Macropsychology, Policy, and Global Health

Article *in* American Psychologist · November 2014

DOI: 10.1037/a0037852 · Source: PubMed

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327 PUBLICATIONS **8,647** CITATIONS

havioral perspective. This program has partnered Trinity with universities in the United States (Columbia and Harvard) and the United Kingdom (Queen's University Belfast and Oxford), with the Council on Health Research for Development in Switzerland, with the Human Sciences Research Council in South Africa, and with the African Universities of Ibadan (Nigeria) Addis Ababa (Ethiopia), Makerere (Uganda), and the University of Malawi. With the majority of these doctoral-level students being supervised by at least one psychologist, this constitutes one of the largest groups applying psychology to global health research at the doctoral level.

MacLachlan has written over 250 publications, including more than 20 books, and he has delivered numerous keynote addresses and made presentations to the world's leading decision makers in international development and global health, for example, to the Organisation for Economic Cooperation and Development's Development Advisory Committee, the UN Commission on Social Development, the African Union's Ministers of Social Welfare, and the Global Ministerial Forum for Research on Health. He has also contributed nationally, being a former chair of the National Committee for Economic & Social Sciences, a fellow of the Psychological Society of Ireland and of the British Psychological Society, and a member of the Royal Irish Academy. MacLachlan is a board member of the Central Remedial Clinic, Dublin, and a director of the Global Health Impact consultancy. He lives with his wife and three daughters on their farm in County Westmeath, Ireland. Aside from trying to sustain Ireland's last breed of (astonishingly unappreciative) indigenous sheep, his main hobby is losing time and missing tide on his sailing boat.

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Macropsychology, Policy, and Global Health

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http://dx.doi.org/10.1037/a0037852

In this article I argue for the development of a macro perspective within psychology, akin to that found in macroeconomics. Macropsychology is the application of psychology to factors that influence the settings and conditions of our lives. As policy concerns the strategic allocation of resources—who gets what and why?—it should be an area of particular interest for macropsychology. I review ways in which psychology may make a contribution to policy within the field of global health. Global health emphasizes human rights, equity, social inclusion, and empowerment; psychology has much to contribute to these areas, both at the level of policy

and practice. I review the sorts of evidence and other factors that influence policymakers, along with the content, process, and context of policymaking, with a particular focus on the rights of people with disabilities in the low- and middle-income countries of Africa and Asia. These insights are drawn from collaborations with a broad range of practitioners, governments, United Nations agencies, civil society organizations, the private sector and researchers. Humanitarian work psychology is highlighted as an example of a new area of psychology that embraces some of the concerns of macropsychology. The advent of "big data" presents psychology with an opportunity to ask new types of questions, and these should include "understanding up," or how psychological factors can contribute to human well-being, nationally and globally.

Keywords: macropsychology, policy, global health, social inclusion

Psychology is both a driver and a product of globalization, traversing individual and global identities, which are becoming increasingly entwined (Amett, 2002; Carr, 2013). Marsella (1998) suggested that "human survival and well-being is now embedded in a complex interdependent global web of economic, political, social, technological and environmental events, forces and changes" (p. 1282). His critique of psychology's failure to address globalization noted several distinct challenges for the discipline: an emphasis on individual psychology and behavior, on direct and immediate services in clinics and offices, and on the dominating interests of the psychology professions, as well as an ethnocentric bias. He also described what I would call psychology's rather "modest mulitiplicity": its limited multidisciplinarity, multiculturalism, and multinationalism and the very limited multisectoral training of psychologists. Marsella argued that psychology paid too little attention to the Universal Declaration of Human Rights and that it neglected its potential social activist role. These neglects have by and large continued over two decades, now being even more problematic as globalization has accelerated during that period (Marsella, 2011).

In essence, Marsella has been arguing for what might be termed a macro perspective in psychology, in addition to its very well-developed micro perspective. The need to develop a macropsychology (Carr & MacLachlan, 2014) chimes with the possibility of psychology contributing to policy and global health, as these domains require addressing the broader settings and conditions of human behavior.

This sort of societal-issues psychology is something that has been argued for in international development and humanitarian contexts for some time (Carr & MacLachlan, 1993; Yiu & Saner, 2011). However, this means embracing a degree of complexity and "messiness" which the scientific discipline of psychology has often set itself in opposition to. As Mexican Nobel Laureate Octavio Paz stated, "Life is diversity, death is uniformity" (as cited in Marsella, 2013); what psychology should bring to diversity is not necessarily laboratory abstraction or decontextualized simplicity but rather a systematic and sympathetic understanding of its lived complexities. The application of psychology to global health and to policy is an attempt to do this.

Macropsychology

Merriam-Webster's Dictionary defines macroeconomics as the "study of the entire economy in terms of the total amount of goods and services produced, total income earned, level of employment of productive resources, and general behavior of prices" (Macroeconomics, n.d.). It explains that until the 1930s, economic analysis primarily focused on specific firms and industries (akin to focusing on individuals and groups in psychology). However, the aftermath of the Great Depression—its broad sweeping effects both within and between countries—along with the availability of national income and production statistics ("bigger" data) brought a greater focus on macro (or "large," from the Greek *makros*) questions.

Microeconomics, according to the *Britannica Concise Encyclopedia,* is the "study of the economic behaviour of individual consumers, firms, and industries and the distribution of total production and income among them" (Microeconomics, n.d.). It concerns micro ("small") factors such as the markets for land, labor, and capital, as originally outlined in Adam Smith's 1776 *The Wealth of Nations* (Smith, 1776/2009). Increasingly, with globalization, "macro" means global, as the factors that determine issues such as growth or employ-

Editor's note. Malcolm MacLachlan received the International Humanitarian Award. Award winners are invited to deliver an award address at the APA's annual convention. This article is based on the award address presented at the 122nd annual meeting, held August 7–10, 2014, in Washington, DC. Articles based on award addresses are reviewed, but they differ from unsolicited articles in that they are expressions of the winners' reflections on their work and their views of the field.

