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Towards a new theory of practice for community health psychology

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Abstract

The article sets out the value of theorizing collective action from a social science perspective that engages with the messy actuality of practice. It argues that community health psychology relies on an abstract version of Paulo Freire's earlier writing, the *Pedagogy of the Oppressed*, which provides scholar-activists with a 'map' approach to collective action. The article revisits Freire's later work, the *Pedagogy of Hope*, and argues for the importance of developing a 'journey' approach to collective action. Theories of practice are discussed for their value in theorizing such journeys, and in bringing maps (intentions) and journeys (actuality) closer together.

Keywords

collective action, ethics of care, ethnography, postmodernism, social practice theories

Introduction

The community turn in health psychology has witnessed a foregrounding of relationships as the mediators of health and illness, themselves shaped by culturally, historically and institutionally defined spaces (Christens, 2012; O'Donnell and Tharp, 2012). Public health programmes across the spectrum make use of intervention strategies that draw inspiration from a relational view of health and illness, and methodological strategies for research and evaluation have become more engaged blurring the boundaries between knowledge generation and its application. An expressed commitment to social justice, often drawing on a long tradition of left-leaning politics that sit at the interface between academia and social movements, is also characteristic of the community turn.

Such developments are typical of a post-modernist era (Gergen, 2001), yet at the same time modernist binary oppositions (e.g. theory/practice, empowerment/disempowerment, inclusion/exclusion, liberation/oppression) continue to characterize these third generation approaches to public health (Campbell and Cornish, 2010). Far from espousing the pluralism (Cornish and Gillespie, 2009; Marks, 2006) and complexity (Mark and Jones, 2012) that comes from the focus on relationships and the enmeshment of theory, methods, values and practice in community health psychology, these modernist tropes serve to constrain research and practice. The time has come for a theory of practice that will enable us to 'work the hyphens' (Fine, 1998) of the lived experience of implementing, supporting, taking part and researching community health

endeavours on the one hand, and a plurality of knowledge that such endeavours create on the other.

In thinking through the post-modern challenge and its enmeshment of theory, methods, values and practice, this article revisits the classic work of adult educator and community activist Paulo Freire that has inspired community approaches to health psychology since the 1970s. Freire's work, captured most famously in *The Pedagogy of the Oppressed* (1970) (henceforth *PoO*), provides community health psychologists with a template for collective action. Practised at the group level, and aiming to raise critical consciousness through analysis, reflection and action on conditions of inequality, Freire's work, and the *PoO* in particular, continues to resonate in a range of community health contexts across the world. The wide dissemination of Freire's early work, it will be argued, has led to a severing of his ideas and practice from their source, Freire's own biography and lived experience. The result is a version of Freire's work that is in circulation in community health psychology that is overly abstract and under-theorised.

This article argues that the *PoO* represents a 'map', an idealized intention of and for personal and social change, but in doing so neglects the 'journey', the lived experience of the everyday practice of collective action which relies on the enmeshment of a range of cognitive, emotional and practical influences. This practice, as will be argued, is better captured in Freire's later work, the *Pedagogy of Hope* (1994) (henceforth *PoH*). The *PoH* draws attention to the hard graft and ethics of care that are necessary for organizing,

supporting and participating in collective action. Community health psychologists engaged in the work of improving the lives of others, however well-meaning their intentions, can expect their programmes and projects to be altered and subverted by their intended recipients in both overt and covert ways to suit recipients' lived experiences. As such, the time and space created by community health psychologists require a good deal of energy, creativity, imagination, resilience, nimble footwork, readiness, patience, perseverance, empathy, pain, reflexivity and many other personal and interpersonal qualities and experiences on all sides that I refer to as 'hard graft'. At the same time, the relationships and associations formed in these spatio-temporal interstices, are subject to a maxim of reciprocity, itself manifest in many different forms including agreements, conflicts, negotiations, discussions, judgments, evaluations and re-evaluations shaped by gender, class, race and ethnicity. These are the ethics of care that come to life between intention and actuality (Highmore, 2006) and the dynamics that practitioners of community health psychology are well aware of. Yet these relational dynamics, especially their lived experience as they unfold in real time, have gone largely under-theorised.

