PART FIVE

Critical Psychology and the Epistemology of Psy-Knowledge
Neoliberal Governmentality, Austerity, and Psychopolitics

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Introduction

Recent protests over austerity-related benefit cuts indicate that British society is divided. Government attempts to reduce the number of people on benefits are creating a chasm between rich and poor. The most vulnerable in society, disabled people and those with mental health problems, 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 experienced by those who are physically or mentally unfit for work, as the government exercises 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,” “training courses,” or submit the required number of job applications each week.

It is therefore unsurprising that there has been a resurgence of interest in the work and ideas of the British psychologist Peter Sedgwick (Cresswell and Spandler 2009; Tietze 2015; Cresswell and Spandler 2015). He is best remembered for his 1982 book *Psycho Politics* in which he set out a Marxist critique of antipsychiatry. At the heart of his book (Sedgwick 1982) is an argument of contemporary relevance in the face of austerity: that the label “mental illness” has political value because it can be used to make demands on the state for

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1 On June 10, 2015, the conference “Psycho Politics in the Twenty-First Century: Peter Sedgwick and Radical Movements in Mental Health” was held at Liverpool Hope University.
support for those who experience distress. This should not, however, be taken to mean that Sedgwick supported the biomedical model of mental illness.

In this chapter, I will outline Sedgwick's arguments before setting out briefly the relevant aspects of neoliberalism. Sedgwick was critical of Foucault's (1967) position in *Madness and Civilization*, but because of Sedgwick's untimely death in 1983, he was unaware of Foucault's later work, especially *The Birth of Biopolitics*. For this reason I will examine recent developments in government policy towards persons on benefits, and then consider the relevance of both Sedgwick's and Foucault's work for those resisting neoliberal austerity. In particular, my focus at the end will be on the work of the radical survivor group called Recovery in the Bin.

**Psychopolitics**

Sedgwick argued that antipsychiatry was problematic for a number of reasons. Szasz (1974) relied on a fallacious distinction between what he saw as a purely biological, value-free world of physical illness, and a value-laden world of mental illness. Another problem concerns Laing's (1959) critique of positivism in psychiatry, which questions the status of psychiatry as a medical (and thus scientific) discipline. Sedgwick argued that there is an inconsistency in Laingian arguments that deny the applicability of the methods of natural science in psychiatry, while claiming that there is still a role for medicine in psychiatry. Finally, the anti-psychiatrists' position was 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 distress. This leads 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, 42).

Instead, Sedgwick proposed a unitary perspective on physical and mental illness to make the values of both explicit. A unitary theory of illness stands above the moral and conceptual crisis that antipsychiatry forces upon psychiatry—that psychiatric disorders are brain disorders (in which case psychiatrists have a legitimate role as doctors), or denying they are illnesses (in which case the role of psychiatrists is a moral one, akin to the priest or policeman).

Sedgwick was critical of what he regarded as Foucault's (1967) arbitrary and occasionally inaccurate historical analysis in *Madness and Civilization*. 
He also criticized him for being over-concerned with doctors’, not patients’ perspectives (Sedgwick 1982, 137). But the most serious accusation he leveled against Foucault was that he failed to set his analysis against what he called, “. . . the rise and fall of class relationships in different modes of production, or contrasting political systems” (138). He believed that Foucault viewed psychiatry apart from the social conditions in which it operated. This analysis of psychiatry, argued Sedgwick, was couched in terms of medical and scientific insights in isolation from the social and political realities that shaped them, particularly those of class and production. Consequently it is not possible to consider psychiatry as a practice whose purpose is to “improve the implements of production.”

Neoliberalism and the Shrinking State

Since the publication of *Psycho Politics*, the political and economic landscape has been transformed by neoliberalism. There is much debate about the origins and history of neoliberalism, but this is beyond my scope. Here I will set out some of the key consequences of the ideology as far as those 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, 1–2). An important consequence of this is a reduction in the power of the state, which is limited to the creation of institutional frameworks necessary to support free markets, and the provision of the legal structures necessary to secure private property rights.

In the UK, the policies of Margaret Thatcher epitomized the value attached to individual freedom in neoliberalism. She slashed welfare spending, weakened the unions, and privatized public utilities and social housing. These changes were driven by her view that “There is no such thing as Society. There are individual men and women, and there are families.”2 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, 23).

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A consequence of this is the view that human beings stand or fall by their personal responsibility for their decisions, actions, and choices. If the origins of personal success or failure are to be understood solely as a consequence of individual liberty, then the great deceit of neoliberalism is that what are assumed to be the consequences of individual choice have nothing to do with the wider social, economic, and political contexts in which that individual is embedded. Thus personal failure is the property of the individual. Poverty arises because the individual has the “wrong” attitude, a “faulty” set of beliefs, or a lack of “positive affect.” It has nothing to do with an increasingly unjust society. Neither is it related to personal stories grounded in oppression, racism, and abuse. This idea, that personal failings are the primary determinants of poverty, is at the heart of neoliberalism. The notion of individual freedom lies at the heart of neoliberal ideology (hence “liberal”). It conflicts with Sedgwick’s view that we share a collective responsibility for each other. At the same time, the notion of individual freedom is open to a Foucauldian analysis of power and governmentality.

