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Happiness, Austerity and Malignant Individualism

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Abstract

This paper examines critically the vogue in mental health policy and practice for positive psychology, cognitive therapy (CT) and happiness, interventions that have become synonymous with Improving Access to Psychological Therapies (IAPT). Although originally intended for the general population, they are increasingly used to get people off benefits and back to work. This represents a significant blurring of the boundary between government economic and health policies, the implication being that unemployment is re-defined as a psychological problem. These interventions are problematic because they make a number of moral assumptions about the nature of sadness and unhappiness. They locate the origins of suffering in 'faulty' cognitions or a lack of 'positive affect'. This downplays or disregards the importance of socio-economic and other forms of adversity facing the great majority of unemployed people, especially those with disabilities and other health problems. In locating the origins of these problems in the mind of the individual, these interventions place the moral responsibility for recovery on the individual. However, the individual is powerless to change the socio-economic adversity s/he faces. At the same time the use of IAPT shifts the priority for the remediation of this adversity away from unpopular political measures to redistribute wealth and income by increasing taxation on the wealthy and better off. The use of IAPT in the face of growing income inequalities constitutes a form of malignant individualism.

Key words: austerity, poverty, destitution, happiness, positive psychology, cognitive therapy (CT), public health, mental health

> No society can surely be flourishing and happy, of which the far greater part of the members are poor and miserable.
>
> (Adam Smith (1776), *The Wealth of Nations*, 1, 8)

Introduction

Possibly the most curious phenomenon of the first decade of the twenty-first century has been a preoccupation with happiness. This is apparent in the pronouncements of politicians,[1] the writings of economists (Layard, 2005), and the constitution of the Kingdom of Bhutan, which declared the State's responsibility to promote Gross National Happiness (National Assembly of Bhutan, 2008), an act praised by the Secretary General of the United Nations.[2] This preoccupation is curious, however, given the economic context of austerity that has worsened since the global financial crisis of 2007–8. The Equalities and Human Rights Commission (2017) reports that austerity has disproportionately affected those living in poverty, particularly women, disabled people, single parents, people from ethnic minorities and older people. The introduction of benefit sanctions has had devastating effects on the lives of people in poverty, leading to destitution (Joseph Rowntree Foundation – JRF, 2016). This has had baleful consequences, especially for disabled people (Mason, 2017).

This '...age of austerity...'[3] has also witnessed a deterioration in our mental health and well-being. The latest Adult Psychiatric Morbidity Survey (APMS) found that over the last 25 years, there has been a steady increase in the incidence of common mental disorders in the English population. Between 2007 and 2014, reports of self-harm doubled in both men and women. Over the same period there was a broadly upward trend in male suicide rates. The mental health of unemployed people has been particularly badly affected. Two-thirds of Employment Support Allowance recipients (the benefit paid to people unable to work because of illness or disability) reported suicidal thoughts, and nearly half have made suicide attempts (Adult Psychiatric Morbidity Survey, 2016). Austerity has also been linked to an annual excess of 120,000 deaths (Watkins et al., 2017), and across Europe austerity policies have been identified as being bad for health (Brand et al., 2013). Neoliberalism is making us sick (Schrecker & Bambra, 2015).

At the same time a political and economic preoccupation with happiness and its congener, positive psychology, has become

increasingly evident in health policy. An early manifestation of this was Improving Access to Psychological Therapies (IAPT – Layard, 2006), which prioritized the delivery of focused cognitive therapy (CT) and other evidence-based brief psychological therapies. Future priorities for IAPT include supporting people to stay in or find work.[4] Indeed, pilot studies of psychological therapies, including CT and positive psychology, are already underway in JobCentres, raising fears that this represents an attempt to define unemployment as a psychological problem (Gayle, 2015). These fears are amplified by proposals to prioritize IAPT for disabled unemployed people in JobCentres (Dept Work and Pensions / Dept Health, 2017) in order to get them back to work, and a commitment from the Royal College of Psychiatrists to use employment as a key clinical outcome.[5]

This raises many issues. Friedli and Stearn (2015) have described the ethical problems of coercing unemployed people to accept interventions based in CT and positive psychology under threat of benefit sanctions. Despite this, enthusiasm for positive psychology and happiness is growing – with, for example, one of England's principal public health bodies now promoting examples of training courses in positive psychology and happiness interventions (DH/ PHE, 2016).

