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>> Version of Record - Dec 23, 2013

OnlineFirst Version of Record - Nov 13, 2013

OnlineFirst Version of Record - Oct 10, 2013

OnlineFirst Version of Record - Sep 2, 2013

What is This?

Community mobilisation in the 21st century: Updating our theory of social change?

Catherine Campbell

Abstract

The article explores the Freirian theory of social change underpinning health-related community mobilisation in poor and marginalised communities. Highlighting potential shortcomings of its essentialist understandings of power and identity, and linear notions of change, it examines how lessons from the 'new left', and burgeoning global protest movements, can rejuvenate the field given the growing complexity of 21st-century social inequalities. It suggests the need for a pastiche of approaches to accommodate health struggles in different times and places. However, while needing some updating, Freire's profound and actionable understandings of the symbolic and material dimensions of social inequalities remain a powerful starting point for activism.

Keywords

activism, collective action, community mobilisation, Paulo Freire, power, social change, social movements, the new left

The left is a stance of permanent criticism, one which refuses to tolerate a global regime that thinks it is the best possible state of affairs, or sees itself as immune to questioning. The role of the left is to never stop reminding us that the challenge of making the world a place that is hospitable to human well-being and dignity has a long way to go. Nothing can silence the left except the completion of that job.

(Bauman, 2012)

The left envisages a society of equals, and takes this vision to require a searching diagnosis, on the widest scale, of the courses of unjustifiable discrimination and dependency – and a practical programme to abolish or diminish them

(Lukes, 2003: 611)

More and more people are being asked to re-imagine [social relations] on their own terms….

more and more life stories are being given gravitas and worth … hierarchies are being subverted – if not in practice then at least in metaphors, which create the architecture of our thoughts, and our actions … people are no longer shining flashlights on the bad or the good but on the complexity, which allows for endless configurations of the possible … this mindset can allow for amazing things to bloom, in whatever chaos they are surrounded by.

(Flavia Zaka on 'the new left', email to author on 5 June 2012)

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Introduction

This article discusses the possibility of social change to reduce power inequalities (e.g. between rich and poor) that undermine peoples' opportunities to be healthy, and the role of community mobilisation (CM) in facilitating such change. The discussion is underpinned by tensions between two conceptualisations of power, each with differing implications for the practice of CM. The materialist view, influenced by Marx and Freire, sees power as a monolithic force possessed and used by one group to dominate another. In this tradition, the aim of CM is to contribute to struggles for a more equal distribution of political power and economic wealth in favour of excluded groups. The social constructionist view, influenced by Foucault, resists the stark division between powerful and powerless, seeing power as more complex and fragmented. Even groups who appear to be powerless are able to exercise power in less obvious or partial ways. Even individuals who seem completely powerless in some aspects of their lives are able to exercise power in others. This approach is associated with more modest goals for CM, holding that even small-scale improvements in the worldviews of small handfuls of people in particular local settings should be regarded as significant social change.

These perspectives also differ in their emphasis on the role of symbolic and material changes in emancipatory social transformation. For materialists, emancipatory change requires *both* new ways of seeing the world (symbolic changes) *and* concrete, objective changes in the distribution of power and wealth (material changes). Social constructionists place heavier emphasis on symbolic changes, arguing that CM should aim to facilitate new ways of seeing the world, including more empowered life narratives, by excluded groups as an end in itself, rather than necessarily regarding these as a first step towards more concrete programmes of economic and political redistribution.

The poor and marginalised often have the poorest health. Redistributive policies – increasing their access to economic resources, political

recognition and/or social respect – are necessary for narrowing the health gap between rich and poor, and improving the health of excluded groups. However, elites seldom voluntarily give up economic or political power without assertive and vociferous demands from less powerful groups. Unfortunately, the very people who must provide this 'push from below' have limited opportunities and resources to do so. Moreover, poverty and marginalisation often foster a sense of disempowerment and fatalism. Before the excluded can demand substantive changes in the inequalities that undermine their health, they need to see themselves as active agents capable of acting positively to increase their control over their health and well-being.

A generation of activists has defined its role as working with marginalised communities to develop their collective agency to resist and transform unequal social relations, using the strategy of CM, guided by the work of Paulo Freire (1970, 1973). This article seeks to generate debate about the current theory and practice of CM, and to evaluate its underlying understandings of power and social change.

