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From critical theory to critical therapy: Towards a permanent psycho-political revolution between subjective and objective disalienation

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Abstract

Critical theory has historically assumed an undialectical either/or between reformist therapy and revolutionary politics. Frantz Fanon's dialectical, psycho-social approach to recovery as disalienation offers us a way out. Lying at the intersection of critical theory, political strategy and the history of political thought, this article highlights a lesser-known French tradition of Freudo-Marxist psycho-politics contemporaneous with the first generation of the Frankfurt School, but which placed therapeutic imperatives front and centre of its psycho-political praxis. This article uses Fanonian institutional psychotherapy to contest the anti-psychiatric conceit that madness is liberating and that therapy obstructs freedom. Fanon's critical therapy speaks to the recent care-ethical turn of the contemporary organized left, whilst maintaining a structural critique of the aetiology and treatment of mental illness. This article concludes that recovery involves a permanent psycho-political revolution between the subjective and objective, which requires a radical transformation of both mental healthcare and the pathogenic social world to and within which it responds.

Keywords

mental health/care crisis, deinstitutionalization, anti-psychiatry, institutional psychotherapy, Frantz Fanon

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Introduction

Until recently, the left tended towards scepticism or downright hostility towards mental healthcare and deflationism about the ontology of mental illness,[1] often romanticizing mad people as countercultural sages or martyrs. The British and Italian anti-psychiatry movements generally denied that mental illness existed apart from its social construction and control.[2] Anti-psychiatrists argued that it was neither 'objective' scientific knowledge, nor 'humanitarian' medical care, but rather domination that enabled the emergence of psychiatric diagnoses, treatments and cures. They maintained that mental patients needed to recover not from madness, but from psychiatric domination – demanding total and immediate deinstitutionalization.[3] The anti-psychiatric notion that madness must be freed from all forms of psychologisation resonates across critical theory, both narrowly and broadly construed. In the wake of what is often called a 'mental health crisis', a care-ethical challenge to this genre of critical-theoretical psycho-social accelerationism is in order. As a descriptor not of an individual's psychological breakdown but rather our present psycho-political conjuncture, 'mental health crisis' refers to the increasingly high incidence of reported mental illness together with the chronic strain under which our underfunded public mental health services operate. The scope of my contemporary social criticism is bounded by my own immediate psycho-political context in the UK, but there are strong parallels with the situation in the US that track shared neoliberal ideologies and policies.[4]

The UK's social-reproductive crisis in mental health/care has only deepened due to the recent perilous collision between a welfare state decimated by post-crash austerity and a deeply destabilizing global pandemic.[5] Yet the genealogy of this crisis extends back beyond David Cameron's 'age of austerity'[6] to psychiatric decarceration. Whilst the coalition that coalesced around the asylum question in the long sixties[7] was singularly eclectic, its right wing proved triumphant.[8] The radical-left and even liberal-humanitarian hopes invested in deinstitutionalization were undermined by the deeply disempowering and dehumanizing effects of its neoliberal implementation from the top down. Enoch Powell[9] set out his deinstitutionalization programme in his famous 1961 Water Tower speech. He boasted of his ambition to halve the number of psychiatric hospital beds in 15 years, whilst remaining vague about what 'provision in the community' would entail beyond pushing responsibility for 'the mentally ill and mentally subnormal' onto local authorities.[10] The previous year, Powell had also tellingly underlined 'the scope for voluntary effort' contributing to essential functions in the National Health Service (NHS) in the same breath as stressing 'value for money' in mental healthcare.[11] In 1962, the NHS Hospital Plan 'set the torch to the funeral pyre', as Powell had vowed the year before. The population of the UK's mental hospitals reduced significantly through the sixties and seventies, culminating with the mass closure of asylums in the eighties under Margaret Thatcher. Towards the very end of her tenure, Thatcher consummated Powell's vision by tasking the local authorities she had already incapacitated[12] with delivering so-called 'community care' in the notorious 1990 National Health Service and Community Care Act.