Author's note. I thank my many colleagues and collaborators for allowing me to report on some of our joint work: from projects ADDUP (Are Development Discrepancies Undermining Performance?), EquitAble, and A-PODD (African Policy on Disability & Development); from AfriNEAD (African Network for Evidence-to-Action on Disability), PROPEL (Promoting Rights and Opportunities for People With Disabilities Through Legislation), UNPRPD (United Nations Partnership for the Rights of Persons with Disabilities), our ReWork and RePol projects with WHO; and from our collaborations with Handicap International, UNESCO, and Concern. The research reported in this article could not have happened without funding and support from Irish Aid, the Health Research Board, and the Irish Research Council; United Kingdom Aid and the Economic and Social Research Council; the European Commission FP7 Programme; and the International Labour Organization, the United Nations Development Program, the United Nations Educational, Scientific, and Cultural Organization (UNESCO), and the World Health Organization.

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ment are influenced by global factors far beyond the confines of any one economy or nation.

Psychology has traditionally focused more on micro issues, on individual and group-level factors; for instance, in searching for precursors to suicidal ideation, psychologists have focused on individuals' mood, cognitive processing, or internal psychodynamics rather than on broader contextual, structural, and cultural determinants (Smyth, MacLachlan, & Clare, 2003). From a macropsychology perspective, concerns about suicidal ideation and self-harm also relate to behaviors that may promote or inhibit social systems that affect individuals' sense of worth, their opportunities for participation in society, their access to services, and so on. Macropsychology might ask, "What sort of social systems are likely to promote a sense of worth, inclusion and participation, and how can such social systems be created and maintained?" Of course, many aspects of psychology already address areas that could be described as macropsychology. However, the advent of "big data" mind-sets now allows us to explore human behavior at national and global levels. We are therefore developing new questions about how psychology can influence rather than simply react to the settings and conditions in which people live.

It is, however, important to stress that macropsychology is not a move away from individual and group behavior, any more than macroeconomics is: Individual government ministers (their moods, memories and judgments) and myriad groups—from their cabinet colleagues, to their special advisors, to advocacy groups, to groups competing for the same resources—are all implicated in producing national and global policies, and they necessarily reflect the values and positioning of these respective individuals and groups. While micro and macro psychology share the currency of individual and group behavior, what distinguishes them is the target of their understanding: Macropsychology is more concerned with "understanding up," or how individuals or groups influence the settings and conditions of the society in which they live. Micropsychology is more interested in "understanding down," that is, with the influence of individuals or groups on other groups, individuals, or indeed intrapsychic and biological processes within individuals, such as emotional regulation or immune functioning.

Perhaps it is no coincidence that the deepest recession since the Great Depression has witnessed an awakening of interest among economists in the positive side of life; the "dismal science" wants to be more positive, focusing on well-being, happiness, and quality of life. Having not done such a good job on the global economy, economists are becoming increasingly interested in "the good life" (Helliwell, 2006), although clearly human capital and promoting human capability have been a sustained area of concern to some economists for decades (see, e.g., Sen, 1990). While positive psychology has made contributions to this, and some aspects of it are certainly an example of how psychology can address macro questions in wealthy countries (MacLachlan & Hand, 2013; Seligman, 2012), my focus here is on the macro challenges presented by global health and on how psychology can contribute to shaping policies to effectively address these, particularly in low- and middle-income countries.

Policy

Policy is a set of principles which guide the prioritization of actions and the allocation of resources (Bardach, 2012). Policies are therefore very important, because they indicate how resources should be distributed. How society's resources should be divided up has long been seen as the domain of politics, or to be more exact, of "political economy." Policy writing involves the active inclusion or exclusion of certain groups from the potential benefits of the policy; and policy implementation, monitoring, and evaluation incorporate a broad array of project management, assessment, measurement, and reporting skills. All aspects of the policy process are imbued with psychology; and psychology has the potential to improve the policy process by providing a better understanding of the "game playing" that is at work.

Policy has not been attractive to many psychologists. It is generally messy and inexact and is seen as standing back from the action of human behavior. It has been remarked that "the two things you should never watch being made are sausages and public policy" (Lomas, 1997, p. 7); if you knew what went into sausages, you would never want to eat them, yet the creation of public policy is perhaps the most critical requirement for a well-functioning society. Policy should reflect our values: Who gets what and why? Political economy, in the modern use of the term, explores how political forces influence choices that are made regarding economic policies and, in particular, conflicts over how resources should be distributed and how political institutions address these conflicts (Alesina, 2007).

One of the few explicit linkages between psychology and political economy can be found on *Wikipedia*, where it is suggested that "psychology is the fulcrum on which political economy exerts its force in studying decision making" (Political economy, n.d., "Related disciplines" section). This is a critical role, a fulcrum being a "support about which a lever turns" or supplying the "capability for action" (Fulcrum, n.d.). I will review some of the ways in which psychology can play a key role in policy development and analysis. Again, recognizing the influence of globalization on society and the influence of a myriad of stakeholders on the policies developed for society, has spawned the development of the field of global social policy studies. The agency of individual versus structural influences on policy process is a topic of lively debate in this specialty (Deacon & Stubbs, 2013) and affords opportunities for psychologists to make an important contribution.

