that ‘radical’ is used here in relation to individuality. Having argued at length that individual experience is *always* simultaneously social, the chapter introduces this concept by saying:

“...this does not mean that individuality is illusory, that individuals are not unique or are somehow determined by social forces. Rather, it suggests a kind of radical individuality to experience. No two people ever have quite ‘the same’ experience of anything, because everyone brings to each moment a unique trailing history of prior moments, a specific trajectory of being forged from particular contingent combinations of biology, culture,

materiality and sociality.” (p.81)

Individual experience is radical because, if everyone is unique, there must be exceptions to every psychological generalisation. Yet simultaneously, the chapter continues, there is another way in which individual experience is radical. This is:

“...because it is largely composed of elements common to all. It is enabled by elements of the same flesh, with similar capacities for feeling, movement, reaction and appraisal; mediated by similar material organisations of tools, artefacts, resources, situations, locations and institutions; organised by shared narratives, discourses and practices; regulated by enduring constellations of distal powers that distribute uneven concentrations of resources, both material and cultural; and realised and reflected upon in accord with collectively held precepts that instantiate the boundaries, rights and obligations of selfhood.” (p.82)

In this second sense, individual experience is radical because it is entirely assembled from stuff that we share with others. This means that our unique individuality cannot simply be the product of this stuff. Individuality must instead be a product of particular ‘trailing histories’, of ‘specific trajectories of being’ that assemble and combine this stuff in always-novel combinations, patterns and styles.

Not The Only Fruit?’¹

Readers familiar with David’s work may have already discerned his influence within each of these examples. The topics of bodies, power, social influence and materiality appear in both, just as they appear in ‘Origins’. This was precisely the kind of topical or thematic relevance that I anticipated and expected to highlight in this paper.

Of course, David’s work is not the only influence upon my writing. The important contribution of Langer’s process philosophy of mind has been acknowledged; other pervasive influences include Vygotsky and John Shotter. At the same time, to merely acknowledge these as additional sources would be to oversimplify. David had read, and been impressed by, Langer’s philosophy of mind (see Smail 1987, p.9). He was also familiar with John Shotter’s work: in fact, they knew each other well enough that David recruited John to speak at an early MPG meeting. Nevertheless, as I carefully re-read ‘Origins’ I realised that David’s influence upon my work was sometimes so specific that there are passages of his work that mine very closely resembled. I shall now demonstrate this for each of the examples above.

¹ “Oranges Are Not The Only Fruit” is the title of a novel by Jeanette Winterson

Example 1

This example concerns the claim that psychological phenomena are not the beginning of the explanatory chain, since they are produced by the interactions of bodies and social influences. I considered this insight ‘mine’, until I saw in ‘Origins’ that David writes:

“...we have no need to import as basic components into our theoretical structure such entities as immortal souls, unconscious minds, ids, egos, faculties of will, instincts or any other of the nonmaterial, ‘internal’ features of people” (p.62)

Then, slightly below, he says:

“A person only comes into being when a body is placed in a social world which interacts with it...a person is by no means identical with the material structures of his or her body, but is a construct of the interaction between body and environment. A person is partly body, certainly, but is also partly environment. For example, a body may make vocal noises – it certainly has the potentiality to utter, but the language which a person comes to be able to speak, and in a sense ‘possesses’, is in the social environment entirely outside the body.” (p.62-3)

And finally:

“...the world outside extends its social institutions and practices into ‘me’: ‘I’ am...neither body nor world, but a complex interaction of both.” (p.63)

Here, the parallels between David’s work and mine are not merely *topical*, in the sense that bodies and social influence are prominent topics within both – they are also *specific*:

“Internal, psychological features of people, such as ids, egos, faculties and instincts, are not ‘basic components’” (Smail 1993, p.62): In other words, they are not the beginning of the explanatory chain.

They are instead products of the interactions of bodies and social influences: “A person only comes into being when a body is placed in a social world which interacts with it .. ‘I’ am .. neither body nor world, but a complex interaction of both” (Smail 1993, p.62-3)

Example 2

This example concerns the two aspects that comprise the concept of radical individuality. First, that we are unique individuals due to our biographies, our particular, inimitable

trajectories of being. Second, that this uniqueness is nevertheless constituted from raw materials we share with others. Now compare those claims with this passage from ‘Origins’ where David says:

“...an individual person is, in fact, not individual at all in anything much other than the actual space in the world he or she occupies and the experience this inevitably gives rise to (nobody else can experience exactly what you do if only because nobody else can stand exactly where you are). Part of what an ‘individual’ consists of is precisely nonindividual, social conventions, practices, meanings and institutions which we all share in common. We are, of course, individual bodies in the sense that mine is a different body from yours... We need always to keep an eye on those aspects of our so-called ‘individuality’ which are in fact features of a world we have in common.” (p.63-4)

Here, David is saying (in 1993), that our unique individuality arises primarily from ‘the actual space in the world [a person] occupies and the experience this inevitably gives rise to since ‘nobody else can stand exactly where you are’. This is conceptually much the same as my 2015 claim that ‘no two people ever have quite ‘the same’ experience of anything, because everyone brings to each moment a unique trailing history’ (Cromby 2015, p.81). And while my list of our ‘shared stuff’ is considerably longer than David’s concise summary (which includes just ‘social conventions, practices, meanings and institutions’) this does not negate the fact that the meaning of both passages is all-but identical.

The Stolen Orange²

Initially, I found it difficult to know what to make of this. I already knew that David’s work was relevant to mine: the task of the present paper, I imagined, was merely to demonstrate this to others. Instead, I discovered that some ideas in 1993’s ‘Origins’ are remarkably similar to ideas that I began using in 2010, and to other ideas I published in 2015. This is continuing relevance, to be sure: but not of the kind I expected. While I genuinely believed that these ideas were my own (and still ‘feel’ that this is the case) it is indisputable that versions of them are present in ‘Origins’. How can that be?

One vital factor could be my and David’s lengthy involvement in the MPG. A paper that summarises the group’s early history (MPG, 2017) describes how the evolution of MPG included an increasingly-intensified emphasis upon what members shared. Over a period of years the nascent MPG first of all self-consciously adopted, and then subsequently refined, procedures and practices to collectively interrogate our reading and writing.

Importantly, these practices did not result in critique: these were not quasi-Maoist confessionals. The aim was mutual education, coupled with increasingly sophisticated

2 “The Stolen Orange” is the title of a poem by Brian Patten

attempts to establish common ground. This process eventually culminated in MPG adopting collective writing, a practice whose explicit purpose is to produce work that is “so thoroughly jointly authored that it simply makes no sense to attribute it to named individuals” (MPG, 2015 p.3). As Wittgenstein might have said (had we but admitted him to the group) achieving this depends upon MPG members holding, not just shared ideas, but also shared judgements and values.

More generally, some of Vygotsky’s (1962) theories may also be relevant. He argued that ‘inner speech’ – the unspoken narrative commentary upon our experience and action – is derived from talking with and listening to others. We learn how to direct our thinking (metacognition), Vygotsky claimed, through participation in conversations. First, we internalise fragments of these conversations; then we use these internalised words and phrases to guide and direct our own activity. We may initially speak them aloud (as toddlers sometimes do) but eventually they are used entirely silently. From this Vygotskian perspective, where we think, speak, reason and decide using fragments of the voices of others, the question of ‘individual authorship’ becomes considerably more complex.

To acquire explanatory force these suggestions need to be related to their social and material context, central to which is that MPG meetings have always been very informal affairs. The deliberate, repeated and sustained application of practices of shared writing and detailed discussion in a close, informal context seems very likely to create some uncertainty about individual authorship of ideas. Notably in this regard, when David spoke in the group he always did so unassumingly and without ceremony. Unless asked, he did not make explicit reference to his own works: phrases like “...as I have previously argued in *‘The Origins of Unhappiness.’*” were never uttered, let alone italicized. Nevertheless, David *did* talk about his own ideas, including those in his published books; he did introduce ideas that inspired, illuminated, extended or re-directed the collective conversation; and he did clarify questions and issues that group members were grappling with.

It seems possible that, during these conversations, David informally elaborated versions of the very ideas that I later took to be my own. He would have done so without referring to ‘Origins’ as their published source, or to himself as their author. He would have shared them in a spirit of generosity that invited the rest of the group to think along with him. It seems that I may have taken up that invitation somewhat enthusiastically.

Conclusion

Some readers may feel that my concern is exaggerated or misplaced. It is accepted that academics develop their disciplines by building on the work of preceding generations – standing on the shoulders of giants, as Newton (disingenuously) said. Surely what I have described is no more than one small instance of this general movement of progress? While there may be some truth in this, the very *specificity* of the connections seems, to me at least, to demand more than a general account. Given this, the MPG context that I shared

with David and the other MPG members seems to furnish the most plausible explanation. While reading recently, I was relieved to discover I am not the only writer who has sometimes failed to mention important influences upon their work. Writing about Susanne Langer, Chaplin (2019, p.6) identifies a peculiar paradox: Langer more than once proclaims four thinkers as having had by far the greatest influence upon her own work, and yet she barely mentions *any* of these four anywhere in her writing (despite citing many other sources). Chaplin suggests that this was because:

“...[Langer] had so profoundly absorbed their thinking that it had become hard for her to identify exactly what were their thoughts and what were her own. She herself once called it the mark of a great teacher that one was not able to attribute thoughts to them which had become part of the fabric of one’s own mentality.”

In a similar fashion, it seems that aspects of David’s thinking might now be inseparably part of mine. And in that very small sense, too, the relevance of David’s work continues today.

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In the interests of psychology, not psychologists' interests

Bob Diamond

Bob Diamond, retired clinical psychologist from adult mental health services where he tried to embrace the values of critical theory and community psychology.

Abstract: How David Smail, comforted, clarified and encouraged me whilst working in adult mental health services.

Key Words: Critical psychology, speaking out, adult mental health

I'd like to share with you my affection and admiration for David Smail by recalling one of the first articles of his I ever read. In 1982 David Smail wrote 'Clinical psychology – Homogenized and sterilized', arguing the profession of clinical psychology had become weary of debating the philosophical models of the human condition and increasingly reluctant to consider the epistemological and moral issues within our work. David contended psychologists seemed more interested in acquiring skills and technologies in a quest for claimed expertise in the management of distress and despair. The risk, he cautioned, was that whilst we cannot avoid having a philosophical stance on intellectual and moral issues, that stance was becoming implicit and thus at risk of distortion by the inducements of money, power and status that can corrupt any profession. In this brief, two-sided paper, written over forty years ago, David describes the bland self-contradictory notion of cognitive behaviourism to highlight how far clinical psychology seem prepared to blur distinctions, to avoid the intellectual task of elaborating a psychology adequate to our needs. He made a clarion call to the profession urging us to protect our scientific roots by retaining a sense of critical questioning, putting

professional mythologies and intellectual dogmas to one side, and reflecting honestly on our experience of the phenomena that confronts us in our clinical work. Not only to give witness, but to articulate the depths of despair experienced by those inextricably caught up in social inequalities and terrible historical traumas. I should note David wrote regularly raising concerns over the potential erosion of the integrity of the profession (1982, 1995, 1998, 2006). I will say more of this in a moment but I'm running ahead of myself.

I first came across this paper a couple of years after it was published. At the time it was a great reassurance and encouragement to me. I couldn't have known then, just how significant it would become over the years. It has proven to be a guide, a moral, professional compass. I've chosen to share my appreciation for David by considering his influence on my career. I've selected salient points from the paper and set them as keystones in the structure of a career on becoming and working as a clinical psychologist in adult mental health services. The sub-headings of this article, again, are borrowed from David. In 2005 he wrote, comfort, clarification and encouragement are the "three principal planks of therapy". In this article I have used them to say, in turn, I was comforted, gained clarification and through encouragement attempted to articulate a meaningful psychology.

Words of comfort

In the same year that 'Homogenized and sterilized' was published, my own interests in the philosophies of humanity were beginning. Having gone into engineering from school, followed by a year working in Social Services, I was keen to understand further the dilemmas and tensions of being human. A social sciences degree introduced me to the ideas of Marx's materialism and the dialectic, Weber's meaning and interpretation and Durkheim's anomie and alienation. Within these pillars of sociological science, I also learnt of human behaviour from social psychology. What I was learning felt highly relevant, gradually piecing together something of the predicaments facing humanity. Eager to develop these ideas further I opted to study a post-grad Diploma in psychology. With my degree in Social Studies, I decided to take a punt on seeking graduate membership of the British Psychological Society with an eye on applying for clinical training.