The closure of NHS long-stay psychiatric hospitals was an austerity measure made ethically palatable by cynical communitarian rhetoric and medically plausible (albeit only in retrospect) by the promise of pharmacological technofixes.[13] Early left critic of de-institutionalization Peter Sedgwick recognized that the 'community care' with which the asylum system was nominally replaced was little more than a euphemism for the 'growing depletion of real services'.[14] Community care was not the communisation of mental healthcare, but rather its re-privatization within the family, where women predictably bore the greatest burden.[15] As is typical of neoliberal governmentality,[16] public irresponsibility for mental healthcare forced caring obligations onto the unsupported and isolated private patriarchal family, re-entrenching capitalist patriarchy's social division of reproductive and productive labour.[17] Working in tandem with her attack on public housing,[18] Thatcher's community care policy meant that severely mentally ill people who lacked even familial support faced addiction, highly precarious housing, outright homelessness or a different kind of incarceration within the criminal justice system.[19] Community care amounted to the state's careless abandonment of mentally ill people, consigning them to slow death.[20] This was especially true of people diagnosed with psychosis and schizophrenia[21] – a dark irony given their symbolic status in the same counterculture that had clamoured for their release. Former patients were now doubly free[22] from the asylum: free from both confinement and sanctuary, control and care.

In amongst the human debris of the neoliberal restructuring of public services, it is unsurprising that the contemporary organized left has expended most of its energies defending the welfare state against cuts and privatization, seeking to *rebuild* the latter's total institutions rather than demanding their abolition.[23] Leftist common sense has shifted towards uncritical support for the NHS. Where its new left predecessors had generally regarded the psy-disciplines as gatekeepers of the bourgeois moral order, today's grassroots left now bemoans the paucity of public mental healthcare provision and draws attention to the deleterious impact of austerity policies on mental health, including higher suicide rates.[24] The counterculture's exoticisation of the often-mundane suffering wrought by mental illness is seen by many on today's radical left as naïve and self-indulgent. It would be inapt to people's lived experiences of mental illness and careless abandonment to maintain anti-psychiatry's blanket denial of the existence of mental illness and the specific care needs it generates – never mind to cheer on the increasing unavailability and inaccessibility of this much-needed care. It would be callous and instrumentalising to simply appropriate people's mental distress as a fertile ground for, or even a form of, political resistance.

But what if mental healthcare could do more than just mitigate individual psychic pain? My contention is that a *critical* therapy aiming at not individual adjustment but collective emancipation could help us recover ourselves and each other as we struggle together for a better world – not only out of a care-ethical concern with harm-reduction, but also for the sake of the struggle itself. In this paper, I will argue that once-dominant critical theories of mental health/care are no longer adequate to our present psycho-political conjuncture. I will offer a necessarily brief sample of the recent history of anti-psychiatric critique from the left, surveying the radical psycho-political thought of Theodor Adorno, Herbert Marcuse, Michel Foucault and Carol Hanisch. I will argue that each of these thinkers pose

an undialectical either/or between reformist therapy and revolutionary politics. I will then offer institutional psychotherapist Frantz Fanon's dialectical conception of recovery as perpetual psycho-social disalienation as a way out of this false dilemma. I will suggest that Fanon's critical therapeutic praxis can expand our psycho-political imagination and enrich our psycho-political struggles today. Fanon's struggle in and against the asylum eluded the dichotomy between psy-apologism and psy-abolitionism. My Fanonian theorisation of recovery speaks to the recent care-ethical turn of the contemporary organized left, whilst pushing back against the latter's welfarist melancholy and maintaining a structural critique of the aetiology and treatment of mental illness. Mental healthcare is not merely an opiate for the masses, but nor is it simply an unalloyed public good to be defended, restored and extended. Our recovery requires the radical transformation of both mental healthcare and the pathogenic social world to and within which it responds.

