Psycho politics, neoliberal governmentality and austerity

Philip Thomas[*]

Formerly Professor, Institute of Philosophy, Diversity & Mental Health, University of Central Lancashire, Preston, UK

Benefit claimants have been at the focal point of neoliberal economic policy under successive governments for nearly twenty-five years, but the banking crisis of 2008 reinvigorated government attempts to cut benefit spending. This has deepened divisions and inequalities in British society, as disabled people and those with mental health problems unable to work, are coerced by an increasingly authoritarian regime to seek low-paid work or unsuitable jobs based in zero hours contracts. One consequence of these developments is a resurgence of interest in the ideas of Peter Sedgwick, whose book *Psycho Politics*, set out a Marxist critique of antipsychiatry (including Foucault's early work) and the consequences of neoliberalism for people with mental health problems.

This paper outlines Sedgwick's main arguments, and together with Foucault's later work, questions the underlying principles of neoliberalism. Of particular significance is a shift in the governmental function of psychology and psychotherapy from the *employed* to the *unemployed*. This is exemplified by the use of psychocompulsion, a set of theories and practices aimed at reducing the numbers of benefit claimants. Finally, the paper examines the difficulties in developing alliances between mad people and others opposed to benefit cuts. It ends with a brief account of the resistance to neoliberal austerity by the radical mental health survivor group, Recovery in the Bin.

Keywords: neoliberalism; austerity; psycho politics; governmentality; recovery

Introduction

Recent protests in Britain over the impact of austerity on welfare spending point to deep divisions in our society. Government attempts to reduce the number of people on benefits are creating an unbridgeable chasm between rich and poor. In effect, neoliberal austerity is redistributing wealth from the poor to the rich on a vast scale (Kushner & Kushner, 2013). The most vulnerable in society are paying a high price for the political ideology of neoliberalism, some with their lives. Suicides and deaths are the tip of an iceberg of misery and suffering on an unimaginable scale experienced by those who are physically or mentally unfit for work, as the government implements an increasingly punitive and authoritarian regime against benefit claimants. Vulnerable people are left destitute by sanctions that suspend or end their benefits if they fail to comply with orders to attend 'assessments' or 'training courses' or to submit the required number of job applications.

*Email: philipfthomas@me.com

In the light of this attack on the welfare state, it is unsurprising that there has been a resurgence of interest in the work and ideas of the British Marxist psychologist Peter Sedgwick (Cresswell & Spandler, 2009, 2015; Tietze, 2015; and a recent conference devoted to his work).[1] He is perhaps best remembered for his book *Psycho Politics* (Sedgwick, 1982, 2015), in which he set out a critique of the antipsychiatry of Goffman, Laing, Szasz and Foucault. At the heart of his book is an idea that is of greater contemporary relevance: the idea that the concept of mental illness has social and political value, because it can be used to make demands on the state for support for mental health service users.[2]

In this article I will outline the main features of Sedgwick's arguments in the context of neoliberalism. Sedgwick was critical of Foucault's book *Madness and Civilization* (1961/1967) in *Psycho Politics*, but sadly died before the publication of Foucault's later work on neoliberalism and governmentality. I will examine recent authoritarian trends in the governmentality of people with mental health problems and the disabled in the light of Sedgwick's work and Foucault's later work on neoliberal governmentality. The final section examines some of the problems that arise in attempts to set up alliances to resist austerity in the light of both Sedgwick and Foucault.

Austerity and mental health

There is a vast body of evidence linking income inequality to a wide range of health and social problems (e.g. Wilkinson & Pickett, 2009), but in this article the focus is on the impact of austerity on the disabled and people with mental health problems. Attempts to reduce benefit costs have been pursued vigorously by a succession of governments under the influence of neoliberalism, including three 'New Labour' administrations (1997 to 2010) back to Thatcher's administrations from 1979. The banking crisis of 2008 reinvigorated a key function of austerity, that of cutting back the state. One of the first actions of the Conservative government elected in 2015 was to announce a further £12bn of benefit cuts,[3] a two-year freeze on benefits and a household benefit cap of £23,000 (down from £26,000) (Beresford, 2015). The Institute for Fiscal Studies found that while the total amount spent on disability benefits had fallen, the proportion of claimants with mental health problems increased from 50 to 60% from 1999 to 2014, posing ' … an increasingly central issue for future disability policy reform' (Banks, Blundell, & Emmerson, 2015, p. 175). This indicates that for benefit claimants with mental health problems, austerity is set to get much worse.

