Welcome to the winter 2014 edition of the philosophy SIG newsletter, in which we have the privilege of a contribution by Dr Helen Spandler. As an expert in sociology of mental health, she has provided an insight into the work of Peter Sedgwick (pictured above). In Psychopolitics, Sedgwick predicted the use of anti-psychiatry’s rhetoric by right-wing governments’ in reducing the mental health services. It was not surprising to many when the cuts indeed happened. In an interesting rhyme of history, we face another age of austerity, when Sedgwick’s ideas are even more relevant. Unfortunately Psychopolitics is out of print, but hopefully Dr Spandler’s work will renew interest in Sedgwick, because whether we agree with him or not, his ideas are certainly worthy of study.

A Sedgwickian philosophy for our times?
Dr Helen Spandler PhD

The impact of austerity in the UK has led to suggestions that there is a crisis in mental health services (Mckeown et al. 2013). This situation raises some important and difficult questions. In particular, whether to defend psychiatric services, professionals and discourses that critics have spent years ‘deconstructing’ and ‘contesting’ (Parker et al 1995; Crossley 2006). The urgent need to address these questions has resulted in a resurgent interest in the work of Peter Sedgwick (Tietze; 2015; Cresswell and Spandler 2009; 2015).

Sedgwick was a British psychologist, political theorist and author of Psychopolitics (Sedgwick 1982). He uniquely applied political philosophy to mental health care by drawing on Marxist philosophy and European anarchism. He employed a dialectical approach to identify the existing 'conditions of political possibly' for innovations in mental health care, without imposing a reductionist or idealistic analysis of society. For him, the politicisation of mental health problems, by academics and radicals tended to be simplistic and crude by slotting psychiatric sufferers into prevailing radical ideologies. Whilst he found the imminent critiques of psychiatry by people like Foucault, Goffman and Laing plausible, he was concerned that, without a serious and organised challenge to reigning bio-medical orthodoxies - including proposals for concrete working alternatives - their critiques could unwittingly be appropriated and misused under 'new right' welfare regimes. His analysis seems highly prescient and it is worth identifying some particular features of it that are relevant to current debates in psychiatry.

1. Critical Concepts

In the sociology of mental health, Sedgwick is probably most known for his deployment of the concept of 'illness' unifying physical and mental illness. He was often mistakenly seen as endorsing the now prevailing orthodoxy promoted by anti-stigma campaigns that 'mental illness is an illness like any other'. Sedgwick's point, however, was not that mental illness was akin to physical disease. For Sedgwick, any attribution of illnesses expresses social values and judgements, not necessarily ‘diseases in nature’ (Sedgwick 1973; 1982). His emphasis on values is important because it does not inevitably lead to a reductive biological approach (Morgan 2011) or the assertion that mental illness is mythological, in a Szaszian sense. Sedgwick's point was that without such a concept, it is difficult to demand appropriate welfare responses. Recent developments suggest that illness might not be the 'critical concept' Sedgwick envisaged, especially as the psychiatric survivor movement has tended to reframe mental illness as trauma or distress (Cresswell and Spandler 2009). However, his broader concern remains critical: if we reject the notion of mental illness, do we need alternative concepts to ensure that people get access to support and entitlements? This is an especially important question if people risk losing support, services and disability entitlements. In the current context, psychiatrists and other medical professionals are often seen by service users as their biggest allies, as they can support their claims for long term mental health support and disability entitlements. This irony would not have been lost on Sedgwick.
2. Socialised medicine

Sedgwick endorsed the idea of ‘socialized medicine’ and this might help get around the problematic distinction often made between a ‘medical’ and ‘social’ model of mental health. The idea of socialised medicine recognises that any ‘medical intervention’ should be prepared to address a person’s social conditions and environment; and that a sound medical approach should always include the option of no medical intervention but instead recommend things like prolonged rest, convalescence and recovery time. Since Sedgwick’s time, we have seen a rise in the medicalisation of distress in the sense of an over-reliance on diagnostic classification, pharmacological interventions, as well as reduced recovery time. The role of psychiatry in dealing with mental distress is still a debateable issue, but this idea of ‘socialised medicine’ might be similar to the approach taken by some critical psychiatrists. For example, the idea that whilst we shouldn’t reject medicine outright, we need to understand the social functions it serves in a person’s life, and wider society, rather than assuming they treat underlying ‘diseases in nature’ (Moncrieff 2008).