On the face of it, it is difficult to avoid the conclusion that the government is indeed turning unemployment into an individual psychological problem to be tackled by psychological interventions. Therapists are only too aware of the dangers here. Loewenthal (2015) sees it in terms of the expansion of therapy from cottage industry to factory production in his report of a recent conference that asked the question, 'Has something gone seriously wrong with the psychological therapies?'. IAPT may have resulted in more people than ever before receiving psychotherapy and counselling, but this is at the cost of turning the psychological therapies into an industrial process delivered by technicians.

In this paper we critically scrutinize this expansion in psychological therapies, specifically CT, positive psychology and happiness through IAPT. We write not as therapists, but as a consultant in public health medicine and as a (retired) consultant psychiatrist and academic, who are particularly worried about the use of these interventions with people who are unemployed and facing great socio-economic adversity. Although in some respects there are significant differences between these three interventions, taken together they share a set of common assumptions about the self and the nature of distress and misery. We briefly outline the philosophical origins of CT in the European Enlightenment, and of happiness in eighteenth-century utilitarianism. Although positive psychology originates in the recent work of American psychologist Martin Seligman, it holds assumptions about the nature of our experiences of the world in common with CT and happiness. In essence, all three share what we see as an individualistic and interiorized view of the self.

We then set out our view of the ethical problems of these interventions, questioning the morality of their use in large numbers of people living precarious lives, blighted by hopelessness, despair and poverty. We end by briefly considering alternative forms of help that acknowledge the reality of poverty and adversity facing people on benefits, by offering practical help and support, and which foster solidarity and collective action. We agree with Atkinson (2016) that IAPT is becoming a palliative for neoliberalism, although a detailed examination of the role of neoliberalism in relation to austerity, inequalities and misery lies beyond the scope of this paper. A more detailed examination of this can be found in Thomas (2018).

Happiness, Positive Psychology and Health Policy

Recent developments in health policy bear the imprint of Richard Layard's work on happiness. His work on the 'new science' of happiness (Layard, 2005) was accompanied by economic arguments to improve access to psychological therapies (Layard, 2006). Layard, an economist, also argued (Layard, 2005; Clarke et al., 2016) for the use of population measures of happiness as an indicator of progress and steps to increase the levels of happiness in the population. In this paper we are not questioning the value of attempts to reduce misery and unhappiness, and it may seem churlish to question increased resources for psychologists and therapists whose job it is to help people feel better in times of austerity. But Layard's work raises many serious issues, not least of which concerns the moral nature of health care in an adverse economic context that has terrible effects on the lives of so many people.

Public Health England has recently set out a framework for public mental health leadership and workforce development (Dept Health / PHE, 2015, 2016) which includes links to programmes based in positive psychology and happiness training. For example, the 'Wheel of Well-being' aims to train staff in a simple framework to promote positive health and well-being. This includes a 'Do-It-Yourself Happiness game' (Dept Health / PHE, 2016: 15) and DIY happiness training, which explores key concepts from positive psychology, along with 'happiness' activities that are considered to be beneficial for health and well-being. All this is intended to help participants understand the role of positive emotions in well-being, what contributes to happiness and well-being, and to '...understand the science and findings behind well-being...'' (ibid., 16).[6] Another course, 'Living Life to the Full', is broadly similar, only based on the principle of CT, including sessions on '...how to fix almost anything...' and '...10 things you can do to feel happier straight away...' (ibid., 21).

These interventions are aimed at the general population, but it is their targeted use with unemployed and disabled people in JobCentres that is our primary concern. The focus on happiness and positive psychology in the community and in the JobCentre risks changing the focus of workers in hard-pressed mental health services, who are being used to fulfil the political objective of getting people off benefits and back to work.[7] Helping unemployed people cope with the misery and suffering of unemployment is an important part of the work of mental health professionals, but the economic arguments attached to these developments, coupled with the placement of mental health professionals in JobCentres, suggests that these developments are politically driven. In addition

to the problem of psycho-compulsion raised by Friedli and Stearn (2015), there are moral and ethical concerns that require further exploration. This will become clear as we examine the philosophical origins of happiness and positive psychology. We begin with cognitive therapy (CT), since this is an important component of IAPT, and the moral nature of the assumptions that lie beneath this intervention have already been explored in detail.