As if it *could* get any worse. The campaigning group Black Triangle (2014)[4] reports that to October 2014 there were 69 suicides of people on benefits. Another group, Disabled People Against Cuts (DPAC, 2014), published a list of 22 suicides or attempted suicides by disabled people related to the detested Work Capability Assessment (WCA). Figures reluctantly released by the UK government's Department of Work and Pensions, following a series of freedom of information requests (DWP, 2015), show that for the period from December 2011 to February 2014, a total of 2380 people died after WCAs found them fit for work.

The Centre for Welfare Reform (Duffy, 2014) found that the impact of austerity, including benefit cuts and sanctions, cuts to housing benefit and cuts to local government, fell disproportionately heavily on disabled people. The Equality and Human Rights Commission (Reed & Portes, 2014) found that tax and welfare reforms had had a more negative impact on families with at least one disabled person, particularly a disabled child in

low-income families and families from Black and Minority Ethnic communities. The coalition government's austerity programme has had a disproportionate impact on the most vulnerable people in society. The Manchester Citizens' Advice Bureau (Manchester CAB, 2013) investigated the impact of benefit sanctions on 376 respondents across the UK. Claimants were forced to cut down on food and heating, borrow money from family and friends, use food banks or scrounge for food from skips. Others were forced to beg. 'Sanctioning' (i.e. suspending or withdrawing benefits for failing to comply with DWP orders) severely affected respondents' mental and physical well-being. Some had contemplated suicide, or had attempted it, after their benefits were withheld. The report paints a picture of lives already permeated by hopelessness plunged further into destitution and despair by sanctions. Despite this, the government refused to carry out a cumulative impact assessment on the effect of these changes on the lives of claimants (Pring, 2015). It is no surprise, therefore, that disabled groups, mad people, mental health service users and activists are taking to the streets in protest.

Austerity, authoritarianism and mental health

The government is now recruiting clinical psychologists and therapists in its attempts to cut welfare spending. Friedli and Stearn (2015) have shown how 'psycho-compulsion' (a range of psychological 'assessments' and 'interventions') now control the lives of hundreds of thousands of citizens with disabilities and mental health service users. Psycho-compulsion involves the imposition of psychological explanations for an individual's unemployment.[5] This originates in the neoliberal view that unemployment is caused by 'faulty' beliefs about the reasons the person is unemployed. These beliefs in turn give rise to 'faulty' attitudes and behaviours, especially so-called 'benefit dependency'. Consequently, unemployed people end up on benefits long-term, and resist seeking paid employment. This has led to a variety of assessments aimed at identifying the 'faulty' personal beliefs and attempts to 'rectify' them through 'therapy'. These psychological 'assessments' and 'therapeutic interventions' are imposed on benefit claimants. If they refuse to comply, their benefits are suspended or stopped. Psychologists and therapists are recruited to modify the beliefs of people on benefits, who are punished if they fail to comply (Friedli & Stearn, 2015, p. 42).

Psycho-compulsion draws heavily on the 'strengths-based' literature of positive psychology, especially notions of confidence, resilience, optimism and self-efficacy in recovery. Positive psychology is suspicious of conventional 'depth' psychology that encourages the person to reflect inwardly on feelings, beliefs and past experiences, especially relating to trauma and adversity (Binkley, 2011). Instead, it encourages the person to take responsibility for his or her own feelings, dwelling on the importance of finding 'happiness'.[6] It explicitly rejects attempts to understand the person's problems in terms of past or current adversity, and instead focuses on future action. It renounces the main object of therapeutic work – the painful exploration of difficult emotional states by talking about them. It is not interested in engaging with suffering. It isolates and alienates the person from her or his peers; in doing so it fragments solidarity, thus weakening the possibility of collective action.

