

BOOK REVIEW: Psychopolitics. Peter Sedgwick. Unkant, London: 2015. pp. 348
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Psychopolitics, Peter Sedgwick's seminal critical mental health text has been republished some 33 years since its original publication by Pluto Press. The momentum for this has undoubtedly been recognition of the continued relevance of Sedgwick's thinking, not least in the context of a prevailing neo-liberal polity, entrenchment of biopsychiatry (despite a troubling of its evidence base), and massive threats to the sustainability of state sponsored welfare. Sedgwick's work undoubtedly deserves respect, and such recognition will hopefully be forthcoming as his ideas reach a new audience.

Sedgwick grew up in my home town of Liverpool. A graduate of Balliol College, Oxford, he taught at the universities of Liverpool, York and Leeds, mixing psychology with politics. As a life-long activist in the UK labour movement, Sedgwick was initially a member of the Communist Party before joining the International Socialists who he left as they became the Socialist Workers Party. Away from the mental health field Sedgwick is best known for translating the works of Victor Serge, whose pen-name 'the maverick' appropriately matches Sedgwick's own stubborn commitment to critical reflection and resisting dogma. He was arguably on the libertarian wing of the hard left, receptive, like Serge, to the influence of European anarchist ideas. Sedgwick clearly experienced his own mental anguish and, sadly, is believed to have taken his own life within a year of publication of his opus.

This brilliant and closely argued work represents a trenchant criticism of the main players of the so-called anti-psychiatry movement – Goffman, Laing, Szasz and Foucault – simultaneously challenging the bio-medical foundations of psychiatry. In this imprint the original text is bookended between a new foreword written by Helen Spandler, Rob Dellar and Alastair Kemp – authors and scholars active within survivor movements in the UK – and Sedgwick's address to the Royal College of Psychiatrists: *The Fate of Psychiatry in the New Populism*. The latter piece is provocative for critics of psychiatry as it reinforces Sedgwick's considered deployment of the notion of 'illness' in the cause of defending public services oriented towards large scale responses to societal mental distress. Elsewhere in *Psychopolitics*, Sedgwick makes the case for politicised cross-sectional alliances in support of mental health services; ideally involving alternatives to singular bio-medicine. Without knowledge of the subsequent growth of critical survivor movement voices nor the recent emergence of democratised possibilities such as Open Dialogue, Sedgwick was prescient in pointing towards the desirability of such prefigurative alternate futures.

I recall *Psychopolitics* being on the reading list for my mental health nursing course in the 1980s. At the time the contents divided opinion amongst colleagues: those who were at the more conservative end of professionalism could not stomach the radical politics; many of the progressives, however, were uncomfortable with the critique of the charismatic anti-psychiatrists whose work seemed to offer the few slivers of light at the end of a long dark tunnel framed by bio-medical psychiatry. Such discomfort is worth attention, not least because, arguably, the oppressive nature of psychiatry has become ever more consolidated, and various available escape routes continue to be inspired by the anti-psychiatry theses. Hence, the importance of attending to the nuances of Sedgwick's arguments has never been so obvious. There is also, nevertheless, as pointed out in the foreword, a concomitant need to critique Sedgwick's ideas.

There are some weaknesses within *Psychopolitics*, perhaps unsurprisingly given the time span since it was written, but there is sufficient value here to sustain the claim that the challenges it raises are as urgent 'now more than ever'. Not least is the ongoing need for a politics of mental health that can

bring together the necessary alliances which could stand a chance of transforming psychiatry. For such a response to be truly Sedgwickian, this must at one and the same time move beyond reliance upon the mind-body dualism of simple bio-medicine without denying a mass response to mental distress. From this perspective, solutions to the problems of psychiatry are relational, and as such are commensurate with the means by which society as a whole can be transformed. Prioritising the relational, in practice and politics, opens up the potential for mental health nurses and their trade unions to play a pivotal role. To step up to this challenge we need to be sufficiently critically engaged and armed with meaningful and inspirational political ideas to recognise this opportunity and act in reciprocal solidarity with radical survivor activists in the interest of realising more humane and equal social relations of care and, ultimately, a better world. A modest first step would see *Psychopolitics* seriously revisited within nurse education.

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