'Messed over, not messed up': Recovery in the recent history of radical psycho-political theory and praxis

To motivate my turn to Fanonian critical therapy, I will first reconstruct some recent historical examples of the radical leftist rejection of therapy as disciplinary and conformist. I will begin by considering Critical Theory in the narrow sense: the first generation of the Frankfurt School. Despite its influential social-theoretical appropriation of psychoanalysis, the Institute of Social Research generally saw the clinical application of psychoanalysis as politically irrelevant or even pernicious. Most notoriously, in the summer of 1955, Marcuse lambasted his former Frankfurt colleague Erich Fromm's 'neo-Freudian psychology' in the pages of *Dissent* magazine,[25] initiating a fierce exchange that has recently attracted renewed scholarly interest.[26] Whilst some of the dispute turned on differing interpretations of Sigmund Freud, I understand Fromm and Marcuse's exegetical disagreements as downstream from their divergent syntheses of psychoanalysis with Marxism. Their competing Freudo-Marxist programmes provided conflicting answers to the question: should we try to make life under capitalism more liveable?

Marcuse answered with a resounding 'no'. He distinguished between psychoanalytic *theory* as a diagnostic tool for critiquing capitalism's social pathologies, and psychoanalytic *therapy*, which, he claimed, 'aims at curing the individual so that he can continue to function as part of this civilization'. According to Marcuse, there is necessarily a 'discrepancy between theory and therapy': theory seeks to understand the actually-existing social world in order to refuse it; therapy seeks to adjust the patient to that world. 'Therapy', Marcuse claimed, 'is a course in resignation'.[27] It is inherently politically quietist, because it attempts to subjectively reconcile the patient to her objective condition of alienation. Marcuse's charge of 'revisionism' was thus, on my reading, primarily ethico-political rather than interpretive. For Marcuse, the problem was not that Fromm had desecrated Freud. The issue was that Fromm had politically defanged psychoanalysis, rendering it a banal, conformist and moralistic 'philosophy of the soul'[28]: a 'positive' therapy rather than a negativist critical theory.[29] 'Feeling better' in lieu of the overthrow of capitalism, Marcuse argued, requires grossly distorting our perception of social reality in

order to render our lived experience of it tolerable. On his view, therapy by its very nature cannot be critical, because it necessarily aims at the (false) 'happy consciousness'.[30]

Adorno, who had joined the Institute shortly after Fromm's formal departure, maintained a similar line. 'Revisionist' psychoanalytic therapy of the kind propagated by Karen Horney (and, implicitly, Adorno's predecessor Fromm[31]) individualized social pathologies even as it claimed to 'sociologise' Freud by incorporating the influence of 'environmental' factors into the analysis of neurosis.[32] It facilitated the analysand's adaptation to sick normality and thereby functioned as a form of social hygiene.[33] Adorno's most sustained critique of therapy can be found in his 1946 speech at the San Francisco Psychoanalytic Society.[34] Beyond the revisionists' quietist 'endorsement of complacent optimism and conformism', their attempt to therapeutically reconcile self and society, he thought, was destined to fail. Disalienation, Adorno claimed, 'is an ideal which would be realized only in a non-traumatic society'; under capitalism, the 'totality of the so-called "character"' is at most 'a system of scars, which are integrated only under suffering, and never completely.'[35] Much as 'there is no right way of living the wrong life', for Adorno, there was no disalienated way of living the alienated life – even if therapy deluded patients into believing otherwise, thereby foreclosing political dissent.[36]

Foucault was straightforwardly hostile to psychoanalysis, but his anti-psychiatric advocacy of 'killing psychology'[37] and embracing the ungovernability of 'madness itself'[38] resonated with Frankfurt School Freudo-Marxism all the same. Where Adorno and Marcuse denaturalised the psy-disciplines through ideology critique, Foucault opted for a Nietzschean[39] historicisation of what he saw as the invention of mental illness. In *History of Madness* (1964), he offered a proto-genealogical[40] history of this positivist capture of madness, challenging then dominant triumphalist histories of gradual scientific and humanitarian progress culminating in the inevitable victory of modern psychiatry.[41] Foucault argued that the modernization of madness actually involved a 'double movement of liberation and enslavement': celebrated nineteenth century reformers like William Tuke and Philippe Pinel 'liberated' mad people from old brutal forms of physical constraint only to 'enslave' them through new, more efficient and insidious techniques of control in the guise of medical care.[42] In short, by 'confining madness in mental illness', psychiatry 'grasped madness as something both known and mastered at a stroke', rendering its newfound 'liberty' empty.[43] For Foucault, modern psychiatry was primarily a 'moral tactic…covered over by the myths of positivism'. Foucault maintained that psychoanalysis, whilst constituting a departure from positivism,[44] was just another normalizing 'monologue of reason *about* madness'.[45]