Peter Sedgwick's *Psycho Politics*

Sedgwick's work resonates powerfully with the problems that austerity poses for mental health users today. He was critical of the left for not properly understanding the politics of mental health, arguing that the concept of 'mental illness' could be genuinely radical and critical *if used to make demands on the state and society by and on*

behalf of those who experience psychosis and distress. Sedgwick argued that antipsychiatry critiques of 'mental illness' were problematic, arguing that the position of anti-psychiatrists was ultimately cynical. They opposed positivistic psychiatry, but did so from such widely different perspectives that it was impossible to see a constructive way forward in terms of developing alternatives for people who experience madness. This led to a position of nihilism: 'And the cynic cannot really be a critic; the radical who is only a radical nihilist, or a radical tragedian, is for most practical purposes the most adamant of conservatives' (Sedgwick, 1982, p. 42).

Sedgwick was critical of what he saw as Foucault's (1961/1967) arbitrary and, at times, inaccurate historical analysis. He also criticized Foucault for being over-concerned with doctors', not patients' perspectives (Sedgwick, 1982, p. 137). However, the most serious accusation he levelled against Foucault was that he failed to set his analysis against ' … the rise and fall of class relationships in different modes of production, or contrasting political systems' (ibid., p. 138). According to Sedgwick, *Madness and Civilization* viewed psychiatry apart from the social conditions in which it operated. Thus, the practice of psychiatry is seen simply in terms of medical and scientific insights, and in isolation from the social and political processes that shaped them, especially those of class and production. This failure makes it impossible to consider psychiatry as a practice whose purpose is to ' … improve the implements of production'. The point to be argued here is that if we examine the governmental function of psychiatry, psychology and particularly psycho-compulsion, we can see clearly how these disciplines serve neoliberal economic and political functions.

Neoliberalism and the shrinking state

Since the publication of *Psycho Politics*, the political and economic landscape has been transformed, as neoliberalism has become the dominant ideology of our age. Over the last 30 years, this ideology has encouraged us to think and act in ways that suit its interests rather than the democratic interests and concerns of ordinary citizens (Chomsky, 1999). There are, of course, academic disputes about the history and origins of neoliberalism, but these are beyond the scope of this article. Instead, I want to set out some of the key consequences of the ideology as far as people on benefits are concerned.

Harvey defines neoliberalism as:

> … .the theory of political economic practices that proposes that human well-being can best be advanced by *liberating individual entrepreneurial freedoms* and skills within an institutional framework characterised by strong private property rights, free markets, and free trade. (Harvey, 2005, pp. 1–2, emphasis added)

One consequence of this is a reduction in the power of the state, which is restricted to the creation of those institutional frameworks necessary to support free markets, and to provide the necessary legal structures to secure private property rights. If suitable markets do not exist, the state may have a role in creating them through, for example, privatizing public utilities. Neoliberal economic policies also require the deregulation of financial markets to encourage competition. The state cuts back on or withdraws altogether from welfare and social provision.

The notion of individual freedom (hence 'liberal') lies at the heart of neoliberal ideology. It stands in opposition to Sedgwick's view that we have a collective

responsibility for each other. Individual freedom was enshrined in the policies of Margaret Thatcher, epitomized by her assertion that 'There is no such thing as Society. There are individual men and women, and there are families'.[7] Harvey writes thus of neoliberalism: 'All forms of social solidarity [collectivism] were to be dissolved in favour of individualism, private property, personal responsibility, and family values' (Harvey, 2005, p. 23).

A consequence of this emphasis on individual freedom is the view that human beings stand or fall by their personal responsibility for their decisions, actions and choices. If we understand personal success or failure solely as a property of an individual who is free to choose and act, then the great deceit of neoliberalism is that what are assumed to be the consequences of individual decisions and actions have nothing to do with the wider social, economic and political contexts in which that individual is embedded. Those who are seen to be industrious, hard-working, or who invest financial resources in their betterment, or who profit from successful investments, are held out as aspirational models. They are virtuous and deserve their success; this is how we should see ourselves.[8]

In contrast, personal failure is just that – a property of the individual. It has nothing to do with an increasingly unjust society in which the net direct effect of the coalition government's tax and benefit policies from 2010 to 2014 increased both absolute and relative poverty (Belfield, Crib, Hood, & Joyce, 2014). Instead, poverty arises because the individual has the 'wrong' attitude, a 'faulty' set of beliefs or a lack of 'positive affect'. Neither, for that matter, is it related to personal stories of oppression, adversity, racism, sexism and abuse. This idea that personal failings are the primary determinants of poverty is central to neoliberal ideology, and is at the heart of the psycho-compulsion described by Friedli and Stearn. Foucault's later work indicates that we can also understand psycho-compulsion as a prime example of neoliberal governmentality.

