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# Popular Education, Health Inequalities and Resistance to Stigma

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## Introduction

A special issue of *Concept* in December 2018 celebrated the 50th anniversary of the publication of Paulo Freire's *Pedagogy of the Oppressed*, and many contributors reflected upon the way his work retains relevance. This article echoes those sentiments by describing how his work continues to offer inspiration and hope for radical community development, particularly in today's world which has seen marginalised populations 'pulverised beyond the ambit of established instruments of collective voice' (Wacquant, 2008).

The recent written work of students participating in a Freire-inspired access course, Health Issues in the Community (HIIC), show how his approach is crucial in helping people critique the political context that is creating injustice, and identify the increasingly pernicious role of stigma in the production of inequality and marginality in their communities.

## Health Issues in the Community (HIIC) training pack

This accredited access course was developed in 1997 in Moray House School of Education, Edinburgh. Since 2000 it has been supported through a partnership between Community Health Exchange (part of the Scottish Community Development Centre) and NHS Health Scotland. The training pack, delivered by trained tutors, draws on both the values of radical community development, and the philosophy and approach of transformative popular education, developed by Freire. The material is flexible - delivered as taster sessions, short courses, or as a full course with SCQF credit rating. It calls on people's experience to be at the centre of the learning process, which explores social and health policies, inequalities, discrimination, dimensions of power, and poverty. One of its key learning objectives is for participants to develop



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the skills of critical consciousness in relation to the wider determinants of health and ill-health - succinctly expressed by a recent student:*' it's not just your backyard - your community is the whole world'*.

Students move from identifying health issues in their local area, drawing information together and then interrogating these through collective, critical enquiry. Together, they create a public presentation of these issues to family, community members, politicians, organisations or officials and make plans for collective action. The list of actions over the years have been impressive.

Currently there are almost 180 registered tutors and 80 trainee tutors across Scotland, with over 300 students participating in 2019. In recent years, two tutor training sessions have been run in the Republic of Ireland. A committed, core group of community education, youth and health tutors continue to use HIIC within their work, some for over ten years. Although it has been delivered to a range of communities across Scotland, it is noticeable that it is taken up more actively in areas which have suffered the brunt of post-industrialism and neoliberal economic policies, and with groups who are under-represented within community learning.

Core units on poverty, inequality and power have been developed into a Youth Pack, integrated into the secondary school's curriculum in Lanarkshire, South Ayrshire and Castlemilk, Glasgow. These provided an introductory course for the young people who went on the produce a documentary on poverty, *Poverty: the Hidden Shame* short-listed at BAFTA in London for the AHRC Inspiration Award 2016 [1].

### Stigma

The latest collection of written work from HIIC students in 2019/20[2] shows the increasing toll on the health of individuals and communities of decades of austerity measures. And weaving its way amongst the myriad descriptions, conversations, facts and reflections in this work is the corrosive effect of stigma - bleeding, sometimes

[1] https://www.youtube.com/watch?v=nNHB1kJjjwA
[2] https://www.hiic.org.uk/hiic-poverty

unseen, into people's lives at every level, affecting their own emotional and physical health and the social, communal and economic health of their communities.
This article seeks to connect their work with the most recent inspirational analysis on stigma led by Imogen Tyler. This reveals the complex relationship between stigmatisation, inequalities and neoliberal capitalism, showing stigma embedded within the social relations of capitalism as a form of power (Tyler, 2013; 2020; Tyler and Slater 2018; Wacquant, 2014).

In the same spirit that HIIC students are encouraged to 'look upstream', Tyler and others expand on Goffman's work on stigma in the 1960s (Goffman,1963), and raise searching questions about how and why stigma is activated - for what purpose, how it is used by individuals, communities, commercial interests and the state to produce and reproduce social inequality. They ask us to 'look up' to identify the forces shaping its production, such as the motivation for power and profit, and how it 'etches itself into us'.

The students' work begins to offer some answers to these questions, and a way of understanding the process and experience of stigmatisation from the perspective of those on whom it impacts the most. It occurs not only between people themselves but also between them, the organs of the state, social institutions, the mass media and the workings of the market. They document, for example, the feelings of shame at having to say no to your children wanting to enjoy activities in the school holidays; the loss of dignity encountered in having to apply for food vouchers or free food from those who live in the same small community or village; the stress on children for not having the right clothing compared to their peers; period poverty causing young girls to miss school; the humiliating and cruel way that benefits are managed; the constant anxiety and insecurity.

The majority of HIIC students brush up against these manifestations of stigma in their daily lives as the following examples demonstrate. It can be seen operating across many different spheres: housing; public space; consumerism; and mental health, dehumanising populations in the process of creating space for private capital.

## Housing and territorial stigmatisation

The denigration of place is not a new phenomenon, and the labels of 'sink estates' or deprived areas continue to undermine those who live there, impacting on their sense of self worth and social relations. Young people in Castlemilk undertaking the HIIC course describe the reality.