Studying psychology at degree level was the most tedious of my academic life. I recall learning very little of the predicaments and endeavours of being human. It seemed to me psychology was dislocated from the concerns and struggles of real life. I don't think the problem was inherent to the University, it was doing what was expected within the scientific discipline of psychology. Simply, all the enticing, intriguing stuff I had pieced together from previous walks in life along with the sociological-psychological literature that had fed my curiosity ground to a halt. The undergrad psychology I was required to study seemed removed from what it meant to be human. Psychology had less to say about humanity than the sociological sciences. The focus of study was almost always on the individual. The reductionist approach overlooked most contextual information. An interesting aside,

I also felt somewhat at odds to most folks around me. The students were predominantly middle class. I wasn't. The staff, while pleasant enough, occasionally proffered obtuse sneery comments over my career aspirations. During this forlorn year, I began to doubt my plans. Psychology did not speak to me of what it is to be human. Feeling somewhat dried up, in a barren place with little to say about life, it looked like I would be heading back to Social Work, no bad thing. My near premature departure from psychology was arrested by a fortuitous event. In April, 1986, Cardiff, I attended a talk organised by the Welsh branch of the Division of Clinical Psychology. David Smail was the guest speaker. I shall, forever, be grateful.

I'm not sure I've ever been more moved, certainly not in the academic field, by such an erudite articulation of the predicament of being human. David, in keeping with his style, as I was later to learn, read from a prepared paper. It felt like he was speaking to me personally, going straight to the heart of my interests, beliefs and hopes. David called for clinical psychology to maintain its integrity through critical empirical enquiry. At the same time, he expressed caution to psychologists who saw their future as purveyors of techniques and technologies that appeared to address the difficulties encountered in our work. David spoke passionately of the importance for psychology to develop critical, empirical theoretical structures underpinning our work. This was a huge turning point for me, a revelation. Feeling reassured and revived, David had reignited my interest and aspirations to qualify in clinical psychology.

Words of clarification

Within a year I had secured a place on the Trent clinical training course, where the wonderful course director Martin Herbert described clinical psychology as a craft blended from the arts and sciences. There were some allies around. Fortune also shone favourably; I was to be based in Nottinghamshire, within shouting distance of the Department David headed. Seeking confirmation of David's talk, I discovered the essential tenets were all in this concise article. As I've mentioned, David warns of the dangers for psychology in foregoing efforts to adequately articulate theoretical accounts of the plight of people we worked with in preference for offering sets of skills that portend to address the plight of many. David's prescient caution at the time can now be seen for the truth it spoke to over forty years ago. He warned of the blandly self-contradictory notion of cognitive behaviourism, suggested the blurring distinction was presumably to avoid the intellectual task of elaborating a psychology adequate to our needs. Adding with unnerving prediction that only psychologists that would be happy to see computers delivering off-the-shelf skills could be sanguine about such developments. With presaging foresight, David describes psychology as becoming more and more like Doctors, in the sense of diagnosing and offering remedies. Psychologists were no longer questioning the basis of their activities but rather, unquestioningly delivering skills and techniques for managing life. As we now know,

it wasn't many years later that all clinical psychologists qualified with a doctorate and the ubiquitous Cognitive Behavioural Therapy (CBT) had come to dominate most therapeutic discourse. With unnerving specificity, computerised CBT would be cited by NICE, as a recommended treatment for anxiety and depression.

In this brief paper from the early 1980s, you can see David's inchoate concerns that he elaborated twenty years later, writing a compelling case to take seriously the significance of interests in his book 'Power, Interest and Psychology' (2005). Again, with presaging awareness David spoke of the threats to the integrity of psychology saying, if psychology no longer spends time questioning the basis of its activities in preference for delivering the goods, if not careful, it could become prey to cultural and commercial interests dictating our practice. With honest perspicacity David summarises, it would be a mistake to underestimate the extent that money, power and status anaesthetizes scientific conscience. The article does not denigrate clinical psychology, nor cast doubt on the good intentions of most psychologists. It expressly says clinical psychologists are not self-seeking charlatans. It also recognises that we all seek means to put food on our table. But, it is a call to arms, psychologically speaking, contending that if we lose sight of the empirical basis to our work, we are no less susceptible than any other professional group that can become driven by their own self-serving interests.

My work has been hugely influenced by David's repeated efforts to implore clinical psychology to speak up, to articulate an adequate psychological theoretical underpinning to our practise. I recall that, shortly after having qualified, several of my peers searched frantically for further training, looking for a therapeutic niche. For me, David's encouragement and reassurances formed the basis of my future work. Whilst I recall feeling some uncertainty over specifics, I knew David's maxim: drawing from our experience, adopting a critical, empirical framework whilst articulating an adequate theoretical understanding of our work, would provide sufficient professional foundation. It seemed clear enough: my own post-qualification training, unlike my peers' search for off-the-shelf therapy roles, would involve, taking a stand, asserting a social, environmentally informed psychological framework whilst critically questioning the impress of power that disrupted and disabled too many lives. This was sufficient signposting. Whilst the destination was unclear David's influence helped me avoid a weathervane-like sense dependency in desperate conformity to whatever agenda and authority might be the order of the day. Now with the opportunity to look back on my career, I can see that I attempted to do this regardless of work setting, from primary to tertiary levels of care in mental health services.

As mentioned, David regularly implored clinical psychologists to articulate a psychological theory underpinning their work, founded on their own clinical experience. Honest reflection, he added, generates psychological ideas from the ground upwards contributing to constructive debate and from this a future consensus of ideas. This is in stark contrast to responding to and pursuing emerging popular themes of the day that may

suit and enhance professional standing and status. David argued for clinical psychology to retain its distinctive ethical perspective in mental health services, warning of the burgeoning domination of a business culture that subdued questioning and dissent, whilst promoting what he described as a pseudo-scientific bureaucracy. The critical edge that David insisted we retain encourages new ideas and practice. In subsequent related papers his prophetic view articulated the importance of the wider environment upon our well-being, looking to community psychology as a possible vehicle for drawing on a theoretical framework. He invited the profession to be bolder in speaking up about the sense we made of the despair and distress we encountered. He reminded us that clinical psychology is about invention, discovery, critical and empirical investigation. Working alongside people, free of restraining enforcements, legal and medical, viewing our clients as equals, and through a shared reflection we must search through the confusion, seeking real causes of problems including environmental and social policies in the real world we all live in. Here we see David embracing concepts that would in time gain further traction. For instance, some years later, community psychology established itself as a special interest group (of the BPS), and the concept of articulation gained a manifest popularity with the development of formulation as a key element of therapeutic relationships.

Words of encouragement

David's voice was often in my head when trying to articulate a psychology that speaks to the distress and despair witnessed in clinical settings. With this in mind, in 2008, I wrote, 'Opening up space for dissension – A questioning psychology.' I argued for more transparency:

"A questioning psychology is much more than simply dismissing the conventions of the day. It encourages dialogue between conformity and dissension and opens up constructive space to elaborate our current understanding of, in this instance, human distress. Critical constructive theory and practice invites us to acknowledge our own agenda and position of power, share with others as opposed to do to others, uses ordinary rather than specialist language, embracing humility and modesty and acknowledging the importance of unfamiliarity and uncertainty." (p186).

Embracing these values encourages creative space for other, alternative accounts. It is understandable that any profession will be influenced by the socio-political culture it is immersed in. Psychology is no exception to this. I would argue that psychology must critically scrutinize the values of our current neoliberal culture with its restrictive extant discourse of interests, values and knowledge reflected in concepts such as, the person, the profession, self, independence, and freewill. In doing so, potential space is created for a psychology that embraces societal interests, a sense of interdependence, political awareness and values that

prioritise the importance of relational and otherness. For me, consideration of these values will enrich any understanding and articulation of what it means to be human.

Throughout my career, I tried to retain the healthy scepticism David advocated all those years ago, at times finding myself in services where it was less than obvious how this might apply. I tried hanging on to David's maxim, to critically question and articulate when working in psychiatry. His encouragement remained resonant as my colleagues and I supported initiatives that challenged the medical domination of mental health services (Diamond, 2003). The department I coordinated produced Bite Size (www.criticalvaluesbasedpracticenetwork.co.uk/clinical-psychology-bite-size/), a concise psychological summary within a social context of the predominant subjects in mental health services, including, 'Childhood trauma and unusual experiences', 'Sexuality and mental health', and 'Power and decision making'. Bite Size was written with workers and users of services in mind and offered a questioning perspective on topics that hitherto were dominated by a psychiatric narrative. It appeared regularly, in total fifty copies were produced. Other similar-minded initiatives included, user-lead medication groups, debating forums, a workers-users alliance, (see chapter 8 in MPG 2022). During this time, I hung onto another term of David's and a particular favourite of mine: "compassionate solidarity". Along with colleagues, we encouraged people with related, critically minded sympathies to join forces and speak out against oppressive psychiatric systems. Bringing together folks with experiences of using and or working in psychiatry, social activists and free thinkers, at a couple of conferences over as many years, we attempted to deconstruct the term psychosis. Our collective efforts are recorded in *Madness Contested* (Coles, Keenan, and Diamond 2013). Once again with David's ringing endorsement to articulate our work, *Madness Contested* advocates a more transparent mental health system with more honest dialogue about medication as advocated by Moncrieff (2008) and talking therapies less dependent on expert-driven therapists in preference for grounded, supportive conversations that respect historical, social and material injustices and traumas along the lines advocated by Holmes (2010). With more open debate and scrutiny over the controlling function of services, including the conflict of interests between care and control. When advocating a critical questioning framework, it is equally important to remain open and reflexive to further critique. This reciprocal cycle of learning applies equally to everything written here.

It probably isn't that relevant to talk about the emotional impact on me and others when, for example, trying to take a stand against a psychiatric dominated mental health service which at best can be described as misinformed, and at worst, lacking dignity, often impersonal and disrespectful. I should like to encourage others who take on any form of fight against oppressive orthodoxy to join with kindred spirits, colleagues-in-arms, and through compassionate solidarity form supportive collectives. I shall be forever grateful to David and the Midlands Psychology Group. David brought us together and for many years we chewed the cud, put the world to rights, had fun, spoke out. I now see, more clearly than

ever, the value of support and friendship we offered one another. Whilst David died in 2014, we continue to support one another and, in ohh so many ways David remains a member.

On reflection

Not long after qualifying I worked in a community mental health team. Amongst the many roles including seeing clients individually or in groups, there was scope for much more, supervision of all staff, clinical development of services, team functioning, small scale research and development including within the team but also much wider into the local community. There was no doubt the services were oppressively dominated by psychiatric and medicalised concepts of mental health. But, psychology had a distinctiveness, a voice and position that was, at least on occasions listened to. It was possible to raise concerns, propose alternative accounts for the despair that confronted us. As my career progressed, along with promotions came the opportunity to influence the culture of care, in my case, psychiatry, through teaching, training and development. Whilst the dominant culture of psychiatry persisted, a space opened up for more psychological concepts, or so it seemed.

My final role before retiring recently, perhaps somewhat unusual, was once again in a CMHT. This time around, I was essentially expected to see individuals for therapy. I worked alongside other therapy-honed roles, such as CBT, personality-focused specialists, and clinicians practising mindfulness. I had no overseeing function of these relatively newly created posts. There were no broader supportive roles other than team group supervision which, for various reasons, was poorly attended. There were no other extended roles nor opportunities for working out into the community. Psychology was expected to make up the numbers within the rolling psychiatric mental health band wagon, including duty calls. Ironies abounded. The Early Intervention Team had sought to recruit a cognitive behavioural therapist rather than a clinical psychologist but that didn't stop the EI workers approaching my door for support and guidance, explaining that cognitive behavioural concepts were not helpful and could not address the complexity of the work they encountered. In short, there were virtually no opportunities to raise a critically, empirically informed psychological theoretical voice. Psychology had lost its distinctiveness and was somewhat directionless. Like a stricken vessel at sea, it was rudderless, had lost its bearings and was bobbing in response to every passing peril. Again, the irony being that the profession was sinking not because of the powerful shockwaves coming from the heavy weight psychiatric tanker but rather, was busily submersing itself in a flotilla of light weight, fanciful, make-believe, home spun crafts of every persuasion.