Global Health

Global health may be distinguished from public health and international health (Koplan et al., 2009). Public health is concerned with morbidity and mortality in the population: with who gets diseases, the places where they get them, and the times when they occur. It has a strong epidemiological emphasis; it has a national but also a strong community focus; and it is concerned with identifying risk factors, preventing illness, and promoting health. International health has traditionally referred to the health of "others," to people "over there," especially in low-income (pejoratively referred to as "developing") countries, and to people from these countries who are coming "here" (MacLachlan, 2014).

Global health sees all diseases, disorders, and disabilities as having some common patterning across the globe (e.g., related to poverty) but within distinct local settings and conditions. Global health aims at cooperation between international bodies, rather than only between governments. The idea of the "right to health" (meaning a right to be able to access health care appropriate to one's needs) for everyone is a particular hallmark of global health (MacLachlan et al., 2012). A broader range of disciplines make claims for their relevance to global health than to public or international health. Perhaps of greatest relevance here, a much greater range of social and behavioral science "voices" is seen as legitimate in global health, due to global health's strong orientation toward addressing the social determinants of health (Commission on the Social Determinants of Health, 2008; Koplan et al., 2009), these being largely seen as the "causes of the causes," with the latter being disease vectors, bacteriology, virology, and parasitology. Increasingly, noncommunicable disorders—including mental health and chronic physical disorders—are being seen as central concerns of global health.

The Commission on the Social Determinants of Health (2008) argued that a society should be judged by "how fairly health is distributed across the social spectrum" and the extent to which protection from disadvantage as a result of poor health is provided. It identified three principles of action that are needed to achieve this: (1) to improve the conditions of daily life—the circumstances in which people are born, grow, live, work, and age; (2) to tackle the inequitable distribution of power, money, and resources—seen as the structural drivers of the conditions of daily life at the local, national, and global levels; and (3) to increase resources to allow better measurement of the problem and evaluation of actions taken (expanding the evidence base) and the development of a workforce that is trained in the social determinants of health along with methods to raise public awareness about the social determinants of health. Psychology has of course much to contribute in terms of addressing conditions, implementing actions, and measuring outcomes and raising awareness.

Global health is concerned with health in all countries, seeing similar patterns being determinants, and with the social, cultural, political, and economic contexts shaping their consequences. Global health therefore has a stronger focus on where the problems are greatest, and—on a global scale—this often means in low- and middle-income countries and among vulnerable and marginalized groups. While psychology has clearly made substantial contributions to global health, it has done so disease by disease, and problem by problem, rather than in a systematic manner that reflects the patterning of the social determinants of health (Sustainable Development Solutions Network, n.d.). One of the areas where psychology has made the least contribution and yet may have a great impact is through influencing the origins, processes, implementation, and evaluation of global health policy.

Social Dominance and Inclusive Health

My aim here is to show how psychology can contribute to both policy and global health, but it will be clear that this is a very broad canvas. I will therefore focus in particular on "inclusive global health" (MacLachlan, Khasnabis, & Mannan, 2012); promoting the health of vulnerable and marginalized groups and understanding why they are so positioned. This work is grounded in the psychology of identity, exclusion, and social dominance.

Social identity may be defined as "that part of an individual's self-concept which derives from . . . knowledge of . . . membership in a social group (or groups) together with the value and emotional significance attached to that membership" (Tajfel, 1978, p. 63). The work of Jim Sidanius, Felicia Pratto, and colleagues (e.g., Pratto, Sidanius, Stallworth, & Malle, 1994) has been key in helping us to understand that human societies structure themselves into systems of group-based social hierarchies with one or a small number of dominant groups and subordinate groups below them. The dominant groups (who may themselves be hierarchically structured) have greater access to material things (like money or health) but can also accrue important symbolic attributes (such as status and political power). Individuals may accrue these things due to personal abilities or attributes, but according to social dominance theory, membership in socially constructed groups (e.g., religion or ethnicity) can also confer these benefits.

Most forms of group conflict and oppression (e.g., racism, ethnocentrism, sexism, nationalism, classism, and regionalism) can be regarded as different manifestations of social dominance. It is the basic human predisposition to form group-based social hierarchies that is seen as the psychological basis for group conflict and the oppression of "otherness" from the perspective of one's own group(s). This psychological predisposition is thus socially facilitated through the workings of groups in complex societies, where subidentities

are necessary for individuals to feel significant and allocation of resources on the basis of such group membership is the basis for political decisions. Social dominance theory has been applied to a range of social phenomena, particularly racism, but also to explaining some of the problems with the international aid system (MacLachlan, Carr & McAuliffe, 2010) and exclusion from access to health care.

We see "inclusive health" as health for all humankind (MacLachlan, Khasnabis, & Mannan, 2012), building on the idea of "health for all" adopted in the Declaration of Alma-Ata in 1978 (International Conference on Primary Health Care, 1978). However, inclusive health adds to this ethos, more explicitly embracing a rights-based approach to health (health as a human right), treating inclusion as a verb rather than a rather passive noun, and thus requiring a proactive approach to identifying and addressing distinctive and different barriers to inclusion. Much of our work on social inclusion and health is concerned with the exclusion of people with disabilities. While we argue that disability is not a "health problem" (MacLachlan & Mannan, 2013), we also recognize that the right to health (Sen, 2008)—in this context meaning to have access to health care appropriate to the needs of people with disabilities—also requires addressing distinctive health challenges faced by people with disabilities, especially in low-income countries (Mannan & MacLachlan, 2013), and that some people with disabilities may also have enhanced needs for health care support.