3. Positive rights

Sedgwick argued that whilst civil-libertarian approaches to psychiatry have been important in exposing injustices, they were more useful as a ‘provocation than as a programme’ and could be counterproductive in the long run (1982: 154). This is because civil liberties campaigns in psychiatry have tended to focus on what we might call ‘negative’ rights (such as the right not to be detained or treated against one’s will) as opposed to ‘positive’ rights (such as the right to receive support and welfare entitlements). We have seen this kind of legalistic and individual rights-based approach in recent developments, such as the United Nations Convention on the Rights of People with Disabilities which positions all psychiatric detention and forced treatment as human rights violations. Whilst this been lauded as a breakthrough in psychiatric liberation, some have argued that it may leave service users unsupported and vulnerable, especially in the current context, by not resulting in the availability of concrete alternatives that are acceptable to users and survivors (Plumb 2015).

4. Alliances

Unlike many psychiatric critics, Sedgwick saw mental health workers and families as potential, if not entirely unproblematic, allies. Sedgwick was critical of the organised left and trade unionists who, he argued, tended to adopt limited objectives such as ‘defending jobs and services’ (1982: 229). In the current situation, many trade unionists and service users adopt this position and campaigns to defend services often uncritically adopt unhelpful depictions of ‘mental patients’ in order to secure public support (Mckeown 2009). Sedgwick called for cross sectional alliances between services user and carer organisations and non-defensive trade unions to transform, not just defend, mental health services (Mckeown et al. 2014).

5. Collective welfare provision

Sedgwick saw ‘community care’ as a slogan to mask the growing depletion of mental health services, the result of the politics of capitalism that ‘glorifies its own indifference’ (1982: 184). With the acceleration of neoliberal policy we now face similar a new situation where community care facilities are being dismantled under an ideology of ‘recovery’. Whilst the idea of recovery is not new, the current way it is being deployed undoubtedly serves a particular ideological function. Against a backdrop of reducing ‘welfare dependency' and public spending, recovery policy focuses on getting individuals back into paid employment and discharged from services. One perverse effect is that some service users feel like they have to ‘play up’ their mental illness, such as their assumed dangerousness and unpredictability, in order to keep valued services and support.
This illustrates Sedgwick's warning that ostensibly 'radical' ideas could chime in with the growing ideology of the new right to 'seduce people with better individual choices at the expense of collective welfare provision' (1982: 240). Indeed some people have argued that service users have gone from a situation of 'enforced collectivism' to 'enforced individualism' (Roulston and Morgan 2009). Sedgwick argued for the renewal and re-invention of social psychiatry traditions like therapeutic communities in the modern era, a situation we haven't seen. Indeed proponents of recovery philosophy have arguably been remarkably silent on questions of both acute and long-term care. This may be why there is continued desire for concrete alternatives such as Open Dialogue and Soteria in the UK (http://www.soterianetwork.org.uk/)

**Conclusion**

Sedgwick's analysis does not provide any easy answers; it is not a blueprint for action and we cannot simply 'apply' it to today's situation (Cresswell and Spandler 2015). It is important to recognise his analysis fell short, not least by under-estimating the importance of experiential knowledge, especially that generated from the psychiatric survivors movement. However, I believe his work is worth re-visiting, especially in the current context, as the questions he raised still need serious attention. New political philosophies, rooted in an on-going analysis of 'current conditions of possibility', are needed to develop more nuanced and sophisticated responses to current challenges. Perhaps we need an updated Sedgwickian philosophy for our times - a new 'psychopolitics'. To this end, I invite people to take part in a seminar we are holding on June 2015 in Liverpool to openly discuss the implications of his work today.