It may be that there are more fruitful work settings, other than psychiatry for a psychological voice to be heard. There are certainly more clinical psychologists than ever before. Have our self-interests outstripped those of the profession? I worry about psychology's loss of standing in mainstream mental health care. I can't help but think of David's caution to our profession of the risks of losing the very essence of our professional

being, to articulate a thoroughly psychological theoretical underpinning to our work and in not doing so have we, as David asked of the profession, sold our soul?

Finally, all those years ago when I first got excited reading the sociological thinkers speaking of materialism, meaning and interpretation, of isolation and dislocation, I now look back on them with a sense of applied appreciation. When I think about my work, of the circumstances of the people seeking psychological help, whether, on occasions successfully or less so, typically, it would involve engaging in the very subjects I learnt formatively. Our conversations regularly addressed accessing material resources, nurturing social contacts, promoting networks and discovering meaningful frameworks of understanding. This, it seems to me, is real psychological help. I worry about the burgeoning business of self-interest that invites psychologists with their plethora of therapeutic options to make weird and wonderful claims that are fundamentally promoting their own interests. The social psychological concepts of materialism, social contact, meaningful understanding are more relevant today than ever before. It is these concepts that we should take more seriously in the interests of clinical psychology.

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The nature of unhappiness never changed: Why clinical psychology still needs David Smail

Jay Dudley

Jay Dudley is a clinical psychologist at the Cheshire & Wirral Partnership NHS Foundation Trust. Correspondence to: james.dudley1@nhs.net

Abstract: This article explores how David Smail's work helps clinical psychologists challenge individualising narratives and resist the depoliticisation of distress through critical practice and supervision.

Key Words: Depoliticisation, neoliberalism, supervision

We live in a time when the influence of distal powers – neoliberal policies, austerity, and political polarisation – has never been more visible or tangible. In this context, clinical psychology must shift its focus from mere insight to oversight: a perspective David Smail so presciently advocated decades ago. His work, alongside the contributions of the Midlands Psychology Group, has profoundly shaped my understanding of the profession's role within broader social power structures. This article reflects on how these ideas have reshaped my practice and reoriented my view of clinical psychology's responsibilities today – because the nature of unhappiness never changed. Future generations of psychologists must be introduced to the grounded realism these works provide: an antidote to the overemphasis

on individual agency and the depoliticisation of distress that continues to dominate the profession.

A NICE journey to Smail

For me, qualifying brought an immediate immersion into the auspices of the ‘therapy industry’ (Moloney 2013). Pressure quickly mounted to become ‘CBT-accredited’ and join the British Association for Behavioural and Cognitive Psychotherapies (BABCP), an organisation I had witnessed encroaching on the Doctorate in Clinical Psychology upon leaving training (Dudley 2017). Senior psychotherapists urged a standardised provision of ‘DBT skills groups’ across the community teams and offered training in a plethora of behavioural therapies. All of this enforced with consistent reminders that we were there to *provide NICE-approved evidence-based practice*. None of this made any sense on a human level. The majority of our service users were living in relative poverty, isolated in hostile environments and subject to the sharpest edge of the Cameron-Osborne austerity agenda (O’Hara 2015). In that context, the prospect of teaching someone to memorise ‘DEAR MAN’ felt not only tone-deaf, but deeply patronising.

It was difficult not to succumb to the pressure to conform. My first caseload bore the weight of this, subjected to unenthusiastic attempts to encourage change they simply had no power to enact. In retrospect, these efforts felt not just futile but misguided. However, being introduced to Smail’s work and complementary approaches such as constructivism (Harding 2016) through supervision was transformative: it crystallised the now obvious realisation that people cannot simply will their way out of entrenched social and psychological conditions. This stood in stark contrast to the underlying assumptions of many of the interventions I was being trained to deliver, which implied that change was primarily a matter of motivation, insight, or behavioural effort.

Shifting focus instead to “comfort, clarification and encouragement” (Smail 1993) – and being honest about the limitations of therapy, the weight of structural forces, and the psychological consequences of significant trauma – had a kind of *un-gaslighting* effect. It fostered solidarity and recognition that the problem did not reside within the individual, but in the relentless pressures exerted by both proximal and distal powers. As a practitioner, it is liberating to recognise your relative insignificance – not in the sense that you have no responsibility to help, but in recalibrating expectations of yourself and your clients in proportion to social-environmental power (Smail 1993). Therapy becomes less about engineering transformation and more about accompanying people through the slow, often painful work of survival, dignity, and resistance. In this light, the role of the psychologist is not to fix, but to witness, to name, and to support small acts of meaning-making in the face of structural adversity and trauma.

Focusing on oversight and grounding one’s practice in real-world conditions is, perversely, a risky endeavour within mental health services – an environment awash with

systemic expectations of magical voluntarism from psychology. These expectations are not merely externally imposed; psychology itself remains buoyant by sustaining the illusion that it can deliver on such promises. Yet it soon became clear that the pressure to conform functioned much like Foucault's panopticon – except here, there was no guard in the watchtower, only the internalised gaze of the system itself.

With this knowledge, I – along with some former clients – eschewed the skills groups and instead established a peer support group grounded in the principles of Guy Holmes' *Psychology in the Real World* (2010), creating a popular democratic space of solidarity and mutual recognition, crucially separate from the clinical setting. Ironically, the same senior staff who had championed DBT Skills later requested that we formalise the group into a replicable protocol. Predictably, the interest appeared less about the group's positive impact and more about the opportunity it provided to discharge its members – on the grounds that they 'no longer needed services' – seemingly the priority amongst many community teams across the country (Moth 2023).

The complications of common-sense supervision

As I began to embed this format, considering how to approach the supervision of assistant and trainee psychologists formed another dilemma. Doing so through a lens informed by social materialist perspectives can be ethically complex – but it is arguably a necessary endeavour if we are to push back against the hegemony of treatments-for-disorders. Many enter expecting to learn models, techniques, and interventions that will enable them to "fix" psychological problems. What they often encounter instead is a reframing of those assumptions – a shift away from individual pathology toward a recognition of broader social and structural forces. Supervision frequently unfolds along two parallel tracks: one that describes how psychological practice is *supposed to work*, and another that explores *how things actually play out in the real world*. Underpinning both is the question: *Who is this for?*

This approach carries the risk of introducing a premature sense of futility or disillusionment – challenging mainstream psychological thinking before supervisees have had the opportunity to practise it for themselves. For trainees, there is often a sharp tension between fulfilling the competency requirements imposed by their doctoral training and practising in a way that meets the person where they are. The result is often a slightly cynical Frankenstein write-up of the work, with BABCP-friendly measures and language retrofitted around what was, in practice, a person-centred, relationship-based approach.

Yet there are important counterpoints. This orientation can reduce imposter syndrome, encouraging more authentic therapeutic engagement by easing the pressure to perform and practising in a way that makes sense. Supervisees often feel free to genuinely listen, without anxiety about providing a specific technique or coming up with a clever formulation. Expectations of themselves – and of service users – become more grounded and realistic. Mainstream psychological models are not dismissed entirely, but are introduced

selectively and critically, with attention to context and limitations rather than as ‘off the shelf’ solutions. There are common themes of mutual discovery that come with reading and discussing Smail’s work in supervision – often that ‘once seen, it can’t be unseen’. Early exposure to these ideas may help newer psychologists retain a critical lens as they move through their careers, navigating the tension between systemic expectations and authentic practice.

What we are up against

And it is the case that younger generations are walking into a monumental challenge, and one that Smail consistently warned of throughout his career (Smail 2006). His prescient observations on the business culture takeover of the late 1980s have since metastasised into what the Midlands Psychology Group (2022) aptly describe as the *Neoliberal Humboldt Squid*. Where promising progressive grassroots movements aimed at shifting the paradigm emerge, they are inevitably neutralised and co-opted by the system. In my relatively short time in services, I have already seen the rise and fall of the biopsychosocial model (Read 2005), the recovery model (Recovery in the Bin et al., 2019), the introduction of ‘5P’s formulation’ and currently witnessing the same process encroaching upon the somewhat promising ‘trauma-informed care’. The squid extracts the transformative potential, leaving behind a hollow shell – softened language, competency frameworks, protocols, and mandatory online training modules that overworked staff are begrudgingly expected to comply with.

Neoliberalism – with its emphasis on individualism, personal responsibility, and the identity politics that emerge from these values (Wrenn, 2014) – has significantly benefited the psy-professions, which have expanded symbiotically alongside the rise of ‘self-diagnosis’ (Isufi, 2024) and a growing market of online diagnostic, training, and self-help services. The neurodiversity movement represents a seismic contemporary example of the same pattern of grassroots co-option previously described (Anonymous, 2024).

“Consumerism exploits interiority to the point that people are almost totally drained of it. Instead of our privacy being honoured and our individuality being endorsed, our innermost feelings, hopes and fears are tipped out into the open and picked over for their commercial potential”. (Smail 2005, p.66).

It’s impossible to fully grasp the harm done to the psychology of the population by twelve people ‘thrashing out’ diagnostic categories around a table (Davies, 2006), magnified and harnessed by neoliberal ideology. A process that has since spiralled into a situation where, in the UK, beauty clinics now offer ADHD assessments alongside skincare and massages. A situation where, once, parents might have ‘mourned’ the diagnosis of autism for their child – rightly or wrongly – but now find themselves affronted by being told the opposite

(Anonymous, 2024). Diagnosis has become not just a way to access support, but a kind of social capital.

Just as Smail was ultimately marginalised from the very training programme he contributed to creating, socially oriented approaches such as community psychology continue to remain on the periphery of the profession. While this exclusion is easily attributed to the lack of branded marketable protocols and charismatic advocates promoting evidence-based solutions, more substantive factors may be at play. Fundamentally this is the discomfort elicited by placing the operation of power and environment front and centre – domains that offer few legitimate grounds for intervention by psy-professionals (Smail, 2005). In this context, Mark Fisher's (2009) thesis on capitalist realism may be helpful. Professionals and the broader public have become so entrenched in the ecosystem of neoliberal tenets and their mental health corollaries that considering a paradigm shift is seen as too inconvenient and threatening. It is psychologically safer to continue labouring under the illusion that we are one workshop away from well-being than to confront a more accurate acknowledgement of individual power.

What then must we do?

Despite this pessimistic appraisal, it is crucial to retain the flame of hope that characterised Smail's message. For the past six years I have been delivering a lecture on the impact of austerity politics to doctoral trainees. Contrary to expectations of a backlash, the feedback has revealed a palpable hunger for more debate and routes to activism. There has been a clear frustration around the censure of obvious distal powers being acknowledged in training, coupled with a distinct sense of apathy toward CBT, arguably the poster-child of neoliberal therapy (Dalal, 2014).

A source for optimism comes from the growing awareness amongst trainees of alternative intellectual frameworks that foreground the role of power, most notably the *Power, Threat, Meaning Framework* (Johnstone et al. 2018). Moreover, proponents of these ideas are becoming increasingly visible across independent and mainstream media outlets (Williamson 2025; Llewellyn Smith 2025), reaching a wider audience. Activist movements such as A Disorder for Everyone (A Disorder for Everyone, n.d.) and the 'Mad in' platforms (Mad in the UK, n.d.) offer further spaces for open dialogue – honouring the lived experience of those harmed by distal powers, while supporting campaigns and publications (Watson 2019) that aim to foster structural change. All, in their own way, are grappling with the same urgent question: *What then must we do?* The path forward is unlikely to lie in a single model or framework, but rather in a shift of focus – one that depends on collective effort, solidarity, and sincere alliances between professionals and service users.

Smail's work remains deeply relevant today because it taps into the essence of the struggle the late Tony Benn once described – one in which every generation must fight the same battles, with no final victory and no final defeat. The nature of power – and, with it,

the origins of unhappiness – has not, and will not, fundamentally change.

“Every inch of moral ground gained will be lost and will have to be retaken over and over again. Every moving argument will be negated and will have to be restated in a form unanticipated by power; every morally uplifting tale will be culturally silenced or revised and will have to be rewritten in a newly subversive guise. If this view is seen as unduly bleak, at least it guards against a futile optimism that risks handing the world over to those who know how to exploit it to their advantage. Comforting stories are welcomed by oppressive power as useful ways of maintaining the status quo” (Smail 2005, p.95).