> *You know that you are living in a deprived area when you have smashed bus stops all down your street, parks and wood lands covered in glass and rubbish. It's hard to live a healthy life when your local shops only consist of bookies, pubs and takeaways. Young people can often be ashamed of where they come from; meeting peers from different areas that are considered to be posh or well-off while some areas are known as run-down because of the stereotypes that they have: 'I am in a class with people from different areas and I am considered to speak slang which shows off my area.*

Wacquant (2014) describes the power of territorial stigmatisation, or 'spatial taint', observing how it influences the attitudes and actions of civil servants, institutions, politicians and journalists, and is projected by TV series such as 'Benefits Street'. This then provides the 'symbolic springboard' for public policies, state officials and private real estate developers to demolish or re-configure the housing, to rid the authorities of problem areas (and, by implication, the residents) rather than put in place the proper public and social investment needed to tackle poverty and poor housing conditions. In parallel, the programme of austerity which began in 2010, has led to the closure or reduction of common public goods, services and facilities such as rubbish collection, road maintenance, swimming pools, libraries and community centres, and community learning staff. Cash-strapped local authorities were encouraged, and sometimes impelled, to re-imagine local resources such as building or land as financial assets, rather than as community resources whose value lies in their use (Edwards, 2016). This has had a disproportionate impact in poorer areas, privileging the private and profit motive over the public or collective. In other words, the production of stigma in

tandem with austerity measures plays a key role in the production of inequality and marginality in our towns and cities (Wacquant, Slater and Pereira, 2014).

### Consumerism and public space

The closure of many community centres and libraries has also meant a reduction in the extent of public space where people can gather socially without having to spend money. The communal space in many neighbourhoods has become the shopping mall, providing yet another opportunity for private capital. The structural causes of poverty and inequality then become submerged in the consumerist narrative of choice and lifestyle. As Darren McGarvey (2017, page number?) puts it:

> I suspect the deep sense of shame many of us felt about our poverty - an overwhelming desire to conceal it - was why the Pollock Centre was so popular. Here you could acquire everything you needed to appear better off than you really were: new trainers, tracksuits..... such sought after items were expensive but the price of looking poor was always higher.

Through a variety of socialisation agents such as the media and peer groups, children are often quick to internalise the ideologies of the consumer culture. By listening to parents' stories, HIIC students noted some of the taunts they had heard directed at children.

> *geeza fila yer shoes; you canny go cause you're poor; I'm no going to yours you've just got council telly; hocus pocus your brok:us; yer maw's got a gold card with Oxfam....*

## Food Poverty and food banks

Food banks have become the new norm - hyper-visible with trolleys for donations in every supermarket exit, and yet also as Tyler suggests, somehow *unseeable.* A number of HIIC groups write about the growth of food banks in their area: visiting them and conducting surveys and conversations with people using them. Students knew they existed, of course, and some had used them themselves, but by conducting

their own action research, the sheer scale of food poverty and use of food banks came into sharper focus. As one student put it:

> *I was totally astounded at how big the place was not to mention how much was stored in there: everything from baby milk and nappies to toothbrushes and bars of soap. It truly did shock me just how huge this issue really was.*

Listening to the stories of shame and embarrassment felt by people having to use them, including the working poor saw students get in touch with their own outrage and sense of injustice that this should be happening in a rich country such as ours.

> *Growing up in the 80s I can remember my Aunt sending baby clothes her children had grown out of to relatives In Poland. At that time things were tough in Poland. I particularly remember the food queues. This was the 1980s, a country behind the iron curtain had food queues and yet here we are in the UK in 2019 with food banks.*

> *it makes me angry that in 2019 in the UK so many people do not have enough money to feed themselves and their families. Many regularly have to make the grim choice between feeding themselves and keeping their home warm. How can this be in 2019?*

They also note the way in which stigmatising practices which have resurrected the Victorian notion of the workhouse - the distinction between the 'deserving' and 'undeserving' poor - can start being adopted unthinkingly by those in the community providing help. The fact that locally-run food outlets were managed by community members in a small village meant some families went without, rather than being the focus of any attention or gossip. In some outlets, vouchers were issued in red so they could not be photocopied - to prevent fraud - and if used more frequently than allowed this would be investigated. Although rationing is a practical response to scarce supply, the way that the management of austerity is passed down to charitable and well-intentioned community responses to poverty exposes the pernicious way that stigma is produced and re-produced.

In this particular example, the HIIC group in West Fife took collective, positive action to counter these damaging practices by establishing a Community Hub where people's rights to privacy and dignity were part of the training for volunteers and the services offered seen as a form of collective solidarity *by* the village *for* the village.

As with territorial stigmatisation, the stigma associated with food poverty re-directs attention away from the systemic causes. Obesity and poor diet are associated with ill-health, but the cynical way these are currently being signalled as one of the key causes of health inequalities is central to the stigmatising and individualising strategies evidenced in the aims of the new UK Government's Office for Health Promotion [3]. Rather than address the huge disparities in income levels, or core NHS staffing problems, their proposed tech transformation of the NHS in England will see £billion contracts going to Big Tech companies[4], to provide online diet and fitness plans, and even mental health phone lines[5].

