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Book Review: Marxism and Psychiatry: Rethinking Mental Health Politics for the Twenty-First Century Psychopolitics by Peter Sedgwick Unkant Books, London, 2015, 348 pp. ISBN 9780992650957.

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## Introduction

The republication of Peter Sedgwick's book *Psychopolitics* – 34 years after its first appearance – is a significant event in what is still a backwater of political activism. Sedgwick's subject was mental illness and, more widely, the psychiatric system of medicalized care for those so diagnosed. For Sedgwick, this represented a neglected but important aspect of social life as sufferers were to be numbered in their millions worldwide and psychiatric welfare apparatuses were a ubiquitous, if largely invisible (in 1982), feature of capitalist states. Sedgwick's contribution as a Marxist intellectual and activist was to bring to bear a dialectical mode of analysis to surveying this system and the experience of mental illness and, suitably brought up to date, it retains its political relevance today.

*Psychopolitics* is essentially a hybrid work combining a philosophy of mental illness with a Marxist analysis of political praxis within that particular system of welfare. This new edition published by Unkant Books in the UK is timely for four reasons. First, it includes previously unpublished material, namely Sedgwick's address to the Royal College of Psychiatrists (RCP) in the UK from 1983, possibly his last ever public pronouncement. Second, it is prefaced by a Foreword penned by respected academics and activists Helen Spandler, Robert Dellar and Alistair Kemp (Spandler et al, 2015). Third, it appears during a period of resurgence of interest in Sedgwick which has been marked by a series of publications (Cresswell and Spandler, 2009, 2015; O' Grady, 2015; Tietze, 2015) and the international conference *Psychopolitics in the Twentieth Century* held in Liverpool, UK in June 2015. Fourth, a 'Sedgwickian' perspective seems to, at least tacitly, underpin some prominent recent mental health activism in both North America (Erbentraut, 2012) and the UK (Moth et al, 2015). It might be said that Sedgwick's star is re-ascendant after a lengthy eclipse – but, as we shall see, his is only one of at least three current tendencies within the politics of mental health.

## Peter Sedgwick (1934–83)

Sedgwick was a prominent figure within the British New Left from the mid-1950s onwards. Numerous archives and memoirs are devoted to or include him<sup>1</sup> and his activist biography is well-known (see Davis and Davis, 2015). Successively a member of the Communist Party (CP), the Socialist Review Group (SRG) and the International Socialists (IS), he declined to join the Socialist Workers Party (SWP) upon the split in IS in 1976. He had three literary lives which coalesce in his Marxist praxis: his topical journalism for a range of left-wing periodicals; his Marxist scholarship, especially his translations and preambles to Victor Serge's *Memoirs of a Revolutionary, 1901–41* (Sedgwick, 2012) and *Year One of the Russian Revolution* (1972) and his articles on psychiatry and mental health of which *Psychopolitics* is the summation. In activist terms and in addition to his writings, Sedgwick was prominent within the National Schizophrenia Fellowship (NSF) and, as well as his own experience of

mental distress, was attuned to the needs and experiences of relatives and carers. He died prematurely before he could consolidate all aspects of his work – but the fact that they form elements of a unified praxis is, I think, significant. Central to the critical commentary of this review is that Sedgwick's activist and intellectual life remained that of a revolutionary Marxist in toto; this is obvious, for instance, in his journalism for *Socialist Worker* and in the *Serge* scholarship – but it is equally part of the work on psychiatry and his activism for NSF. I return to this latter issue – treating Sedgwick's praxis as a unified whole – at the end of this piece.

## Psychopolitics

The argument of *Psychopolitics* functions in positive and negative registers. Negatively, it provides a brilliant critique of a group Sedgwick dubbed the 'ideological celebrities of anti-psychiatry': Foucault (2006), Goffman (1961), Laing (1967) and Thomas Szasz (1974). Each is devoted a chapter (Laing gets two); each is, in turn, critiqued and found wanting. According to what criteria? They are politico-philosophical. First, in considering (then indicting) the biomedical concept of mental illness, Laing et al are guilty, Sedgwick argues, of 'psycho-medical dualism'. Like Cartesian dualism (Descartes, 1996), of which this is a sub-set, psycho-medical dualism constructs a mind–body split between *res extensa* – a world of material reality and hard-core facts – and *res cogitans* – a value-laden world of freedom, ethics and 'mind'. For dualists, medicine belongs to the former, psychiatry to the latter.