At the 1969 *Évolution Psychiatrique* Toulouse congress dedicated to discussing *History of Madness*, a member of the floor, recorded as 'H. Aubin', claimed:

> '"Foucault is an anti-psychiatrist because the whole of his philosophy is inscribed within the revolutionary current, in the wake of Marcuse."'[46]

Foucault's biographer David Macey describes this association with Marcuse as 'wildly inaccurate'.[47] Volume I of *The History of Sexuality* (1976) is, after all, widely thought to have been directed at Marcuse's 'repressive hypothesis'.[48] But Foucault himself later

acknowledged his affinity with Critical Theory in his understudied 1978 dialogue with Marxist journalist Duccio Trombadori.[49] The militant Foucault of the seventies especially shared Marcuse's countercultural romanticisation of the maladjusted and marginal as primordial forces of resistance against 'civilization'. For example, as part of the Prison Information Group, Foucault co-authored a pamphlet series entitled *Intolerable*, which marked out 'hospitals, asylums' as sites of intolerable disciplinary power.[50] Foucault theorized 'struggle' as springing from the experience of 'intolerable' 'power'.[51] Insofar as the psy-disciplines make the experience of power tolerable, then, on Foucault's view, they reduce the likelihood of struggle. Psychologisation, he thought, extinguishes mad people's vitalistic spirit of transgression. In his Collége lectures on *Psychiatric Power* (1973-4), Foucault playfully 'salute[d] the hysterics as the true militants of anti-psychiatry': treatment-resistant unhappy consciousnesses refusing to tolerate social reality.[52] Even if he positioned himself against the Freudo-Marxist[53] framework of his Frankfurt School contemporaries, Foucault nonetheless echoed their grounding of political resistance in negativist subjectivity borne out of unbearable suffering, and their rejection of the psy-disciplines insofar as the latter sought to mitigate this distress-induced negativism.

Finally, whilst Foucault and the Frankfurt School had very little to say about the contemporaneous women's liberation movement,[54] second-wave feminists adopted a similar attitude of suspicion towards the psy-disciplines – albeit partly in response to the masculinist dismissal of consciousness-raising groups by many of their more economistic socialist comrades. Radical feminist Hanisch's influential 1970 essay, 'The Personal Is Political', is a case in point – despite the lifestylist, liberal-feminist work to which this now-colloquialised slogan is often put. In her self-published 2006 introduction to the essay, Hanisch positioned the piece against the androcentric Marxist dogma that '"the revolution" would take care of' anything individual women could not 'solve' through 'personal initiative'.[55] Vulgar Marxism construed political organizing as primarily a matter of changing the working classes' relationship to the means of production. Whilst a wage labourer's relationship to herself and others might be affected by her (class') relationship to the means of production, and was to that extent political, it was not seen as a domain for political *action* in its own right, but rather symptomatic or epiphenomenal.[56] Second-wave feminism took the question of the relationship between 'individual consciousness' and 'social movement' to be central to politics, and made (inter)subjectivity itself into a site of resistance and transformation.[57]

In her attempt to refute the notion that feminist consciousness-raising amounted to 'mere' (implicitly feminized) 'therapy' – and thus a navel-gazing distraction from the 'real' work of (implicitly masculinized) revolutionary socialist politics – Hanisch argued that it was, in fact, an antidote to therapy.[58] Therapy, she claimed, promoted acquiescence or resignation to patriarchy:

> 'Therapy assumes that someone is sick and that there is a cure… We need to change the objective conditions, not adjust to them. Therapy is adjusting you to your bad personal alternative.'