Neoliberal governmentality

Cresswell and Spandler (2009) point out that despite having Foucault's early work clearly in his sights in 1982, the current status of Sedgwick's critique of Foucault requires a nuanced reading. Bracken (2015) notes that the English translation of *Madness and Civilization* (Foucault, 1961/1967) cut the original French text by 300 pages, and omitted many references and footnotes.[9] This may account for the hostile reception that greeted the book in the Anglophone world. In addition, Foucault's later work on governmentality and neoliberalism (based on his 1978–1979 lectures at the Collège de France) was not published until 25 years after Sedgwick's death[10] in 1983. Thus, an important purpose of the current article is to consider Sedgwick's *Psycho Politics* in the light of the publication of Foucault's lectures in *The Birth of Biopolitics* (2008).

Foucault's insights into the nature of power are among his most important contributions to contemporary thought. He argued that political theories such as Marxism or liberalism see power largely in negative terms (Bracken & Thomas, 2010). Power suppresses, limits and silences. Power works against truth. However, power can be positive and productive as well as negative and oppressive. Indeed, rather than suppressing truth, power generates what Foucault calls 'regimes of truth', or contextual assumptions, discourses and practices that characterize particular societies at specific moments in history, which are almost universally taken as self-evident, and through which it becomes possible to speak of one statement being true or another false.

Foucault had an ambivalent relationship with Marxism.[11] Olssen (2004) points out that although he was often critical of Marxism, there are similarities between Marx's and Foucault's analysis of power in social relationships, but there are also important differences. Foucault rejected historical materialism because it was rooted in the problematic traditions of the Enlightenment. Where classical Marxism saw power relationships between subjects in terms of class struggle between the proletariat and capital, Foucault's key insight was that any analysis of power had to engage with the way power relationships constituted the subjects involved in them.

Foucault (1982) did not completely disavow earlier analyses of power, such as that offered by Marx, but he denied the claim of some Marxists that such analyses were foundational. He argued that the mechanisms of subjection, while not independent of Marxist analyses, were not determined by them. He was also deeply critical of the form of individualism found in contemporary neoliberal societies. He argued:

> … the political, ethical, social, philosophical problem of our days is not to try to liberate the individual from the state, and the state's institutions, but to liberate us both from the state and from the type of individualization which is linked to the state. We have to promote new forms of subjectivity through the refusal of this kind of individuality which has been imposed on us for several centuries. (Foucault, 2008, p. 216)

In *The Birth of Biopolitics*, Foucault (2008) set out a detailed analysis of the origins and functions of power and governmentality in relation to neoliberalism:

> The term itself, power, does no more than designate a [domain] of relations which are entirely still to be analyzed, and what I have proposed to call governmentality, that is to say, the way in which one conducts the conduct of men, is no more than a proposed analytical grid for these relations of power. (Foucault, 2008, p. 186)

'Conduct' here may refer to the way we conduct ourselves, or the way in which we conduct the conduct of others, and it is this latter sense that is important for governmentality. As far as neoliberalism is concerned, Foucault argues that it refers to governing the conduct of economic subjects, or *homo aeconomicus*, in civil society:

> … civil society is the concrete ensemble within which these ideal points, economic men, must be placed so that they can be appropriately managed. So, homo aeconomicus and civil society belong to the same ensemble of the technology of liberal governmentality. (Foucault, 2008, p. 296)

Rose (1990) has drawn attention to the explosion in psychological and psychotherapeutic expertise in the second half of the twentieth century. Although these techniques were aimed at self-improvement, their purpose was an economic one tied ultimately to the interests and concerns of neoliberalism. Psychology and psychotherapy (like psychiatry) are 'regimes of truth' whose power and authority serve goals that are congruent with the values of neoliberalism. They are part of the apparatus of neoliberal governmentality in modern economies, and are central to the ' … regulation of the processes proper to the population, the laws that modulate its wealth, health, longevity, and its capacity to wage wars and engage in labour … ' (Rose, 1990, p. 5).

