

Another area that follows from Gerhardt's work is how the mental health sector itself has increasingly become the stooge of neoliberalism, by accepting its narrative of what constitutes well-being, health, and how best to achieve them. After all, neoliberalism, like all ideologies, prefers those 'structures of feeling' that best serve its ends. It requires levels of 'well-being' to the degree that people will remain in their jobs, and levels of dissatisfaction to the degree that people will continue to consume 'in the pursuit of happiness'. In essence, the perfect state for neoliberal capitalism is a state of perpetual 'active dissatisfaction'. Active to the extent that one can work, and dissatisfaction to the extent that one will spend. It seems to me no coincidence that interventions creating 'active dissatisfaction' are the ones now being preferred in the National Health Service.

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On Sue Gerhardt's 'Hard Times'

Dear Editors,

I am writing in appreciation of Sue Gerhardt's article 'Hard Times: The Growth of an "Avoidant" Culture'. Her emphasis on how material disadvantage – in Sue's example the writer Linda Tirado's experience of poverty – affects having the space to think, feel and protest in any way other than an inward collapse into depression or the type of anger we saw pathologized after the 2011 London riots is crucial. She writes beautifully of the changing shift in her work to an increasing emphasis on how the discursive backcloth that parents inhabit affects their capacity to parent in a secure way. Her compassion is evident, especially in exploring how neoliberal madness might have produced the obsession with performativity that allowed the Mid Staffs workers to lose their basic humanity.

Most importantly, Sue's article asks a number of vital questions. When she writes 'How can such parents feel safely or securely attached *to society*?', 'Do we just keep repairing the individual damage, and say nothing about the culture itself?', she is asking something of us. Our response cannot be but to politicize outside the consulting room. Every time we hear a discourse of blame that pathologizes the underclass, that doesn't consider why staff cling to figures, that stops the buck of responsibility at the parent-child or staff-institution relationship, we need to search for an understanding that incorporates the societal link. We need to work actively and insistently to ensure that the sub-cultures of emotional connectedness that Sue cites are not just middle-class luxuries. If not now, colleagues, when?

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