Interiority and Individualism

A key feature shared by all three interventions may be characterized as interiorized individualism, the belief that we can best understand human experience in terms of inner mental processes that take place in the mind of the individual. This brings a particular set of moral assumptions about the self and its relationship with the social world.

Cognitive Therapy

Bracken and Thomas (2005a, b, and 2018) have argued that the theory and practice of CT is based on a particular set of assumptions about the mind. Aaron T. Beck, the originator of CT, argued that in depression, '...the individual's cognition is *distorted and out of step with his or her context*...' (Beck, 1972, 7, emphasis added). He argued that depression can be treated not by exploring the person's past or present life circumstances, as occurs in traditional forms of psychotherapy, but by getting the individual to identify and question these distortions in a rational manner. Much of the therapeutic work is undertaken by the individual (as homework) under the therapist's guidance. Relationships, past or present, social and other contexts are not of primary importance. CT shifts the focus of therapy from the individual's social world and contexts to his or her inner mental processes. This places the emphasis not on the exploration of the person's life, for example in narrative terms, but upon the here and now.

Elsewhere we (Bracken and Thomas, 2005a, b, and 2018) have argued that cognitivism, the scientific and philosophical underpinning of CT, is characterized by two principal themes whose origins can be traced back to the European Enlightenment. These are an emphasis on reason as the key to self-understanding, and a preoccupation with the individual self and its inner depths.[8] These themes have dominated Western thought since the eighteenth century, and feature prominently in phenomenology, psychology, psychoanalysis and psychiatry.

Taylor (1997) describes the moral consequences of these Enlightenment preoccupations for modernity and selfhood. The individual self is detached from both social and natural worlds, rendering it '...free and rational to treat these worlds – and even some features of his own character – instrumentally, as subject to change and reorganizing in order the better to secure the welfare of himself and others' (Taylor, 1997, 6). This gives rise to a moral view of society that is atomistic and individualistic, to be construed predominantly through the agency and purposes of individuals, rather than through the links and relationships between individuals and groups of individuals that constitute our social worlds.

The important point here is not that such a view is fallacious, but simply to draw attention to the assumptions that underpin seemingly objective and scientific projects such as CT (or positive psychology and happiness). The problem to which we wish to draw attention is that the individualism and interiorized view of the self that underpin CT fail to acknowledge the extent to which social contexts are crucial in shaping our experiences (Thomas, 2014). Bracken and Thomas (2002) write: 'Conceptualising our mental life as some sort of enclosed world residing inside the skull does not do justice to the lived reality of human experience. It systematically neglects the importance of social context.' (p. 1434)

Positive Psychology

Positive psychology is closely associated with the work of the psychologist Martin Seligman, whose early research was into the phenomenon of learned helplessness. In this work, Seligman (1975) carried out experiments with dogs under a variety of experimental conditions. Dogs which are free to escape a severe electric shock in a shuttle box panic on first exposure to the shock. They run about, evacuate bladder and bowels, and howl, until by chance they cross an internal barrier in the box, which terminates the shock. On subsequent occasions the dog rapidly learns to avoid the shock by crossing the barrier. However, if the dog is placed in a Pavlovian Hammock (a contraption to stop it moving about) its behaviour on exposure to the shock is quite different. Rather than escaping, it '... seems to give up and passively accepts the shock. On succeeding trials, the dog continues to fail to make escape movements and takes as much shock as the experimenter chooses to give' (Seligman, 1972, 407). After repeated exposure to this experimental condition, the dog becomes stressed and socially withdrawn, exhibiting signs of what in humans would be called depression.