Context and goals of the article

This article is informed by the author's engagement in a community of self-styled critical academics and 'scholar-activists' concerned with public health and social development in resource-poor and otherwise marginalised settings. This group has sought to apply Freire's theories of social change and advance CM as a tool for creating health-enabling environments, often in the global South, often funded by international agencies. The author's work has focused on CM for HIV/AIDS prevention (Campbell, 2003), AIDS care and impact mitigation (Campbell et al., 2008) and mental ill-health (Campbell and Burgess, 2012b) in highly marginalised settings in Sub-Saharan Africa. Related work has been showcased in co-edited volumes on the social psychology of participation (Jovchelovitch and Campbell, 2000), community health psychology

(Murray & Campbell, 2004), the interface between unconscious and sociological dimensions of health (Campbell & Deacon, 2006); contexts of CM (Cornish & Campbell, 2010), local–global framings of international development (Campbell et al., 2012) and inadequacies of biomedical approaches in non-Western settings (Campbell and Burgess, 2012a).

This article is prompted by a growing sense by some (though not others) that the Freirian approach underpinning work of this nature may have reached a dead end. Many programmes have not produced sustainable health improvements in highly marginalised communities. Much CM work has been stripped of its radical political roots. Its once radical concepts have often been co-opted by mainstream health agencies, who earmark communities to assist in projects to open up markets for biomedical services and pharmaceutical drugs, without parallel efforts to empower communities to take better control of their health. Many core pillars of the approach (participation, empowerment, agency and capacity building) have become little more than 'disciplinary technologies' (Foucault, 1977), used by public health and development agencies more concerned with advancing the strategic interests of funders than facilitating social change in favour of the marginalised (Campbell, 2009).

Even politically radical CM practitioners have often become so caught up in small-scale local activism that they have neglected two vital interrelated challenges. First, they have focused overwhelmingly on projects that build the 'voice' of the poor, neglecting the parallel need to build 'receptive social environments' where the powerful are likely to heed these voices (Campbell et al., 2010). Second, the focus of this article, they have often failed to articulate, and update, their theories of change, assuming rather than problematising links between CM and the possibility of improving the health of those suffering poverty or abuse.

Defining health as a state of physical, mental and social well-being (World Health Organization (WHO), 1948), this article reflects on (a) the implicit theory of change that informs CM for health in disadvantaged settings; (b) some of the dead ends that bedevil this work, suggesting the need for theoretical renewal; and (c) flags up the role that debates about 'the future of the left' might play in updating understandings of pathways between CM and social change. The article draws on critiques of social development in resource-poor settings, and fragments of political sociology. It aims to provoke debate rather than provide answers.

What is 'community mobilisation'?

The challenge of mobilising vulnerable communities is a pillar of development policies and interventions seeking to promote health in low-income settings (Rifkin, 1996, 2009). CM usually involves collaboration among health workers and communities in activities seeking to 'empower' them or 'build their capacity' to exercise greater agency over their well-being, through increasing their opportunities for meaningful social *participation* and building enabling *partnerships* with supportive outsiders (Rifkin and Pridmore, 2001).

CM takes various forms. *Instrumental approaches* view communities as handmaidens of biomedical and behavioural expertise, helping to implement programmes conceptualised by doctors or psychologists. *Dialogical approaches* promote interactions between health professionals and communities, facilitating dialogue between lay and expert understandings of health to create services that resonate with users' understandings of their needs and interests. *Social capital* approaches increase participation in local community groups (e.g. youth or faith groups), given links between group memberships and particular health benefits. Critical approaches embed these efforts within a wider *critical or political emphasis*, viewing CM as a route to collective action to challenge (or 'resist') the social inequalities that place peoples' well-being at risk. This last approach, which guides this article, is rooted in the belief that efforts to reduce inequality should promote the capacity of the

powerless to demand their rights to health, and develop social environments where the powerful are likely to heed their demands.

CM has indeed been successful in particular times and places, often among relatively affluent and confident groups with strong pre-existing identities, or in contexts where wider forces were supportive of progressive social change at particular historical moments. However, many programmes have not led to sustainable health-enhancing social change. Yet agencies continue to implement these tired old methods. There is an urgent need to revisit the wider 'theory of change' that informs such efforts. What forms of CM are most likely to advance social change towards more equal and health-enabling social relations?