The article's contribution is to provide a selective review of *theories of practice*, a social science approach to studying such dynamics which, the author believes holds promise for addressing the gap between intentions/maps and actuality/ journeys and expanding the theory and practice of community health psychology. Social practice theories provide a heterogeneous collection of concepts that are joined together in their

quest to foreground points of collision between the binary and contradictory logics as these occur in everyday life. Such theories provide a lens for engaging with the dynamics of hard graft and the ethics of care involved in the spatio-temporal interstices created by community health psychologists. The potential for social practice theories to expand the language of community health psychology have hitherto remained unexplored. Such theories, I argue, can respond to the post-modern challenge facing community health psychology by providing us with a nuanced, empirically-driven and dynamic analyses of the relationships and associations involved in creating health and health-enhancing spaces.

The next section elaborates further on the distinction between maps and journeys drawing on Paulo Freire's seminal work. The article then provides an overview of social practice theories before honing in on three specific principles that directly address the post-modern challenge as outlined above.

On maps and journeys

The difference between the map and the journey (Deleuze and Guattari, 1987) may be further illustrated as follows. Paulo Freire's work has been seminal to the praxis of community health psychologists highlighting amongst other things the central role of participation in the creation of personal, community and social change. Informed by

Freire's lifework, community health psychologists have long been concerned with the consequences of asymmetrical power relations, marginalization and inequality and their effects on personal and community health and welfare. Freire's work has enabled the understanding of participation as a political endeavor, as much as a social psychological one, and nowhere are these concerns more prominent than in Freire's the *PoO*.

The *PoO* introduces the reader to Freire's methodology for liberatory praxis. Through a combination of adult education and group work Freire aimed to enable illiterate peasants marginalized by their inability to 'name the world', to take control of and change their limiting situations. Through teaching literacy, Freire's project aimed to raise ordinary men and women's 'critical consciousness' with regards to their extreme conditions of inequality and to support them in taking action to change those conditions. The voice we encounter in the *PoO* is confident and celebratory, Freire aims to inspire and to mobilize others in the struggle for social justice.

Cornish and Gillespie (2009), in this journal, in outlining a pragmatist approach to the post-modernist problem of knowledge in health psychology, identify a diversity of knowledge interests in health psychology: knowledge for taking care of oneself, knowledge for intervention design and knowledge for cultural critique. The *PoO* is a manifesto, a rallying call to action. It has become a template for a world as it ought to be (free from oppression) and in doing so has generated powerful knowledge for cultural critique as well as a template for intervention design. In this respect, *PoO* is a utopian map, 'the expression

of the desire for a better way of being or of living' (Levitas, 2010:9). Such expressions are necessary as they provide a direction of travel for personal and social change projects. Their formal, abstract statements enable them to travel well and to inspire, as the popularity of *PoO* demonstrates. Yet these same characteristics that make *PoO* mobile also render invisible the hard graft and the ethics of care, Cornish and Gillespie's third knowledge domain (knowledge for taking care of oneself), involved in personal and community change.

Anthropologist David Mosse's (2005) study of participatory community development in India illustrates this point empirically. Over a period of 10 years Mosse documented the practices of development workers delivering a UK government sponsored farming programme in Western India. The participatory aspects of this programme were inspired by Freirean ideas through the Participatory Rural Appraisal methods developed by Robert Chambers (1994). Mosse's study demonstrates in great detail the complexity of implementing change in real world contexts and the inadequacy of both instrumental and critical analyses of that process. The knowledge necessary for change to take place, he concludes, emerges relationally and involves a good deal of ongoing negotiation, interpretation and translation of theory into practice and practice into theory.