Rose shows how psychology plays a central role in the governmentality of subjectivity under neoliberalism, but this analysis deals primarily with the governmentality

of the employed. The banking crisis of 2008 generated new priorities to prune state spending on benefits, resulting in a significant shift in the governmental function of psychology and psychotherapy from the *employed* to the *unemployed*. This can be seen in the importance attached to positive psychology in psycho-compulsion, a set of theories and practices aimed at reducing the number of benefit claimants. Friedli and Stearn point out that this represents an attempt by the state to govern and manage disabled subjectivities, so that ' … liberal subjects' capabilities, inclinations and desires are in accord with values and expectations that are identified as already given by a civil society centred on the labour market' (Friedli & Stearn, 2015, p. 42).

Cromby and Willis (2013) argue that the psychometric testing of benefit claimants is a powerful governmental process aimed at shifting claimants' subjectivities in accordance with the precepts of neoliberalism. Setting to one side the conceptual and methodological flaws of the rating scales used in these assessments (and which they consider in detail), they describe the context in which these scales are used as one in which claimants are demonized as 'skivers', 'scroungers' and work-shy. Furthermore, these scales are administered in the setting of a coercive relationship. Conditionality means that claimants *must* participate. If they don't, their benefits will be stopped. Cromby and Willis write:

> Foucault's (2008) analysis of neoliberalism highlighted the way in which it represents a reconfiguration of human nature and the social order in accord with the dictates and demands of the market, and that in so doing it implied a new kind of subject. It is in this sense a particular instance of governmentality, i.e. 'a particular mentality, a particular manner of governing, that is actualised in habits, perceptions and subjectivity'. (Cromby & Willis, 2013, p. 251)

Resistance and alliances

What is the way forward? Sedgwick's view was that, ultimately, the exclusion of mental health users from society can only be rectified by transforming the social, political and economic structures of late capitalism. This involves a radical political programme to ensure they have genuine and effective choice about the support they receive. But in an age of austerity, with attacks on benefits and cuts in support systems (both statutory and non-statutory), there is a strong case for Sedgwickian 'alliances' between service users and mental health professionals to challenge austerity. Moth, Greener, and Stoll (2015) describe four campaigns in England involving alliances of service users, trade union activists and local anti-austerity groups. These campaigns used a variety of tactics including political action, media and press campaigns and direct action (e.g. occupying buildings). Local service users played a central role in such action.

Local activism is invaluable, but national alliances are necessary to combat national austerity. Recent months have seen a rising tide of resistance and activism involving the wider disability movement against benefit cuts and the imposition of sanctions on claimants. This raises a difficult question: is it possible for mad people to form alliances with these groups to resist austerity on terms that suit their particular needs and concerns? McKeown and Spandler (2015) point out that to answer this question we must consider how differences in identity (as disabled person, mad person and so on) influence the expectations and outcomes of debate. For example, although mad and disabled people are oppressed by neoliberal austerity policies, the reality of mad identities is that other factors such as stigma must be taken into

account. This can be a divisive issue for some campaigning disabled groups who may share commonly held negative perceptions of mad people. This may lead to splits that weaken a broad-based alliance against austerity.

Another problem unique to mad people concerns the colonization of the idea of recovery, a concept that originated in the survivor movement as a radical rejection of biomedical 'disease' models of madness. Under austerity this has been debased and transformed into a tool of persecution used by the DWP to force people off benefits. Notions of resilience and recovery have been taken over as a system of governmentality in which ' … psychiatric survivors [are] responsible for their own adherence to prescribed ways of governing their interior lives, while at the same time leaving medical authority intact, since psychologists and psychiatrists have become experts in recovery and resilience' (Howell & Voronka, 2012, p. 2).