It seems obvious that some sections of society are privileged over others regarding their access to health care. What marginalizes some groupings is not necessarily their inherent characteristics but rather the hierarchical position into which mainstream society places them (Burke & Eichler, 2006). Stephens (2010) candidly asserted that "we neglect to note the crucial part that the advantaged play in perpetuating inequalities" (p. 993). The French sociologist Bourdieu (1977) cogently argued that the privileged actively work to maintain their advantage and their status: They do not passively receive it; rather, they strive to protect, reinforce, and often increase it. While Bourdieu focused on social class, the same analysis applies to other divisions of power and status in society. Thus as Stephens (2010) contended, "While health promoters may be working to advantage the disempowered in society . . . the advantaged and powerful . . . are engaged in active struggles to maintain and increase their privilege" (p. 996).

The two-century-old assertion, attributed to Thomas Jefferson, that "there is nothing more unequal than the equal treatment of unequal people" relates to exclusion in mainstream society. Inequity in health is seen not as arising from poorly implemented and resource-constrained systems per se but from the often deliberate construction of "mainstream" services to address particular majority needs in particular majority ways. Consequently, inclusive health questions the aspiration of "mainstreaming" for any particular group or issue, as this may only serve to move a group along the exclusion–inclusion dimension, rather than rethinking the system in ways that would be inclusive for all, especially the most vulnerable and marginalized. In the context of inclusive health, we may therefore define vulnerable groups as "social groups who experience limited resources and consequent high relative risk for morbidity and premature mortality" (Flaskerud & Winslow, 1998, p. 69). Within this matrix of social exclusion, social dominance and power, briefly outlined above, I now turn to some examples of how psychology is being used to explore and influence policymaking. To do this I consider what sort of evidence is relevant to policy decisions; the process, content, and context of policymaking; and the particular contribution of humanitarian work psychology to this area.

Policy and Evidence

Good policy should be supported by good evidence (MacLachlan, 2012a). If we take good evidence to mean "evidence fit for purpose" (Zang, 2014), then where do we find it? Much evidence is accumulated under appropriately controlled and scientific contexts, which unfortunately differ from the contexts in which the evidence must be applied. For instance, Evidence Aid (Gerdin et al., 2014; see http://www.evidenceaid.org/), seeks to provide evidence to first responders to natural or man-made disasters. However, knowledge clearly has a content (what to do), a context (where to do it), and a process (how to do it). For too long psychologists have privileged the content without giving due recognition to how different contexts and processes of application can change the effects of an intervention (MacLachlan, 2009). Perhaps uniquely, psychology is able to address itself to each of these issues: For instance, in the case of rehabilitation psychology, we can identity what interventions may be most effective in general; how contextual factors, such as resources or culture, may influence these; and what intervention delivery processes (e.g., hospital-based vs. community-based) are likely to be most effective (MacLachlan, 2012b).

However, in the case of important new policy initiatives, often evidence is greatly lacking. For instance, in the case of task shifting (where specific tasks can be reallocated, from people undergoing longer training to people undergoing shorter training such as from physicians to nurses to care assistants), the optimal means of identifying the most appropriate types of task to be shifted (or reallocated) from one cadre to another have not been developed. Until now, such task shifting has been based on service exigencies rather than thorough job analysis, skill set specification, or educational and capability requirements (MacLachlan, Mannan, & McAuliffe, 2011). This sort of analysis is of course central to organizational psychology, which could play a major role in identifying the systems and skill sets for providing community-based rehabilitation services to more than 1 billion people (mostly in low-income countries) who need them.

While the logical-positivist credentials of psychology are clear, we also need to be open to accumulating evidence using other approaches. For instance, it is becoming increasingly popular to inform policy decisions by using critical realism—particularly, "realist reviews" and "realist synthesis," addressing both published literature and other sources of views and expertise, respectively (McCormack et al., 2013; Pawson & Tilley, 1997). My colleagues and I are currently conducting two such reviews for the World Health Organization, one concerned with the sort of policies that should be developed to promote good governance and leadership in the rehabilitation sector and the other with how the rehabilitation workforce should be developed and, in particular, what sort of skill mix might be most effective and efficient. Both of these reviews have a global purview, and there simply isn't literature available to allow generalizations from a robust positivist database. However, the realist approach also incorporates CMOCs (context-mechanism-outcome configurations), which again offer a rich "real-messy-world" (Parkhe, 1993) perspective, one that psychology should be uniquely positioned to understand but has also been slow to embrace.

As well as getting different types of evidence to influence policy, psychologists may also need to consider different approaches to using evidence to influence policy. Getting those who are most directly affected by evidence to act on it may be quite difficult. For instance, while the ADDUP (Are Development Discrepancies Undermining Performance?) project (Carr, McWha, MacLachlan, & Furnham, 2010) provided clear evidence that the "dual salary system", whereby expatriate workers get paid considerably more than local workers (even when local workers have similar qualifications and experience), can be capacity stripping rather than capacity building, it has been hard to get one of the co-funders of the research—UK Aid—to engage with us to discuss what implications it may have for their own work. Thus, the adoption of relevant research by research users (even when the users are funders of the research) is not straightforward. The lack of "cause and effect" between evidence and decision making at the policy level is well documented elsewhere (Gagnon, Turgeon, & Dallaire, 2007; Hanney, Gonzalez-Block, Buxton, & Kogan, 2003) and begs the question of "How do we get decision makers to base their decision on the best available evidence?"