Other social theorists (Giddens, 1991; Laclau, 1996) have argued that the emancipatory aspirations that drive projects such as Freire's, are not only riddled with internal contradictions but more importantly fail to reflect the much more complex, creative

and emergent nature of personal and community change on the ground. Hope, politics and critical reflection are highly heterogeneous (Mosse, 2005) and in this respect, *PoO* fails to address this heterogeneity and to expose the hard graft and ethics of care involved in enabling collective action. The terrain requires a very different narrative to that provided by the *PoO* in order to be traversed. What is needed is a narrative that is reflexive and focuses on the lived experience in all its nuance and uncertainty.

This narrative can be found in Freire's later, more biographical work, the *PoH*. Unlike *PoO*, Freire's *PoH* written many years later, provides a narrative of Freire's practice. He reflects on the events, encounters and conversations that lead him to formulate the *PoO*: his transition from being a lawyer to becoming an educator; the extreme poverty that he encountered in his work and his own psychological health, the bouts of depression that he would periodically suffer as a young man; and finally, how he was challenged by those he worked with. The *PoH* captures much of the hard graft and ethics of care that will be recognized by anyone who has been involved in creating the conditions for collective action. The voice that emerges out of the pages of *PoH* is a far more tentative and reflexive one, as the reader is plunged into the ambitions, doubts and joys of a man whose life work may be better understood with knowledge of his personal and historical circumstances. The story of his first encounter with a poor community is particularly poignant (Freire, 1994) revealing the lively, and challenging dynamics in which community scholar-activists often find themselves in.

The *PoH* narrative not only highlights the links between Freire's biography and his practice, the private and the public, it also serves to illuminate the dynamics of that practice in all its visceral discomfort and joy, small wins and large setbacks. Read alongside the *PoO*, the *PoH* provides a context for Freire's work, and for community health psychology more broadly, as it draws attention to the lived experience of community interventions and the challenges of turning ideology into action. The *PoO* provides a direction of travel, a map, the *PoH* narrates the journey. In practice, stories of intentions/maps and of actuality/journeys are both necessary, yet what is found in the community health psychology literature is 'more writing *about* action research than documentation of actual research studies' (Herr and Anderson, 2004:6). The few detailed descriptions of change efforts continue to be written in a formal, abstract register which foregrounds maps and destinations at the expense of journeys. Such narratives tend to be linear and seamless in their description of the actions undertaken, filtering out the 'noise' – the hard graft and the ethics of care - that is present in bringing about collective action on the ground. These stories might refer to things not always 'running smoothly' but for the most part tend to gloss over the lived experience and enactment of collective action. For example, Jovchelovitch (2007), drawing on Freire, argues that "the dialogical attitude involves exchanges based on mutual recognition between different and separate interlocutors, where partners *struggle* to establish communication and to deal with the many *obstacles* that are often linked to this process" (2007:174, emphasis added) and suggests that the process of

dialogue “however *difficult* and *painful*” (2007:176, emphasis added) is the “process [...] of discovery: to know is to discover in communication with others” (Jovchelovitch, 2007:176). But there is little work which empirically documents and then theorizes what these moments of struggle, obstruction, difficulty and pain might teach us about situations, participants and processes.

The next section focuses on social science theories of practice that could help scholar-activists in community health psychology to focus on these moments of collision, on the dynamics of the journey and on the challenges of putting Freire’s ideas into action.

Theories of practice: an overview

Theories of practice draw on interdisciplinary and heterogeneous traditions with roots in anthropology, cultural studies, geography, sociology, and philosophy (cf. Brown and Stenner, 2009; Highmore, 2002; Ortner, 1984; Schatzki, Knorr Cetina and Von Savigny, 2001; Shove, Pantzar and Watson, 2012; Thrift, 2005; Wetherell, 2012 for extensive interdisciplinary reviews of social practice theories). Underpinned by process philosophies (Brown and Stenner, 2009) and emerging in response to the sterility of functionalist approaches to the study of community life (Ortner, 1984), theories of practice attempt to explore phenomena of interest which have traditionally, in the social sciences, been approached in a binary fashion, for instance focusing on either structure or agency,