The theory of change underpinning CM

Most CM practitioners are influenced by the work of Paulo Freire (1970, 1973), developed in the context of his work with communities battling against poverty, social inequalities and highly oppressive governments in Latin America in the 1950s and 1960s (Freire, 1992). For Freire, CM involves the processes of dialogue and critical thinking by marginalised people (Vaughan, 2010), facilitated by an external change agent, and generating a reflection–action cycle that 'empowers' vulnerable communities to take control over their health (Rifkin and Pridmore, 2001). Through dialogue, the marginalised develop critical understandings of the social roots of their ill-health, an enhanced awareness of their rights and a sense of solidarity and collective agency that spurs collective action to challenge health-damaging social inequalities.

Ideally, multiple local CM efforts form the roots of larger scale movements, uniting ever-growing numbers of poor communities in increasingly powerful resistance against their oppressors, eventually achieving a more equitable distribution of power and opportunity. Instances of small-scale local activism swell over time, coalescing into larger scale groups with shared identities, goals and strategies.

Compared to traditional Marxists, who identified industrial workers as the drivers of history, Freirian activists see the potential for any marginalised group (e.g. women or ethnic minorities) to serve as agents of change, capable of transforming society and culture through their collective action. However, as with Marx, social change tends to be viewed as a linear and inevitable process resulting from conflicts of interest between the powerful and the powerless, with the solidarity of the oppressed serving as the motor of change.

Against those who would assume a binary opposition between agency and social structure, individual and society, Freire's work embodies a profound understanding of the 'always-already-social' (Henriques et al., 1984) and collective nature of human agency and personhood, and of the inextricability of the processes of individual and social change. For Freire, agency is collective and relational (rather than individual). His CM programme envisages the development of the agency of the marginalised through processes of *collective* reflection and action by groups united by a common sense of exclusion and solidarity. However, Freire's ideas part company with social constructionists in his insistence that *reflection* (the development of a more confident and empowered representation of oneself and one's potential place in the world) and *action* (engagement in political resistance against the social inequalities that block this potential) are two analytically distinguishable moments of the change process. For many social constructionists, the process through which people or groups come to see themselves differently ('constructing new life narratives') *in itself* constitutes emancipatory social change and the goal of CM. For Freire, the process through which a group comes to view itself differently (reflection) is only the starting point, the springboard for concrete acts of resistance (action) to tackle the material drivers of their oppression. Such drivers might include limited access to food or life-saving

health care, which impact on peoples' very access to 'life itself' in many settings (Nguyen, 2005; Seckinelgin, 2012), often defying transformation through the construction of more empowered representations by excluded groups alone (Campbell et al., 2012).

Challenges in implementing Freire's legacy?

In the field of international development, many argue that Freire's conceptualisation of CM as a strategy for radical social change has been co-opted by neo-liberal development agencies as a tool for extending their leverage in target settings (Cooke and Kothari, 2001). Critics suggest Freire's ideas have been hijacked and emasculated to frame the agendas of powerful international development agencies rather than communities. Such critics talk of development as a new form of colonialism, perpetuating global inequalities through defining ill-health as a problem solvable through neutral technical solutions, implemented in local settings, without attention to the wider economic and political inequalities that drive them (Escobar, 1995). Harcourt (2009), for example, highlights how the Millennium Development Goals drew attention away from the impacts of women's oppression on poor reproductive health, emphasising the need for biomedical services (opening up markets for Western health and pharmaceutical interests), with little attention to factors that prevented women from benefiting from these.

We turn to examine five key challenges facing CM in low-income settings.

Essentialist assumptions about community and identity

Some argue that the field of CM has become bogged down in essentialist assumptions about community and identity. For practical reasons, CM programmes generally target geographical communities, assuming that residents share a common motivation to tackle local health problems. Yet geographical communities are composed of groups at complex intersections of age, gender, educational levels and so on, living in varying degrees of cooperation and conflict. Particular groups (e.g. adult men or local leaders or mothers-in-law) often have a lot to lose from projects seeking to promote the health-related empowerment of others (e.g. young people or women or daughters-in-law). Such groups may actively work to undermine health programmes that threaten established hierarchies of influence (Gruber and Caffrey, 2006).

Similarly, efforts to create partnerships between local and global networks may rest on simplistic assumptions of solidarity that do not reflect lived experience. Early efforts by well-intentioned white Northern women to build global women's networks were bitterly contested by black women in the global South, who regarded their primary health-related challenges as racism and poverty rather than gender, insisting they had more in common with black men than white women (Mohanty, 1991).