Contemporary movements and vehicles for progressive change are facing fierce pushback, ad hominem attacks, and deliberate misrepresentation from those invested in the status quo. Smail’s legacy provides a critical foundation of intellectual and moral clarity that supports these causes; if forgotten, psychology risks becoming exactly what power always intended it to be: a mirror that reflects systemic harm not as political violence, but as personal failure.

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David Smail – a personal reflection

Paul Kelly

Paul Kelly is a clinical psychologist working in the student counselling service at University College Dublin.

Abstract: A personal reflection on the deep and lasting influence that David had and continues to have on my life

Key words: Friendship, care, critical psychology

For reasons that are not all that clear to me, I have managed to hold on to a selection of lecture notes hastily scribbled down during my undergraduate psychology degree, taken at University College Dublin in the late 1980s. I suppose, like many students, I completed my studies feeling more confused and uncertain about the subject than when I started. Nevertheless, I seem to have kept notes from courses that contained seeds of ideas that reflected some of my own questions and doubts. I must have carried the hope that one day I would revisit these notes, and that, with more life experience and further study, they would help me to find the clarity that I had failed to find throughout my undergraduate studies. Perhaps predictably, however, over the years they remained unread and simply gathered dust on various office shelves. Every so often I would glance guiltily in their direction with the growing realisation that I would probably never read them again. And yet, as I sit here over thirty years later writing this reflection on what David Smail means to me, I finally have a set of these notes before me!

My first memory of hearing about David's work was in 1990, during a series of lectures on a course entitled 'theoretical and contemporary issues in psychology'. By that time, in the final year of my degree, I had already become relatively disappointed and

disillusioned and with much of mainstream psychology, and in particular with its applications towards helping those in distress. I just couldn't identify with most of what was being taught. I privately wondered whether my doubts and questions were possibly idiosyncratic, and maybe even misguided, and would eventually be quelled and answered by those luminaries with more knowledge and expertise in the field of psychology. Hearing about David's work for the first time reassured me that I was far from alone in my scepticism, and that maybe mainstream psychology didn't have the answers that many sought. In contrast to the dry and impersonal content of most of my degree, I had at last found a psychologist who was talking about the lives of real people in real-life situations that made sense to me, and that I could identify with. It also seemed to me that he was writing from his own lived perspective about matters that affect us all, and doing so with a sense of compassion and care and most of all honesty. I remember at the time feeling enlivened by knowing that an established psychologist within the field could be openly critical of many of the so-called facts of the subject, including discussing the limitations of psychotherapy. While all of this struck me as interesting and exciting at the time, what most powerfully remained with me for subsequent years was the idea that not only is it valid and permissible to question mainstream psychology, it is an ethical duty to do so.

By the year 2000 I was in my first job working as a newly qualified clinical psychologist with distressed adults in North Birmingham. It very quickly became clear that most of the people who were attending the service were experiencing distress that was related to their living circumstances. Many of the people I met were trying to survive in situations of poverty, and in often dangerous and depressing environments. Faced with this reality I found myself feeling sceptical, and maybe even a bit cynical when I, along with many colleagues in the mental health trust, was strongly encouraged to attend a workshop aimed at 'training' us in how to improve the self-esteem of our clients using Cognitive Behavioural Therapy (CBT) techniques; in one of life's ironic twists of fate, this event was to become a bit of a turning point in my personal and professional life. During the course of the morning session, one of the participants politely but determinedly asked questions about why people's real life environments were not being incorporated into the impressively crafted diagrammatic CBT formulations being presented. In other words, he was curious about whether the realities of people's lives may be the actual causes and maintainers of their so-called low self-esteem. My memory of the day was that these enquiries were met by the speaker with a polite acknowledgement of sorts, but mostly with a swift and slightly uncomfortable moving on to the real business of the day; teaching psychological techniques for improving self-esteem. During the tea break, I approached this participant to ask him more about his comments and questions. He initially looked slightly uncomfortable, and later admitted that he thought that I was going to remonstrate with him for his disrespectful questioning of the 'evidence-based science' of CBT. He was visibly relieved when this didn't happen, and in fact when I disclosed my own doubts about CBT we ended up talking about

the work of David Smail. This initial meeting was to lead not least to an ongoing friendship between myself and that participant, Paul Moloney, but subsequently to joining with a group of like-minded psychologists, including David – a group that eventually became known as the Midlands Psychology Group.

I first met David in person later that year in a bar in Harborne in Birmingham. He had been invited by Paul Moloney to meet with a group of mostly recently qualified clinical psychologists who were interested in some of his ideas; in particular we wanted to know more about his focus on social environments as the primary cause of most psychological distress, and his questioning of the individualism of mainstream psychology, and of the effectiveness of therapy. I experienced the usual trepidation when meeting someone that I had only previously known from their writing and reputation. I feared that he would turn out to be very different from the impression that I had formed of him over the years. During that evening, David appeared to me to be a quietly spoken, somewhat reserved, and very curious, engaging and clear thinking person. His overall demeanor suggested a degree of humility tempered with strongly held views on many of the issues that interested me. Most of all, I remember feeling relieved that he seemed to match my overall sense of the psychologist that I had first heard about during those undergraduate lectures back in 1990. During this initial meeting, and on many subsequent occasions over the years, David talked engagingly about his own psychology career – how in the early years he was influenced by the therapeutic community approach, and how this led to a growing recognition of the role of the socio-political environments in the creation of distress. He talked about how these often toxic environments impacted on the lives of people living in a society that had changed in many ways since he had first qualified as a psychologist in the 1960s. He also talked about how the mainstream institutions of psychology (the professional bodies, the universities, the clinical professions) had all changed for the worse, as they grew to increasingly reflect and support the growing neo-liberalisation of western society. This included discussions about the increasing commodification and selling of psychological therapies, with often outlandish and unsubstantiated claims for their effectiveness.

Although not given to outward displays of emotion, it became obvious over time that David felt deeply upset about how the language and practices of psychology, based on ethical ‘values’, were rapidly being displaced by those based on market ‘value’. While I found David’s arguments to be both convincing and intellectually stimulating, I think that it was more my sense of how much he genuinely cared about people that kept me emotionally connected to him for so long. I have always struggled to sustain long-lasting connections with people when I or they no longer live or work in close proximity. However, despite returning to live in Ireland in 2004, I have remained a member of the Midlands Psychology Group. This has helped enormously to sustain me in my work life, but more importantly, offered me true friendships that have lasted many years. I think a large part of this was because the values of caring, compassion and generosity, that David argued should be

central to the clinical professions of psychology, were also the values that he actually tried to live out as a person in his own life. Although I was already aware of the fact that David's work was important to many others both inside and outside psychology, the extent and depth of this became very evident when a special issue of *Clinical Psychology Forum* was dedicated to him in April 2003. This publication contained a broad mixture of personal and professional tributes that captured a genuine warmth and affection for David that is rarely on display in the context of professional writing.

One example of David's generosity that means a lot to me was his accepting without question an invitation to deliver a seminar in Dublin in 2007. I was pleased but not surprised to see so many people attending this, and as usual David created a well prepared, informative, and entertaining talk. Most of all, however, this was a rare opportunity for me to spend some more informal time with David as we went out for a meal and some drinks on the evening before the event. I must admit that prior to this, probably due to a mixture of David's natural reserve along with my own I still felt a bit uncertain about how this might go. Sitting in a pub in Dublin, however, David spoke very personally about some of his own life experiences and how they related to his work. His openness enabled me to talk about some personal history that I would usually only discuss with those I am closest to. In this encounter I caught glimpses of how David became the psychologist and the man that he was; later, I often wished that I'd had more time to get to know him better. Looking back, I think that this was when I began to feel that David and I had started to become more than colleagues, and were now becoming friends. When David was leaving Dublin I gave him a bottle of whiskey to thank him for his generosity, forgetting that liquids were not allowed through airport security. He didn't mention this at the time, but later told me in a letter that somehow he had managed to persuade staff to allow him to bring this home with him. This was perhaps a reflection of his genial but determined character, but more importantly of his valuing of the crucial importance of the tokens of friendship.

As with all ongoing friendships not all was plain sailing. I remember on one occasion David being uncharacteristically short-tempered with me at a conference that the Midlands Psychology Group was facilitating in Birmingham in 2008. I suspect that this was due to me having arrived a bit late to his house, in a slightly merry state, the evening before. I acknowledge with some embarrassment and guilt that this was disrespectful of David's generous nature, and that he had every right to feel annoyed; his annoyance was short-lived and he went out of his way after the conference to drive me to the train station for the journey home. As is the often the case with these minor relational disruptions, I believe that this led to more depth in our friendship over the ensuing years.

I was, of course, deeply upset when I learned that David had become ill, and after some time that his illness was terminal. I never got the opportunity to speak to him directly about this. We did correspond briefly by letter and I am glad that I was able to express some of my personal thoughts and feelings to him before he died in 2014. I was lucky to be

able to attend his funeral and to meet some of his family. Although the Midlands Psychology Group meetings have never been the same without David, in keeping with his generosity, his beloved wife kindly invited us to continue meeting at his family home. We did this for many years (until the Covid pandemic intervened), and this has helped me, and I imagine, other group members, to deal with our feelings of sadness and loss while also experiencing David's ongoing presence in our work and in our personal lives.

In trying to capture some of the depth of David's influence I could, of course, have referred to the many influential books and papers that he wrote which are full of rich and often profound ideas. As this article is more of a personal reflection, I decided to choose just two pieces of writing that have had an enduring impact on me. The first is perhaps one of David's best known chapters from his 1993 book, *The Origins of Unhappiness*, entitled 'Case Study: The 1980s'. In the first half of the chapter, David clearly describes his theoretical perspective within the context of the vast socio-political changes that happened in the UK and elsewhere from the late 1970s – often referred to as the transition from a social welfare state to a neo-liberal state. He illustrates how this transition involved the wholesale destruction of a post-war world that at least attempted to engender ethical values such as fairness and equality, and instead led to the creation of a *“world where nothing was for nothing and the weak went to the wall. Any world constructed on alternative ethical lines was stamped as outmoded, deranged or dangerous. The ‘real world’ was a hard, cold world of self-made success, virulent moralism, uncompromising individualism and pitiless contempt for sociality of more or less any kind”*. (p. 108).

In the second half of the chapter David brings his theoretical insights to life by describing how such a world impacted in often deeply destructive ways on the people that he met in his clinic. One of the striking features of the cases that David discusses is that many of them were middle class professionals, who would rarely have appeared in public mental health settings prior to the 1980s. For example, Judith, the acting head of a small university department emotionally overloaded by the demands of having to mediate the imposition of the new business culture; and Dave, the accountant, suffering pains in his stomach and numbness in his chest, with his job having changed from one requiring technical expertise to one where *“instead of making sure things got done by doing much of them himself, he now found that he was called upon partly to bully former equals into getting them done while himself having to represent the results to people (his bosses as well as clients) who were not technically qualified to understand them, but lived rather in a sphere of social influence and manipulation which was quite strange to him”* (p. 133). Reading this chapter opened up a whole new understanding for me about how some of the events that I had previously only witnessed on TV or read about in newspapers, such as the miners' strike, were directly relevant to working as a psychologist. I was left in no doubt about how the nature and subjective experience of psychological distress can only be understood through understanding the social context in which it arises.

This knowledge has influenced me ever since in my attempts to become more aware of the changing world in which we live, from a historical and socio-political perspective. I no longer see psychology as separable from all of the social disciplines that try to make sense of and explain how our society works including sociology, politics, history, economics, anthropology etc. I believe that all psychologists should be educated, at least to some degree, in these subjects if we are to have any sort of reasonable understanding of the people that we seek to help. Depressingly, however, I notice that most of the workshops being offered within the continuing professional development culture offer little if any critical analysis of the society in which we live. Instead, what increasingly appears to be on offer is 'training' in a paltry set of 'skills', designed at best to temporarily anaesthetise those who have been sold the idea that psychology can cure them of their individual suffering, in the absence of any wider social change. It is no surprise, of course, that David had presciently predicted this as long ago as the early 1980s (see, for example Bob Diamond's paper in this current issue).

