

7th International conference on

Psychiatry, Psychology and Mental Health

August 06-07, 2018 Prague, Czech Republic

Phoebe Kingston, Clinical Psychiatry 2018, Volume: 4 DOI: 10.21767/2471-9854-C2-005

DEFICITS IN POSITIVE PSYCHOLOGY MODELS: THE NEED FOR WIDER SOCIAL CHANGE

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he focus of positive psychology, eudaimonia and what makes life most worth living, is a worthy area of pursuit in scientific research. All people wish to flourish in the personal, cultural, relational, and institutional areas of life. Positive psychology moves away from the deficits-based and illness focused approach to emotional wellbeing, concentrating on personal strengths and values, taking an assets-based approach. Positive psychology is welcomed by the mental health consumer's movement, but it must be critiqued. It cannot in isolation and in its entirety create a full-proof personal recovery because like many social models of recovery, it takes an individualized approach, failing to recognise the social, political and economic problems that contribute to a consumer's isolation and emotional distress. Positive psychology neglects the collective structural causes of distress in society and diminishes issues of social inequality and injustice. A person can work hard on personal growth and development, creating meaning and purpose in their life, building self-esteem and such like, but if that person is attempting to create active citizenship in a society that actively stigmatizes them, is prejudice and discriminatory against them, then a significant portion of self-empowerment attained is curbed. These experiences within the communities of which we're a part, demarcate our sense of being truly valued and accepted. That deeply personal rejection will only create more frustration and emotional distress. Many consumers are forced to decide between remaining in isolation or concealing their lived experience to be welcomed in to the communities they wish to join. Neither choice creates authentic happiness and wellbeing. We cannot focus on our own personal growth and then stay in isolation so that it's not wounded. It's challenging to have individual wellbeing in the world today when we don't have collective wellbeing. There's need for true social inclusion and radical sociopolitical change.

Biography

Phoebe Kingston is a Mental Health professional working in several roles in Western Australia (WA) including; peer support, professional speaking, several representative/advisory/ advocacy roles. She is the Board Member for Recovery Rocks Community Inc', Member of an Open Dialogue Model for WA Working Party, Deputy Chair of the Community Advisory Council and Project Lead for Position Statements for all North Metropolitan Consumer Advisory Groups. She has been involved in several ground-breaking and innovative projects and initiatives in WA including the Increasing Membership Participation Advocacy & Co-design/production Training Project with the Western Australian Association Mental Health. In 2016, she has completed the first and only tertiary Lived Experience Educator Unit in Australia at Curtin University, WA. In early 2018, she was appointed to the WA Recovery College Model Expert Panel where she's overseeing the development of the draft model of service for WA's first recovery college network, reporting to the Minister via the Mental Health Commission WA.

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