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**Epistemic Injustice: Power and the Ethics of Knowing, Miranda Fricker, Oxford University Press, 2007**

Although this book was written 7 years ago, I believe it remains very relevant to the practice of psychiatry. Its core idea is that there is a separate kind of injustice that is distinct from injustice with regard to access to epistemic goods, such as the inability to access information due to lack of resources. Instead, Fricker draws our attention to the distinctive epistemic injustice in which someone is specifically wronged in his capacity as a knower. Here the person’s testimony, and thus the credibility of his sayings, is questioned on the basis of systematic prejudices, which are relevant to the context of the credibility judgement: ‘prejudices that track the subject through different dimensions of social activity’, as Fricker describes them. She demonstrates the mutual entanglement between epistemology and ethics.

Using examples from real life and fiction (such as *To Kill a Mockingbird* and *Talented Mr Ripley*), Fricker explains how prejudices instigates this kind of injustice in practice. She identifies two kinds of epistemic injustice: testimonial injustice and hermeneutical injustice. In the former, the credibility of the speaker’s word is deflated as the result of prejudice. In the latter, ‘a gap in collective interpretive resources puts someone at an unfair disadvantage when it comes to making sense of their social experiences’, a clear example being lack of a language framework in describing sexual harassment.

Prejudice is something our patients suffer quite often and they are frequently subject to injustice in different domains of their life. Unfortunately, this area is where the effect of prejudice can be unnoticed, as there is not sufficient awareness of this form of injustice.

I found the book easy to read and very informative. Professor Fricker has a gift of explaining complex concepts in an easily understandable way. So long as prejudice exists, there is a possibility of epistemic injustice. In order to challenge it, one must be aware of it. This book provides a perfect starting point.

Reviewed by Dr Abdi Sanati, Consultant Psychiatrist, North East London NHS Foundation Trust

**Conference Reviews**


One might question why I have reviewed a social psychiatry conference in the philosophy SIG newsletter. But after attending it and observing debates on the ethical implications of coercion, the role of social inequality in determining future mental illness and the moral imperatives to act, I realised that philosophy of psychiatry can and does contribute to this field. In fact the considerable input from philosophers to the conference was well received.

A strong argument was made that the future of psychiatry is social and that this is a perspective that could inform research funding and practice. I could see this point. After two decades of significant investments in brain imaging and genomics, psychiatry still awaits a major breakthrough. It seemed to me that our discipline has been looking in the wrong place. Not to belittle the importance of neurosciences, ignoring social psychiatry could be costly. After all, some of the major contributors to the aetiology of mental illnesses that can be targeted for preventive interventions are social factors.

There was an interesting debate on the ethics of coercion and human rights. There were discussions over the role of community treatment orders, which included both empirical and conceptual arguments. There were talks by some distinguished scholars. I particularly enjoyed the lecture by Sir Michael Marmot on the importance of a fair and equal society, and the impact of an unequal one on mental health.

Philosophy of psychiatry can make important contributions to conferences such as this. I think we can expand our reach to embrace a bigger audience. From the feedback I received I can say there is enthusiasm in this audience for more conceptual philosophical matters. Topics such as coercion and cross cultural validity of psychiatric diagnoses are among those that are discussed regularly in both disciplines. It will also enable us to apply our philosophical thought more than before. The next conference is in 2016 in New Delhi.