According to Seligman, the central tenet of positive psychology is that the primary concern of psychology is not the study of pathology and disorders, but the study of strengths and virtues and the

> ...nurturing of what is best. Psychology is not just a branch of medicine concerned with illness or health; it is much larger. It is about work, education, insight, love, growth, and play. And in this quest for what is best, positive psychology does not rely on wishful thinking, faith, self-deception, fads, or hand waving; it tries to adapt what is best in the scientific method to the unique problems that human behaviour presents to those who wish to understand it in all its complexity.
>
> (Seligman & Csikszentmihalyi, 2000, 7)

Positive psychology sees the task of therapy in terms of amplifying strengths rather than repairing weaknesses. This change of focus demands a change in the client–therapist relationship, and in how clients see themselves. This involves a shift from a view of the client as a weak, passive and helpless role in therapy, to an assertive, active, self-caring role:

> No longer do the dominant theories view the individual as a passive vessel responding to stimuli; rather, individuals are now seen as decision makers, with choices, preferences, and the possibility of becoming masterful, efficacious, or in malignant circumstances, helpless and hopeless....
>
> (ibid., 8)

The difficulty is that positive psychology does not engage with 'malignant circumstances', and instead encourages the individual to see that happiness arises from his or her cognitive disposition. By encouraging individuals to see themselves in a more positive light, it assumes that positive emotions generalize into other areas of the person's life. As a result the individual is enabled to act and perform at a more positive level, and more effectively. This is achieved not through traditional counselling, nor through specific forms of therapeutic practice requiring the guidance of an expert therapist. Instead, 'The cultivation of the happy life is a project undertaken in the intimate space of everyday life, albeit through the use of techniques gleaned from the expert discourse of positive psychology' (Binkley, 2011, 374–5).

Binkley also notes that positive psychology shares features in common with CT, particularly the view that it is possible to examine and reflect objectively on our thinking processes, identify faults and errors in them, and through rational assessment and challenge, correct them (see note 4). Layard (2006) also sees affinities between CT and positive psychology:

> Through systematic experimentation, [CT] has found ways to promote positive thinking and to systematically dispel the negative thoughts that affect us all. In recent years these insights have been generalised by 'positive psychology', to offer a means by which all of us, depressed or otherwise, can find meaning and increase our enjoyment of life.
>
> (Layard, 2006, 8–9)

Happiness

Although the search for true knowledge and certainty dominated Western philosophy during and following the Enlightenment (Hampson, 1968), there were different views as to how this should be achieved. British empiricists such as Hobbes, Locke and Hume believed that the senses and empirical observation constituted the only path to certainty. Empiricist philosophy of science emphasized the primary importance of perception, observation and data gathering, albeit recognizing the central role of reason in the form of induction and deduction. In contrast, European rationalist philosophers, like Descartes, Spinoza and Leibniz, proposed that reason and reflection were the source of true knowledge.

Jeremy Bentham, influenced by the empiricism of Locke and Hume, developed a political theory based in an empiricist account of human nature. He believed that political decisions should be justified by the extent to which they maximized happiness in the population. Human beings were governed by the basic principles of pain and pleasure; since these were based in natural (physiological) processes, a 'science' of happiness was feasible through a 'calculus' of happiness, the idea that happiness can be measured objectively and manipulated mathematically. This gave rise to the possibility of a new objective basis for political decision-making based on the greatest happiness principle.

The science of happiness has had considerable influence in (utilitarian) theories of government, which partly accounts for its prominence in recent economic and political theory (Davies, 2015).[9] The value attached to the science and measurement of happiness is apparent in Layard's (2005) work and in that of his team (Clarke et al., 2016). They see happiness as a 'new science' based in neuroscience, behaviourism and social science, built on foundations of Benthamite utilitarianism. Layard's work reveals a number of assumptions about the nature of happiness; and although its philosophical origins differ from that of CT and positive psychology it shares in common with them an interiorized and individualistic understanding of the self. In particular it assumes that it is possible to measure happiness by isolating it from the social contexts in which it occurs.[10]

The utilitarian philosophy on which this science of happiness is based rejects any knowledge about the world that is not based in fact, and thus accessed directly through the senses (Davies, 2015). Consequently matters of belief such as ethics and values have no part to play in understanding happiness; it is also unconcerned with the social and other contexts in which our emotions arise. It is important to recognize that in broad terms economists' interest in happiness primarily concerns the assessment of economic progress. It is not necessarily intended to justify psychological interventions to increase happiness in society. However, Layard's work crosses the divide between economic theory and psychological therapy, because he proposes large-scale population-based interventions (i.e. IAPT). It is this that specifically concerns us.