All this raises the question of how, in the face of such adversity, mad people and mental health users are to participate in the debates necessary to build alliances across the wider disability movement. Some have suggested that deliberative democracy (based on Habermas's [1984] notion of communicative action) offers a way forward. Deliberative democracy is a way of facilitating collective action to achieve social change from the grass roots up. It features prominently as a principle of the Occupy movement, as well as the political groups Podemos and Syriza.[12] The problem here, as McKeown and Spandler (2015) point out, is that the key elements of communicative action (and thus deliberative democracy) are reason and persuasion, which demand clarity of thought, and a willingness to change one's position in the face of a convincing argument. In other words, it privileges reason and rationality. This may potentially exclude groups and individuals who may temporarily find it difficult to meet these criteria.[13]

It was of course Foucault who in his introduction to *Madness and Civilization* drew attention not only to the privileging of reason over unreason, but to the caesura, the silencing, this imposes on the mad:

> There is no common language: or rather, it no longer exists; the constitution of madness as mental illness, at the end of the eighteenth century, bears witness to a rupture in dialogue, gives the separation as already enacted, and expels from the memory all those imperfect words, of no fixed syntax, spoken falteringly, in which the exchange between madness and reason was carried out. The language of psychiatry, which is a monologue by reason *about* madness, could only have come into existence in such a silence. (Foucault, 2006, p. xxviii, original emphasis)

Foucault's subsequent analyses of power indicate that, notwithstanding the problems identified by McKeown and Spandler (2015), mad people still have a central role in resisting austerity. Foucault argued that political struggles around identity are primarily directed at the analysis of power, and furthermore they are 'immediate' in the sense that those involved in the struggle are those who are most directly affected by the source of their oppression:

> In such struggles people criticize *instances of power which are the closest to them, those which exercise their action on individuals.* They do not look for the 'chief enemy', but for the immediate enemy. Nor do they expect to find a solution to their problem at a future date (that is, liberations, revolutions, end of class struggle). In comparison with

a theoretical scale of explanations or a revolutionary order which polarizes the historian, they are anarchistic struggles. (Foucault, 1982, p. 211, emphasis added)

The work of the radical survivor group Recovery in the Bin[14] exemplifies this. The group bitterly opposes the colonization of 'recovery' by mental health professionals, commissioners and policy makers. The group's 18 key principles (Recovery in the Bin, 2015) argue that this colonization is evidence that neoliberalism and capitalism are in crisis. Recovery is beyond the ability of the many who live in intolerable social and economic circumstances, in appalling conditions of poor housing, poverty, stigma, racism and sexism. Yet despite this, they face coercion and demands from DWP staff to 'recover'. Recovery in the Bin uses the term 'UnRecovered' as a form of self-definition to contrast it politically with 'Recovered'. The techniques of psycho-compulsion described by Friedli and Stearn (2015) based on positive psychology are ' … being used to *pacify patients and stifle collective dissent*' (Recovery in the Bin, 2015, p. 1, original emphasis). Autonomy and self-determination can only be achieved through collective action rather than through individualistic striving. They demand, instead, a social model of madness and distress in the context of the wider class struggle, arguing both from personal experience and evidence that capitalism and social inequality are bad for mental health. The challenge facing this group and their allies in forging alliances of resistance is formidable, but on 12 September 2015 the direction of the political wind in the UK shifted to a more favourable quarter, with the election of a Labour Party leader opposed to austerity. These are powerful reasons to continue the struggle.

Disclosure statement

No potential conflict of interest was reported by the author.

Notes

1. 'Psychopolitics in the Twenty-first Century: Peter Sedgwick and Radical Movements in Mental Health', conference at Liverpool Hope University, 10 June 2015 (http://www.hope.ac.uk/psychopoliticsc21/#sthash.7A29CYLT.dpufhttp://www.hope.ac.uk/psychopoliticsc21/).
2. This should not be interpreted to mean that Sedgwick supported the biomedical model of mental illness.
3. See http://www.ifs.org.uk/publications/7762.
4. The Black Triangle group campaigns for the human rights of British disabled people at a time when the press and media frequently refer to people on benefits as 'work-shy', and disability hate crime is on the increase. Their name is taken from the black triangles that disabled people were forced to wear in the concentration camps of Nazi Germany. Such people were classified as 'Arbeitsscheu' (work-shy). See http://blacktrianglecampaign.org/about/.
5. In June 2015 the Department of Work and Pensions introduced a pilot scheme in south London that relocated the local community mental health team to the job centre, with the provision of 'therapy' based on positive psychology for benefit claimants.