Hanisch assumed that therapy was apolitical at best and ideological at worst, expressing offence at the suggestion 'that I or any other woman is thought to need therapy in the first place'.[59] Consciousness-raising, Hanisch argued, helped women realize they were 'messed over, not messed up', and thus incited them to 'change the objective conditions' that had messed them over, rather than simply seeking 'a personal solution'. It sought to estrange women from a social reality they had hitherto taken for granted, rendering their existing lives intolerable with a view to radicalizing and recruiting them to the feminist cause. As Hanisch theorized it, consciousness-raising pursued subjective alienation in individual women that accurately reflected their objective alienation as a group, and was thus actively *counter*-therapeutic. Far from helping her 'feel better', Hanisch explained how consciousness-raising had 'forced [me] to take off the rose colored glasses and face the awful truth about how grim my life really is as a woman'. In short, the consciousness raised by second-wave feminists was an unhappy one. There was no feminist way of living life under patriarchy, Hanisch argued: the feminist politicization of *prima facie* personal problems made it clear that 'there are only bad alternatives'; to believe otherwise only perpetuated women's oppression.[60] Even though Hanisch had set out to contest the 'after-the-revolution' stance adopted by anti-feminists on the left, 'The Personal Is Political' tended towards a political millenarianism of its own. Hanisch portrayed the social world as fundamentally corrupt, with nothing short of total destruction and upheaval capable of securing more tolerable alternatives for women. Like many of her feminist contemporaries,[61] she left the dichotomy between therapy and struggle intact, even as she sought to dissolve the dichotomy between the personal and the political. Hanisch failed to recognize that both sickness and cure can be political as well as personal.

Each of these critical theorists assumed or posed an anti-psychiatric undialectical either/or between reformist therapy and revolutionary politics. One can either be mentally healthy and deluded, the story goes, or mentally ill and clear-eyed. Apparently, the only way for the therapist to make her patient 'well' is to encourage false consciousness and socially-rewarded conformity. Were she to raise her patient's consciousness and prescribe socially-sanctioned transgression, the therapist would not be doing her job; she would be promoting 'sickness' instead of 'health'. On this view of mental healthcare, the therapist can only offer opiates: she must dull the psychic pain wrought by sick normality, treating symptoms in lieu of addressing their social causes. For the psy-abolitionist, mental healthcare can at best[62] provide short-term individual harm-reduction at the expense of long-term radical social transformation that would render mental healthcare obsolete.

This undialectical either/or continues to structure critical-theoretical common sense today. How might critical theorists challenge the contemporary popular left's uncritical embrace of psychologisation (and welfarism more broadly) whilst reckoning with the ambivalent legacy of anti-psychiatry? How might the left learn from anti-psychiatric insights into the ideological and disciplinary functions of the psy-disciplines without denying mentally ill people sorely-needed care? Instead of relying solely on the counterculture's organic intellectuals, I suggest that we look to revolutionary psychiatrist Frantz Fanon. Whilst Fanon is best known as a critical theorist of race, he was also a central figure within institutional psychotherapy: an under-theorized French school of

Freudo-Marxism that, unlike the contemporaneous Frankfurt School, placed therapeutic imperatives front and centre of its psycho-political praxis. Fanon refused the false choice between care and critique. He saw mental healthcare as having the potential to contribute to the disalienation of mentally ill people, helping them to 'rediscover the meaning of freedom'.[63] Trained by Francesc[64] Tosquelles at the revolutionary Saint-Alban asylum, Fanon remained committed to medicine's 'deliberate choice for optimism in the face of human reality' throughout his life.[65] Fanon's clinical practice, from France to Algeria to Tunisia, evolved in constant dialogue with his critical theory and revolutionary politics. Eschewing political millenarianism, Fanon argued that subjective recovery does not simply fall out of objective structural change, nor need it work against the latter. An end in itself, psychic healing can also enable collective struggle. For Fanon, disalienation could not wait until after the 'Great Refusal',[66] once 'the new society'[67] – 'a non-traumatic society'[68] – was fully formed. Like his mentor Tosquelles, Fanon saw disalienation as a perpetual double movement between the subjective and the objective. He saw this 'syncopated dialogue' between the psychic and the social as necessary before, during, and after discrete episodes of revolutionary upheaval.[69]