Reviewed by Dr Abdi Sanati, Consultant Psychiatrist, North East London NHS Foundation Trust
The sunny city of Varna was host to the 16th INPP conference in June 2014. As expected, delegates from all around the world attended the three day conference, which provided a great opportunity for the exchange of ideas and intellectual stimulation. The conference organisers, headed by Professor Drozdstoj Stoyanov, had put in a lot of effort to ensure its success. Several different lectures were delivered over the three days and although I could not attend all the parallel sessions, I found the quality of lectures to be high. I also noticed that the debates and lectures were interesting enough to entice attendees with no philosophical background, thereby inculcating an interest in the field of philosophy of psychiatry.

There were interesting keynote lectures and plenary symposia by very distinguished scholars. It was interesting for me to meet Robert Cloninger, whose theories of personality I had read as a trainee. His elaboration of personality as dynamic, psychobiological, organised and personal was something in need of further reading. Dominic Murphy delivered a talk on validity and normativity of psychiatric diagnosis. He explained that whilst disease concepts are fixed by human contingent interests (like precious metals) they can be studied scientifically. Robyn Bluhm delivered an interesting talk over the complementary, as opposed to antithetical, nature of medical empiricism (focusing on observation and description) and medical rationalism (focusing on causes). She used neuroimaging as an interesting instance of this nature. Derek Bolton’s talk on the controversies on DSM-5 and the role of personal/interpersonal problems in emerging psychiatric symptoms was enlightening and deeply stimulating.

One of the most interesting symposia was on Wittgenstein. Whilst he has been seen by some as a philosopher’s philosopher, this symposium, despite giving great insight into the philosophy of Wittgenstein, was also very accessible. There were members of audience who told me that for the first time not only had they managed to connect with Wittgenstein’s thought, they were going to study his work further. Tracy Bowell explored the non-propositional account of hinge propositions in *On Certainty*. There was a touch on delusions not being propositions, which I found interesting. Neil Pickering discussed the difficulties that are faced by essentialism, using the concept of family resemblance. He argued that family resemblance is not a solution to essentialism’s problem but a dissolution of it. Werdie Van Staden explored how we can understand patients more using Wittgenstein’s philosophy. This was a clear example of the application of abstract philosophy in clinical practice. He argued that in the clinical context the relation between speaker and the sentence has been neglected. The focus should not just be on the content of what the patient says, but the relation between the patient and what he says matter. Stephen Rosenman used Zettel to explore biological explanation in psychiatry. He asked how temporal thought can be explained by something like action potential. There are similarities between the pairing of brain-action to gene phenotype. Like the relationship between musical theme and individual notes. And it showed the importance of description in psychiatry. The session ended with Norman Poole’s interesting case presentations using interpretative phenomenological analysis.

These snippets are merely the tip of a rather large iceberg, but I hope they whet your appetite for the next event!

As usual it was encouraging to see the involvement of patient groups in the conference. I was also impressed by the engagement of local scholars and hope they will attend the future conferences.

Arranging conferences is a difficult business, especially in the current economic climate. We need to give credit to Professor Stoyanov and his team for doing such a superb job; it was both relaxing and enlightening.

The 2015 INPP conference is going to be held in Chile. For colleagues who expected it to be held in Venice, this came as a surprise, albeit a pleasant one, as it gives an opportunity to visit Patagonia as well as to be stimulated by philosophy. The conference flyer is included elsewhere in this issue of the newsletter.

Reviewed by Dr Abdi Sanati, Consultant Psychiatrist, North East London NHS Foundation Trust

**Causal explanation in psychiatry – Beyond scientism and scepticism, 22 August 2014 Amsterdam VU University**

Imagine if in the future there will be specific psychiatric disorders, each with a unique underlying cause and an effective treatment. Many people hope that this will be the case one day. This workshop was organised to discuss whether this would be possible and if so, how it can be achieved.
Philo...
International Network for Philosophy and Psychiatry

The 17th INPP International Conference will be held in Chile in October 2015.