6. While some may find such approaches helpful, the issue here is that many do not, and it is thus grossly unethical to force those who, for various reasons, are opposed to 'positive psychology' to accept this by threatening to withdraw their benefits.
7. Margaret Thatcher, reported in *Woman's Own*, 31 October 1987.
8. This is reflected in the popularity in Britain of TV series like *Dragon's Den*, in which young entrepreneurs have an opportunity to present their business plans to a group of wealthy potential investors.
9. These were reinstated in the recent translation by Jonathan Murphy and Jean Khalfa (Foucault, 2006).
10. They have been available as a series of audiotapes, but there is no evidence that Sedgwick was aware of them, or indeed studied them. See http://www.lib.berkeley.edu/MRC/foucault/nb.html.
11. Early in his academic life, Foucault joined the French Communist Party some time in 1948 under the influence of his mentor, Louis Althusser, but then left five years later. See Macey (1995) and also Miller (1993).
12. And which may also be read into the 'kinder' participatory politics advocated by Jeremy Corbyn.
13. McKeown and Spandler (2015) do not propose the abandonment of deliberative democracy as a tool in building alliances, rather that it requires adaptation and modification to make it possible for mad people to contribute.
14. See https://www.facebook.com/groups/711653172207623/ – the group was formed in January 2015, and by November its membership had grown to over 600.

Notes on contributor

Philip Thomas is a volunteer with a charity in a northern British town that helps refugees and asylum seekers to rebuild their lives. He is also Vice-Chair and co-founder of another charity working with people from diverse communities with mental health problems. He was previously a consultant psychiatrist for many years, when he was a founder member and co-chair (until 2011) of the Critical Psychiatry Network. He was also a Professor of Philosophy, Diversity and Mental Health at the University of Central Lancashire. He has written or co-authored four books on philosophy and mental health, and dozens of academic papers on philosophy, culture and madness. As a psychiatrist, Philip's work was high profile, his work featuring in a Horizon documentary on 'Hearing Voices'. His work featured on BBC Radio 4′s *All in the Mind* on three occasions, on hearing voices, postpsychiatry (his third book co-authored with Pat Bracken), and his work with Pat in Bradford. Philip is now a writer.

References

Banks, J., Blundell, R., & Emmerson, C. (2015). Disability benefit receipt and reform: Reconciling trends in the United Kingdom. *Journal of Economic Perspectives*, *29*, 173–190.

Belfield, C., Crib, J., Hood, A., & Joyce, R. (2014). *Living standards, poverty and inequality in the UK: 2014*. London: Institute for Fiscal Studies. Retrieved from http://www.ifs.org.uk/uploads/publications/comms/r96.pdf

Beresford, P. (2015, May 28). For service users who rely on benefits, the Queen's speech brought no relief. *The Guardian*. Retrieved from http://www.theguardian.com/social-care-network/2015/may/28/service-users-rely-benefits-queens-speech-no-relief-social-care-nhs

Binkley, S. (2011). Psychological life as enterprise: Social practice and the government of neo-liberal interiority. *History of the Human Sciences*, *24*, 83–102.

Black Triangle. (2014). *UK welfare reform deaths – Updated list – 21st October 2014*. Retrieved from http://blacktrianglecampaign.org/2014/10/21/uk-welfare-reform-deaths-updated-list-october-21st-2014/

Bracken, P. (2015). Reflection on *Madness and civilization: A history of insanity in the Age of Reason* (1961) by Michel Foucault. *British Journal of Psychiatry*, *207*, 434.

Bracken, P., & Thomas, P. (2010). From Szasz to Foucault. On the role of critical psychiatry. *Philosophy, Psychiatry and Psychology*, *17*, 219–228.

Chomsky, N. (1999). *Profit over people: Neoliberalism and the global order*. New York: Seven Stories Press.

Cresswell, M., & Spandler, H. (2009). Psychopolitics: Peter Sedgwick's legacy for the politics of mental health. *Social Theory & Health*, *7*, 129–147.

Cresswell, M., & Spandler, H. (2015). Psychopolitics today: A response to Tad Tietze. *Critical and Radical Social Work*, *3*, 119–124.

Cromby, J., & Willis, M. (2013). Nudging into subjectification: Governmentality and psychometrics. *Critical Social Policy*, *34*, 241–259.