Mental illness as freedom-diminishing

Thanks to the recent collection of previously unpublished psychiatric writings in *Alienation and Freedom,*[70] Fanon's philosophy of race, racism, colonialism and violent anti-colonial revolution is increasingly understood as drawing upon his professional life at the vanguard of institutional psychotherapy. Yet the archive of Fanon's revolutionary psychiatry ought not only to be historically valued for its explanatory power in illuminating his already well-studied critical theory of the psychic life of race. Fanon also ought to be recognized as a critical theorist of psychiatry and mental illness *simpliciter*. His dialectical model of critical therapy enables us to move beyond the anti-psychiatric paradigm in critical theory. Resisting both control and carelessness, Fanonian critical therapy is more adequate to our psycho-political conjuncture than anti-psychiatry's either/or thinking.

Like the anti-psychiatrists, Fanon depathologised mentally ill people. He argued that both ontogenetic and phylogenetic approaches to mental illness neglect its 'sociogeny', partly because they ignore the lived experience of mental illness. Fanon combined his well-known phenomenological account of race as socially-constructed with his lesser-known understanding of the social determinants of mental illness in his intersectional 'sociodiagnostic' critiques of French colonial psychiatry and its racially-essentialist misdiagnoses.[71] Fanon argued that mental illness is not 'a taint' located 'in the "soul" of the individual' (à la ontogenetic colonial psychoanalysis), nor in their brain (à la phylogenetic colonial ethnopsychiatry), but should rather be sociodiagnosed as contextually intelligible responses to 'taints' in their 'environment'[72] – what the Frankfurt School called 'social pathologies'.[73] Fanon saw 'psychic alienation' as produced at least in part by socio-historical processes acting upon rather than inhering within mentally ill people.

In contrast to anti-psychiatry, however, Fanon maintained that mental illness was 'real'. Mental illness existed independently of psychiatric invention, and could no more be reduced to its political than its neurological dimensions. What's more, whilst Fanon advocated far-reaching structural changes to psychiatric care, he still thought mental illness could and should be treated. He explicitly distanced himself from the 'unremitting defence of the nobility rights of madness'.[74] Forced daily to confront the psychic fall-out of colonial domination and violent warfare in (post)colonial North Africa, Fanon was no stranger to the very real suffering mental illness wrought. Far from anti-psychiatric romanticisation, Fanon viewed mental illness as a 'pathology of freedom' rather than its source or expression.[75] Indeed, towards the very end of his life, as Fanon dictated *The Wretched of the Earth* (1961) to his Tunis day clinic assistant, the social worker Marie-Jeanne Manuellan, he would often remind her that 'the goal of psychiatry was to produce free men'.[76]

In the same year that he published *Black Skin, White Masks* (1952), Fanon began his psychiatric career in the radical Saint-Alban milieu under the tutelage of Tosquelles. The following year, in a co-authored psychiatric paper, the two argued that 'the psychiatric hospital must be an institution of disalienation'.[77] This was the fundamental premise of the French mid-century institutional psychotherapy movement, of which Tosquelles was the progenitor. It emerged during the Second World War in opposition to the Vichy Regime's starvation of asylum inmates.[78] Where anti-psychiatry aimed to abolish psychiatry and thereby doubly free mentally ill people from medical control and care, institutional psychotherapy saw both the asylum and its inmates as ill and needing treatment.[79] For Tosquelles, the authoritarian psychiatric institution was a microcosm of the Spanish fascism from which he had fled and comparable to the brutal Septfonds concentration camp in which he had been interned with fellow Republican political refugees upon arriving in southern France.[80] Yet so too was mental illness itself a psychic analogue to these 'concentrationist' regimes. Institutional psychotherapists thought that the deep democratization of psychiatry was a political and therapeutic imperative; disalienating the hospital by fostering patients' collective self-determination would disalienate them in the process.

