

## Article

# Psychopolitics in the twenty first century

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## **Editorial: Psychopolitics in the twenty first century**

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There has been a recent upsurge of interest in mental health politics on the radical left in response to the devastating impacts of neoliberalism and austerity<sup>1</sup>. This has been articulated via concerns about rising levels of mental distress under neo-liberalism (Orton, 2015); exposing links between mental distress and social phenomena such as oppression, abuse and inequality (Pickett and Wilkinson, 2010); opposition to 'Big Pharma' and the increasing individualisation and 'privatization of stress' that delegitimizes public responses to private pain (Fisher 2009; 2011); and resistance to attacks on welfare and 'back to work' workfare programmes (Friedli and Stearn, 2015). Particularly salient is the recognition that mental distress is not a chimera but a real material force (Plan C, 2014) and, as a result, cannot be overcome through acts of sheer will or a kind of 'magical voluntarism' - the idea that it's possible to do or be whatever we want under neoliberal capitalism - but instead requires collective responses (Fisher, 2012).

These developments in activist discourse herald an important turn in the politics of mental health, potentially representing new political epistemologies relating to mental distress (Fisher, 2009; Fisher, 2012; Plan C, 2014). However, recent activist work has argued that distress, and especially anxiety, which some have suggested operates as a 'dominant affect' in contemporary capitalism (Stossel, 2014; Plan C, 2014; Orton, 2015) may act as a barrier to the development of strategies of resistance necessary to transcend it (Todd, 2015). As such, in order to address this, some have made a case for the necessity of consciousness raising and mutual support strategies in activism (see, for example, Occupy Mental Health Project 2012). Others have critically addressed matters of scale in contemporary social movements including some mental health activism. For example, Srnicek and Williams (2015) bemoan a predominance of 'folk' politics, or strategic tendencies towards the small-scale focusing on single issues and over-emphasizing process. Conversely, commentators such as Springer (2016) make a radical case for small-

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<sup>1</sup> For example The Occupied Times of London produced a special issue on mental health in March 2014 <https://theoccupiedtimes.org/?p=12750>

scale, situated forms. Such interventions have re-opened long-standing debates about political strategy, refashioned for new times.

In this context, it is worth re-visiting the work of Peter Sedgwick, one of the most important mental health commentators from the radical left in our time. Sedgwick was able to hold in tension the important insights of prevailing critical mental health discourse (that was often framed in 'anti-psychiatry' rhetoric) whilst also problematizing elements of this discourse, what he called 'half-truths' (Sedgwick, 1966). Sedgwick remains a challenging and sobering figure to would-be radicals because he was cautious of crude radical-sounding counter ideologies that might be imposed on those already suffering mental distress. We could argue that he embodied the spirit of historical materialism - analysing the actual dynamics of an unfolding social situation in the present - what he called the prevailing conditions of political possibility for social change. This is a task we believe must be attended to now with equal fervency - *and* sensitivity - and we hope the special issue takes this forward in a helpful way.

This special issue was inspired by our long standing interest in Sedgwick's work and our own – individual and collective – struggle with the questions he posed for a left-inspired politics of mental health. Specifically, it arose out of a national conference we collectively organized in June 2015 at Liverpool Hope University - *PsychoPolitics in the Twenty First Century: Peter Sedgwick and radical movements in mental health*. We do not necessarily agree, even amongst ourselves, about what constitutes his enduring legacy for a mental health politics. However, we do share the belief that his work offers a crucial starting point for discussion and debate. In the rest of this editorial we summarise the contents of this issue, and then outline some key areas that we think require further attention.

We start the special issue with a paper from Ann and Alex Davis. This offers an engaging introduction to readers who may be new to Sedgwick's work. The paper contextualises Sedgwick's contribution through the authors' lifetime of over 30 years of social work practice and activism. As such it helps to orientate readers to the continuing importance of Sedgwick's work within the broader context of the politics of welfare. David Pilgrim then makes the case for Sedgwick's work to be retrospectively

positioned within a critical realist framework. Basically, it gives an epistemological justification for Sedgwick's position - which was both critical of anti-psychiatrists *and* of psychiatry, equally sensitive to the social construction of madness *and* to the realities of human suffering. Whilst Sedgwickians are usually content to refer to this as historical materialism, this paper should interest scholars and students of Sedgwick and/or critical realism.