Getting people who don't usually talk to each other—government ministers/senior civil servants, academics/researchers, and members of civil society/advocacy groups—to all engage in one network has been one of the aims of AfriNEAD (African Network for Evidence-to-Action on Disability). One recent paper (Kachaje, Dube, MacLachlan & Mji, 2014) embodies this concept nicely in its authorship, its authors consisting of a government minister (from Malawi), the CEO of a regional civil society organization (The Secretariat of the African Decade for Persons with Disabilities), and academics from Northern (Trinity College Dublin) and Southern universities (Stellenbosch University, South Africa).

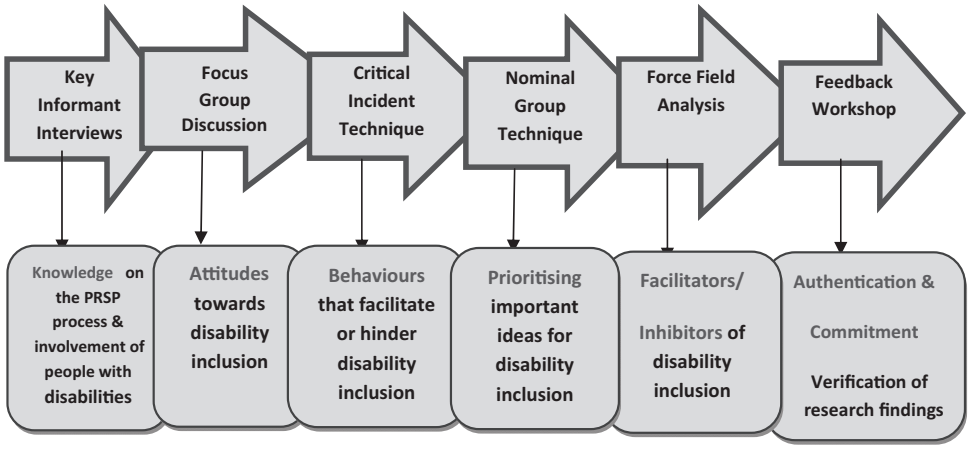
AfriNEAD, under the dynamic leadership of Gubela Mji, has explicitly sought to make context and process key elements of its workings, in addition to content, which resonates with the challenges facing African countries in terms of disability rights, social inclusion, and participation (Mji, Gcaza, Swartz, MacLachlan, & Hutton, 2011; Mji, MacLachlan, Melling-Williams, & Gcaza, 2009). For instance, the cultural principle of *Ubuntu,* referring to a social system of interrelatedness ("a person is a person through other persons") in which persons are defined not so much by their personal qualities but more by how they relate to all in their community (Mji et al., 2011), has been a powerful African philosophy adopted by AfriNEAD as having both contextual and procedural relevance. This principle relates to psychological and anthropological notions of collectivism and recognizes both its benefits, in terms of, for instance, community-mediated social support, and its challenges, in terms of, for instance, community and culturally mediated stigma around people with disabilities (MacLachlan, 2006). I will now consider the process, content, and context of policy, all against a backdrop of power differentials (Walt et al., 2008) or social dominance, as described earlier.

Policy Process

Even where appropriate and useful—"fit for purpose"—evidence does exist, it doesn't necessarily mean that it will get used. Working out just how policy decisions are made is an area of study in itself (Bardach, 2012). Power brokers, advocacy groups, multinationals, aid agencies, and United Nations organizations can all have input to the "development agenda" of a low-income country—and that is of course not to mention the country's own government. We recently completed a study which looked at what factors those involved in developing Poverty Reduction Strategy Papers (PRSPs) felt were influential in deciding the outcomes of these consultative processes (MacLachlan et al., 2014). PRSPs have become the main multilateral mechanisms for providing development aid to the world's poorest countries. They are a nation's plans for how it is to go about reducing poverty, usually over a five-year period. If an issue is not part of a country's PRSP, it becomes very difficult for aid agencies or other agents of development to fund it.

Our research project, A-PODD (African Policy on Disability & Development), explored the extent to which disabled people's organizations have been involved in the process of developing PRSPs in Uganda, Sierra Leone, Ethiopia, and Malawi. Data gathering included a range of techniques familiar to different areas of psychology: key informant interviews, focus groups, critical incidents analysis, the nominal group technique, and force field analysis, as well as substantial documentary analysis. Figure 1 indicates how each technique contributed to the overall project. Our interest

Figure 1
Research Sequence Used in the African Policy on Disability and Development (A-PODD) Project



has been to identify when, where, and how disability issues get to influence policymaking and how to overcome some of the barriers that prevent them from having more influence (see, e.g., Wazakili, Chataika, Mji, Dube, & MacLachlan, 2011).

Two of these psychological techniques may be less familiar and justify brief explanation. The nominal group technique (NGT) was used with a range of government, civil society, and research stakeholders in each country. The NGT is a structured variation of a small group discussion used for consensual decision making, which incorporates a degree of anonymity and group ranking in order to reduce power differentials within a group (Van De Ven & Delbecq, 1974). Kurt Lewin's force field analysis (Lewin, 1951) was then used to help participants to identify the key facilitators and barriers to these actions being achieved and to help policymakers chart a path to implementation.

While our research had an intended focus on the process of influencing national policy, it became clear that the members of civil society in each of the country that we worked in were not going to let us get away with a "data grab"; they wanted to be empowered through their cooperation with us. One ramification of this was that research assistants employed by the project also spent one day a week working on civil-society-directed issues, rather than issues directed by our research team (hopefully our funders have skipped this bit!). The research process of identifying "problems" also had to become part of the solution to them; evidence was also needed to advocate pathways to influence, and we became willing "captives" of an action research process (Coughlan, 2012; Lewin, 1958) that we had not fully anticipated.