To summarize: psychological explanations of human emotions such as depression, sadness, hopelessness or misery assume that these states arise as a result of distorted inner mental processes. Interventions based on them (CT, positive psychology, happiness) are characterized by individualism, and thus fail to engage with the importance of social and other contexts implicated in our emotions. At this point we will examine these contexts.

Benefit 'Conditionality', Poverty and Destitution

In 2010 the UK Conservative–Liberal Democrat coalition government tightened pre-existing austerity measures following the financial crisis of 2007–8. These included cuts in public spending on health, social care, benefits and education, and increases in VAT. Even before the financial crisis, between 1997 and 2010 the New Labour Government had tightened the conditions that applied to benefit claimants on Job Seekers' Allowance (JSA), and introduced benefit 'conditionality' or sanctions for single parents and disabled claimants who failed to meet the conditions set by Department of Work and Pensions (DWP) staff. These changes were reinforced by the coalition government in 2010, and

extended to those on Employment and Support Allowance (ESA) for ill or disabled people. Since 2012 benefits can be suspended for between four weeks to three years if, in the view of DWP officials, a claimant fails to take adequate steps to get back into employment. They can also impose conditions on claimants so that continued receipt of benefits is contingent on attending courses, including those based on CT, positive psychology and happiness. There has been a substantial increase in the number of claimants whose benefits have been stopped as a result of sanctions. According to one source, there was a 600 per cent increase in sanctions against people with mental health problems between 2012 and 2015 (Stone, 2015).

Underlying this increasingly authoritarian approach to the management of benefit claimants, there is a strong assumption that unemployed people living in poverty are personally responsible for their predicament, and only have themselves to blame because they are lazy and feckless. These assumptions are widely held throughout society, including by politicians who speak of a 'something for nothing culture' (Mason, 2013), and the tabloid press, which polarizes the issue in terms of 'strivers and skivers' (*Daily Express*, 2013). Valentine and Harris (2014) have shown the extent to which poverty is seen by many in society as an individual moral failure, rather than an outcome of structural inequalities.

Thomas (2016, 2018) argues that this polarization can be understood in terms of the value attached by neoliberalism to individual freedom and autonomy. This holds that human beings stand or fall as a consequence of their personal responsibility for their decisions and actions. If we see personal success or failure solely as a consequence of individual actions, this further downplays the importance of the social, economic and political contexts in which we are all embedded. Thus, personal failure is just that, a property of the individual; it has nothing to do with an increasingly unjust society. Poverty arises because the individual has the 'wrong' attitude, a 'faulty' set of beliefs, or a lack of 'positive affect'. In this sense positive psychology and happiness function as governmental tools in the management of unemployment and the creation of ideal neoliberal subjects.

The personal consequences of austerity are devastating, particularly for children. Over a quarter of children in the UK live in poverty: the absolute child poverty rate has only reduced slightly over the last decade, in contrast to the previous decade where there was a steep decline (Cribb et al., 2017). In the context of benefit cuts, child poverty has been projected to rise further (Hood & Waters, 2017). The Cost of a Child in 2017 Report notes:

> For them [non-working families], the 'safety net' of means-tested support no longer merits this name, since it does not offer the safety of an income capable of covering essentials. Families unable to cover their costs on benefits must either undergo serious hardship, fall back on the help of their families, or go into debt.
>
> (Hirsch, 2017, 28).

The introduction of benefit sanctions has had a crippling effect on the lives of people who are barely coping. Dwyer and Bright (2016) explored the effects of 'welfare conditionality', making the receipt of welfare benefits conditional upon engaging in certain behaviours under the threat of sanctions. Most participants reported negative experiences of this approach, and sanctions routinely had severe adverse effects in terms of people's health, financial and material circumstances.

Welfare Conditionality, an academic group studying the consequences and effectiveness of benefit sanctions (http://www.welfareconditionality.ac.uk), recently conducted a series of interviews with 480 welfare service users in nine centres across the country. Users' experiences were profoundly negative, and sanctions had severely detrimental financial, material, emotional and health impacts on their lives. Some described being pushed towards 'survival crime' (e.g. shop-lifting) in order to be able to exist. There was scant evidence that sanctions resulted in either behaviour change, or moved users closer to paid employment. Sanctions had particularly baleful consequences for people with physical illness:

> Eventually they gave me £4 at the Jobcentre because I just went up and said 'Why did you sanction me? I've no food. I've no electric and I would like to claim an emergency payment', but it's in town which is a two hour walk with no food, no sustenance and I'm a diabetic. Oh wow that was a horrible day... I was fuming that this had been done to me.
>
> (JSA recipient, male, England, p. 3)

Families with children were particularly badly affected by sanctions:

> My daughter could not attend school for two weeks. I didn't have any money for that; you have to give her some money every day for some lunch and for a bus.
>
> (migrant, male, Scotland, p. 3)

> My daughter was ill, she was very sick that morning.... I tried to obtain medical help of what to do in such a situation.... By the time it was over I tried to call, but it was too late – my advisor wasn't there. They said I'm late and they're going to sanction me.
>
> (lone parent, female, England, p. 8)

Similar findings emerged in an on-line survey, which drew 370 responses from across the UK, undertaken by the Manchester Citizens' Advice Bureau (Manchester CAB, 2013).

Of greatest concern is a recent increase in levels of destitution,[11] a phenomenon recently examined by the Joseph Rowntree Foundation (JRF, 2016). This included in-depth case studies of destitution in ten locations across the UK. Interviewees described vividly what it was like to be destitute, of having to go hungry and scavenge for food, of being unable to buy warm and

serviceable clothes and basic toiletries, and the consequences of homelessness. Many interviewees were socially isolated, either because they couldn't afford to socialize, or as a way of coping with stigma, shame and discrimination associated with destitution:

> People don't really want to associate with you. You don't get invited to things because they think 'she won't be able to afford it so we won't invite her', that type of thing.... It's almost like they're scared to see you, just in case you might ask them for something.
>
> (JRF, 2016, 47)

Benefit conditionality places families and family relationships under enormous strain, and has a profound impact on self-esteem through shame. Gerhardt (2016) points out that the level of inequality in a society has implications for child-rearing practices and thus attachment behaviour. She argues that extreme inequalities are linked to more authoritarian parenting practices, which promote in turn an avoidant style of emotional regulation. The more dominant this becomes, the more it supports policies based on individualism and self-sufficiency.

Malignant Individualism and Positive Psychology

The current vogue for positive psychology and happiness raises serious concerns. These interventions will be targeted through JobCentres at large numbers of people who are chronically ill or disabled (DWP/DH, 2017), many of whom will be living in poverty or are destitute. We challenge the moral basis of a programme that targets interventions under the guise of 'therapy' at the chronically ill and disabled, many of whom have complex problems and are living in poverty or destitution. Is it right to respond to individual experiences of misery and hopelessness grounded in poverty and destitution with interventions intended to change individual affective responses to adverse socio-economic contexts, without acknowledging, or doing anything to ameliorate these contexts?

The fundamental problem with IAPT is that it places the moral responsibility on the individual for the way they feel, and to rectify it. The individual's attitudes and beliefs about themselves are 'faulty' and must be changed. Beck's view of depression as a specific disorder of thinking '...in which the individual's cognition is *distorted and out of step with his or her context*...' (1972, 7, emphasis added) involves a value judgement that is difficult to justify. How can it be right for a therapist to assert that someone is wrong to feel utterly hopeless and powerless in the face of overwhelming adversity? Who has the moral authority to make such a judgement, and on what basis? To declare that the problem arises because the individual's cognitions are faulty and require correction is to blame the victim. To tell someone that feeling better is simply a matter of having the right set of positive beliefs about yourself is to shift the responsibility on to the individual, whilst denying the social reality facing people living precarious existences. Poverty, destitution and its sequelae are thus seen from the perspective of individualism. This '... obscures the causes of inequality, divides communities with shared political interests, corrodes compassion for the poorest in society, and obviates any recognition of the need to challenge disadvantage' (Valentine & Harris, 2014, 87). This malignant individualism[12] is the imposition of individualized, interiorized explanations of misery, hopelessness and despair, whilst at the same time ignoring or denying the social and political contexts of poverty and destitution that those afflicted by it are utterly powerless to change.

There is a terrible irony here. In terms of power, the social position of those afflicted by poverty and destitution, who live day to day utterly without control or ability to change the adversity they face, mirrors precisely the social situation that faced Seligman's dogs, chained as they were in their cages, powerless to escape the impending electric shock.