The second piece of writing that I have chosen is the text of one of the talks that David delivered in July 2002 at the Annual Conference of the Clinical Psychologists Special Interest Group in Older People entitled 'Getting Old – the experience of a bio-social predicament'. To me, this talk eloquently illustrates how David combined deep theoretical insights with the messy complexity of being human, in ways that are honest and accessible to anyone willing to listen. I have read and re-read this text on many occasions over the years. It still catches me every time, partly because of how David's raw, brutally honest, and vulnerable openness about his own experience of ageing appears out of character with my memory of his usually reserved and deeply private demeanor. David uses this talk to strip away the glossy dishonesties peddled about ageing, designed mostly to service the profit motive of neo-liberal capitalism – a world where to maintain some power, for example, '*so many ageing celebs spend fortunes on preserving the illusion of youth*'. Instead, he tells it as it is but in this case, rather than using case studies from his clinical work, he talks about his own life in ways that are deeply personal and moving but also at times richly humorous.

In one particularly compelling instance he moves from lovingly describing a touching conversation with his ten-year-old granddaughter, who describes his new shoes as '*a bit grandpa shoes*' – to talking about the insignificance and invisibility of old age – captured, for example, in an encounter with a salesperson '*who's eyes go dead*' when one is no longer viewed as a desirable consumer, an experience which he describes as '*fairly profoundly deflating*'. This passage evokes the heartbreaking sense of loss that is simply a fact of life for most of us who manage to make it to old age in a consumer society. It represents a brute reality that no amount of therapy can fix. Earlier in the paper, David comments on how ageing involves a deeply disturbing loss of power that not even the well-resourced middle-class therapist can avoid. Acknowledgement of the true implications of this would highlight how the psychology professions have largely neglected the roles of power and

interest as the real sources of much of the distress witnessed by therapists in their clinics – and of course, often experienced in our own lives too (Smail, 2005).

As I conclude this reflection, I hope that I have managed to convey at least some fragments of how much David means to me in so many ways. He has been, and continues to be, a deep and abiding influence on every aspect of my studies and professional practice as a psychologist, dating all the way back to my undergraduate days. He has helped to give me the courage to continue to question, debate, argue, and challenge ideas and practices within mainstream psychology. He has influenced me to understand that there can be no such thing as a psychology that is not fully embedded in a social, political, and historical context. He has assisted me in my ongoing attempts to struggle towards some fuller understanding of the lives of the people that I work with, and perhaps more importantly, to always try to inform this understanding with an ethic of care and compassion. But most of all, from a personal perspective, David has been one of a small number of people in my life who has taken up permanent residence in my mind; someone who I can summon up for advice and support whenever I'm feeling lost, confused, or despairing either personally or professionally, and I thank him for that. I think about him often, I miss him a lot, and I am always glad and proud to have known him as a colleague and a friend.

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On Friendship – for David

Craig Newnes

Craig Newnes has many identities – Jew, author, ex-director of an NHS psychological therapies department, musician, editor, dad, grandad, something of an arsehole at times, critical psychologist and, nowadays, often too tired for all the nonsense known as psy.

ABSTRACT: David Smail was a friend, erstwhile mentor and inspiration. These poor words try to express the extent of his influence.

KEY WORDS: David Smail, power, context

Once upon a time ... Classic stories begin thus. This is a story that takes in love for David Smail and his family, friendship, inspiration, exchanging music tapes, a celebration of David's life and much more.

Training in Lincolnshire with Dorothy Rowe, I was in the grip of personal construct therapy (PCT). Dorothy was one of the first clinical psychologists to publicly challenge the power of psychiatry and to see depression and other mental health problems as crises of meaning, rather than as illnesses. My Freudian supervisor Harold Davis wrote a paper for *Clinical Psychology Forum* that dismissed clinical psychology as a profession – he regarded it as a guild. I didn't quite understand, as I had no knowledge of guilds; but I was happy to accept any profession as a "conspiracy against the laity" (Shaw, 1909). Having already experienced – before my clinical psychology training – the excesses and failures of a Kleinian adolescent clinic in Hendon, it seemed that PCT with a smattering of psychoanalysis was good enough. Of course, it wasn't – helping people via abstruse conversations is a dead end; good for therapists but just a glimpse of kindness in shite lives for the majority. The kindness included offering patients cups of tea and, eventually, lifts and money; that was yet to come.

Dorothy was a great admirer of David and introduced me to an early book of his – *Psychotherapy – A personal approach* (Smail, 1978). Curiously, my son Fred pitched up with that same book earlier this year. Apparently, I had given it to him during his psychology degree (for which he took a First) as an example of more critical praxis. His tutors had not been impressed; critical and radical tomes are only allowable on psy courses once approved so Foucault, Marx and Sartre (a favourite of Smail's whose first degree was in French) aren't on the agenda. Guy Holmes, clinical and community psychologist, was beguiled into joining Shropshire's Department of Psychological Therapies at one of those cattle trading events when trainees are lured into jobs, because the Shropshire stall at Birmingham university had no slides or posters but did have a copy of *Discipline and Punish* (Foucault, 1975/1977) on the table.

David's work was inspiring. *Psychotherapy: A personal approach* was not constrained by psycho-analytic theorizing or the complexities of PCT promoted in Dorothy Rowe's department. PCT theory is straightforward enough – we create meaning and become the meaning we create. But the department was in league with a computer whizz at Sheffield University who, along with the clinical psychologist, Don Bannister, had created the INGRID programme to carry out detailed analyses of patients' core constructs, derived from audio recordings of clinical sessions, in which the therapists asked standardised questions. This method proved less obscure than the Rorschach Test or Object Relations Technique, but it was highly cognitive and not based on spontaneous conversation.

David's work seemed to allow conversations that explored meaning in the realities of patients' lives. Later, with Teresa Hagan, he was to produce a more systematic tool, the Power Map, designed to assess the available powers and resources that patients might bring to bear on changing their circumstances. My modest adaptation of this method was to help people specify toxic elements in their relationships and circumstances. To an extent the more recent Power Threat Meaning Framework does much the same thing. The problem of course, as David recognised early on, is that identifying toxicity doesn't necessarily mean one can do anything about it. The majority of the people that I saw in the Department of Psychological Therapies in Shropshire were either unemployed or in oppressive jobs, often with violent partners and *already knew* what was terrible in their lives. Hence – many sought the "oblivion route" – as Guy Holmes described the demand for psycho-active prescriptions, something that for the last fifteen years of my own career I placed at the top of the therapeutic agenda; helping people withdraw from prescribed and highly toxic medication sometimes gave them a head start in seeing what might be done (Lehman & Newnes, 2023).¹

¹ This volume includes chapters on the necessity of informed consent and the need for medical allies in helping with withdrawal.

From 1989 to 2007 David's influence went further – helping, via long phone calls and the occasional visit to Nottingham, to create a department of psychological therapies similar to his own. The Shropshire set-up included clinical psychologists, counsellors and psychotherapists who, in the main, were politically active and saw the sense in helping people develop what David termed “outsight”, rather than insight. Clinical psychologists formed walking groups and running groups with patients and members of the public, helped to co-ordinate a series of powerful seminars and conferences examining the psy industry, and were instrumental in founding the new clinical psychology doctoral programme hosted by Stafford University – the first full day seminar on this course was on the subject of epistemology, with the first term being entirely taught by survivors and their allies. The work was informed by critiques of psychiatric ideology and David's vision of creating a psychology that reflected the realities of people's lives, rather than the interests of the practitioners.

In Shropshire's department one counselling manager helped fix patients' cars, and many therapists worked uneven hours, way beyond the contracted 37 in order to see people at times reasonably convenient to both parties. The department held responsibility for the staff counselling service, wherein traditional clinical notes were not kept, in deference to the clientele's legitimate worries about the confidentiality of personal disclosures made within therapy. There was no Foucauldian Gaze.

Money, whether through an exploration of self-interest or as a fundamental part of the power people might wield, was clearly of importance in David's theorizing. Of course, you don't have to be born on a council estate to make the importance of money obvious, but it helps. I watched my dad grind himself down working 6 to 6 nights at Bird's Eye; desperate to get a mortgage that he then spent 25 years paying off. I just knew people needed money and, as a therapist, had no hesitation in helping them get it – pragmatism over theory.

On friends

David was head of the Nottingham clinical psychology department – a group that included several critical and politically inclined psychologists, at least three of whom rose to prominence in the profession, one, Lesley Cohen, joining the *Clinical Psychology Forum* editorial collective when I was the co-ordinating editor and she remains a valued friend.

Friendships with Kevin Sullivan and Ron Cattrall (both of whom trained in Lincolnshire with me and were inspired by David's work) began the day of our interviews for a clinical psychology probationership. Kevin and I still talk regularly via Messenger, lately mostly to compare aches and pains. I have fond memories of playing in bands with Ron who died (to the extent that friends die) a number of years ago, – Ron played djembe, a drum that you begin learning after a year of practising vocal rhythms.

Friendship with David really began after we exchanged a few messages and then

cassette tapes – Zappa from me and his beloved jazz from David. He could have had an alternative career as a jazz drummer but moved into clinical psychology; with much the same angry and alternative approach (think Miles Davis or John Coltrane with a smattering of Marxism). I am pleased to count David's son and daughter-in-law as friends who also happen to have a house in Limoux, an hour's bus journey from my humble abode in France. Get envious if you want but the house was bought following a near-fatal accident that brought on early retirement.

For David, retirement meant settling into a quiet life with Uta, the occasional glass of whisky with Miller Mair (by then the retired head of Dumfries Clinical Psychology Department), and working as a counsellor on Mondays, with university students. He said he was a kind of surrogate dad and the conversations helped him stay connected to how the younger generation were being affected by the changes in society. He drew upon this work to write about the psychological challenges facing many young middle class people, who had grown up during the early decades of neoliberalism and widespread make-believe; and were now struggling to understand subjective experiences that didn't fit the consumerist and aspirational narratives in which they had been raised (Smail, 2001). He formed the Midlands Psychology Group, including the five radical and critical psychologists who have edited this Special Issue.

David's life had moments of magic, a profound love for Uta, learning Basquaise in order to buy a place in Saint Jean de Luz, and being fathered by a man he didn't meet until he was seven courtesy of the second world war. Does one ever meet one's father? On my fiftieth birthday my mother announced to all and sundry that the man I called dad wasn't anything of the sort – he'd taught me to play football and introduced me to a life-long love of dogs; good enough, as Winnicott might say.

David had ideas about how the world could and should be a better place for all whilst maintaining a humility about how this might be created. His reticence is understandable. Marx and Engels' proposals for constant revolution led to Leninism, and the horrors of Stalinism and of Mao's cultural revolution when hundreds of thousands died of constipation because he experimented with peasants eating cardboard when the rice harvest failed.

What then must we do?

The Midlands Psychology Group made some comments on the first draft of this piece; I have done my best to respond to their main request: *'Looking back from the vantage point of many decades and of your rich and varied experience, do you have any insights or advice to share with younger generation of clinicians?'* Advice? People are usually better at giving it than taking it but here's some ideas:

1. Think small. We can't easily change our own or other people's lives but we may offer patients a safe place to chat (preferably after they have had a chance to

meet fellow recipients in a well heated and wi-fi friendly waiting room). David saw this as a form of “comfort and clarification.” Working with older or learning disabled people may need adjustments involving accessibility and more.

2. Seek allies – we are surrounded by potential allies; in the survivor movement and in colleagues of a similar political orientation.
3. Research and publish the results of therapy as an aid to informed consent. Learn to write press releases so local folk can know what’s happening.
4. If working clinically, know your stuff about the addictive properties of prescribed drugs and help people withdraw.
5. If you are in a management role involved in interviewing people pay two service survivors to be on the interview panel.

As ever, all of the above are dependent upon context. For David that context was determined by proximal (immediate) and distal (largely unknowable and unchangeable factors like culture and macro-economic) influences. So don’t be too hard on yourself if you only get as far as making some allies. We all need friends.

David didn’t live long enough to see Trump. What would he have made of Keir Starmer? Perhaps better than the alternative but we are no closer to a just and fair society. I miss him – we could have laughed together over a dram.

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The many problems with zen psyonics

Penny Priest

Penny is a mum, retired consultant clinical psychologist, singer, songwriter, Ironman, writer.

Abstract: This article includes selected extracts from the recently published novel, *Team Of One*, to illustrate David Smail's critique of the profession of clinical psychology and the need for a social materialist psychology.