Demonstrating a more thorough-going materialism than his adversaries, Sedgwick shows how this allows general medicine to slip off the ethical hook – for the world of physical health, illness and medicine is as much penetrated by ethics and values as the apparently more power-laden region of 'mind'.

We have to keep in view here that when Sedgwick speaks about medicine he means 'socialized' rather than 'technologized' medicine – surgery, pill popping etc. – and to specifically social interventions into general health such as purifying water supplies or supplying contraception or, presumably, to give a more topical example, the provision of e-cigarettes to smokers. All would seem to assist the 'mental' aspects of life as well as the 'physical'. Clearly, this is a more holistic conception of health and human existence than that usually found in the Western tradition. For Sedgwick, our 'ideological celebrities', in indicting the value-ladenness of mental illness and the 'power/knowledge' of psychiatry, to coin a Foucauldian (1980) phrase, had failed to consider a 'logically prior question'. Not: 'what is mental illness?' But instead: 'what is illness' (Sedgwick, 2015, pp. 1–44)?

Sedgwick's answer is novel. Arguing that psycho-medical dualism as a subset of the Cartesian type, is a historically specific Western phenomenon, Sedgwick considered the concept of illness in its widest anthropological sense, as always and everywhere both mental and physical. Folk-medicine, for example, Sedgwick remarks, does not construct a mind–body split for it is not necessary to its cultural functioning. Instead, illness plays the role of an explanatory framework advanced to make sense of human suffering generally conceived and folk-medicine's task, it follows from this, is to do something to alleviate it. On this view, the anti-psychiatrists are wrong to regard medicine as fundamentally split yet posturing as whole, for Sedgwick's unitary concept of illness combines what they split in two. Thus, we should consider psychiatry and medicine as both legitimate aspects of a truly socialized medicine and both physical and mental illnesses as genuinely and equally 'illness'.

## Political Strategy

Sedgwick knew that the negative critique of anti-psychiatry allied to the positive account of socialized medicine led to consequences for political strategy. There were three. First, that we should eschew the 'nihilism' of antipsychiatry whose relentless critique of mental health services led only to collusion with 'cheese-paring politicians' (ibid., p. 41) – of both right and left stripes – who were looking for excuses to make what we would call today 'austerity cuts'. Second, that we should defend the actually existing welfare state (in the UK, the publicly funded National Health Service and local authority-run social services) as the only institutional apparatuses this side of the revolution able to respond to mental suffering en masse. Third, that the latter task required the formation of broad-based coalitions – Sedgwick called them 'cross-sectional alliances' (ibid., p. 274) – combining workers, their defense organizations (trade unions and political parties) together with 'mental patients' and their defense organizations (social movements) including carers and relatives. These were the broad planks of Sedgwick's admittedly reformist political program – but their advancement in the specific case of mental health proved to be both more complex and more subtle than it might at first appear.

The fact is that Sedgwick's program contained explicitly within it a critique of the organized Left and of his own comrades. For Marxists, this immanent critique remains one of the most challenging aspects of his work. For if the 'ideological celebrities' of anti-psychiatry were guilty of romanticizing 'madness'—Sedgwick (1972a, b) was especially scathing about Ken Loach's 'Laingian' portrayal of 'schizophrenia' in his 1972 film *Family Life* – then Marxists were guilty of it too. Indeed, the romanticization of madness by Marxists had, arguably, more serious political consequences – for it led to a situation in which the 'mentally ill' were regarded as hyper-revolutionary proletarians subject on account of the degree of 'alienation' which their psychopathology seemed to embody, whilst their actual experience of suffering was either minimized or regarded as epiphenomenal to the 'real business' of political struggle. Sedgwick detected a 'vulgar' Marxism operational within some Marxist attitudes to mental health, one in which the actual experiences of the 'mentally ill' were merely a super-structural side-show to an economic substrate.

So, Sedgwick, himself an intellectual of the Left, demanded both a reflexive Left willing to be self-critical of its own conceptual blind spots, and a dialectically sophisticated Left able to analyse the mental health system, following the Marx (2008) of the *Grundrisse*, not as a 'base' and 'superstructure', but, rather, as a 'rich totality of many determinations and relations'. This sophistication was reflected in his subtle approach to coalition-building or what he called 'cross-sectional alliances'. 'Cross-sectional' for Sedgwick had multiple meanings. Negatively, it meant that such alliances were not confined to: (1) the public sector or (2) a single political party, trade union or social movement organization. Its positive meaning referred to the solidarity that could result from alliances flexibly formed to make demands upon welfare provision. Although Sedgwick was a staunch defender of public provision for mental health services funded through general taxation, he was also acutely aware of such services failings including the institutional abuses about which the anti-psychiatrists had been rightly so vocal. It was for this reason that he supported the partial provision of such services by the voluntary sector, for only they could provide a 'countervailing power of voluntary social initiative, outside the bureaucratic compass of the state' (Sedgwick, 2015, p. 252). Sedgwick cited the anarchist Peter Kropotkin (1908) and the practice of 'mutual aid' in support of the latter – and this was in keeping with the general libertarian tinge to his Marxism