DPAC. (2014). *Disabled People Against Cuts reports of WCA-related suicides*. Retrieved from http://dpac.uk.net/wp-content/uploads/2014/05/DPAC-Report-Reports-of-WCA-Related-Suicides-Issue-1-May-2014.pdf?22eb71

Duffy, S. (2014). *Counting the cuts: What the government doesn't want the public to know*. Retrieved from http://www.centreforwelfarereform.org/uploads/attachment/403/counting-the-cuts.pdf

DWP. (2015). *Mortality statistics: Employment and Support Allowance, Incapacity Benefit or Severe Disablement Allowance*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/459106/mortality-statistics-esa-ib-sda.pdf

Foucault, M. (1967). *Madness and civilization: A history of insanity in the Age of Reason*. London: Tavistock (orig. publ. 1961).

Foucault, M. (1982). Afterword. In H. Dreyfus & P. Rabinow, *Michel Foucault: Beyond structuralism and hermeneutics* (pp. 208–216). New York: Harvester Wheatsheaf.

Foucault, M. (2006). *History of madness* (preface to the 1961 edition; J. Murphy & J. Khalfa, Trans.). London: Routledge.

Foucault, M. (2008). *The birth of biopolitics: Lectures at the Collège de France 1978–1979*. (M. Senellart, Ed.; G. Burchell, Trans.). Basingstoke: Palgrave Macmillan.

Friedli, L., & Stearn, R. (2015). Positive affect as coercive strategy: Conditionality, activation and the role of psychology in UK government workfare programmes. *Medical Humanities*, *41*, 40–47.

Habermas, J. (1984). *The theory of communicative action: Volume one: Reason and the rationalization of society*. (T. McCarthy, Trans.). London: Heinemann.

Harvey, D. (2005). *A brief history of neoliberalism*. Oxford: Oxford University Press.

Howell, A., & Voronka, J. (2012). Introduction: The politics of resilience and recovery in mental health care. *Studies in Social Justice*, *6*, 1–7.

Kushner, B., & Kushner, S. (2013). *Who needs the cuts? Myths of the economic crisis*. London: Hesperus Press.

Macey, D. (1995). *The lives of Michel Foucault*. New York: Vintage Books.

Manchester CAB. (2013). *Punishing poverty? A review of benefits sanctions and their impacts on clients and claimants*. Retrieved from http://www.manchestercab.org/news_more.asp?news_id=19

McKeown, M., & Spandler, H. (2015). Solidarity across difference: Organising for democratic alliances. In H. Spandler, J. Anderson, & R. Sapey (Eds.), *Madness, distress and the politics of disablement* (pp. 271–286). Bristol: Policy Press.

Miller, J. (1993). *The passion of Michel Foucault*. Cambridge, MA: Harvard University Press.

Moth, R., Greener, J., & Stoll, T. (2015). Crisis and resistance in mental health services in England. *Critical and Radical Social Work*, *3*, 89–102.

Olssen, M. (2004). Foucault and Marxism: Rewriting the theory of historical materialism. *Policy Futures in Education*, *2*, 454–482.

Pring, J. (2015, July 10). Osborne refuses to assess impact of cuts on disabled people … then slashes their benefits. *Disability News Service*. Retrieved from http://www.disabilitynewsservice.com/osborne-refuses-to-assess-impact-of-cuts-on-disabled-people-then-slashes-their-benefits/

Recovery in the Bin. (2015). *18 key principles*. Retrieved from https://www.facebook.com/groups/711653172207623/884139974958941/

Reed, H., & Portes, J. (2014). Cumulative Impact Assessment: A research report by Landman Economics and the National Institute of Economic and Social Research (NIESR) for the

Equality and Human Rights Commission; Equality and Human Rights Commission, Research report 94. Retrieved from https://www.equalityhumanrights.com/en/publication-download/research-report-94-cumulative-impact-assessment

Rose, N. (1990). *Governing the soul*. London & New York: Routledge.

Sedgwick, P. (1982). *Psycho Politics*. London: Pluto Press.

Sedgwick, P. (2015). *Psycho Politics* (New ed.). London: Unkant Publishing.

Tietze, T. (2015). Peter Sedgwick: Mental health as radical politics. *Critical and Radical Social Work*, *3*, 103–117.

Wilkinson, R., & Pickett, K. (2009). *The spirit level: Why equality is better for everyone*. Harmondsworth: Penguin Books.