



HM Prison &
Probation Service



Learning
Together

Keeping connected: introducing ThinkLets

Learning Together builds educational communities that bring together people who live, study and work in universities and criminal justice organisations. Together, we want to use the power of education to improve lives, institutions and communities.

Covid-19 is a major challenge to our health and wellbeing. It means that we cannot physically come together as a community to learn with and from each other. But we can still keep learning and supporting each other to stay hopeful, positive and engaged.

Members of the Learning Together Network have created ThinkLets to help us all keep connected. Each ThinkLet contains resources that will help us to think about new ideas and develop new skills together, even from afar.

Each week, for the next eight weeks, two ThinkLets will be shared across our national community. We hope you enjoy them and find them helpful.

**Keep well. Keep hopeful. Keep connected.
And keep Learning Together.**

Please note:

The following resource was created with love and care by a member of the Learning Together Network. We sincerely hope that the creator's work will be respected by distributors, readers and users, and will not be subject to plagiarism or other forms of academic misconduct. Thank you for your cooperation.

ThinkLet #8

Community Membership, Purpose, and Belonging

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ThinkLet #8 draws upon four widely contested concepts in the social sciences: community, identity, belonging and 'morality'. As such, this ThinkLet is designed to encourage you to think about what provides you with a sense of happiness, and purpose. These are pressing questions for us all during the current COVID-19 lockdown, but especially for people in our prisons. Is a sense of community important? For some, it might be. For others, perhaps not. This ThinkLet will encourage you to think about how else we can strive for happiness, with the importance of 'having purpose' emerging from the literature. This ThinkLet is not designed with an expectation that we can reach a consensus in thinking; it is instead intended to encourage us all to think about what it is we are striving for in our 'pursuit of happiness'.

Firstly...



- What does community mean to you?
- What, if anything, gives you a *sense of community*?

Defining community is difficult for us all. We know what gives us, and perhaps others, a sense of community, but unpacking it further poses us problems. According to Pernau (2017), the notion of 'community' goes beyond the confines of definitional boundaries. Instead, *feelings* associated with community membership – **inclusion, compassion, and acceptance** – are foundational to its formation and the identity of its members.

The above resonates with the literature on '*social cure*' – i.e. a desire for a sense of belonging/social connectedness (Greenaway *et al.* 2016) and reciprocal social support (Haslam *et al.* 2005). However, membership of some communities can be experienced as a '*social curse*' (Kellezi & Reicher 2012) and the corresponding social identities and labels can impact individuals negatively. For example, 'stigma' is linked to poor health outcomes (Major & O'Brien 2005). Some people can experience 'relational bads' such as domination, fear and mistrust, as a result of their social relations (Weaver & McNeill 2015). These contrast to relational goods – i.e. trust, solidarity, loyalty, and mutual concern – which communities rely on to thrive.

Points of discussion:

- i) what communities may be a social cure?
- ii) what communities may be a social curse?

Did any communities fit into both groups?

This is likely as 'groups can be both cures and curses to their members, this can be seen as a false dichotomy' (Wakefield *et al.* 2019, p.5). *See textbox below

A population in context: levins and Crewe (2015) have found that some *men with sexual convictions* attempt to form *moral communities* to mitigate the pain of the moral exclusion they have experienced as a result of their offence history and imprisonment. The formation of a 'moral community' (levins & Crewe 2015) is unsurprising given the treatment for exclusion/condemnation, namely the '*social cure*', is driven by a desire for belonging/social connectedness (Greenaway *et al.* 2016) and reciprocal social support (Haslam *et al.* 2005). Commonality and sociality are therefore key validating agents to 'forming a new society, a form of moral community' (levins 2018, p.487).

However, for many, community membership can remain a social curse, and be associated with relational bads, and thus should we be striving for something else, beyond strong social bonds?

Are we striving for ikigai?