Some of the factors identified as important in influencing the policy process using the NGT in each country included promoting self-representation of people with disabilities and making discussion forums accessible (Ethiopia); undertaking a primary needs assessment of people with disabilities (Sierra Leone); improving policymakers' knowledge about disability (Malawi); and skills development with economic empowerment of people with disabilities (Uganda). Common facilitators of such changes, across all countries, identified by force field analysis, included the creation of a national disability umbrella body to facilitate disability activism, while common inhibitors included negative attitudes toward people with disabilities and the lack of capacity of disabled people's organizations due to the poor access to education experienced by many of their members (see MacLachlan et al., 2014, for more details). Thus, advocacy, organization, stigma, and empowerment—familiar issues in community, social, and organizational psychology—are important concerns. For the purpose of the current argument, the APODD project illustrates the use of various psychology techniques at the level of influencing national policy, but it also signals the possibility of engaging with participants in a way that empowers them and progresses their agenda—I hope Kurt Lewin would approve. It is also noteworthy that similar initiatives and approaches are currently being pursued in related areas of community health psychology (e.g., see Campbell & Cornish, 2014).

Policy Content

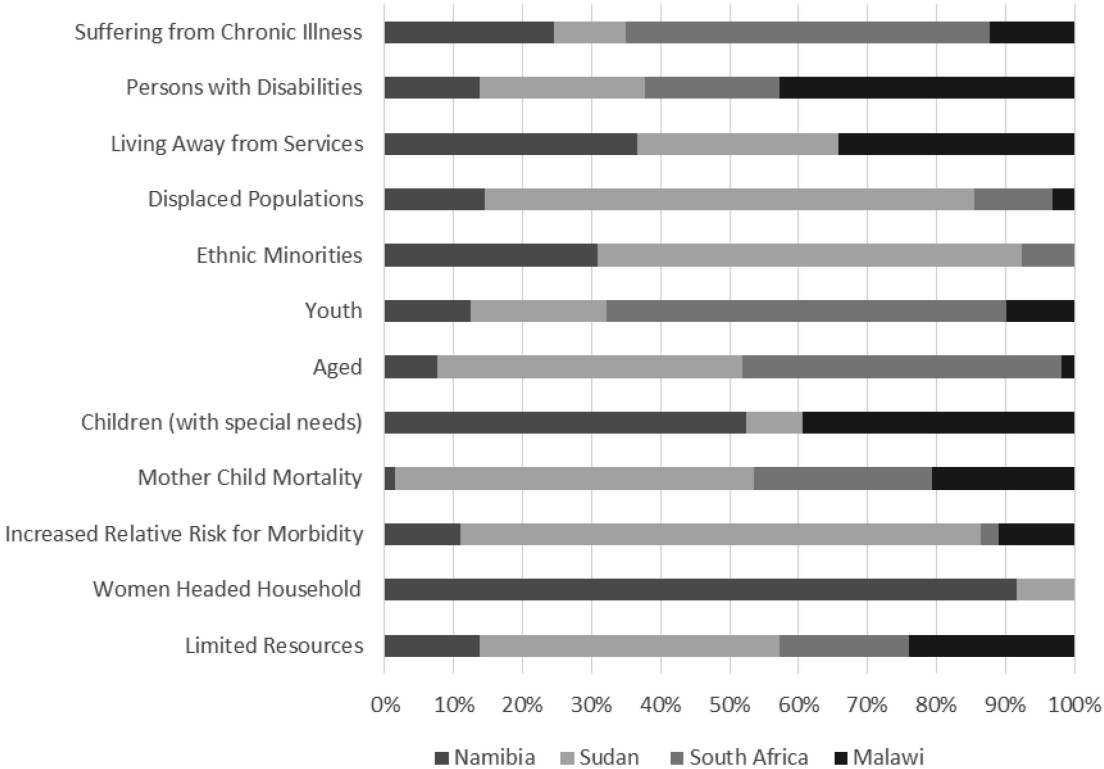
Influencing how policy is developed is one entry point in the policy process; another is to look at what policies actually say—what they commit to, and what they omit. My contention has been that if social inclusion and human rights do not underpin policy formation, it is unlikely they will be seen in service delivery. EquiFrame is a policy analysis instrument that we designed to evaluate the extent to which social inclusion is promoted and human rights are upheld within health and welfare policy documents and to offer guidelines for further policy development and revision where appropriate (Amin et al., 2011; MacLachlan et al., 2012; Man-

nan et al., 2011). It builds on and borrows from the pioneering work of psychologists Stowe and Turnbull (2001; Turnbull & Stowe, 2001) in the United States. EquiFrame details 21 core concepts of human rights developed through consultation workshops in four African countries (Malawi, Namibia, Sudan, and South Africa), from United Nations conventions, and from the literature and research evidence relating to human rights and well-being. EquiFrame also considers the extent to which policies address the needs of 12 vulnerable groups (including ethnic minorities, displaced populations, those living away from services, people suffering from chronic illness, and people with disabilities), these groups being identified on the basis of research evidence indicating a lack of adequate access to needed resources to support their health and well-being.

Figure 2 illustrates the extent to which over 50 policies, across four countries, addressed different vulnerable groups. It can be seen that the relative prominence of vulnerable groups varies considerably. While I would accept that the reason for some variations are clear (e.g., there being more displaced people in some countries than in others), I contend that the variation may reflect factors relevant to marginalization within the countries, in other words, the relative social dominance of different social groups and their ability to influence policy in order to channel resources toward their needs. Through a content analysis of policies, EquiFrame also provides a framework that allows one to measure and evaluate the extent of social inclusion for different groups and what sort of rights are associated with different groups.