CM programmes have also been criticised for crass binary distinctions between men and women. Gildea et al. (submitted) explore how the efficacy of many African AIDS services are limited by their tendency to stereotype all men as irresponsible risk-takers and all women as passive victims of male sexuality – stereotypes that are neither accurate nor useful.

Confusion of the political and economic dimensions of ill-health

The second problem facing CM relates to confused assumptions about the potential for political struggle to address the economic roots of much ill-health. Despite conclusive evidence that poverty is a key driver of poor health, health projects are often framed by de-contextualised concepts like 'gender' or 'human rights' conceptualised independently of their intersections with poverty. Yet, for example, a single-minded emphasis on 'empowering' women through building skills to challenge men or increasing access to the ballot box ignores the consistent

finding that 'across very different contexts, women's ability to exercise strategic forms of control over their lives is linked to being able to generate regular and independent sources of income' (Pathways, 2011: 4). Further-more, when health programmes do indeed focus on poverty, they often do so through small-scale, unsustainable income generation projects – as if poverty could be solved by providing sex workers with sewing machines, or AIDS carers with vegetable gardens, out of context of wider systemic drivers.

Imposition of Western values onto communities

Despite Freire's emphasis on the necessity of equal dialogue between community insiders and supportive outsiders in formulating the goals of joint projects, Western development agents often impose their own values on communities they seek to mobilise. Seckinelgin (2009) highlights dangers facing African men having sex with men, who must take on militant gay identities to access desperately needed financial support from Western gay groupings, yet put them at risk of violence, imprisonment or death in local settings. Western efforts to promote 'human rights', viewed as properties of individuals, may also have a poor fit in settings where economic inequalities limit peoples' abilities to direct their lives (Englund, 2006). Commenting on global AIDS activists' efforts to defend African peoples' 'rights' to life-saving drugs, Seckinelgin (2012) highlights limitations of global treatment programmes that provide drug access to people too hungry and poor to derive their potential health gains. Skovdal (2012) highlights how local communities must take on Western representations of AIDS orphans and child carers as pathetic victims to access international non-governmental organisation (NGO) funding, in the process stigmatising children in their own communities and undermining their access to indigenous support networks.

Linear notions of change

CM is criticised for the overly linear conceptualisation of social change implicit in 'planned social change' approaches by development agencies. These assume that CM can lead to health-enabling social changes in pre-specified time periods, often 3-year funding cycles. Proposals specify links between quantified inputs (e.g. condoms distributed and women attending gender training) and outputs (e.g. women able to negotiate condom use). Yet the complex social changes most likely to increase women's agency in sexual encounters with men cannot be predicted or controlled in this way. Eyben (2005) argues that linear planning, supported by instruments of performance management, is poorly equipped to deal with complex social problems, and that it is impossible to predetermine trajectories of change in social systems of constant flux. As with jazz improvisation, successful development can only take the form of shared learning through organic action by development agents and target communities who have a compatible social change agenda and trust one another.

This resonates with Koselleck's (1985) rejection of the materialist notion of history as a linear process marching humankind in the direction of progress and freedom. Emphasising that every space of human interaction is the product of 'interrelations of multiplicity, difference and plurality', Montenegro (2012) argues that once this complexity and radical contingency are acknowledged, the positive outcomes of collective action cannot be guaranteed by the progress of history alone: 'Without History articulating our actions towards a clear future, the path to social change becomes populated by different powers and logics struggling with each other in agonistic and plural ways'.

Outdated binary notions of power?

Materialist and social constructionist critics have different explanations for the problems

outlined above. The former see international development as a channel through which more powerful countries use aid to advance their political and economic leverage in less powerful ones, with CM efforts doomed by their lack of political will to tackle the social inequalities that obstruct health-enabling social change. Social constructionist commentators argue that the theory and practice of CM are undermined by outdated and essentialist 'grand narratives' of identity, solidarity, power and social change. They argue that Freirian and Marxist understandings of power and change were developed in different historical periods and settings, and need updating to resonate with the increasingly complex forms of social inequality and ever-shifting potential pathways for social transformation, in the rapidly changing, globalising world of the 21st century. In particular, they reject *binary notions of power* – where one group (the powerful) holds power, and uses it to oppress another group (the powerless).