Fanon was profoundly influenced by Tosquelles' conception of mental illness as a kind of psychic occupation from which psychiatric care should aim to free those afflicted by it. Fascist or colonial occupation was not only conducive to, but also resembled mental illness; both necessitated resistance. Whilst anti-psychiatric critical theorists like Foucault conceived of normalizing psy-discourses as contributing to 'the fascism…in our heads', and depsychologisation ('killing psychology') as necessary for leading an anti-fascist life,[81] institutional psychotherapy sought to resist mental illness' fascistic occupation of the subject – to 'disoccupy' patients' minds.[82] Fanon saw mental illness as a freedom-diminishing psychic occupation because it 'situates the patient in a world in which his or her freedom, will and desires are constantly broken by obsessions, inhibitions, countermands, anxieties'.[83] She is petrified, 'immobilize[d]'.[84] In 'Yesterday, today and tomorrow', a 1953 editorial he penned for the Saint-Alban hospital newspaper, *Trait d'Union*, Fanon argued that mental illness prevents one from 'keep[ing] all three constituents of time in view: past, present and future' – and that 'it is impossible to see and

achieve anything positive, valid and lasting without taking all three elements into account'.[85] The mentally ill person struggles to move beyond a longed-for but irretrievably lost or, conversely, feared and despised but inevitably recurring past – or loses sight of the past altogether. She struggles to exceed the limits of a seemingly unbearable, eternal present. She forgets that 'she is here with other humans', who, like her, 'always exist in the process of…'.[86] She turns (or rather, is turned) away from others, from time, and in on herself.[87] When 'the present is….turned inward' by mental illness,[88] Fanon argued, it becomes harder for the mentally ill person to interact with her social milieu in order to 'invent', or even *imagine* inventing, 'a new mode of living'.[89] Alienating the mentally ill person not just from sociality, but from temporality itself, mental illness' occupation of her psyche inhibits her ability to act spontaneously with others, within history, to create a future in which she and they can breathe.[90] The mentally ill person severed from time 'acts as if he were dead'.[91] Mental illness threatens to estrange us from 'natality' – what Hannah Arendt famously theorized as the human capacity 'to start something new' – and thus from political action.[92] In contrast to the anti-psychiatric portrayal of madness as a radical refusal of the social pathologies of modern civilisation, Fanon appreciated how mental illness can obscure the very possibility of liberation and limit one's capacity for participating in collective political action, even whilst he also critiqued colonial psychiatry's pathologisation of anti-colonial resistance in order to depoliticize and undermine it.[93] Fanon saw a place for a deeply democratized, communised mental healthcare that helped mentally ill people to break out of the solipsism and impotence of delusion, fear and self-loathing, and 'educate man to be *actional*'[94] – as individuals (or, if you like, singularities[95]) constituting and in turn constituted by a collective.

One might object that, in suggesting that mental illness incapacitates the mentally ill person in such a way that bars her from politics, my use of Fanon here is ableist. One might argue that it plays into what Stacy Clifford Simplican calls the 'capacity contract', premising political participation on 'a threshold level of capacity, and exclud[ing] anyone who falls below'.[96] Simplican herself proposes an Arendtian model of political agency, based on acting in concert with others to create something new. Whilst I accept her conclusions with regard to intellectual disabilities, I maintain that, insofar as one is mentally ill,[97] one is alienated from temporality and sociality, and one's capacity for natality and thus political action is to that extent curbed.[98] Mental illness is partly caused and exacerbated by objectively alienating socio-historical processes, but its internal logic is itself subjectively alienating. Mental illnesses can take on lives of their own, generating self-perpetuating vicious cycles that can outlast their sociogeny. Alienation begets alienation. Even if one did think that mental illness is best theorized via a strongly social model of disability and that any admission that mental illness is disabling in ways that are not reducible to the mentally ill person's external environment amounts to ableism, one must still confront an even more troubling tension between mental illness and political action. If mental illness is social all the way down, and recovery requires the removal or alteration of the social conditions by which it is not just caused, but constituted, who are the political agents driving this social transformation? The social model (on this strong interpretation[99]) seems to leave us with two unappealing possible answers here. We are left either with the politically defeatist conclusion that we cannot change the social