Key words: David Smail, critical psychology, evidence

In June 2022, the Midlands Psychology Group (MPG) published an academic text, *Outsight: Psychology, Politics and Social Justice*. A key message of this book is that it might be more helpful for people to develop *outsight*, the awareness of what is wrong with the world, over *insight*, the awareness of what is apparently wrong with ourselves¹. The book had been percolating for many years and was in some respects an extended version of our Manifesto for a Social Materialist Psychology,² which itself was a reworking of David Smail's *Fundamentals of an Environmental Approach to Distress*, from his book, *The Origins of Unhappiness*.³ David was fully involved in writing the Manifesto, which was published not long before his death in 2014.

It's probably fair to say that David was better than all of us younger folk in the MPG at navigating the internet, not only building and maintaining his own website but also writing an internet (living) publication, *Power, Responsibility and Freedom*. He was attracted by the possibilities the internet afforded, of being freed from the constraints of profit and copyright, and also that the text could be interactive, and respond to the views of readers.

1 <https://www.pccs-books.co.uk/products/outside>

2 <https://midpsy.files.wordpress.com/2023/02/editorial-for-cpf-manifesto-special-issue.doc>

3 Smail, D. (1993) *The Origins of Unhappiness. A New Understanding of Personal Distress*. HarperCollins.

Ultimately, he decided that the medium did not generate as much dialogue as he had hoped, and there were other drawbacks such as demands for constant updates. He therefore resorted to the hard copy, *Power, Interest and Psychology*.⁴

David's attempts to engage with a wider audience reflect a concern shared by many academic writers. In September 2024, *The Psychologist* magazine published a special issue on communicating science and the power of narratives over scientific texts.⁵ There is growing research around the communication of science, such as fact-based arguments not working, needing to connect with readers on an emotional level and narrative being the preferred organizing and retrieving mental structure for human thought. I have become increasingly interested in these ideas, especially after seeing how a story about the evidence can be more powerful than the evidence itself, as in the case of the award winning ITV drama, *Mr Bates vs The Post Office*. For those that might have somehow missed this story, mysterious financial losses (eventually traced to faulty IT systems), led the Post Office to sack and prosecute village sub-postmasters who had no way to prove their innocence. The cases were going on for years but seemed to be largely ignored, outside of publications like *Private Eye* magazine, until ITV televised the story, and both the wider public and politicians started taking more notice.

Before our book and the ITV drama came out, I had already decided that the messages in *Outsight* might have wider reach as a story, rather than an academic text. I therefore wrote a novel, *Team of One*, which was published by Egalitarian Publishing in December 2024.⁶ The book deals with themes discussed in *Outsight* and indeed many of the concerns tackled by David Smail throughout his career in clinical psychology. Anyone familiar with David's work will be aware that he cast doubt on the effectiveness of talking therapy and on the supposed mechanisms by which it is claimed to produce personal change. He also argued that power and interest (as opposed to willpower and insight) are what determine the events in our lives and how we respond to them.

In what follows, I have chosen selected extracts from *Team Of One* to illustrate some of David's ideas. To give some background, one of the central characters, Frances Fisher, is demoralised by the public health service she works within. She is often a lone voice challenging the system. Public mental health services are keen to push more and more people through treatment programmes to meet the ever growing demand, and the most fashionable therapy of the moment is Zen Psyonics. As the story unfolds, the problems with Zen Psyonics begin to become apparent. Does it actually work? Might it be dangerous? Can

4 <https://www.pccs-books.co.uk/products/power-interest-and-psychology-elements-of-a-social-materialist-understandin>

5 <https://www.bps.org.uk/psychologist-issue/2024/september/psychologist-september-2024>

6 <https://www.egalitarianpublishing.com/books/teamofone.html>

we really change our essential natures? Who benefits most, the patients or the therapists? And what do human beings really need in order to survive the harms and cruelties that the world inflicts upon them?

I have drawn ideas from David's paper in a special issue of *Clinical Psychology Forum* on Social Materialist Psychology.⁷ Reflecting on implications for clinical practice, he warns about a future we are living through today. He also argues the need for: recognizing the limits of psychological therapy; oversight over insight; the importance of including society; and de-psychologization.

The future

In 2006 David wrote: 'Perhaps the greatest danger facing us is that, in accordance with modern business philosophy, we become 'Taylorised' – i.e., reduced to being production-line workers who deliver packages of treatment in accordance with centrally (managerially) authorized notions of what constitutes an 'evidence base' for our practice.' He goes on to say, 'It may be arguable that the role of 'scientist-practitioner' was, in recent times anyway, more rhetorical than actual, but at least it contained an implication that knowledge is something more than an off-the-shelf product to be supplied in controlled doses to operatives.'

Reflecting the reality of our present day, *Team Of One* opens with exactly that scenario, where Frances's team manager is exhorting her workers to get on board with delivering new skills groups, using Zen Psyonics. Frances is reticent because she's aware of similar things going on elsewhere in the country:

'There were horror stories about people being processed through mental health services as if they were on a production line, shunted into groups with facilitators who had no professional qualifications and given handbooks with sweeping statements like 'your brain doesn't work in the same way as other people's', with rules about attendance and homework and non-compliance being punished with discharge from the service.'⁸

At the time of writing, our profession's journal, *Clinical Psychology Forum*, published a service evaluation of a dialectical behavioural therapy-informed skills group for community mental health service users with complex emotional needs.⁹ The service described bears a striking

7 <https://midpsy.files.wordpress.com/2023/02/clinical-psychology-forum-special-issue.pdf>

8 See *Team of One*, Chapter 1, page 4

9 Holden, E., Muller, C., Wood, C. & Brockhouse, R. (2025) A service evaluation of a dialectical behavioural therapy-informed skills group for community mental health service users with complex emotional needs. *Clinical Psychology Forum*, 387, p.31-36

resemblance to that portrayed in *Team Of One*, as well as the future predicted by David. Frances is also acutely aware that the evidence base is highly problematic:

'Frances was convinced that if it were possible to compare data on patient outcomes from those times, thirty or so years ago, with patient outcomes now, when the world had gone mad for branded therapies, the outcomes (and cost) would compare very favourably, if not considerably better. This wasn't just a hunch. It was from her direct experience of trawling through referrals, seeing the patterns of people repeatedly being offered this therapy, or that therapy, according to the so-called evidence base, only to return sooner or later (often within the space of year) because the therapy hadn't worked or even made the person worse, or the benefits had not been maintained, or in some cases, the therapy had been so good, the person wanted more.'¹⁰

But not only is this Taylorised mental health service aligned to a spurious evidence base, it is dehumanizing the very people services are supposed to be helping, due to the way people referred are managed and assigned to packages of treatment, regardless of their difficulties. In his quest to be seen as a successful practitioner of Zen Psyonics, Frances's colleague, Jason, appears to have no awareness of the conveyer belt he is operating. Worse still, it seems to rob him of compassion, which is revealed as he rails against apparent 'inappropriate referrals':

'The first is someone I only discharged from our service a couple of months ago, due to repeated DNAs, but unfortunately she was referred back by one of our psychiatrists, who, I have to say, has been a big supporter of the ZP groups. So it's great that I've got the backing of a key, senior colleague. But it's not so great when they send inappropriate referrals. Basically this woman, Mandy, had already been sent a pre-group appointment, as we've got quite a slick system now and our admin send the letters out and book them in as soon as they go on the list. Of course, Mandy actually attended this appointment. She always complies with the system just enough to keep herself in it, but then she doesn't engage. I've been round this circle with her twice already. So she was on the attack right from the off and when I suggested she would be better off accessing groups in the community, which didn't require reliable attendance, she started accusing me of fobbing her off and even suggested that the problem was that I'm not very good at my job! In the end, I just went along with her signing up, knowing that I'll be discharging her soon enough when she fails to

10 See *Team of One*, Chapter 3, page 17

attend.’¹¹

Recognizing our limits

In the call for us to recognise the limits of psychological therapies, David points out plainly that ‘Evidence for the effectiveness of psychological therapies is far weaker than can be considered acceptable. Largely to avoid these difficulties and complications, clinical psychology has tended to opt for dogma rather than truth and, correspondingly, replace learning with initiation.’ He describes the mismatch between training and real life, which means that therapeutic work so often falls short of what it claims to be able to achieve. Instead he offers the reality that clinical work is more likely to be helpful if it takes into account people’s social and material resources: ‘A clinical account of what people can and cannot achieve is likely to be more productive if based on an assessment of the powers and resources available to them than one which focuses more or less exclusively on the contents of their heads’. Frances Fisher is all too aware of exactly this:

‘It was also very apparent to Frances that often the people who struggled the most with trying to make changes in their lives were those who had the least access to resources. All sorts of therapies might be helpful to people who had the wherewithal to do something about their situation, but many of the people she saw had been dealt a shoddy hand of cards which meant they were playing a game of catch up right from when they took their first breath in the world, and often even before that.’¹²

Whilst Alexander McDonald, the creator of Zen Psyonics, is wilfully ignorant about the effectiveness, or lack thereof, of psychological therapies, karma, in the guise of a broken ankle, comes to teach him that even for someone as disciplined as himself, his freedom and ability to act is dependent on his ability to do so:

‘He should have been up in Farwater, visiting his folks and shredding the super tide which was forecast. Instead, he was barely able to leave his house and he felt himself turning into a feeble specimen of a man. Of course, this was precisely Zen Psyonics in action, only in reverse. Healthy body, healthy mind. Get in your SHED. Sleep, Hydrate, Exercise, Diet. Two out of the four of those were not happening at the moment, the sleep not only messed up because of the lack of exercise, but also because of the stress, annoyance and interference of the confounded legal case. In one way, it was reassuring for Alexander to witness first hand that the aspect of ZP which set it apart from the rest, the exercise component, was essential to psychological wellbeing.

11 See *Team of One*, Chapter 7, page 57

12 See *Team of One*, Chapter 3, page 17

Certainly in his own case, take out the exercise and he was slowly starting to fall apart. His physical weakness seemed to be fermenting a profound psychological weakness which was alien to him. But at the same time, he was somewhat alarmed to notice that his mental strength was dissipating and that the various techniques of cognitive restructuring and emotional regulation had lost their potency. He would go as far to say that some days, they didn't even work.'¹³

Outsight rather than insight

David's adoption of the internet was not without bounds and he never ventured into the cesspit of Twitter. Others, who are more inclined, will find many tweetable truths in his work. In explaining that a clinical focus on the contents of people's heads distracts us from more fruitful lines of enquiry, he said simply, 'Introspection is not the key to agency, and will-power not the engine of change.' Instead, he argued, developing an understanding of factors in a person's environment, which are compounding their problems, may ultimately be more helpful: 'Psychological therapies have assumed the importance of insight for so long and so uncritically that we have tended to overlook the distinct possibility that oversight may be at least as valuable when it comes to someone gaining an understanding of their predicament. And understanding, after all, is perhaps one of the principal benefits that psychological help has to offer. In this respect oversight, or demystification, while it may lead to a more realistic view than 'therapy' of what someone can or cannot do to alleviate their situation, also relieves them of much of the burden of guilt and inadequacy that therapeutic approaches so often impose, if only tacitly. 'Therapy' thus becomes a matter of considering whether there are things that the client can do, or that can be done in his/her immediate environment, that might make a difference. If, as may too often be the case, there is very little that can be done, at least the client does not have to bear the responsibility for circumstances beyond his/her (and possibly anybody's) control.'

Just like many of the people who have been referred to mental health services, as a clinician Frances is shunted into Zen Psyonics groups with little choice about the matter. So she makes sure she uses opportunities which arise to let people know about oversight and other possibilities which might be more helpful to them than Zen Psyonics. In one group session, she explains why oversight is so important, in relation to the experience of one group member. When Karrie decides to join the local gym to complete the exercise module in Zen Psyonics, she is shocked at how expensive it is and can't possibly afford it. Deciding she's not going to be beaten, she resorts to freely available personal training videos on Youtube instead. Discussing this in the group, she talks about being pleased with herself for not letting the cost of gym membership get in the way. Frances congratulates

13 See *Team of One*, Chapter 18, page 158

her and goes on to explain how Karrie's situation demonstrates the importance of oversight, particular awareness of the effects of inequalities on individuals:

'Good for you, Karrie. You're completely right about the unfairness of the prohibitive costs and whilst that receptionist couldn't do anything about it, I think it's important for these things to be talked about and known about. It's a good example of the oversight I was talking about a few sessions ago. It's a well-established fact that people with less money have poorer physical and mental health and then they have less resources available to them to do something about it. And yet if you believed some of the things in some papers and on various TV programmes, you'd think their poorer health was down to their own fecklessness, rather than their lives actually being harder. But like yourself, Karrie, many people whose lives are difficult and filled with hardship are possibly more resourceful than the general population and in fact could teach us all a thing or two about survival'.¹⁴

Including society

Where David encouraged the promotion of oversight in psychological consultation, much of his work aligned with the ideas of community psychology, going beyond working with individuals: 'The development of community psychology has of course followed on the recognition by clinical psychologists that not only is useful understanding dependent on taking a much wider view than was customary of clients' difficulties, but also that effective intervention will necessitate involving people and structures well beyond the family'. Ultimately, he was also calling for a society which better *takes care* of everyone in it.