Towards more enabling understandings of power and local–global relations?

Increasingly, more complex analyses of power are trickling into debates about CM, shaped by Foucault's (1980, 1982) claims that (a) power is distributed in more complex, contradictory and 'micro-capillary' ways than the traditional materialist paradigm acknowledges, and (b) every site where power is exercised contains potential for resistance.

Three developments support this trend. The first is the institutional ethnography of anthropologist Mosse (2005). Rejecting views of international development as a form of Western domination exercised through 'disciplinary technologies' such as CM, Mosse argues that targeted communities often exercise hidden/ silent agency in shaping the course and outcomes of social development programmes, and that local–global encounters framing projects are more complex than meets the eye. Most projects pull together a range of actors (international donors, local governments, community leaders and marginalised community residents) with very different interests and worldviews. Rather than uniting in solidarity to implement imposed common projects, actors subtly appropriate project resources and opportunities to pursue their own interests. All commit publically to the official project line in order to access the resources, reputation, power and ability to exercise patronage associated with funded international projects, but this public commitment may be tokenistic and self-serving rather than oppressive. The interfaces between development agencies and target communities are 'messy', with communities often exercising quiet power and manipulation of programmes to suit their own ends, projects often opening spaces for community agency in ways not predicted by funders.

Mannell's (2012) ethnography of gender and development NGOs in South Africa challenges critics of international gender programmes for imposing inappropriate Western conceptualisations of gender struggle onto non-Western women. Mannell's study of the practice of gender in foreign-funded NGOs suggests that while funders' top-down and flawed understandings of gender constrain local gender practitioners in some ways, they have also developed a series of fragmented strategies for adopting, transforming and manipulating donor frames in a range of 'tactical manoeuvres' to achieve their own ends, constructing and advancing their own home-grown gender politics.

From a different angle, Jovchelovitch's (2012) work on Afro-Reggae in Brazil (grassroots associations centred around arts, music and culture) highlights how *favela* youth increasingly use capitalist consumer platforms to tackle their marginalisation. In line with the worldwide trend for young people and minorities to see formal politicians and politics as incapable of representing their interests, *favela* youth 'are not afraid of working with markets and the media; their activities are sponsored and they engage a wide range of corporate partners

in what they do' (p. 13). They exert a degree of control in previously unimaginable alliances involving new forms of engagement between groups traditionally distinguished as 'oppressed' and 'oppressors'.

The second development comes from feminist geographers such as Gibson-Graham (2006). They dismiss critics who see CM as a tool to advance the power of the global ruling classes in marginalised settings. They also criticise those who suggest that open and successful large-scale struggle between the powerful and the powerless is a precondition for progressive social change. They argue that such views exaggerate the inevitability of capitalism, and the power of global actors, politics and economics to frame well-being in local settings, suppressing alternative narratives that might support political resistance in local communities:

> Where does the desire to speak the power of global forces originate? … Globalisation appears to call for one form of politics – mobilisation and resistance on the global scale. But we believe there are other ways of practicing transformative politics – involving an opening to the local as a place of political creativity and innovation.
>
> (Gibson-Graham, 2002: 25, 53)

The basis for such politics, in which local CM is accorded a central role, already exists, they argue. Thus, for example, we need to accept ample evidence around us for communal economies, alternative capitalisms and anti-capitalisms in the present, rather than uncritically parroting that capitalism is the dominant world order. This opens greater flexibility for formulating political projects for radical social change.

They also highlight a range of small-scale CM projects around the world that are successfully creating alternative ways of working for change in local settings, in small scale and often contradictory ways. These do not necessarily add up to a consistent global movement to overthrow financial capitalism or eliminate global inequalities but constitute small blocs of progressive change from one site to another. They argue that significant social change can take place in local settings without any changes to wider power inequalities. These ideas are potentially a welcome lifeline to left-wing thinkers, in a context where many say that the old left has lost its way.