None of us have privileged access to what Sedgwick would have thought of contemporary mental health politics. This would be to engage in what Pilgrim refers to as 'posthumous telepathy'. The idea, proposed by Peter Beresford, that Mad Studies can be seen as a concrete contemporary expression of Sedgwick's Psychopolitics is a compelling and intriguing argument. At the same time, Mark Cresswell and Helen Spandler highlight key tensions between Sedgwick's Marxism and the politics of Mad Studies. In counter-posing Psychopolitics with Mad Studies they highlight long-standing points of underlying tension and solidarity in mental health movements. Whilst Beresford's case is compelling, given Cresswell and Spandler's analysis it is fair to say that any synthesis between Sedgwickian Psychopolitics and Mad Studies at this stage may be premature. They may, however, represent two 'sides' of an essential 'coin' of political strategy. The involvement of key figures like Peter Beresford in both Psychopolitics *and* the emerging field of Mad Studies reflects the potential for serious cross fertilisation between a 'Sedgwickian' defence of welfare and a Mad Studies psychiatric critique. Taking issues of political strategy further, Rich Moth and Mick McKeown apply Sedgwick's nuanced materialism to develop a radical Marxian agenda for mental health/welfare movement activism based on 'transitional demands', specifically in the light of the emergence of 'psycho-compulsion' or the coercive use of psychology in neoliberal welfare/workfare reforms.

This issue also includes a number of 'Voices from the Frontline' that have been selected to illustrate some of the 'value' of Sedgwick, or the synergy between current activism and his legacy. For example, Mal Kinney and Tim Wilson present the activist work of the Liverpool group reVision, who have put efforts into building cross-sectional alliances and developing imaginative consciousness raising and mutual support practices. In another context Lydia Sapouna and Harry Gijbels describe the

development of the Critical Voices Network Ireland which has brought together critical thinking in mental health and developed alliances between radical workers, academics and survivors. Sedgwick's anticipation of the impact of neoliberal reforms on mental health services is borne out in frontline social worker Paul Ellis's personal account of such reforms from the 1990s to the present that explores tensions between policy rhetoric and implementation in the context of managerialism and welfare retrenchment. Similarly Laura McGrath, Carl Walker and Christopher Jones note the increasing politicisation of sections of the psychology profession in the context of the intensified neoliberalism of austerity. This is visible in practitioners' challenge to this harsh policy agenda utilising both professional knowledge and macro-level political engagement.

In addition, we include a commentary and a 'radical pioneers' paper. The commentary paper by Nigel Norman offers an overview of archival resources that may be of interest to Sedgwick scholars who are encouraged to mine these rich and under-examined sources. The 'radical pioneers' paper is especially apposite for this special issue as it considers the work and legacy of South African ('anti') psychiatrist David Cooper. As Cooper was the most 'Marxist' of all the psychiatric critics of the 1960s and 1970s, it is perhaps surprising that Sedgwick gave his work such little critical attention, preferring to focus his critique on the more fashionable and charismatic counter cultural figure of RD Laing. Therefore, Adrian Chapman's fascinating account of Cooper's life and work, offers a useful corrective. Forthcoming editions of the journal will extend this exploration of 'Radical Pioneers' to ensure that the contribution of a diverse range of innovators from the mental health field are represented.

Meanwhile, there are a number of issues raised by this special issue that arguably require deeper critical thinking and debate. We will briefly flag up five important topics for future exploration.

### **Issues for further exploration**

The first is the ongoing strategic tension for activists concerning whether to put energies into prefigurative mental health politics (developing alternatives in the present) and/or defending welfare services (as a necessary prerequisite to transform the mental health field). Whilst Sedgwick was understandably suspicious of self-styled 'radical' mental health projects, prefigurative initiatives developed by activists themselves perhaps deserve more serious critical appraisal (Proctor 2015).