The importance of society is evident in Frances's work and particularly so when she is called upon to support her colleague, Jason, after a tragic incident:

'In an ideal world, all of us workers would be able to set a good example of simple decency and caring, of taking care of each other. Our patients should be able to expect that. But sometimes we're hardly more powerful or enlightened than the people we're trying to help. Our own emotional resources are often depleted and we don't always have the capacity to keep our hearts open. Plus we get sucked in to the rotten machine which obscures the important things like caring and patience and humility and tolerance. We get sold a line about being an expert practitioner and how the latest fancy therapy will be able to solve a whole host of problems, completely missing the facts that some people have led such terrible lives, have had so few opportunities and have so little access to the assets and resources that are

14 See *Team of One*, Chapter 24, page 222

more freely available to the rest of us. That's where we're all going wrong, Jason!'¹⁵

De-psychologization

One of David's criticisms about the way psychology is applied in mental health settings is that its focus on impulses, beliefs and cognitions 'tears the person out of a social context as well as a state of embodiment...it persists in treating people as *dissociated* as well as *disembodied*.' He uses the example of the concept of empowerment to show how a valid concept can become psychologized, or in other words, making it 'a psychological acquisition, i.e., something people *feel* or *believe* they have: a 'sense of' power that need bear no relation to any material social phenomenon.'

This tendency to locate the source of power inside people's heads, instead of acknowledging 'real power: means of influence and persuasion that are actually available to people in extremely varied amounts' gets played out in the relationship between Jason, as a clinician practising Zen Psyonics and Mandy, who is referred to his group. Jason interprets Mandy's lateness as proof that she is not committed to attending therapy, without acknowledging the very real practical reasons that led to her lateness. He psychologizes the situation by locating the source of the problem as internal to Mandy, it being some personal failing about her commitment:

'I'm sorry this is upsetting and comes at a difficult time for you, but you must acknowledge that this is a pattern with you. There's always an excuse about why you can't commit to treatment. I honestly don't think our service has got anything more we can offer you.' Jason had tried to say it gently, but clearly not gently enough for Mandy who had started protesting.

'It's not an excuse, Jason. She actually threw my laptop across the room and the screen detached from it. She said I was a mental waste of space and was never going to be normal. I told her to get out and then tried to log on with my old tablet but it took me ages to find the links and passwords to get into the session.' Mandy had looked like she was trying to choke back her tears. 'It wasn't an excuse, Jason,' she had said again, desperately.'¹⁶

It might be said that not only does psychology treat people who are referred as dissociated, but the practice of therapy also inclines clinicians towards a similar position. Jason is so focused on the rules of Zen Psyonics that he seems unable to respond to Mandy's suffering. This flies in the face of what we might expect from a *helping* profession. As David says: 'What

15 See *Team of One*, Chapter 23, page 215

16 See *Team of One*, Chapter 23, page 213

gives clinical psychology its legitimacy as a discipline is not an adherence to psychologizing concepts and language, but its fundamental concern with personal *subjectivity*, i.e., with how people experience themselves and their world, how they feel and, in particular, suffer.’

Reflection

Ultimately, *Team Of One* is based on a collection of true stories about the psychological therapy industry that David Smail warned us about. It draws on my own experience working in mental health services in the UK. The story started life in a file titled *Illusion and Reality*, after David’s book of the same name.¹⁷ David’s illusion refers to that of a happy, well-adjusted world, with the reality being instead a painful one. The illusion is also that of the promise of psychological therapy and the reality of its limited effects:

‘...it seems clear to me that human misery, of which psychological distress forms a significant part, does not crop up, as it were, within individual people, but arises out of the interaction of people with each other and from the nature of the world we have created. Until we change the way we act towards each other, and the social institutions we have constructed, we shall not get much relief from the symptoms of anxiety, depression and despair which beset all of us at some times in our lives, and some of us nearly all the time. The ‘experts’ will not change the world – they will simply make a satisfactory living helping people to adjust to it.’ (Smail, 1984).

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Is David Smail still relevant for new psychologists? An assistant's experience

Emma Skinner

Since graduating in 2023, Emma worked as an assistant psychologist within a Community Mental Health Team before recently transitioning into children's learning disability services.

Abstract: This article critically reflects on whether David Smail's perspectives on oversight, community and power holds relevance for early-career psychologists.

Key Words: Oversight, community, power

Every psychologist should start their career by constructing a personal philosophy to guide their practice. These early belief-forming experiences, though not fixed, serve as foundational reference points for all subsequent learning (Green & Hawley, 2009). On my first day in the field, I was introduced to David Smail's work and learned about oversight, operations of power and critical psychology long before I encountered mainstream psychology's therapeutic manuals and evidence-based practice. As much of Smail's work was published before my time, this article reflects on my experiences of navigating the field of psychology with his critiques already cemented into my understanding, whilst considering the relevance of Smail's ideas for new psychologists.

The Power of Oversight

The first piece of supervisory advice I received was "at best, psychology can only offer

comfort, clarification and encouragement” (Smail, 2001). At first, this felt confusing – how could a profession I thought was held with high regard offer so little? Yet, with no other therapeutic skills to fall back on, initially it was all I could bring to my practice. To my surprise, these humble offerings proved powerful enough to facilitate therapeutically meaningful change by keeping the therapeutic relationship central to my work. When I later trialed more ‘technical’ interventions, I felt pressured by the emphasis on evidence-based research to rigidly follow therapeutic protocols in pursuit of ‘maximum efficacy’. By strictly working ‘to the book’, I unintentionally created a superficial and often mechanical environment that lacked relational depth and personal meaning. Consequently, I found myself returning to Smail’s more humanistic frameworks to restore the realism that felt lacking.

The importance of prioritising person-centred values over intellectual models felt reaffirmed as I started to notice that the usefulness of therapeutic techniques remained dependent on the timing and context they were used in, rather than the technique itself. Recognising that environmental powers exerted the greatest influence on therapeutic outcomes challenged my preconception that therapy alone resolves difficulties; reframing it as a limited *microenvironment* dwarfed by larger powers in people’s lives (Smail, 2001). This isn’t to say that psychology can’t elicit change, but rather recognises the futile reductionism in urging individuals to build resilience and ‘will’ their way out of oppressive conditions. Whilst I have found that this perspective can provoke defensive critiques from experienced psychologists favouring ‘insight’, as a newer psychologist it felt liberating to acknowledge that therapy is limited; freeing the pressure to “fix” and instead turning attention towards the broader powers shaping people’s lives.

Maintaining an *outsight* perspective allows distress to be contextualised, as an understandable psychological response to personal circumstances (Smail, 2001). As I learned to formulate, this perspective also reminded me to always show compassion towards the people that I try to help, and to redirect my critiques towards the systems which create or exacerbate their distress. For example, it can be challenging to support someone who attributes their struggles to a chemical imbalance causing ‘psychosis’, whilst I find myself wondering whether their ‘symptoms’ instead reflect a learned response to trauma – where, perhaps, dissociation has become the only viable way to cope. This jarring disconnect is not theirs alone and reflects decades of services medicalising, rather than contextualising distress and presenting that narrative as truth.

Even when recognising the disconnect it brings, medicalising somebody’s distress can still appeal to insecure early-career psychologists by providing diagnostic certainty, ‘scientifically’ standardised interventions and an ‘objective’ evidence-base that offers a reassuring sense of competence, however superficial. Even with *outsight* in mind, I initially fell into this trap: favouring prescriptive techniques that, on reflection, were not for the person’s benefit, but to manage my own fears. It wasn’t until I encountered Smail’s observation – on how the academic roots of clinical psychology create an “*element of*

pressure on clinical psychologists to justify their procedures according to whether or not they can be shown to be effective” (Smail, 2001, p. 257) – that I could acknowledge how the workings of the distal power structures of the profession directly fuelled pressure to evidence success. Recognising these pressures as systemic prompted a critical exploration into what “successful therapy” really means and shifted me towards acting based on what truly serves the client, rather than what makes me feel professionally secure.

Whilst there is immense power in using oversight to help people understand their distress in ways that feel grounded in their lived realities, challenging the entrenched medicalisation of mental health services requires courage, particularly for early-career psychologists. Critical perspectives voiced by younger professionals often carry less weight than those of more senior clinicians, whose professional status and experience create embodied power and a perceived legitimacy that is difficult to contest (Gavin, 2020). Consequently, dissenting views may be dismissed or attributed to naivety; particularly if they challenge a colleague’s professional identity or belief system (Pieterse, Caniëls & Homan, 2012). More dangerously, the combination of these hierarchies and institutional preferences for medicalised narratives can leave younger psychologists vulnerable to subtle forms of punishment for challenging the dominant view. Working within a more environmentalist and ‘radical’ framework may be perceived as an act of defiance or incompetence when it conflicts with supervisory expectations or university guidelines – potentially risking failed placements (internships), essential career references, or at the very least silencing young professionals from sharing their true experiences (Wilson, Davies & Weatherhead, 2016). Thus, while it is difficult for any practitioner to challenge dominant paradigms, the stakes may be higher for newer psychologists where critical engagement can not only be brave, but also politically fraught.

Modern(ist) Community

As new psychologists learn to critically examine the influence of external factors on health, the importance of a close-knit community becomes increasingly clear and captures why “people living in conditions of Third World poverty seem able to be happy in ways apparently not possible in the affluent West” (Smail, 2001, p. 216). This notion became tangibly illustrated when I first facilitated a therapeutic group, developed under NHS Transformation Agenda service goals to disseminate psychoeducation around distress (NHS England, 2019). Framed as empowerment, this need for psychoeducation was founded on the assumption that insight alone can sufficiently reframe and alleviate distress, and yet I found that lecturing people on various psychological models rarely gave them the understanding or the power to facilitate meaningful change in their own lives. Between the cracks of my hollow teachings grew inside jokes, friendships and a shared understanding that became cultivated as a place of connection and trust. This group became a place of solidarity and made no misguided attempt to cure or eliminate the structural or distal causes of suffering. Instead, it offered

an environment of comfort and encouragement aimed at supporting the participants to make positive changes in their lives, wherever they had the power to do so (Smail, 2001). Ultimately, the group could offer only a temporary sense of belonging (Holmes, 2010). Nevertheless, the mutual togetherness and understanding fostered within the group helped its members to contextualise *their own* difficulties, with the same compassion and oversight that they gave to their peers.

While Smail's call for stronger communities remains as relevant to the mental health field of today as it was thirty years ago, our socio-political landscape has since been reshaped by the "business revolution" and years of austerity (Smail, 2001; Midlands Psychology Group, 2022). Austerity cuts have disproportionately impacted community services, reducing their size, reach and accessibility (Jones et al., 2015). Consequently, younger generations have increasingly turned to social media to meet this missing need for connection (McCashin & Murphy, 2022). These online 'communities' often become zones of struggle for minor tokens of validation, where "likes" become tied to a sense of wellbeing as a distorted reflection of personal worth and self-esteem (Marengo et al., 2021). The financial incentives tied to online popularity further fuel the drive for distinction and self-promotion, underscoring Smail's (2001) warning that "*power's ultimate resort is to reach right into the body in order to sow the seeds of distinction in this last bastion of community*" (p. 217).

In recent years, so-called mental health has become an effective tool for self-differentiation, drawing billions of views online (Basch et al., 2022) with short, simple labels like "OCD" or "BPD" that carry enough emotional charge to grab the attention of passing scrollers. These diagnostic labels often strip distress of its context, reframing ordinary confusion or unhappiness as signs of disorder, which people can then readily identify with. Misinformation and sweeping generalisations convince people that if they "cannot focus" or "can blink in time to a specific beat" then they *must* "be" ADHD (Eagle & Ringland, 2023; Anonymous, 2024). This turns a self-diagnosis into an identity and draws people deeper into online communities, seeking to connect with others who feel the same way: only to paradoxically experience more individualisation, disconnection, and isolation. Social media's role in community fragmentation amplifies distress and fosters a misplaced sense of identity among younger generations, making Smail's warnings of the dangers of neoliberal powers more relevant than ever.