nature or culture, continuity or change. The spaces in-between these binaries are conceptualized as inherently messy and complex: they are interstitial spatial and temporal zones in which material, social, psychological and cultural elements of everyday life come together. The epistemological driver of a social practice perspective is to engage with the inherent ontological flux that such complexity creates through close, empirically driven analysis of everyday life and its narrative production (de Certeau, 1984). Such theories explore what transpires when structures and agencies meet (Bourdieu, 1977), when nature intersects with culture (Latour, 1994) and when stability collides with change (Deleuze and Guattari, 1987).

Theories of practice share a common focus on the spatio-temporal interstices and the sum of inter-connected elements that enable practices, known as ‘fields of practice’ (Shove, Pantzar and Watson, 2012). A variety of terms are associated with practice theories in an attempt to capture the dynamics of such interstitial spaces including praxis, action, interaction, activity, experience and performance as well as agent, actor, person, self, individual and subject (Ortner, 1984). Associations, relationships and the dynamics between people, activities, events, objects and other social and cultural artefacts, make up the many studies of social practice which have focused on rituals, community obligations, economic exchange systems, scientific and technological innovation, and modern workplaces, amongst other topics. These studies are largely concerned with understanding how practices – understood as the bundles of activities, meanings, people and things that

make up human action – come to be, how they are understood and performed, and what their consequences are for the configuration of the social world. The social is understood as ‘a field of embodied, materially interwoven practices, centrally organized around shared practical understanding’ (Schatzki, 2001:12), and the psychological is increasingly conceptualized as ‘flows of affect’ that are entangled with social, cultural, economic and historical processes (Wetherell, 2012).

In this respect theories of practice share a number of assumptions with community health psychology about the social psychological make up of community life and provide a language for articulating these assumptions. Importantly, the lived experience, in all its messiness is foregrounded in these analyses serving to take us beyond maps into the territory of journeys. This section highlights three particular features of a social practice perspective that enables the creative engagement with binary oppositions on the one hand and the foregrounding of the lived experience on the other.

Charting the dynamics of the journey

Symmetry

A key principle of social practice theories is the way in which people and knowledge are approached. In an attempt to overcome foundational binary oppositions in the social sciences (e.g. science-society), theories of practice attempt to flatten the

relationship between scientific and common sense knowledge, and the realms corresponding to each, namely nature and culture (Latour, 1993). From a psychological perspective this means ascribing self and other, science and common sense the same status. In this approach, contemporary, privileged societies and groups are invited to explore themselves, and the knowledge they produce, in the same manner they might understand developing and under privileged societies and groups. Importantly, it is also required that the differences produced from such an examination are held in tension instead of organizing such differences into hierarchical relationships. Such an analysis directs the scholar-activist's attention towards the relationships between people and things, the ways in which such associations create the social world and the consequences of these relationships.

Social research that draws on the principles of symmetry tends to highlight the co-existence between nature-culture (e.g. brain-mind) in lived experience. Using the case of Huntington's Disease, Halpin (2011) problematizes the practice of separating nature and culture because, as he argues, the lived experience of Huntington's, as is also the case for other diseases, blurs biological and cultural boundaries. Disease is both its biological components and the cultural resources that are used to understand it. Going even further, and drawing on practice theorizing, Annemarie Mol (2002; 2008) has questioned the unity of Western medicine itself, its practices and its study. Instead she emphasizes the disunity and multiplicity of disease and demonstrates how the practices of dealing with disease are caught between a tension of care and consumption.