Implications for Health Professionals

Our analysis has largely focused on the moral and ethical problems that arise from the use of IAPT in people living in poverty, and there are implications here for policy makers, therapists and other mental health professionals. As far as health policy is concerned, there are fears that shifting the priority to the well-being of the population may divert energy and resources from tackling inequalities (Hanratty & Farmer, 2012). Indeed, there is an argument that even the discourse of health inequalities offers governments a way of avoiding difficult political decisions. Lynch (2017) found political and institutional barriers associated with neoliberal ideology that reinforce medical and individualistic models of health, and which work in the interests of those opposed to social justice and policies that would increase equity, whilst undermining policies to tackle the structural causes of social and health inequalities. Many of the policy makers she interviewed believed that the problems of inequality could only be dealt with through redistributive taxation and labour market regulation to protect workers' rights, both of which are anathema to neoliberalism. Thus, medicalizing inequality through a public health perspective is more attractive to politicians than tackling income inequality head on by political means.

Malignant individualism reinforces the view that misery and unhappiness have nothing to do with the outcomes of income inequality – poverty and destitution – but everything to do with the individual's negative attitudes. The problem is no longer a political one to be resolved by tackling income inequality, but one to be dealt with by the moral guardians and tutors of the soul – psychologists, therapists and doctors. Another consequence of malignant individualism is that it minimizes the potential value and benefit of collective action. The unemployed mass of humanity is atomized, its solidarity fragmented, making it impossible for them to unite and identify the common source of their oppression. This greatly reduces the possibility of political action intended to improve their situation.

Action for Change

This analysis suggests that a different approach is necessary. The recent TUC-led conference 'Closing the Gap' held in 2016 set out a vision for post-austerity policy-making, and a set of guiding

principles for a working mental health manifesto (House et al., 2016). Key issues identified included reversing the anti-community, anti-society individualism of neoliberalism, re-founding an ethos of community solidarity, and action to reverse levels of inequality. We fully support these proposals, but short-term action is also urgently required; practical help to support people facing poverty and destitution. In addition, people need opportunities to come together in ways that build community solidarity to overcome the isolation, shame and stigma associated with poverty, and instil hope and the possibility of political engagement to change their lives for the better.

The Deep End Advice Workers Project in Glasgow offers unemployed people help, advice and support in coping with poverty and its related problems (Sinclair, 2017). The project employs an advice worker in two GP surgeries serving the 5th and 11th most deprived communities in Scotland. The project worker offers advice on finances, debt, social security and housing for improving people's social and economic outcomes. People referred to the project experienced significant poverty, with 78 per cent living on household incomes below £15,000 per annum. The median amount of financial gain (from a wide range of benefits) was nearly £7,000 per annum. Half the people accessing this support were referred on to other forms of community support (e.g. for homelessness, food bank, fuel poverty).

Building solidarity is one of the main objectives of community development (CD).[13] It represents a different way of thinking about and responding to distress, because the focus is not primarily on the individual (although it may include elements of individual support), but on the groups and networks in which individuals exist. It is primarily committed to collective ways of addressing the shared problems that communities face. Gilchrist (2004) points out that there are different models of community development in which the locus of power and control moves from top-down (professionals) to bottom-up (communities). The consensus model focuses on self-help and on supporting communities to become involved in consultation exercises with providers of statutory services. This top-down model leaves imbalances in resources and power unchallenged. The liberal or pluralist model attaches greater importance to challenging disadvantage and social exclusion by drawing attention to the interests of the participants (communities, statutory services), with particular emphasis on the self-defined needs of communities.

The third, or 'radical', model emphasizes civil rights and focuses on raising the political consciousness of communities so they can challenge those in authority and work towards the redistribution of power and resources. This bottom-up model resonates strongly with the critical pedagogy of Paulo Freire (1996), and in our view is best suited to building community solidarity through political consciousness-raising. Seebohm et al. (2005) and Thomas et al. (2006) have described an example of a CD project working with the multi-cultural communities in the centre of Bradford that relied on pluralist and radical models in the field of mental health.

Conclusions

This paper has set out the moral and ethical problems that arise from the use of IAPT in people whose lives are marked by poverty and destitution associated with chronic illness, disabilities and mental health problems. The use of positive psychology and 'happiness' in these situations is perverse. There is little evidence that they improve people's lives, and the likelihood that people will be coerced into undergoing them under threat of benefit sanctions represents a pernicious form of malignant individualism. These problems ultimately demand fiscal solutions through redistributive taxation, but the interests of neoliberalism oppose this.