Recognising the importance of community helped me to observe a striking contradiction in mental health services: while most professionals acknowledge the beneficial impact of a supportive community upon personal wellbeing, the topic is poorly articulated, and still amounts to a large blind spot in their practice. Even in community-branded services, community support is viewed as a "social prescription" (Calderón-Larrañaga et al., 2024) delivered as an impersonal list of local services reeled out on duty phone calls or the back of letters. This lack of contextual consideration and personal meaning leads to many service users ignoring these suggestions, and thus the potential benefits of community

support remain vastly underestimated. This is not the fault of individual professionals, who are constrained by immense service pressures and have limited time to fully understand a person's needs, let alone offer truly meaningful community-based recommendations (Calderón-Larrañaga et al., 2024).

The use of “social prescriptions” by practitioners reflect how structural pressures, rooted in neoliberal values for quick, cheap fixes, have led to services increasingly leaning on third-sector communities as a temporary relief for rising waitlists (Calderón-Larrañaga et al., 2022; Midlands Psychology Group, 2022;). This trend can be traced back to political agendas like the Big Society (UK Government, 2010), which sought to shift social responsibility from the State to the public by promoting community-led alternatives to national public services, which remained underfunded and under-supported. In doing so, it branded the community sector as a cost-saving solution to systemic problems, whilst simultaneously using austerity measures to cut the very infrastructure needed to sustain it (Dowling & Harvie, 2014; Jones et al., 2015).

A decade later, the NHS Transformation Agenda called for greater service integration with community support (NHS England, 2019); a move that, in some settings, appears to have evolved into a mechanism primarily geared to ‘signposting’ people out of services. While this may not stem from deliberate misinterpretation of the brief, the large-scale prioritisation of service needs creates a transactional environment where people become “passed around,” and their lived contexts and individual needs become overlooked. Smail's work alone cannot reverse the political and systemic agendas which lead these experiences, but his framework does provide younger psychologists with the tools to observe how community can invite meaningful change in people's lives and notice when this becomes misappropriated by larger powers.

The Power Dynamic Consequences for a Pre-Qualified Psychologist

As a newer psychologist, it can be challenging to balance the impatient desire to create meaningful change with the reality of navigating the complex power dynamics within a larger system. I volunteered alongside people pushing for positive change in their mental health services, before joining those same services as a professional. With my new found position, I naïvely hoped to introduce the changes they had advocated for, but instead often felt powerless as I was stuck watching how service decisions disregarded, misled or deliberately undermined the voices of service users.

Becoming another cog in a harmful system, while feeling close to those it harmed, left me internalising the responsibility for its failures. This was amplified by an informal, team-wide expectation that psychology must protect and respond to service user voices, simply because other professions would not. Bringing Smail's (2001) reminder – to “*look beyond the people and things that mediate the distal powers which set things in motion*” (p. 140) – right into the heart of supervision, allowed me to realise that this personal discomfort was

not incidental. Rather, it was indicative of how bureaucratic power, intensified by decades of neoliberal measures, uses a culture of efficiency, outcomes and policies to fragment collective moral responsibilities into an individual duty (Smail, 2001). Whilst Smail does not dispute that professionals must remain highly conscious of their own powers (Smail, 2001), learning to differentiate between individual and systemic influences can protect young psychologists from internalising systemic failures as personal ones, and deepen their critical and moral foundations.

The Challenges of Putting Smail's Ideas into Practice

While I believe that encountering Smail's critiques early in my career has significantly developed my professional competence, doing so as an inexperienced psychologist has not been without its challenges. Learning to critically evaluate the psychological world is not straightforward when you have yet to witness it in practice. Moreover, it takes time to build the professional, social, and political awareness necessary to fully grasp Smail's critiques before even considering their integration into practice; usually requiring an element of tact that only comes with experience. Supervision has been a crucial place to grasp the depth of Smail's ideas, and to develop the critical and creative thought needed for bringing them to life in modern therapeutic practice.

After studying and reflecting upon Smail's framework, it becomes impossible to view people as independent agents, detached from their environment; and yet services continue to operate as such. Services are unlikely to create space to critically reflect on environmental contexts, as that would entail devoting resources to politically loaded ideas which threaten many of the systems that underpin them (Midlands Psychology Group, 2022). For younger psychologists, guided by their supervisors and organisational structures, it can feel isolating to be the only person in the room who recognises this dilemma – let alone act upon it. Those with less investment in mainstream ideologies may find it easier to “grasp the nettle” of change (Smail, 2001, p. 443) and confront the painful truth that trusted frameworks can cause harm – this knowledge can result in the lonely challenge of having to learn to navigate through healthcare systems where critical reflection is often quietly deprioritised.

Yet, there is hope! The incorporation of Smail's ideas into contemporary therapeutic models such as the Power Threat Meaning Framework (Boyle & Johnstone, 2020) and the expansion of online platforms (Mad in America Foundation, 2025) signals that the community of critical thinkers is not only growing, but is now more accessible than ever before. Although it remains an uphill struggle to integrate critical perspectives into mainstream psychology, this growing community may fire younger generations preparing to join the fight and learn to advocate for real change.

From the very start of my career, progressive engagement with Smail's ideas has sometimes been exhausting, time-consuming, and often overwhelming; requiring consistent

supervision and the courage to sit with discomfort. Yet his outlook, grounded in realism and rooted in humanity rather than cynicism, offers something increasingly rare to new psychologists in today's climate: hope. It fosters compassion for the people we serve and a critical lens toward the systems that limit them. The opportunity to learn from Smail's critiques – before being fully absorbed into the mainstream professional mental health culture – has undeniably anchored my professional foundations in a culture of empowerment and community, rather than of “fixes” and of “cures” and for that, I am immensely grateful.

In a profession rife with magical thinking and cheap solutions, the reminder to keep asking “Who is this for?” feels more urgent than ever. As societal fragmentation deepens under austerity and the rise of social media, our task is not to manufacture cures, but to return to what we can truly offer: comfort, clarification, and encouragement.

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Sighchology

Jonathan Calder

Prodigies aren't always popular with their elders. When Sir Martin Shee, the president of the Royal Academy of Arts, encountered the nine-year-old John Everett Millais in 1838, he suggested the boy should be sweeping chimneys rather than seeking to train as an artist.

And sometimes prodigious genius is misunderstood. At a very young age, my favourite musician, Steve Winwood, was turned away by the man round the corner who gave piano lessons. He found that if the boy heard a tune once he could play it from memory, so it was hard to convince him of the point of learning to read music.

Others were more appreciative. In 1959 his elder brother's jazz group found themselves short of a pianist, so he brought Steve along:

"He was only 11, but he played everything perfectly. They stood with their mouths open. Because he was underage, we had to get him long trousers to make him look older, and even then we'd sneak him in through the pub kitchens. He'd play hidden behind the piano so nobody would know."

Soon after that Steve was jamming with newly arrived Jamaican musicians in his home

city of Birmingham, and then backing some of the greats of American blues: Sonny Boy Williamson, T-Bone Walker, Charlie Foxx, John Lee Hooker, Memphis Slim.

By the time he joined the Spencer Davis Group he was 15, and they had their first number one when he was 17, Winwood was an immensely experienced musician. Something to open the eyes of these new Beatles fans who are convinced there was nothing before the Fab Four and precious little else at the same time as them.

The youngest person to play first-class cricket in England was Barney Gibson, who kept wicket for Yorkshire against Durham MCC University in 2011 at the age of 15 years and 27 days. He was also on the books of Leeds United as a goalkeeper.

Most of us heard nothing more of him for a decade. Then an article appeared in a cricket magazine saying Gibson had “chosen enjoyment and freedom” and given up professional sport:

“It wasn’t until I got to the age of 18 that I asked myself: ‘Is this what I’m going to be doing forever?’” Gibson recalls. “I think it was just a case of no longer enjoying what I used to wake up looking forward to doing every day.”

I hope he is happy, whatever he is doing now.

I once attended the first London recital by an 18-year-old Norwegian baritone called Aksel Rykkvin. What was interesting about the event was that a few years before he had been the most celebrated boy treble in the world. For once the American term ‘boy soprano’ seemed justified.

It soon became clear that his wonderful clarity and instinctive understanding of the text had survived his change of voice unscathed. But not every prodigy is lucky or talented enough to pass through puberty with such grace.

Leaving aside the many chess talents lost to a discovery of sex and drugs and rock ‘n roll, a growth spurt can wreak havoc. The future England captain Nasser Hussain grew a foot in a single winter and found he could no longer pitch his leg breaks on a length:

“I went from bowling out Graham Gooch in the indoor school with everyone watching, to hitting the roof of the net or bowling triple-bouncers to deadly silence.”

Hussain was able to reinvent himself as a batsman, but always said batting never felt as

natural to him as spin bowling had.

And puberty is the great killer of child actors – boys at least. Either you lose your fetching looks and no one casts you, or you keep them and find you are still playing schoolboys when you are 20, with no one seeing you as a possible adult lead.

But maybe being a child actor isn't much like being an adult actor. Take the case of William Betty, 'the Young Roscius', who enjoyed phenomenal success as a boy at the start of the 19th century. His appearance at the Covent Garden Theatre sparked extraordinary scenes:

Shrieks and screams of choking, trampled people were terrible. Fights for places grew; Constables were beaten back; the boxes were invaded. The heat was so fearful that men all but lifeless were lifted and dragged through the boxes into the lobbies which had windows.

Betty announced his retirement at the age of 17, only to spend the rest of his life making comebacks that failed to excite the public. Perhaps the great Sarah Siddons had him right: "My lord, he is a very clever, pretty boy but nothing more."

If I didn't love the music so much, I might agree there was something ridiculous about white, middle-class British boys playing the blues – "Can blue men play the whites/Or are they hypocrites?" as Viv Stanshall asked. But then I generally prefer to leave dreams of cultural purity to the right.

Besides, it's widely claimed that the Spencer Davis Group had to film what we'd now call a video or a You-tube moment before their records could get played on white radio stations in the US. It had been widely assumed there, because of Steve Winwood's vocals, that the band was Black.

Eric Clapton had no doubts about Winwood's authenticity. Here he is explaining his decision to switch to a Stratocaster guitar:

"Steve Winwood had so much credibility, and when he started playing one, I thought, oh, if he can do it, I can do it."

Or as Clapton once put it more strongly:

"I'd always worshipped Steve, and whenever he made a move, I would be right on it. I gave great weight to his decisions because to me he was one of the few people in England who had his finger on some kind of universal musical pulse."

Prodigious talent does encourage such reverence, though personally, when drawn against a chess prodigy, I found myself with a sneaking sympathy for Sir Martin Shee.

GET A GRIP – OUR EXPERTS RESPOND TO YOUR QUESTIONS

Jo writes – “I have applied for dozens of assistant psychologist posts but have only had two responses and no offers for an interview. Help!”

Dr Brenda responds – “You and hundreds of others. Have you considered a real job like hydrology?”

Ahmed writes – “Am I right in thinking that much of psychology is racist?”

Dr Nathan responds – “Yes.”

Tim (he/her/they) writes – “Can you recommend a therapy that works?”

Dr Brenda responds – “Hydrotherapy.”

Dr Nathan responds – “Brenda, do you have water on the brain?”

Dr Brenda responds – “I am reliably told we are 90 percent water, so, yes.”

Hilda asks – “Do you think a name like Hilda holds me back?”

Dr Nathan responds – “I had an aunt Hilda and she went on to be an astronaut – or was it a cleaning lady?”

Dr Brenda responds – “Is that the same Hilda who cleaned my place back in the day? She used so much floor cleaner but nowhere near enough water.”

Books Received

Readers wishing to review these, or any other books, are encouraged to contact the Book Review Editor – Anne Cooke, Clinical Psychology Training, Salomons, David Salomons Estate, Broomhill Rd., Southborough, Tunbridge Wells, Kent, TN3 0TG. Please note; reviewers keep any volume they review. It is appreciated if reviews are received within two weeks of receipt of the book.

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