Mol's work mounts a thorough and empirically driven critique of what she calls the 'clichés of the West', as exemplified by such logics as patient choice, in which autonomy and heteronomy are pitted against one another in stereotypical ways (e.g. progressive/regressive). Instead Mol argues that what is needed, and what her work offers, is a kind of post-colonial study of the West, in an attempt to 'readjust bad clichés about 'the West''. Accordingly, 'the West' is not simply Enlightened. It does not just celebrate rationality, autonomy and choice, but has a rich and multi-layered care tradition as well' (Mol, 2008:4-5), which includes science and technology as opposed to being juxtaposed to it. Mol's analysis further illustrates the messy particularities involved in creating relationships and assembling different courses of action in the care of diabetes (her case study). Her analysis invites us to cease othering both ourselves and others in our thinking and to focus instead on the rich heterogeneity of both 'the West' and the 'rest'.

Such analyses highlight the link between scientific knowledge, common sense and value systems which are often pitted against each other in critical analyses of community health. A social practice approach problematizes the trend of separating these knowledge modalities, all of which, it is argued, form part of a larger multi-ontological puzzle. These analyses demonstrate how the construction of the social world is not the result of political agendas, as a critical analysis might suggest, but the result of involved individuals and groups (e.g. medical professionals, health promotion professionals, patients, the public) taking part in related activities and attempting to 'sort out' appropriate courses of action

(Westhaver, 2011). In this process of sorting things out, statements made about the world are not true, justified beliefs nor do they correspond to a fixed reality (Latour, 1994; 2005). Instead they are proposition that can and will evolve over time and be used to create relationships and alliances in the process of assembling different courses of action.

For community health psychologists whose work involves the enmeshment of different knowledge modalities (e.g. theory, methods, values and practice) on the one hand, and working with disenfranchised groups on the other, a symmetrical approach to creating and understanding collective action with communities offers a way of emerging out binary discourses (e.g. oppression-liberation) because it points towards the plurality of knowledge interests (Cornish and Gillespie, 2009) that characterize the communities themselves and the processes of working with them. It produces and explains what might appear to be perplexing alliances (cf. Campbell, Cornish, Gibbs et al, 2010; Cornish and Ghosh, 2007). In particular, it enables the reformulation of traditional notions of power (e.g. oppressors-oppressed) and opens the way for thinking about the micro-workings of power as these unfold in everyday circumstances. The next sub-section elaborates on this point.

Poiesis

A symmetrical approach to community praxis foregrounds the dynamism of community life and interventions therein. Social practice theorizing deals specifically with the generative movement of community life, what cultural theorist Michel de Certeau has

referred to as *poiesis*, the creative production of everyday life. Of interest here is how people continue to exercise their agency and invent everyday life despite the asymmetries of power. Poiesis, as developed by de Certeau (1984; 1998) provides a framework for theorizing ‘the geography of what happens’ (Thrift, 2005) once binary oppositions are flattened and community life is approached in a more symmetrical manner. In particular, it provides a lens for exploring the hard graft and ethics of care involved in creating and understanding collective action.

De Certeau’s intellectual project was concerned with inequalities and oppression yet these phenomena are framed in a different way to more familiar social theory. The concept of *poiesis*, the creative production of everyday life, allowed de Certeau to study the ways in which people responded to the status quo – so called practices of consumption. On the surface such practices *appear* to comply with dominant ideologies, and are seemingly submissive or consenting to their own domination. Yet, as de Certeau argues, and literary studies of colonial and post-colonial spaces suggest (Pratt, 1991), such appearances are deceptive and obscure the practices of appropriation and re-invention that take place at the meeting of cultures, self and other.

This meeting place is both social and affective. The social dimensions of poiesis focus on how dominant ideologies are used, subverted and reinvented. De Certeau’s project fully acknowledges the binary construction of reality (representation-behaviour; strategies-tactics; consumption-production) but crucially draws our attention to the dynamics between

the clandestine ‘tactical’ arts of the weak and the ‘strategic’ and powerful projects of political, economic, and scientific rationality. It is in these in-between spaces that an attempt can be made to appreciate the ethics of care involved in creating and responding to practices of collective action by looking at the ways in which people *use* (de Certeau, 1984:xix) and adapt the status quo. These dynamics, de Certeau argues, in particular the ways in which strategies and tactics collide with one other to form meaningful action, are what compose a culture. Such operational combinations are very much an active and creative process, and everyday life *invents* itself by ‘poaching’ the property of others (de Certeau, 1984:xi-xii).