which was manifest not only in Psychopolitics' enthusiastic endorsement of Kropotkin but in Sedgwick's general admiration for the activism of the anarchist- turned Bolshevik, Victor Serge. Again, Sedgwick's partial advocacy of the voluntary, or the 'third' sector, is one that is challenging to Marxists.

### Psychopolitics Partial Eclipse

There is no doubt that Sedgwick's book had intellectual impact – it became required reading on social science degrees within universities, generally badged under a 'Sociology of Health and Illness' rubric, where it could be usefully referenced in juxtaposition to Laing and anti-psychiatry. Its first part, the philosophical critique of anti-psychiatry together with the defense of socialized medicine, remains a tour-de-force. But the second half of the book, which is a Marxist analysis of the mental health system and political praxis within it, has been unjustly neglected. There are historical reasons behind this. First, Sedgwick wrote upon a historical cusp situated between an asylum system of institutional care and the development of 'care-in-the-community'. He was fully aware of this and it forms a nuanced part of his analysis but it does mean that, for later readers, the full implications of what has been called 'post-asylum geographies' (Philo, 2000) of mental health care could not be fully addressed. Second – and ironically for so penetrating a critic of non-Marxist perspectives on mental health – his work has been superseded by academic fashion, first by Foucauldian frameworks (e.g. Miller and Rose 1986), then by meta- theoretical approaches rooted in the work of Pierre Bourdieu (1990). Nick Crossley's (2006) Bourdieusian-inspired studies of mental health social movements and their 'resistance habitus' have been academically influential. Third, such social movements themselves have, until recently, heeded him little. This is because North American and UK activism has been since the mid- 1980s resolutely non-Marxist. In North America, antipsychiatry has tended to hold sway influenced by Szasz's libertarianism – Sedgwick (2015, pp. 166–203) dubbed it 'Social Darwinism' – and its homegrown activism (e.g. Burstow and Weitz, 1988); whilst, in the UK, the 'psychiatric survivor' movement was from its inception self-consciously apolitical, acknowledging a heterogeneity of ideological approaches within a repertoire of political praxis which was mostly reformist (see Campbell, 1996). In both the UK and North America, identity politics rooted in diverse abusive experiences – including especially that of psychiatric treatment and 'care' – has been an activist thread, whilst the specific identities embraced have been one's Sedgwick could not have envisaged and may not have supported. The 'psychiatric survivor' and the 'Mad' are contemporary constructions of such political identities.

### Psychopolitics Today

The year 2008, however, serves as a turning-point. Not only did the global financial crisis lead to a retrenchment of neo-liberal governance (Scambler, 2009) and subsequent 'austerity cuts' affecting psychiatric services, but this coincided with two novel developments within mental health social movements.

1. The rise of Mad Studies (Francois et al, 2013) emerging from Canada but spreading quickly to the UK (Beresford and Russo, 2016), which emphasizes the celebration and study of 'madness' as a form of critical pedagogy within universities, allied to a politics of identity and experience focussed upon 'sanism' – a particularly virulent form of discrimination and stigma perpetrated by mental health services upon the 'Mad'.

2. The advancement of a global human rights perspective on mental health under the auspices of the United Nations (UN) and embodied in the Convention on the Rights of Persons with Disabilities (CRPD). The inclusion of individuals with psychiatric diagnoses into the CRPD arose through the activism of the World Network of Users and Survivors of Psychiatry (WNUSP) and their chief spokesperson, Tina Minkowitz (2014, 2015). WNUSP strategically situated ‘users and survivors of psychiatry’ within the broader global movement for Disability Rights and, accordingly, redefined ‘mental illness’ as ‘psychosocial disability’. The upshot of the inclusion of psychosocial disability into the CRPD is potentially ground-breaking; for in outlawing discrimination based upon disability it renders all of what Minkowitz calls ‘forced psychiatry’ or what is more colloquially known as ‘sectioning’ – basically psychiatric incarceration or medical treatment without consent – unlawful. Given that the UK and Canada are both signatories to the CRPD and therefore subject to the monitoring mechanisms of the UN, and given that both possess mental health legislation which may fall foul of it, the Disability Rights perspective within psychiatry should prove a controversial arena of struggle for years to come.