Gibson-Graham's fragmented theory of change resonates with the third set of developments incorporating more complex notions of power and the potential for change. These acknowledge that power inequalities must be tackled, but see the role of a patchwork of small local efforts in doing this. This is 'the new left', a growing pastiche of small-scale acts of resistance to inequality, pockets of social protest apparently randomly blossoming in local contexts all over the world. In recent times, London, for example, has seen the 'Occupy Movement' (Cornish et al., 2014; Graeber, 2013), the looting and burning associated with the so-called London Riots (Bloom, 2012), the growing emphasis on collective community gardens and Time banks in inner London suburbs, the de-growth movement and so on. Many seek to resist or develop alternatives to money-based capitalism, with people working collectively and sharing the proceeds as needed. Each articulates a discontent with current ways of being and seeing, representing small-scale movements towards new visions of the future. Some activities assume that small-scale and time-limited projects of activism are part and parcel of a wider groundswell towards fundamental transformations in social relations, arguing that 'the local *is* global' rather than opposed to it. However, the focus tends to be on small-scale improvisational forms of activism, with activists refusing to get bogged down in 'grand narratives' of social change.

The growing quest for updated and more enabling understandings of power, resistance and social change draws inspiration from the forms social resistance is increasingly taking – in the global North and South – in the face of the accelerating crisis of political legitimacy. While moments of resistance are often fragmented, chaotic and random looking, there may be enough common denominators to support optimism that 'the left' has a future.

Evolving conceptualisations of 'the left'

With the demise of the socialist vision of change, the erosion of the industrial working class as a potential motor of resistance, the role of 'diaspora' identities in fragmenting the marginalised, the crazy obsession with consumption that unites people across traditionally different class divides, the perceived toothlessness of 20th-century 'grand narratives' of emancipatory social change and the fragmentary nature of the often random-seeming pockets of resistance that characterise political protest in the first decade of the 21st century (Bauman, 2012), it has become increasingly common to hear people say that 'the political left has no future', and that the left has 'lost its way'.

Some say 'the new left' is emasculated, bogged down in trivial and fragmented projects of resistance rather than solid social transformation, capable of little more than seeking to curb the worst excesses of global capitalism. Critics bemoan the new left's failure to pose any serious challenge to the aggressive onslaught of global economic neo-liberalism or to the assumed inevitability of global economic integration with associated inequalities and conflicts and the enormity of the resulting suffering for the most marginalised. Others argue that this fragmentation is a sign that the left is keeping pace with the increasingly fractured and contradictory nature of the new century, in ways that reflect the increasingly complex forms taken by social inequalities.

We briefly look at two more optimistic frames – Ghosh's (2012a, 2012b) analysis of resistance in the global South, and Wright's (2010, 2012) in the global North. Both regard themselves as socialists, with a radical commitment to tackling social inequalities and exploitative economic relations. But both shape their visions of the left by drawing on actual cases of the types of resistance that are being fashioned in the early 21st century.

Ghosh: Political resistance in the majority world

Ghosh (2012a, 2012b), a critical development theorist, discusses an emerging series of radical left movements in Latin America, Asia and Africa, engaged in a series of 'quiet revolutions' that she says are more dynamic than currently acknowledged. Very different groups and networks are attempting to push debates beyond 'tired old socialist thinking' about desirable alternatives to capitalism. While sharing the old left's abhorrence of imperialism, these movements are reframing ideals of traditional socialism. Their assumptions are often not well theorised or formulated, and declarations of practical goals often vague. However, they are united by a clear shift away from traditional socialist commitments to centralised government control and the role of an undifferentiated mass of workers as the agents of political change – sharing, for example, emphases on rights of women, tribal minorities and other groups.

She identifies common threads in initiatives as diverse as the new constitutions of Bolivia and Ecuador, South African trade unions, new left intellectuals in China and Indian social movements. These include a commitment to democratic government via electoral democracy (vs top-down democratic centralism) and a commitment to challenging abuses of democracy, for example, by corporate interests, and the development of new attempts to achieve democratic consensus through new methods of public deliberation, and a greater tolerance and respect for a polarity of left-wing opinions.

While emphasising values of localism, respecting small-scale identity groups, advancing the interests of smallholder agriculture and small-scale manufacturing and opposing large organisations such as big banks, such approaches still see a role for the state in the redistribution of wealth. They also recognise the need for global networks to ensure that locally managed enterprises are framed within global carbon economies, for

example, exploring the role of cooperatives in achieving a balance between small and large in particular contexts.