Call for Papers: Third UK Conference In Philosophy And Psychiatry
Royal College of Psychiatrists, 21 Prescott Street, London E1 8BB, 23-25 September 2015

Moral and Legal Responsibility in the Age of Neuroscience

The focus of this conference will be moral and legal responsibility in people who have been diagnosed with mental disorders. This is an exciting area in which recent developments in policy and research are casting a new light on old problems. The conference is not confined to psychiatrists and is open to anyone with an academic, professional or personal interest in this area. We hope to bring speakers from different backgrounds together with the aim of promoting an eclectic, multi-professional approach to this area. We would welcome submissions from patient, offender and victim advocacy groups. Suitable topics would include the following but submissions in any other related area of scholarship will be considered:

- Neuroscience and criminal responsibility
- Autonomy and suicide
- Recent developments in legal mitigation e.g. ‘loss of control’ defence and diminished responsibility
- Agency and responsibility in personality disorder
- Assessment of legal capacity
- Deprivation of liberty in patients who lack capacity
- Responsibilities of clinicians and service users
- Responsible research and policy
- Psychiatry and political violence

Submissions for oral and poster presentations are invited. Speakers will have 30 minutes for their presentations. A summary no longer than one side of A4 should submitted to the conference organiser, Dr John Callender, by 31 January 2015. Please submit by e-mail to john.callender@nhs.net or jscall@doctors.org.uk.
Books

It has been sometime since we listed the latest publications in the International Perspectives in Philosophy & Psychiatry series—so here goes!

- **Experiences of Depression, A study in phenomenology**, By Matthew Ratcliffe, Published December 2014 (estimated)
- **Alternative perspectives on psychiatric validation, DSM, IDC, RDoC, and Beyond**, Edited by Peter Zachar, Drozdstoj St. Stoyanov, Published November 2014 (estimated)
- **Philosophical issues in psychiatry III, The Nature and Sources of Historical Change**, Edited by Kenneth S. Kendler, Josef Parnas, Published 02 October 2014
- **Is evidence-based psychiatry ethical?** By Mona Gupta, Published 12 June 2014
- **Diagnostic Dilemmas in Child and Adolescent Psychiatry: Philosophical Perspectives**, Edited by Christian Perring, Lloyd Wells, Published 13 March 2014.

Journal Resources

**Dialogues in Philosophy, Mental and Neuro Sciences**

The latest issue of Dialogues in Philosophy, Mental and Neurosciences is out. This journal, edited by Professor Massimiliano Aragona is of high quality and can serve as a good resource for enthusiasts in philosophy of psychiatry. It can be found on line at: [http://www.crossingdialogues.com/journal.htm](http://www.crossingdialogues.com/journal.htm).

**Dialogues in Philosophy, Mental and Neuro Sciences** is the official journal of the association "Crossing Dialogues". Its major aim is to improve interdisciplinary communication and theoretical discussions in Philosophy of Psychopathology and related fields (Psychology, Psychiatry, Cognitive Sciences, Neurosciences, Epistemology, Philosophy of Mind, Phenomenology, Philosophy of Medicine, Philosophy of Language, Semiotics, Systemic and Complexity Theories, Sociology, Anthropology, Ethics, Multicultural Studies). Dialogues in Philosophy, Mental and Neuro Sciences is an online journal and its access is free so to be reached by everyone.

**Philosophy of Psychiatry SIG Website**

Dr Dieneke Hubbeling continues to run the Philosophy Special Interest Group Website. Please support it by visiting: [www.rcpsych.ac.uk/college/specialinterestgroups.aspx](http://www.rcpsych.ac.uk/college/specialinterestgroups.aspx).

**Contributions invited for Spring 2015 Newsletter—send us your book and conference reviews**

As ever, we are always delighted to receive contributions and would particularly welcome book reviews and philosophically themed articles. Please send your material to either Dr Abdi Sanati (abstraxion@hotmail.com) or Dr Steve Ramplin (steve.ramplin@nhs.net) by 30 April 2015.

**Acknowledgment**

Thanks to Paul Sedgwick for giving permission to use the photograph of Peter Sedgwick in this newsletter.