Ikigai

A JAPANESE CONCEPT MEANING "A REASON FOR BEING"

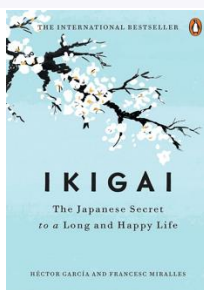
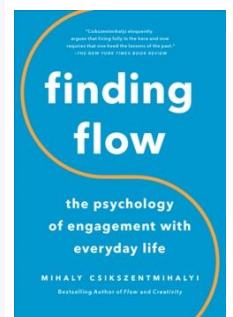
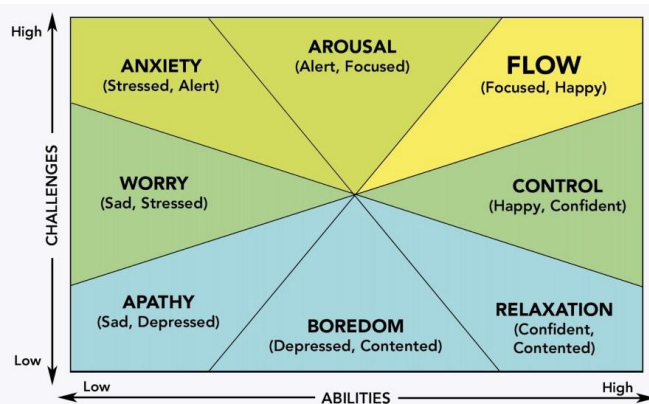


It could be helpful to think beyond community and more about purpose. **Could purpose be better than, or at least equal to, happiness?**

According to Rao (2018), ikigai is composed of two words: *iki*, which means life and *gai*, which describes value or worth. The concept sheds light on the importance of focus, social ties, a healthy lifestyle, and a larger sense of **purpose**. Our "existential fuel" lies at the intersection of what we *love*, what we are *good at*, what we can be *paid for*, and what the world *needs*. As such, it is unique for everyone and can change during the course of a lifetime. In this sense, ikigai is regarded as much more than simply a passion or a profession.

Liebermann and Garcia (2016) draw on research into logotherapy ('discovering purpose') which focuses on the future, spirituality and reframing of current contexts. A key lesson from their work is that we can reset perspectives by examining the present from a future state and contrasting the present context with worst-case scenarios. Crucially, it is important to accept feelings of anxiety, fear, and/or worry; however, we should not succumb to them or try to eliminate them.

A recurring concept in sources unpacking 'ikigai' is that of 'flow'. A concept well understood in the field of positive psychology due to the work of Mihaly Csikszentmihalyi (1990; 1996/2020). In accordance with Csikszentmihalyi's flow theory, it is believed that the happiest people are not those who achieve the most, but instead those who spend more time than others in a state of flow. Flow state can be achieved, for example, by diary writing and it has been found that cognitive-behavioural strategies such as diarising can have significant positive psychological effects (Hull, Williams, & Griffiths 2013; Ewens, Hendricks & Sundin 2015).



Above, left: Flow model (Massimini, Csikszentmihalyi, & Carli 1987)