Alongside calls for economic redistribution, movements are united by commitment to the language of rights, emphasising the need for social and political voice by groups and communities rather than just individual citizens. These include, for example, assertion of entitlements of groups such as the old, or indigenous groupings, to state support or protection. This is underpinned by a greater recognition of the diverse and varied nature of 'the exploited', with the need for new modes of political mobilisation to tackle specific forms of inequality and oppression facing non-economic groups. Gender is a key category here, with efforts to recognise women both as paid workers, and in terms of unpaid housework and the value of caring roles in sustaining life and communities. Finally, many of these left groups are united by strong recognition of the role of the natural world in the future of humankind, emphasising the ecological devastation from unsustainable production, consumption and accumulation, and how conflicts over resources have the potential to damage social relations.

Wright: 'Revisioning Real Utopias'

Wright (2010, 2012) echoes many similar themes, but in Western contexts where many peoples' problems are not quite as devastating, and where despite escalating inequalities, people often have more freedom for agency in conceptualising and actioning alternatives. For Wright, bottom-up collective action is central to emancipatory social change. However, he argues, the revolutionary overthrow of global financial capitalism is unlikely. His agenda is to gradually erode capitalism from within through identifying cracks and inserting 'invasive elements'. Activists need to identify 'cracks in the system' in which to build new, more democratic alternatives. Arguing that all economic systems are complex hybrid combinations of economic

power, state power and peoples' power, the challenge becomes to gradually enlarge and deepen the peoples' power component of whatever hybrid we are part of, contributing to the long-term gradual weakening of the 'economic power' component through the gradual expansion of 'configurations of social empowerment'. His version of 'Utopian' thinking is to 'envision contours of alternative social worlds that embody emancipatory ideals (equality, democracy and sustainability) and develop social innovations that will gradually move us towards that destination' (Wright, 2012). He cites many examples where this is happening: participatory budgeting, time banks, public libraries, the Mondragon worker cooperative, struggles for unconditional basic income grants and Wikipedia.

The possibilities of contributing to Wikipedia (or of openly challenging authority without being shot dead as was possible in the UK riots referred to above) are a far cry from the realities of the lives of the world's citizens who suffer the poorest health, often in violently oppressive settings. However, Wright's views provide many resonances with the fractured, unpredictable and improvisational views of positive social change referred to above.

Where to for CM? Is health a special case?

It may be that CM projects in some contexts are compatible with contemporary post-socialist theories of radical social change and small-scale conceptualisations of activism mentioned above – with change conceptualised as a fragmented, small-scale and unpredictable process, through the gradual chipping away of inequalities. It may be that less linear accounts of change open new spaces to envision and even achieve significant social victories in small local pockets – in activities that do not always or necessarily engage with or extend to wider social relations and contexts. Perhaps it was indeed a misguided tendency to define 'the enemy' in overly broad terms (global

capitalism, social class and gender inequalities) that condemned many small CM projects to an unnecessary sense of disappointment and failure?

A long-standing strand of the social development literature is compatible with this line of thinking. Challenging the definition of 'empowerment' in terms of the fundamental transformation of society towards non-oppressive and non-exploitative relations between men and women, Scheyvens (1998) argues that 'subtle strategies' may sometimes be more effective in improving women's lives than confrontational ones. She documents a CM project in the Solomon Islands that provided women with opportunities to travel beyond the village without their husbands and to increase their sense of the value of food production and household maintenance. These gave women slow opportunities to learn and grow without alerting possible male antagonists (husbands, church leaders and village elders). Similarly, Williams' (2004) research in India suggests social transformation need not mean the *reversal* of power relations. Sometimes, it might mean a strengthening of the bargaining power of the poor *within* unequal relations, for example, enabling them to hold their patrons to account rather than trying to overthrow them. Such ideas are also consistent with a growing social development literature arguing that social development programmes should learn from ways women or the poor themselves understand and seek to change their lives (Cornwall, 2010; Englund, 2006), for example, conceptualising rights and freedoms on a case-by-case basis in specific social contexts.