A second debate concerns the utility of a human rights orientation in mental health activism. Sedgwick himself was critical of using human rights leverage in this context as he was concerned it would privilege individual liberty at the expense of state commitment to provide support to mental health sufferers and their families. Recent activism – for example, mobilizations using the United Nations Convention of the Rights of People with Disabilities to argue for the abolition of mental health laws - throws up a number of challenges (Minkowitz 2015; Plumb 2015). Practical psychopolitical strategies need to be developed - beyond demands to either 'abolish psychiatry' or for 'more and better psychiatry' - to address the vexed questions of mental health and psychiatric coercion.

A third concern is the role of families/carers in mental health politics. Families have often been maligned as promoting coercion and curtailing the rights of survivors, and consequently progressive family and carer activism has often been hidden or co-opted. This is another area that would benefit from greater acknowledgement and exploration. Let us not forget that many mental health activists, Sedgwick included, are motivated by their own struggles to secure adequate support for family members in crisis.

A fourth area in need of further examination is whether the development of a nuanced (socio-historical) materialist theory of mental distress would strengthen a Sedgwickian political epistemology. The so-called 'new paradigm' of integrated psycho-socio-biological approaches (Read and Bentall 2012) that rejects biomedical reductionism may provide a useful starting point, though arguably this approach needs to be contextualised within an understanding of the dynamics of modern capitalism.

Finally, whilst social class has been downplayed in much 'critical' mental health work, there is under-theorisation in Sedgwickian work about how class intersects and

is interwoven with other forms of oppression, for example relating to gender, race, disability and sexuality. We consider work to integrate such analyses to be necessary and pressing. Arguably these important themes emerging from contemporary debates in mental health movements can be usefully informed by an engagement with Sedgwick's methodology and we hope that future psychopolitical work will do so.

## **Looking forward**

Sedgwick foresaw the profound legitimacy crisis facing contemporary mental health care, the hugely detrimental emergence of neo-liberalism's assault on public services, and the connection between the two. He worked tirelessly for social change across society and services alike. Though he ultimately rejected vanguard politics for a relational organizing approach, he nonetheless retained a commitment to reshaping what Cox and Nilsen (2014) term 'militant particularisms' into wider challenges to capitalism. While his strategic recommendations often orient to reform of services and society, Sedgwick remained concerned to articulate the relationship between particular reformist goals and a socially transformative and revolutionary orientation in social movement activity.

Moreover his advocacy for these revolutionary causes was simultaneously practical, intellectual and personal. The on-line Sedgwick archives include numerous comradely appreciations of Sedgwick's personal touch in his debating and activism. For example, he is commended for his capacity to disagree without denigrating opponents, to provide incisive and often humorous analysis without indulging in mockery or triumphalism. In this regard, the Socialist GP David Widgery, appreciated the similarities of personality between his great friend and comrade Sedgwick and Victor Serge, the anarchist compatriot of Bolsheviks, and subject of much of Sedgwick's scholarship.

Pointing to his appreciation for dialectics and an affective, personal turn underpinning his commitment to prefigurative politics, Sedgwick (1978: xvi)

concludes his Introduction to the 1978 impression of *Memoirs* with his slight modification of Serge's poem:

*A night filled with stars, a darkness filled with you:  
So that I could love you I had to understand the world  
And before I could understand the world, I had to love you.*

For us, it is inescapable to conclude that Peter Sedgwick's early death robbed us of further erudite analyses of mental health, relevant services, and the society that frames them. As we have indicated, his work highlights the necessity of on-going discussions and debates about strategy. The dialogue necessary to take this forward may very well be turbulent and unsettling but, if conducted with mutual understanding, more creative and sustaining strategies can emerge. We need, now more than ever, a healthy dose of bright, maverick, indignant, kind and comradely resistance underpinned by a nuanced framework to inform political analysis and activism. The life and works of Peter Sedgwick provide an exemplary and inspirational example for those of recalcitrant disposition. Despite acknowledging the fact much work is still to be done to develop a psychopolitics fit for the twenty-first century, we believe the contents of this special issue represent a necessary step forward.

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