## The Pandemic of Despair

The stigma of place, insecure employment and the degrading experiences of the benefits system etch their way into people's self-image and feelings of self-worth, contributing to increasing levels of despair and mental ill- health. These attacks on the poor, have been described as a war, as a form of state violence with increasing numbers of casualties and deaths (Jones & McCormack, 2016; Grover, 2018). When this onslaught contributes to drugtaking or addiction, the stigma screw squeezes yet tighter (Player 2021)

> In 2016 there were 38 people who had died of drug related deaths. In 2018 the death toll reached 78 whether it be illicit or illicitly obtained. There were 53 overdoses in Dundee alone in 2018. On average there are at least two people on the Tay Road bridge each week. Although the drug rate is high in Dundee I do strongly believe that with mental health services stretched to the limit

[3] https://www.gov.uk/government/news/new-office-for-health-promotion-to-drive-improvement-of-nations-health
[4] https://www.opendemocracy.net/en/ournhs/will-big-tech-save-the-nhs-or-eat-it-alive/
[5] See Tyler (2018) on the role of corporations in the Heads Together campaign pp4-10

> people are turning to self-medicate to try and forget the pain that they are facing through their personal lives.

A powerful example of these manifestations of stigma was captured in a play *She Died Waiting*, devised and acted by a group of students and their tutor based in Douglas Community Centre in the east end of Dundee [6]. It tells the tragic story of a teenage girl, living alone with her mother who works full-time in a local factory in the daytime and as a part-time cleaner at weekends. She is trying to earn enough money to buy her daughter the clothes that she wants to keep up with her peers, but this means she spends little time at home, is often tired, and feels isolated. The young girl gets bullied at school, becomes depressed and resorts to self-harm in desperation. Although her mother tries to get help, the mental health services have long waiting lists. While waiting on a telephone helpline with a recorded message asking her to wait, as they are experiencing a high volume of calls, she takes an overdose and ends her life.

## HIIC: popular education and resources for collective action

The students engaged in HIIC bring alive personal experiences, private troubles, through a shared dialogue with others. After identifying a key issue or, in Freirean terms a generative theme, a group presentation like the one described above, is then shown to the local community and/or politicians, inviting questions and discussions.

> *On reflection of the impact our short drama had on our family, friends and the wider community we each felt we had gained a lot of confidence. We began to realise that people were listening as we were being invited to perform at more venues. The audiences were always different, we were reaching more and more people who were willing to listen. We felt so empowered and confident we could help to make change that we decided to look to our local areas. Every performance prompted a spontaneous discussion as everyone could relate to the story. It was an enlightening as well as a heart-breaking discovery, for although when we wrote the script it was not based on any*

[6] https://www.hiic.org.uk/blog/2020/1/22/our-hiic-journey

> *person, it was based on parts of our life experiences it suddenly became everyone's story, a story everyone could relate to.*

It has now been performed many times stimulating serious discussions at local government and Scottish Government level about suicide and self-harm.. The impact of the play has been the way it resonated with huge audiences and transformed private troubles into public issues.

Stigma is a dehumanising force which identifies and classifies people in order to reduce their autonomy, confidence and capacity for action. The approach to popular education developed by Freire provides the antithesis by emphasising the right to human dignity, mutual respect and a belief in everyone's intellectual capacity to act in and on the world. Recognising one's own oppression, and understanding the structural forces that determine this, remains an important educational resource for marginalised groups. The group presentations of HIIC students take a variety of forms but many can be seen as sophisticated codes – poems, collages, a human sculpture, a song, video, or play which contain the core elements of a local issue.

> *One of the groups created a tableau showing people queuing up at the Job Centre. It spoke to the experiences of everyone in the room: to be made to wait; to be ignored; to be desperate, to have no power (HIIC tutor)*

Tyler (2020, p 240) points to how the increased awareness by those who have been stigmatised or treated as second class citizens, can act as a double consciousness, 'awakening us to the relationship between our biographical lives and the stigmatised positionalities scripted for us by others'. This new heightened awareness can be a powerful resource for resistance and collective action.

Hopelessness reduces a desire or capacity for action, whereas rage against injustice and understanding how the tentacles of stigma are reaching into more areas of our lives can create the energy to fight back (Ledwith, 2020). A recent discussion with HIIC tutors underlined this:

> *one of the biggest things is the pride in the community because people can start to see that they've got people living in their community who are willing to fight, who are willing to stand up, willing to present people's reality in a positive way.*

The Dundee group mentioned above have established a drop-in support service themselves but continue to fight for a better response from local mental health services against a backlog of promises made. As one participant said:

> *We will still continue our work outwith this group, but one thing for sure is we're stronger as a team and will keep fighting until drastic change happens*

The HIIC students' stories and reflections are enabling them to make critical connections with the political dimensions of their personal lives, and to employ the fury of injustice and a new energy in their collective understandings and actions. Stigma production and deployment by those in power accelerates in periods of political and economic turmoil, often in response to the demands of capital. As we approach an uncertain post-Covid economic and political future in Scotland, the political awareness of stigma and the production of inequalities in groups and communities who will be most affected will become increasingly important.

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See also https://stigmamachine.com/ with Imogen Tyler