Such arguments are intuitively appealing. Undoubtedly, they offer promising frameworks for programmes of CM in more affluent settings and for the types of struggles for forms of social recognition that can be advanced through providing people with opportunities to rewrite their life narratives. However, they may be less useful as tools for analysis and action in the settings where people suffer the poorest health. Physical survival is a precondition for engagement in collective action and the reframing of one's identity or life narrative. Random examples might include Liberia, where hundreds of thousands of women die in childbirth each year, and 5 per cent of childbirth's survivors are permanently disabled by obstetric fistulae. Or rural African settings, where people continue to die in appalling suffering from HIV/AIDS due to lack of life-saving drugs (priced too high by global patents) or lack of regular meals required for the drugs to work – in countries whose rich resources are extracted at great profit by global mining companies. Or settings such as Uganda, where developing the confidence to 'come out' about one's sexuality places one at risk of death or prosecution. Or Zimbabwe, where gathering with two or more people in one room may place one at risk of arrest and imprisonment. Or the multiple situations where peoples' health is continually at risk from war and displacement. It is hard to see how small-scale local activity by such politically, physically and psychologically compromised groups might increase their opportunities for wellbeing without systematic, non-fragmented programmes of pressure on national states, their global business and development partners, and relevant global health and pharmaceutical networks. In many such extreme contexts, the claim that power is a monolithic entity that some groups have and others do not, does not seem so odd or inappropriate as it might in more complex (e.g. Western) social settings, where inequalities may take more nuanced forms.

Conclusion

Perhaps the most important conclusion that CM can draw from debates about variety, complexity and fragmentation, and the need to deconstruct essentialist notions of power, identity and change, is the need for different theories of change for programmes of CM in different contexts. These debates suggest that in the complex 21st-century world, there can be no 'one size

fits all' recipe for struggles for health across different times and spaces. This point was made by Freire (1992) himself in his later work. He emphasised the time-sensitive and location-sensitive nature of projects of social resistance at different historical moments and geographical locations. He also emphasised that while the development of a more empowered life narrative might significantly improve the well-being of a more privileged person, it could only be the starting point for someone whose oppression was lodged in material factors (lack of clean water, food or health care) in addition to symbolic ones (a negative and limiting life narrative). The challenge of mobilising dying community members to demand access to life-saving drugs in Africa might demand different configurations of strategies to the challenge of mobilising graduate students to demand that governments pay their college fees in the United Kingdom or Canada, for example.

More particularly, one of the implications for the 'new left' celebration of the emancipatory potential of fragmentation and complexity may be to recognise the need to develop and apply different theories of health-enhancing change (a) to social contexts which offer different opportunities for survival, embodiment, protest and recognition and (b) for different types of social struggle (e.g. struggles for physical health vs struggles for social respect). This would involve challenging the common tendency by academics to view materialist and social constructionist perspectives as completely incompatible. While an empowered life narrative is indeed a key tool for change in one context, the challenge of translating new narratives into action is often limited by objective constraints that cannot always be 'narrated' away in other contexts.

In many challenging settings, struggles for access to health may defy solutions through small-scale locally focused collective activities nestling in the cracks of global capitalism – in the absence of more 'joined up' efforts to improve the position of people whose oppression is rooted in factors that lie beyond their local community settings, and beyond the reach of local activism. The starting point for CM practitioners in the most challenging settings might still be 'old-fashioned' materialist views of the primacy of economic inequalities, updated in three ways. First, to take account of the ever more ingenious and 'micro-capillary' ways in which global financial capitalism increases its reach and its devastating impacts on human dignity and health in so many settings – resulting in a complexity that evades a simple linear notion of history and resistance. Second, to place greater emphasis on the intersectionality of economic and other forms of oppression and their implications for the types of identity, solidarity and resistance that are central to collective action. Other forms of oppression (linked to gender, age, ethnicity, sexual difference and so on) may carry heavier weight than economic difference in some contexts, and different understandings of power inequalities and how to tackle these might be necessary for framing different struggles for well-being in different contexts. Finally, acknowledgement of these points would involve a softening of the most essentialist and 'rigid' aspects of Freire's thinking. It is probably the case that Freire would not disapprove of such updating of his work. As Nolas (2014) argues, too much attention has been paid to Freire's early work (Freire, 1970, 1973) which was more schematic and prescriptive in nature, and too little to his later work (Freire, 1992) in which he reflects on the complexities of turning these schemes and prescriptions into action in real-world settings.

Such a compromise would acknowledge the need for community activists to use a *patchwork of responses*, recognising the value of a pastiche of context-specific tactics and home-grown strategies of resistance from one setting to another. However, it would also have to recognise that 'in the final instance', the state has a key role to play in programmes of redistribution and health service provision in protecting the health of the most marginalised – and that co-ordinated national movements, backed up by

local–global alliances, may often have an important role to play in pressurising states, and global economic actors, to create contexts where it is possible for the most marginalised to be healthy.

Acknowledgements

Funding

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