**Power and Governmentality**

Foucault’s insights into the nature of power are arguably one of his most important contributions to contemporary thought. He argued that political theories such as Marxism or Liberalism see power largely in negative terms (Bracken and Thomas 2010); power suppresses, limits, and silences. However, in his later work he argued that power could be positive and productive as well as negative and oppressive.

Foucault had a complex relationship with Marxism. He was, for a time, a member of the French Communist Party, but he left in 1953 never to rejoin. Olssen (2004) points out that although he was often critical of Marxism, there are similarities between Marx and Foucault’s analysis of power in social relationships, but there are important differences. Foucault rejected historical materialism because it originated in what, in his view, was the problematic tradition 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 that power relationships constituted the subjects involved in them.

Foucault (1982) did not completely disavow Marxist analyses of power, but he denied the claim that they are foundational. He argued that the mecha-
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Mechanisms of subjection, while not independent of Marxist analyses, are not determined by them. He was also deeply critical of the form of individualism found in contemporary neoliberal societies. In *The Birth of Biopolitics* (Foucault 2008, 186), he points out that the function of governmentality in neoliberalism is to “conduct the conduct of men.” He is concerned here with how the conduct of economic subjects, or homo aeconomicus, is governed 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” (2008, 296).

Psychology plays a central role in neoliberal governmentality. In *Governing the Soul*, Rose deals with the forms of governmentality necessary to regulate and control the employed to maximize profit. However, the banking crisis of 2008 resulted in new priorities in the governmental function of psychology and psychotherapy, with the focus shifting from the employed to the unemployed.

Friedli and Stearn (2015) have shown how clinical psychology and therapy have become incorporated into government action directed against benefit claimants. A range of psychological “assessments” and “interventions” now control the lives of hundreds of thousands of citizens with disabilities and mental health problems, through the use of what they call psychocompulsion, the imposition of psychological explanations for an individual’s unemployment. The justification for this is the neoliberal view that unemployment originates in “faulty” beliefs about the reasons the person is unemployed. These give rise to “faulty” attitudes and behaviors, such as “benefit dependency.” Consequently, unemployed people end up on benefits long-term and resist seeking paid employment. The government has introduced assessments to identify these “faulty” beliefs, and programs to “rectify” them through “therapy.” These psychological interventions are forced on benefit claimants. If they refuse to comply, their benefits are suspended or stopped.

Psychocompulsion draws heavily on the “strengths-based” literature of positive psychology, especially notions of confidence, resilience, optimism, and self-efficacy. Positive psychology is suspicious of “depth” psychologies that encourage the person to reflect inwardly on feelings, beliefs, and past
experiences that originate in trauma and adversity (Binkley 2011). Instead, it encourages the person to take responsibility for his or her own feelings, dwelling particularly on the importance of finding “happiness.” It 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.

Friedli and Stearn point out that this is 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 and Stearn 2015, 42). This focus on the individual works against the possibility of group solidarity and collective action on the part of those on benefits.

Resistance and Alliances

What is the way forward? Sedgwick argues that this must be through a transformation of the social, political, and economic structures of late capitalism. There are too many aspects to consider here, but a key element is a radical political program involving service users, mental health professionals, unions, and community activists. Foucault’s analysis of power supports this, especially the role of service users in resisting austerity. He 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, 211, emphasis added)
The work of the radical survivor group Recovery in the Bin exemplifies this.3 The group bitterly opposes the colonization of “recovery” by mental health services, commissioners, and policy makers. The group’s eighteen key principles argue that this colonization is evidence that neoliberalism and capitalism are in crisis (RITB 2015, 1). Recovery is beyond the ability of many who live in intolerable social and economic circumstances, in appalling conditions of poor housing, poverty, and daily experiences of stigma, racism, and sexism.

Yet despite this, they face coercion and unreasonable demands from Department for Work and Pensions 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 psychocompulsion described by Friedli and Stearn (2015) based in positive psychology are “being used to pacify patients and stifle collective dissent” (RITB 2015, 1, emphasis in the original). The group argues that 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 are formidable, but on September 12, 2015, the direction of the political wind in the UK shifted to a more favorable quarter with the election of a Labour Party leader opposed to austerity. These are powerful reasons to continue the struggle.

REFERENCES


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3 Starting out as a facebook group, RITB was formed in January 2015, and by September, its facebook membership had grown to just under 500. The social media group is not active anymore, but the group’s website is https://recoveryinthebin.org (last accessed May 8, 2019).