Alongside these developments has been the resurgence of Sedgwick. Beginning with presentations to the long-lived Alternative Futures and Popular Protest (AFPP) international conference in Manchester, England (see Barker et al, 2013) – where there were still comrades who had personally known Sedgwick – this has resulted in a series of interventions which have sought both to preserve Sedgwick’s legacy and also to re-envision it for the contemporary politics of mental health. This re-envisioning possesses both theoretical and activist aspects. Theoretically, this author, Mick McKeown (2009), Peadar O’Grady (2015), Helen Spandler (2014) and Tad Tietze (2015) have all sought to rearticulate Psychopolitics for the contemporary context, a process which culminated in the Psychopolitics in the Twenty First Century conference in Liverpool, England in the summer of 2015; whilst in activist terms the interventions of the Social Work Action Network (SWAN), including its ‘Mental Health Charter’<sup>2</sup> and the journal *Critical and Radical Social Work* (CRSW) have underpinned mental health activism with a Marxist perspective which is often explicitly Sedgwickian. On this side of the Atlantic, campaigns to fight service closures in Liverpool, Manchester, Norfolk and Salford (see McKeown, 2009; Moth et al, 2015) have all upheld the fundamental necessity of public sector provision in mental health, whilst in America the Mental Health Movement, part of the STOP Chicago campaign, has done likewise (see Erbenbraut, 2012).<sup>3</sup> Generally speaking, these developments have followed a political program which, whilst up-dated, remains recognizably Marxist and Sedgwickian.

### Solidarities and Tensions

In surveying these trends, a question arises as to the compatibility between Sedgwickian approaches to mental health politics and those associated with contemporary Mad Studies and Disability Rights. Given Sedgwick’s advocacy of cross-sectional alliances, it seems wise to assume, in principle at least, a high degree of solidarity. But it would also be very un-Sedgwickian not to remark upon some obvious tensions:

1. The roots of Mad Studies are very much in anti-psychiatry and postmodern identity politics with Foucault being their most pervasive theoretical influence. This is not necessarily antithetical to Sedgwick – although the categories of ‘experience’ and ‘identity’ are, for his dialectical method, just

one aspect of a 'rich totality' which includes, amongst other things, economics, politics and ideology. More serious is Mad Studies anti-psychiatric hostility to public sector mental health service provision which, for Diamond (2013, p. 87n), one of its most eloquent proponents, is part of the problem of 'psychiatric hegemony' rather than part of the solution. On the other hand, Mad Studies definitely envisages voluntary systems of support and compassion akin to those partially endorsed by Sedgwick: Intentional Peer Support (IPS), the International Network Towards Alternatives and Recovery (INTAR) and Soteria therapeutic communities are just some of the contemporary manifestations of such support situated 'outside the bureaucratic compass of the state'. There's no reason why they should not be supported by Marxists, providing they can overcome their aversion to the 'third sector' – but at the same time this need not distract them from the mainstream defense of public sector mental health services which is the sine qua non of Sedgwickian politics. The possibility of cross-sectional alliances with Mad Studies, on this view, is concrete but qualified.

2. The Disability Rights perspective, however, is full of cross-sectional possibilities – and a deep historical tension. Given that 'sectioning' in most jurisdictions is predicated upon the identification of 'mental illness', 'mental disorder' or some substitute term by psychiatrists, it would seem to be potentially unlawful even though, in the UK context, mental health law remains compatible with the European Convention on Human Rights (ECHR). As the activists of the World Network for Users and Survivors of Psychiatry (WNUSP) have acknowledged, remedying such a state-of affairs could be the work of decades (see Webb, 2015). Nevertheless, such an aspiration is not utopian; the Convention on the Rights of Persons with Disabilities (CRPD) has been ratified by most nation-states; nor is its advocacy confined to the radical legal activists of WNUSP. In the UK, progressive psychiatrists (e.g. Szmukler et al, 2014) have worried about the implications of the CRPD for professional practice and are already mooted the repeal of existing mental health law and its replacement by non-discriminatory statutes compatible with the advocacy of Disability Rights.