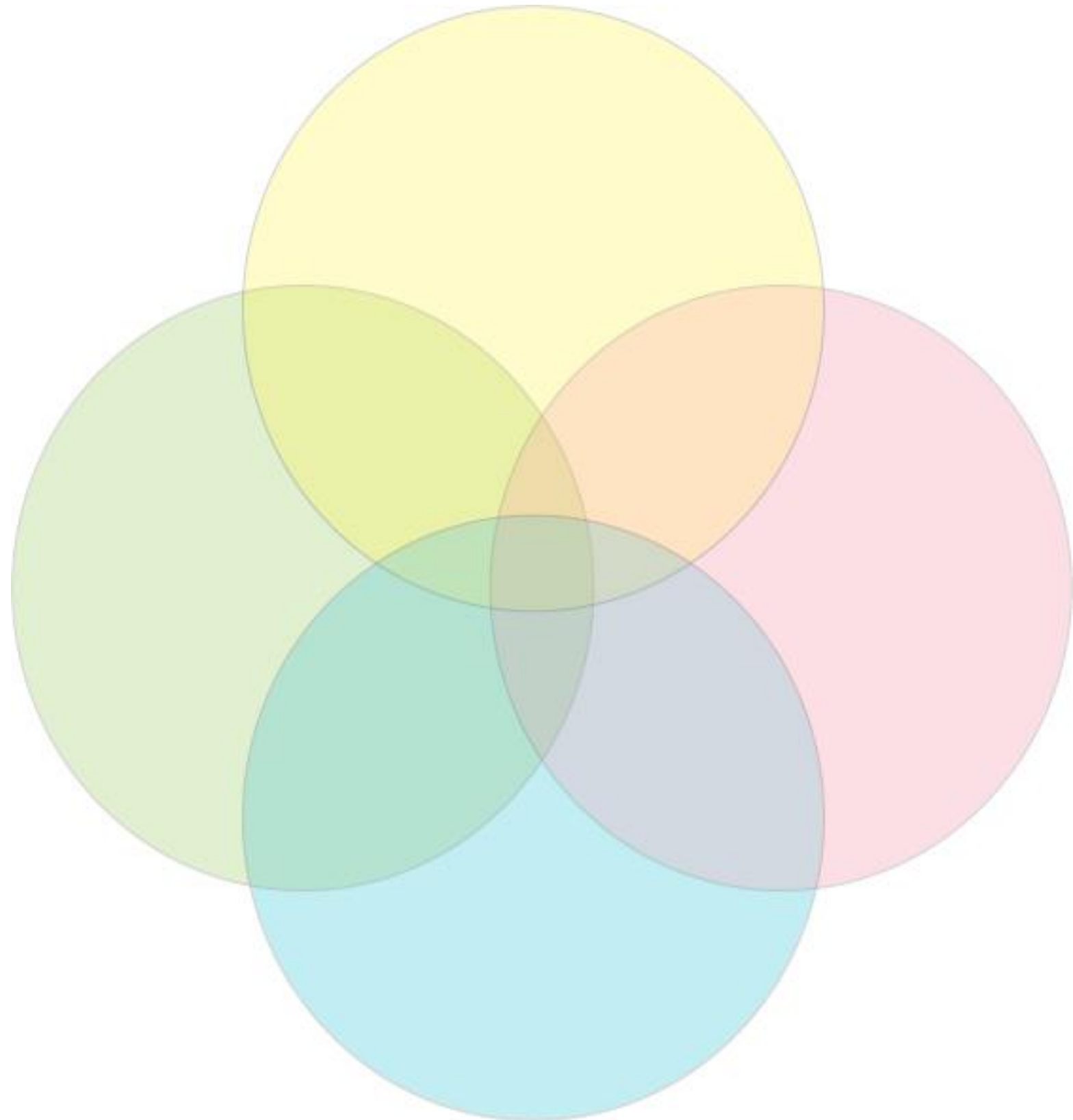
Above, right: *Finding Flow: The Psychology of Engagement with Everyday Life* (Csikszentmihalyi 1997)
Left: *Ikigai: The Japanese Secret to a Long and Happy Life* (Liebermann & Garcia 2016)

Activity:

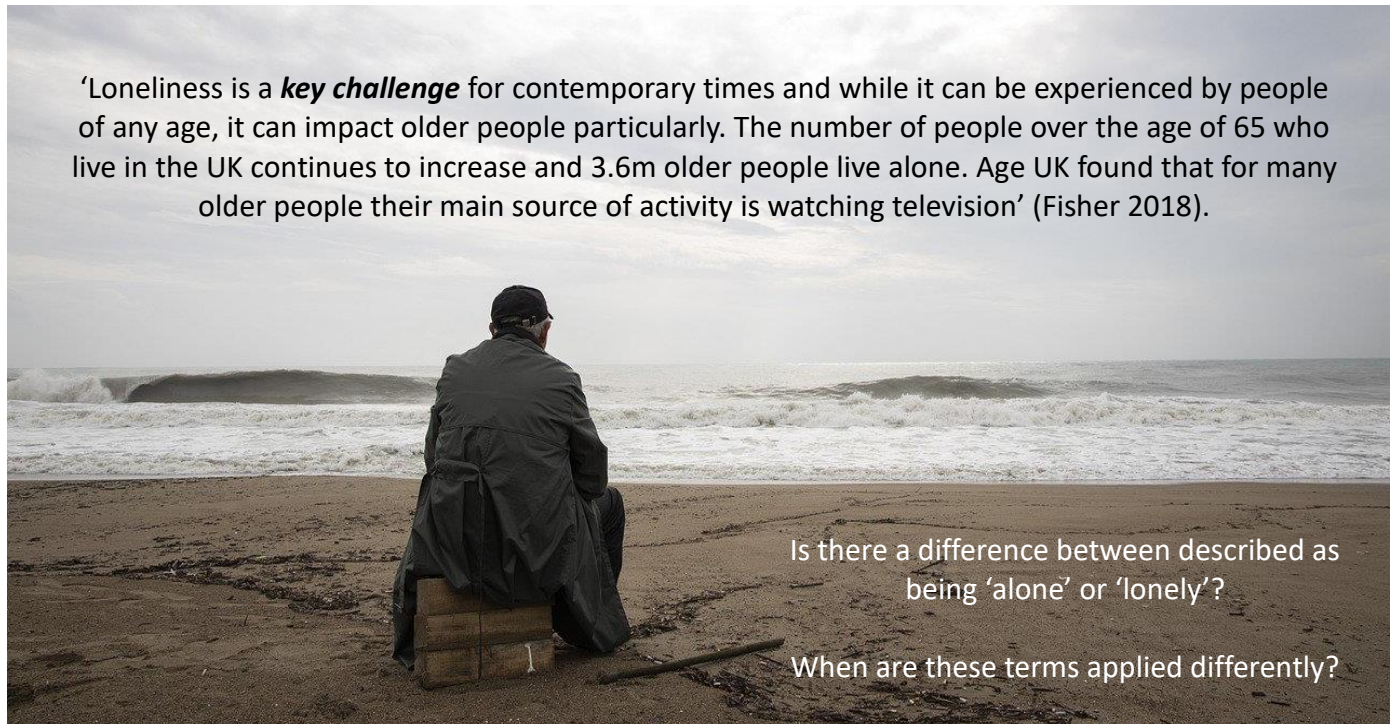
How will you strive for ikigai?

Use the diagram on page 3 to help you.

Does membership to any communities fit in here?



Having purpose is important, because...



Does this present an ethical conundrum for our doctors? One response is to consider the use of **social prescribing**.

'Healthcare commissioners/providers have recently began implementing novel initiatives that could reduce the economic burden of loneliness. **Social prescribing (SP)** represents a **departure from traditional medical models of healthcare**. Rather than focusing on medication provision, SP involves addressing patients' needs **holistically**' (Kellezi *et al.* 2019, p.2).

However, some academics are sceptical of this new approach. Browlee and Jenkins (2018) argue that there is a risk that 'social prescriptions are **dismissive** and **paternalistic** toward people. Being given a social prescription might feel like being prescribed broccoli on the NHS. It might seem to **trivialise the pain of loneliness** as something easily solved with some chat, the social equivalent of eating more greens. If a GP gives someone a social prescription, he might leave her office feeling more disheartened and incompetent than when he walked in'.

What do you think? Take a moment to reflect on the following questions:

- How ethical is it for GPs to prescribe interaction?
- Should we consider social prescribing for any other groups of people?
- What role should the individual play in ensuring their wellbeing?
Who else should be involved?

Hopefully this ThinkLet will have prompted you to think about your own community membership. Thank you for your engagement, and best wishes from me and the rest of the Learning Together Network!