The next stage of this work will examine in detail precisely how happiness and positive psychology map on to neoliberal ideology in the creation of ideal neoliberal subjects (Thomas, 2018).

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Notes

1 In 2006 David Cameron spoke at the Google Zeitgeist conference, arguing that improving people's happiness was a priority for politicians (see goo.gl/fL3wwT, accessed 21 January 2019).
2 See goo.gl/7JdxgR, accessed 21 January 2019.
3 See goo.gl/ss5W6Y, accessed 13 June 2018.
4 See www.england.nhs.uk/mental-health/adults/iapt/, accessed 21 January 2019.
5 See goo.gl/tig511, accessed 21 January 2019.
6 Although beyond the scope of this paper, it is important to note in passing that this 'science' has come under critical scrutiny (e.g. Midland Psychology Group, 2007; Cromby, 2011; Stewart, 2014; Davies, 2015).
7 Whilst there are arguments that work is good for our mental health, evidence is accumulating that this depends on the nature of work. Over the last 20 years the workplace has become a much more hostile and difficult environment for workers. Legislation has considerably reduced the rights of workers and union power, with the erosion of workers' employment rights. The rise of the 'gig' economy and zero hours contracts has resulted in British workers being amongst the most stressed in Europe (the *Guardian*, 2016). A recent empirical study (Chandola & Zhang, 2017) found that formerly unemployed adults who transitioned

into poor quality work experienced greater stress and adverse levels of biomarkers compared with their peers who remained unemployed.

8 Descartes' work is central to understanding the value attached to contemporary notions of interiority and individualism. The problem facing Descartes was that of certainty: how can we be certain that our internal representations provide an accurate account of the external world? He proposed a method of systematic reflection upon the contents of the mind to separate what was clear and accurate from what was uncertain and vague. Through this process of systematic and reflexive doubt we reach a situation of certainty, which he believed was guaranteed by God. Certainty was reached by turning away from the world and looking inwards to examine our own thoughts in isolation and without reference to what they represented in the external world. As long as we adhere to the representational theory of thought, then systematic reflexivity makes us better able to account for our thoughts. Thus, a central tenet of Cartesianism is belief in our ability to define and map the ways in which our internal representations are ordered and related.

9 Stiglitz (2012) describes how, in recent years, economists have recognized the limitations of Gross Domestic Product as a measure of a nation's progress. In particular, he points out that it fails to recognize how individual citizens are faring. Neo-utilitarians like Layard (2005) also recognize this problem, and for this reason to turn to Bentham's work on happiness as a way of measuring progress.

10 The Office for National Statistics (ONS) started measuring happiness by including four questions in its populations surveys and censuses. We began measuring personal well-being in April 2011. Since then, the Annual Population Survey (APS) has included four questions to monitor personal well-being in the UK: how satisfied are you with your life nowadays? To what extent do you feel the things you do in your life are worthwhile? How happy did you feel yesterday? How anxious did you feel yesterday? See goo.gl/GfWbzt, accessed 24 November 2017.

11 Relative poverty is the position of an individual in terms of his or her income relative to that of others. The most widely quoted measure of income poverty in the UK and the rest of the European Union is the proportion of individuals with household incomes less than 60 per cent of the contemporary median. Destitution is a condition in which people have so little income that they are unable to provide the material essentials for life – food, shelter, heating, clothes, basic toiletries and sanitation.

12 Some writing from within the psychotherapeutic tradition see individualism as an inevitable consequence of capitalism. Neoliberalism is a threat to the idea that society should support the self-development and self-understanding of all its citizens, as an aspect of a modern kind of democratic citizenship (Rustin, 2015).

13 Sadly, in recent years the funding of the two key community development organizations responsible for professional standards and training of community development workers, the Community Development Exchange (CDX) and the Federation for Community Development Learning (FDCL), has ceased. The former was originally established as a charity in 1987, and functioned as a strategic partner with the government, lost its funding in 2011 and closed in 2012. The FCDL closed at the end of March 2017. So much for the 'big society'.

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