Legalistic Disability Rights advocacy is problematic from a Sedgwickian perspective and relates to the wider issue of Marxist approaches to the politics of human rights. In this respect, the new edition of Psychopolitics is instructive – for it contains as an Appendix (2015, pp. 291–299) Sedgwick's previously unpublished address to the Royal College of Psychiatrists (RCP) entitled 'The Fate of Psychiatry in the New Populism'. Sedgwick was addressing the RCP in the aftermath of Psychopolitics' publication and in the run-up to the passage of the 1983 Mental Health Act – a statute which, Sedgwick held, had been unduly influenced by the North American civil liberties tradition exported to the UK in the work of the pressure group MIND (see Gostin, 1976). Sedgwick's dialectical method is particularly impressive here, as he demonstrates how the discourse on human rights – intuitively so difficult to oppose on humanistic grounds – nevertheless chimed with a Thatcher/Reaganite ideology which stressed individual rights over the claims of 'state-sponsored welfare provision' (Sedgwick, 2015, p. 291). Sedgwick, therefore, sought common-cause with the RCP precisely because, for him, they spoke on the side of collective provision and against the fetish for individual rights.

However, cross-sectional alliances with the RCP could be problematic both for Mad Studies – because of their general hostility to service provision – and Disability Rights activists. In the case of the latter, Minkowitz (2014,2015), their most vigorous spokesperson, clearly envisages a future state-of-affairs wherein any form of 'forced psychiatry' (incarceration or treatment) is outlawed without exception; whilst Szmukler et al (2014) at the RCP, envisages, instead, legal reform which

replaces coercion predicated upon psychosocial disability with coercion based upon lack of mental capacity. The two outcomes are not the same, although the political processes leading up to them may provide grounds for solidarity. Where would Marxist- Sedgwickians stand?

Sedgwick himself, in the new Appendix to Psychopolitics, seems to have followed the mainline of Marxist tradition, which sees human rights as essentially ideological, in his case as a populist right-wing smokescreen behind which the Keynesian post-war collectivist settlement could be roughly dismantled. According to this view, human rights are all part and parcel of what Stuart Hall (1979) called 'the great moving right show'. The stem text of this mainline tradition is Marx (1975) himself ('On the Jewish Question') with more contemporary manifestations appearing in Slavoj Žižek (2005) and Michael Hardt and Toni Negri (2000). On the other hand, some have mined the Marxist tradition and Marx himself to uncover more positive or at least ambivalent accounts of human rights (see Cohen, 1981). In this tradition, the most persuasive rendition has been that of Claude Lefort (1986, 1988). Arguing against Marx, Lefort saw both the everyday practices and the symbolism that surrounds 'rights-talk' as expressing a fundamentally democratic and collectivist principle. This principle was ultimately subsumed beneath the capacity to make legitimate political claims to the powers-that be (the State) and to have them regarded as such (Cresswell, 2009). According to this perspective, human rights in themselves possess no ontological significance, but form, rather, one part of a program of legitimate political claimsmaking. Looked at in this way, the pursuit of Disability Rights may be consistent with Sedgwick's (2015, p. 4) wider invocation against the 'nihilism' of anti-psychiatry, that we have to be able to 'make demands on the health service facilities of the society we live in'. The assertion of 'rights' is one way – only one way – of doing this. On this reading, the promise of the CRPD and of mental health law reform is not so much that of outlawing coercion, as Minkowitz hopes, as some coercion may remain ethically defensible, but, rather, of engaging a democratic dialogue about the limits of psychiatric power and the sorts of compassionate well-resourced forms of asylum – understood in the archaic sense of the word as a 'safe haven' – that individuals in crisis require. If this analysis is correct, then support for the CRPD could form a part of a Marxist-Sedgwickian political program.

#### Sedgwick and Marxist Praxis

I wanted to close this review with two reminders – to myself as much as anyone else. First, that we should not lose sight of the fact that Sedgwick remained all his adult life a revolutionary Marxist. Second, that his praxis, holistically conceived as all of his activism plus all of his writings, is best considered as a unified whole.