At the same time, however, these collisions are not viewed in oppositional terms. Following a psychoanalytically infused understanding of resistance as a creative force which ‘hinders and dissipates the energy flow of domination’ (Highmore, 2002:151-152), everyday life in de Certeau’s work represents ‘flows of affect’ (Wetherell, 2012) which shape social practices. The generative movement of everyday life consists of both conscious and unconscious moments, of memory and remembering, the present and the past. As such, from a social practice perspective the affective dynamics of empowerment, ‘the gradual awakening to the full determinants of one’s psychological and social circumstances’ (Jovchelovitch, 2007:153), come to be viewed as an embodied, emotional activity that requires an agent to connect to a particular way of understanding, knowing how to perform,

and desiring personal and community change, and ultimately becoming part of a different ‘nexus of doings and sayings’ (Schatzki 1996, cited in Reckwitz 2002).

In this account of everyday life power relations are challenged in a way that provides us with an interplay between continuity and change, tradition and innovation. Power is not ultimately inverted, as might be expected following the lines of more critical argumentation. Instead, social practice theorizing attempts to offer a different, more pluralized account of power (Highmore, 2002:153) that brings ‘to light the clandestine forms taken by the dispersed, tactical, and makeshift creativity of groups or individuals already caught in the nets of ‘discipline’’ (de Certeau, 1984:xiv-xv). The detailed ethnographic manner in which these processes are documented provide the evidence for the hard graft and ethics of care involved in navigating spaces of pluralized knowledge. It is to this that we turn to next.

Theoretical self-silencing

At this point, the scholar-activist wanting to study the community health and community interventions from a social practice perspective is faced with a challenge. On the one hand they can no longer rely on established tropes with which to describe the world, doing so would not allow for the emergence of the new and for the telling of a different story. This is the same challenge facing Freirean approaches to community health, Freirean praxis being that of working with marginalized group to deconstruct established forms of

representation and to enable the emergence of new stories of oppressed communities (Watkins and Shulman, 2008). On the other hand not all of the creative production of community life is amenable to representation, as ‘so much ordinary action gives no advance notice of what it will become’ (Lorimer, 2005) while its affective dimensions are not always open to codification.

As such, and despite the nomenclature of social practice *theories*, this collection of epistemological tools engage in a sort of theoretical self-silencing. Latour, for example, has argued that actor-network theory is *not* a theory per se but an epistemology for how to study things, especially in new and emergent contexts (Latour, 2005). Similarly de Certeau (1984) argues that too much emphasis is placed on creating a *theory* of practice when practice itself is often too distributed and elusive to codify. Consequently ‘theories’ of social practice are a way of operating for researchers that encourage a focus on the heterogeneity, emergence and complexity of a particular situation as opposed to an exercise in model or theory creation.

More practically such studies create knowledge through thick, ethnographic description, a close attention to both contemporary and historical detail and a use of a broad range of data. This ethnographic storytelling is not confined purely to what is heard, experienced and observed by the researcher. The practice of community life is narrated through in-depth case histories of individuals, families and groups. For instance, the original empirical works from which de Certeau’s theoretical writing developed comprised

of a detailed historical and topographical study of community life in the Croix-Rousse neighbourhood of Lyon and a narrative interview study of cooking practice across a diverse, cross-sectional sample of French women. Annemarie Mol's work on disease, both of arteriosclerosis and diabetes, relies on detailed ethnographic work in clinical and everyday settings, while Bruno Latour's work is known for its close engagement with science practice in the laboratory as well as out in the field.