In Malawi, we have used EquiFrame to guide the development of Malawi's first National Health Policy, launched in 2013. This was facilitated through a workshop for the Ministry of Health, which was followed up with support to the Ministry from EquiFrame team members. In Sudan, following the presentation of the results of our analysis of Sudanese policies to the Ministry of Health, EquiFrame was adopted by the Ministry to guide the revision of *all* future health and welfare policies in the country. In South Africa, an EquiFrame analysis of the current South African Rehabilitation Policy identified important limitations and aspects requiring revision. It has been one of the factors producing the impetus for the development of a new policy in this area, which is now under way.

Figure 2
The Relative Frequency of Mention of Different Vulnerable Groups in Health Polices Across Four Countries, Expressed as a Percentage



Note. Adapted from *The EquiFrame Manual* (p. 23) by H. Mannan, M. Amin, and M. MacLachlan, 2011, Dublin, Ireland: The Global Health Press. Copyright 2011 by The Global Health Press. Adapted with permission.

The impact of EquiFrame has also reached beyond our original project countries. For instance, Handicap International has translated the EquiFrame manual into French, to encourage its use among their staff involved in advocacy and policy revision initiatives. Handicap International works across more than 60 countries. In South East Asia, we have recently partnered with UNESCO (UNESCO, Trinity College Dublin, & University of Melbourne, 2014a) in a conference with government delegations form Brunei Darussalam, Indonesia, Malaysia, the Philippines, and Timor-Leste to identify how EquiFrame, and complementary approaches, can help to promote social inclusion in these countries.

At the conference, we described five keys to good inclusive policies in the South East Asia region, all of which require psychological components. First is *good practices,* in which stories of community-level social inclusion in a country are identified, illustrating to governments that human rights and social inclusion are being enacted in at least some ways and in some instances in their own countries, rather than being imposed through international laws of United Nations conventions. Handicap International has developed the "Making it Work" methodology to facilitate the identification of these good practices, specifically around the United Nations Convention on the Rights of People With Disabilities, and it is a methodology that can easily be extended to other vulnerable groups. Second is *good data*: This means developing well-designed surveys that allow for disaggregation of data by different vulnerable groups so that such data can reflect and feed into policy priorities; essentially, it involves designing surveys so that they are "fit for purpose" in promoting socially inclusive policies and reflecting the extent of socially inclusive practices. Third is *good policies*: These are achieved through analysis of existing policies in terms of their commitment to human rights and social inclusion; through their revision, where appropriate; or through the development of new policies, using EquiFrame, as described above. Fourth is *good infrastructure*: This means that countries have the means to effectively support the processes necessary for effective social inclusion (advocacy, empowerment, participation in public affairs, etc.) and to monitor it and evaluate it, an area in which UNESCO has developed considerable expertise. Fifth is *good sharing*: This means that countries can see the benefits of collaborating on the process of policy reform and of being able to learn from each other's experience and draw on a more diverse and broader resource base constituting a virtual, or actual, regional platform for social inclusion (Ahmimed, MacLachlan & Mannan, 2014).

Policy Context

The UNESCO meeting described above was in fact a spin-off from another multicountry project. The UNPRPD (United Nations Partnership for the Rights of Persons with Disabilities) currently works across 14 countries, and will soon expand to over 20 countries, across all regions. This project has teams in each country comprising government, civil society, and United Nations (UN) organizations, with the latter being the coordinating partner in each case. The involvement of eight different UN organizations conveys the breadth of the reach of the project, spanning health, education, employment, justice, and social protection sectors. In each case, projects are focused on trying to produce quite specific changes that indicate greater inclusion, empowerment, and participation of people with disabilities in the respective countries. Also in every case, interventions occur in complex environments with multiple variables, which may have causal, mediating, moderating, and/or consequential status; and in each case there is a need to help people to understand the most likely pathways to achieve their desired outcomes. To promote this understanding, we have been working with the theory of change approach (Quinn, 1988; Rosenau, 1990) and an array of associated outcome methodologies, particularly in the area of international development program planning and evaluation.

The theory of change starts with defining long-term goals and then works backward to the preconditions that must exist to allow these goals to be achieved. These preconditions may include resources, relationships, meetings, strategic partnerships, activities—essentially what needs to be done to make the next steps happen. In that it starts with the desired outcome, the theory of change approach has some commonalities with the more familiar term, for some psychologists, of *backward chaining* (Hersen & Bellack, 1985). However, the "chain" is more like a complex and interacting network of things that need to be in place, and in sequence. It allows activities and outputs from activities to be mapped to the desired outcomes and the intervening pathways to be established. Essentially, the theory of change constitutes a working model against which hypotheses and assumptions about what actions will best bring about the intended outcomes can be tested. A theory of change approach identifies measurable indicators of successful outcomes and as such points to the criteria for monitoring and evaluation of projects seeking to produce such changes.

Our work with the theory of change has been mainly through groups of individuals presenting their theories of change—in whichever domain they are focusing on: education, employment, justice, or health—and these being discussed, critiqued, and embellished by groups composed of UN agency, civil society, and government personnel working on related projects. Theory of change is literally a means of having decision makers think through, in a systematic way, the sorts of actions that are most likely to result in the outcomes that they desire. The results often differ greatly form the sort of linear and simplistic thinking that they, and we, are more familiar with.

Psychologists can contribute to this through the array of research practitioner methodologies commonly used. These may include conceptualization of the variables and change

agents, likely interacting variables, specifying relevant behavioral outcomes and appropriate indicators of change. The areas of project management, project monitoring, and evaluation are all skills that psychologists can bring to change at a macro level.