The need for the first reminder arises because of a certain sanitisation of Sedgwick during his welcome resurgence. This author is certainly not exempt from this charge (see Cresswell and Spandler, 2009, 2015) and it rears its head once again in the new Foreword to Psychopolitics (Spandler et al, 2015). Although Spandler, Dellar and Kemp's 'critical appreciation' does a good job of arguing for the continuing relevance of Sedgwick's praxis, it does so by removing its distinctively Marxist features. This sanitisation arises on account of the need by some authors to accommodate Sedgwick to contemporary mental health social movements and their identitarian concerns and not vice versa. This is of course productive in terms of alliance-formation, but what is also required is a deepening of its explicitly Marxist content by engaging with contemporary theory and praxis. Two recent exemplars would be the edited volume *Marxism and Social Movements* (Barker et al, 2013)



and some internationalist lessons from Latin America in the work of Marta Harnecker (2015) whose notion of a 'correlation of forces' democratically constructed between the Left and social movements consolidates and in some ways surpasses Sedgwick's 'cross-sectional alliances'. Sedgwick himself possessed a wide internationalist perspective; mental health activism in the English speaking world seems parochial by contrast. This has to change.

In reaffirming Sedgwick's revolutionary Marxism we nevertheless need to make sense of his pragmatic reformism. He devotes some of the most passionate passages of *Psychopolitics* to its defense:

'[a]s a revolutionary socialist writer and teacher, trained in the earliest and the most recent battles of the post-war New Left, I here make my own appeal for sympathy and solidarity from honest revolutionaries and radicals everywhere. It is wrong, comrades, to dismiss these real beginnings of contestation and construction to mental health policy as being – what? – 'reformist', 'recuperative'....or worse'. (274–75).

Like another member of the British New Left, E.P. Thompson (1965), Sedgwick seems to have worried about the teleology implicit in some versions of Marxism if it was not tempered by the need to alleviate suffering in the 'here and now'. This was why he railed against the 'nihilism' of antipsychiatry but also why he railed against the 'vulgar' theoretical models of 'base' and 'superstructure' he found in some of his comrades. The problem with too 'vulgar' a Marxism for Thompson had been the danger of political passivity; for him the operative 'revolutionary' metaphor was that of an express train hurtling through a long dark tunnel to emerge into 'sunlit plains'. Still, most of us, as he noted (*ibid.*, 358), 'live in the dark, and die whilst the train is still in the tunnel'. Sedgwick knew this instinctively: hence his call was for cross-sectional alliances to provide more and better psychiatry in the here and now. Marxist praxis, for him, must not be 'the endless postponement of any personal sense of satisfaction in the achievement of socialist objectives' but should, rather, 'prefigure...the forms that will be characteristic of a society of advanced socialism' (Sedgwick, 2015, pp. 277–78). This is the main reason why Sedgwick countenanced voluntary sector initiatives 'outside the bureaucratic compass of the state' – for they embodied precisely the sorts of prefigurative politics he thought that Marxists should be constructing. 'Forming the structure of the new society' as the Industrial Workers of the World once said, 'within the shell of the old'.<sup>4</sup>

Finally, we should not remember Sedgwick as a revolutionary Marxist who just happened to write a book on psychiatry. What unites his journalism, his translations and commentaries on Victor Serge and his analysis of the mental health system, is his Marxism and his skill in the dialectical method. Of the many definitions of 'dialectic' that have been offered (see Bhaskar, 2008), Sedgwick favoured an epistemological one; in his hands, dialectic was primarily a method of analysis and of viewing the social world. If society, as Marx had said, was a 'rich totality of many determinations and relations' then what was required was a method of viewing the disparate elements without ever losing sight of that totality. It's an epistemological juggling act. David Harvey (1984, p. 2) has described this 'dialectical way of proceeding' like this:

'it is rather as if...Marx sees each relation as a separate 'window' from which we can look in upon the inner structure of capitalism. The view from any one window is flat and lacks perspective. When we move to another window we can see things that were formerly hidden from view. Armed with that knowledge we can reinterpret and reconstitute our

understanding of what we saw through the first window, giving it greater depth and perspective. By moving from window to window and carefully recording what we see, we come closer and closer to understanding capitalist society and all its inherent contradictions’.

The lesson of Sedgwick’s unified praxis, which combined in an exemplary manner rigorous scholarship with compassionate activism, is that it is possible through the course of an activist- life to look through many windows, to learn many things and to arrive at a view which, whilst never flinching from tensions, speaks on the side of solidarity.

## Notes

- 1 See URL: <http://www.petersedgwick.org/navigation/Home.html> and URL: <https://www.marxists.org/archive/sedgwick/>.
- 2 URL: <http://socialworkfuture.org/attachments/article/172/SWAN%20Mental%20Health%20Charter.pdf>.
- 3 See URL: <http://www.stopchicago.org/p/mhm.html>.
- 4 URL: <http://www.iww.org/history>.

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