This epistemological approach allows practices of consumption -how dominant power structures are used- and the poetics of everyday life to become visible. Agency and structure, micro and macro levels of experience are rendered visible through detailed engagement with large datasets documenting, for example, demographic trends relevant to the communities (cf. de Certeau, Giard and Mayol, 1998), as well as stories of everyday, community life. The contemporary and historical perspectives that are brought to bear on the analysis also infuse the ethnographic narrative with a temporal dimension highlighting its ebbs and flows of everyday life often over a number of years. In turn, temporality allows for the analysis of continuity and change of individual and collective circumstances across time.

The absence of theory as traditionally understood, also opens the way for a more reflexive stance in the research at both an epistemological and personal level. Points of collision, moments of hard graft and the ethics of care are made visible through language and in particular the stories told about these collisions, moments and ethics. It is stories,

both others, but also the researcher-practitioner's own, that become a sort of navigational device for making visible these elusive dynamics. In this sense, and following de Certeau, a theory of narration cannot be separated from a theory of practice, indeed it is a theory of practice (1984:78). As such, stories and other cultural artefacts (tales, poems, treatises, figures of speech, jokes, banter) are already practices with an intended meaning achieved through their own repetition. As such, there is no discourse outside of them (de Certeau, 1984) making them largely non-representational (Thrift, 2005) or 'more-than-representational' (Lorimer, 2005) aspects of community life.

A note of caution however: stories, according to de Certeau, are both the source of possibilities as well as limitations. As Highmore (2006) argues, stories can be recognised as both passive culture of persuasion (e.g. propaganda) and a source of creative resistance. In their creative register stories 'provide a space for "trial runs", for the practice of practice, so to speak' (Highmore, 2006:128). It is in this latter respect that the reflexive voice, and the opportunities it offers for storying the dynamics of practice, is important. Through the dual focus on practice and stories de Certeau manages to negotiate his way out of the stark polarizing language of a tradition that studies the psycho-social in terms of a binary logic (Highmore, 2002:151) enabling researchers to paint a more subtle and tactical picture of a plural every day.

Conclusion

Community health psychology finds itself at a crossroads: the gaps between theory and practice have narrowed and the established tropes that frame the sub-field's project have become increasingly constraining. The enmeshment of theory, methods, values and practice brings with it a renewed focus on the complex dynamics of creating collective action. In particular, this article has focused on providing a social science approach for theorizing the hard graft and ethics of care involved in working in between liberation and oppression, inclusion and exclusion, empowerment and disempowerment.

The paper revisited Paulo Freire's seminal work and influence on community approaches to health. It argued that the practice of collective action requires both of Freire's key texts: the *PoO* representing an intention/map and therefore a direction of travel; and the *PoH* representing an actuality/journey and therefore focusing on the lived experience of creating and studying collective action. The article provided an overview of theories of practice, a social science approach with a distinguished history that has remained an underutilized resources in community health psychology. Theories of practice hold a promise for uniting intention/map and actuality/journey approaches to the praxis of collective action. Such theories have developed a language for inhabiting the interstitial spatio-temporal zones created by community health psychologists and in this vein the principles of symmetry, poiesis and theoretical self-silencing were discussed.

Social practice theorizing enables us to identify the points of collision between different forms of power, and to focus on those interstices as moments in which personal and community change can take place. It opens up an avenue for questions of a value- and experience-based nature (Flyvbjerg 2001) that probe the desirability of the direction of travel. It then asks that we answer such questions while holding (in the psychoanalytic meaning of the word) in tension the many ambiguities and contradictions that make up these junctures, without reducing one ambiguity to another or trying to use one contradiction to explain the other.

Moving forward it is hoped that the praxis of collective action for health, and reports about it, adopt a more nuanced, reflexive and tentative voice and focus on the journey of creating such action, as much as on the map created at the point of departure. Such narratives, ones that engage with the dynamics of practice, will enable community health psychologists to produce knowledge *about* as well as knowledge *for* action, as the lived experience of collective action, its hard graft and ethics of care, are engaged with in all their complexity, fragility and uncertainty.

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