Macropsychology and Humanitarian Work

The term *macropsychology* is not new. Other researchers and practitioners have also engaged in macropsychology work without labeling it as such; for instance, the work of Stu Carr and Tony Marsella has already been noted, and Raymond Saner and Lichia Yiu's "new diplomacies" work (Saner & Yiu, 2012) is another good example of macropsychology. There are many more. However, the term *macropsychology* has also been used in other ways, ranging from, for instance, the psychology of measurement (Fiske, 1991), to long-wave cycles of psychological, social, and technological change (De Greene, 1988), to the psychological state of society more broadly (Yurevich, & Ushakov, 2007). The "macroism" I am arguing for is a psychological contribution to policy and practice akin to the purview and influence of macroeconomics. While the scope of such an approach is clearly very broad, I have focused on global health. One of the levels that psychology could contribute more to is the policy level, which sets the conditions under which societies function; at this level psychology has much to contribute to strengthening society and improving people's lives.

Macropsychology is salient to any area of psychology where changing the regional, national, or international context in which people live can have a positive influence on the behaviors and well-being of individuals and groups. Macropsychology is not therefore the domain of any particular field of psychology but rather a cross-cutting issue for all fields, and it should seek to be integrative with respect to both different fields of psychology and other disciplines. Some areas—such as political psychology and broadly "social-issues" psychology—will, however, find the terrain more familiar. Within the context of international development and humanitarian work, however, there is one initiative that is worth particular mention, and that is humanitarian work psychology.

Humanitarian work psychology seeks to apply work/industrial/organizational psychology evidence and ideas to situations of humanitarian concern and to develop a broader psychological understanding of humanitarian work content, process, and context (see, e.g., Berry et al., 2011; Carr et al., 2008; Carr, MacLachlan, & Furnham, 2012). Stu Carr from Massey University has led the application of organizational psychology to poverty reduction (Carr et al., 2013; Carr, & Bandawe, 2011), and this is a central element of both humanitarian work psychology and of macropsychology, because poverty often sets the broader social context that diminishes people's opportunities to live a full life.

In the context of aid work intended to redress poverty, Carr et al. (2010) have demonstrated that perceptions of organizational injustice in aid work can be capacity stripping, rather than capacity building. For instance, feelings of injustice regarding a dual salary system—where national and international aid workers are paid different rates, even when they are similarly qualified and experienced—can predict employees' desires not only to change jobs but also to leave their country, and so to potentially contribute to the brain-drain from low- to high-income countries. Critically, this effect was most strongly mediated at the organizational level, rather than the individual level, or at the country level—that is, which country people worked in. The process of how organizations structure work influences the content of what they can do. The macrocontexts of international aid relations—often with social dominance of donor over recipient—also *work through* individuals' work relationships, often making these complex and contested (MacLachlan et al., 2010; McWha, 2011; McWha & MacLachlan, 2011). A systems perspective can suggest new types of working roles that innovatively fulfill gaps left by Western-style health service planning, which is often constrained by conventional roles filled by 'Western-style' health professionals (McAuliffe et al., 2009). How resources are distributed between different options and what sort of system is developed are matters of policy.

We have argued that the macrocontext of poverty can be imbedded through the national policy level, the sector level, the organizational level, and the individual level (Carr & MacLachlan, 2014). Psychology needs to consider all of these levels if it wishes to be maximally effective at any one of them. Humanitarian work psychology is now a dynamic and exciting area—with its own organization (the Global Organisation for Humanitarian Work Psychology; see www.gohwp.org) and a plethora of recent edited collections testifying to its vibrancy (see, e.g., Berry, McWha, & Maynard, in press; Carr et al., 2013; Griffith, Thompson, & Armon, 2014; Olson-Buchanan, Bryan, & Thompson, 2013; Reichman, in press). Under the joint leadership of Stu Carr and Lori Foster Thompson (Carr et al., 2013) a Society for Industrial and Occupational Psychology White Paper has outlined a range of concepts and contributions within humanitarian work psychology. One of the most important is the distinction between different types of humanitarian work psychology. On the one hand, psychology can contribute to making aid work more effective in situations such as refugee camps (see, e.g., Ager & Loughry, 2004). On the other hand, all work psychology has the potential to promote more humanitarian work conditions, such as through the International Labour Organization's call for "decent work"; this might require, for instance, the promotion of greater understanding between different ethnic groups at work (Berry, 2011) and may apply equally to high-, middle-, and low-income countries.

It is hoped that developments in humanitarian work psychology can stimulate similar developments in other areas of psychology that have the potential to contribute not only to humanitarian issues but also to macropsychology and to the "scaling up" of issues to influence policy at national and international levels. With all major UN agencies across sectors engaged in projects like the UNPRPD, there is surely scope for a great range of psychology to contribute to macropsychology.

Conclusion

The advent of "big data" presents psychology with a mechanism for scaling up many psychological questions to the societal level and through this to being able to ask and answer questions about how process and contextual factors may influence the outcomes associated with particular types of interventions (content). As economics moves to become more interested in well-being, so too should psychology move to embrace the broader scope of how well-being can be scaled up from individuals and groups to national and global society. This would allow, for instance, psychological questions about social identity, social dominance, and social inclusion and exclusion to be answered with a global purview while appreciating salient cultural and contextual contingencies. The prospect of systematically developing a global psychological perspective on what is right for humanity—indeed, on human rights—should be informed by a global psychosocialism that is evidence-based but also based on the fascinating complexities of the lives that people actually have. Big data may allow us to collect information on a grand scale, but to respond to the possibilities this offers to psychology requires us to pose some new "big questions," both for theory and for humanity, in practice. Scaling up some of our work into a macropsychology can influence policy and promote well-being on a national and a global scale.

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