conditions that constitute mental illness because these same conditions diminish our capacity for political action, or the paternalistic conclusion that mentally healthy people must do this on our behalf (which violates one of the central principles of disability activism: 'nothing about us without us'[100]).

The anti-psychiatric critic might, of course, deny that there is anything at all inhibiting about mental illness. She might claim that mental illness is just an alternative, non-conformist and perhaps more perspicacious or even disalienated yet unjustly stigmatized mode of experience. Recovery would just require the destigmatization of the experiences we now categorize as 'mental illness'. Whilst the stigmatization and resultant social isolation of mentally ill people certainly still accounts for a substantial portion of the alienation with which we contend, it does not exhaust it. Beyond my rejection of the romanticisation of mental illness as excitingly transgressive or enlightening, I am also ambivalent about even the so-called 'normalization' of mental illness, which is today usually recommended in the same breath as its 'destigmatization', but which I think is importantly different. If, as I have argued with Fanon, mental illness is a freedom-diminishing psychic occupation, why would we wish for it to become 'normalized' either descriptively or evaluatively? Why would we want this form of alienation to become a very common and widely accepted feature of human life? As Fanon argued, there is nothing wrong with the people living with mental illness, but there *is* something wrong with a social order that systematically causes and exacerbates mental illness and thereby diminishes our freedom and political agency. There is surely something *doubly* wrong with a social order that demands we accept this state of affairs as 'normal'.

Recovery as psycho-social disalienation: Waging war on the 'subjective' and 'objective' fronts

Three-dimensional colonial violence as freedom-diminishing

Even though Fanon maintained the disalienating potential of the reciprocal psycho-therapeutic encounter throughout his life, he saw even deeply democratized psychiatry as on its own insufficient for disalienation. Fanon struggled tirelessly to overturn the 'concentration-camp mindset' pervasive at the colonial Blida-Joinville asylum when he first arrived to work as a psychiatrist in French-occupied Algeria.[101] Yet, as Lilia Ben Salem, Fanon's former social psychopathology student, recalls, 'his project was to combat *all* forms of alienation'.[102] As Fanon explained in his resignation letter to the resident minister, mental illness is only '*one* of the ways that humans have of losing their freedom', and French colonialism in Algeria constituted 'a systematic dehumanisation' that 'alienated [the Arab] in his own country'.[103] Whilst the primary source of the colonized's psycho-social alienation – the colonial regime – remained unchallenged, Fanon warns in *Wretched*, it would continue to function as 'a fertile purveyor of psychiatric hospitals', however much the latter were disalienated.[104] Psycho-social disalienation in Algeria required more than a revolution in mental healthcare: it required decolonization.

In 'Why we use violence', Fanon's understudied address to the 1960 Accra Positive Action Conference, his description of the psychic life of colonial violence echoes his

psychiatric interpretation of mental illness as alienation from temporality as well as sociality. In fact, Fanon opened 'Yesterday, today and tomorrow' by observing that 'For a person *and a country alike*, one of the most difficult things is to keep all three constituents of time in view: past, present and future', directly drawing a parallel between the temporal dimensions of mental illness' occupation of the individual psyche and the colonial occupation of the nation.[105] In his Accra address, Fanon argued that 'the violence integral to colonial oppression' was not limited to the brute force by which the regime was instituted.[106] It even went beyond the 'very concrete and very painful violence' of the hateful 'daily behaviour of the colonizer towards the colonized', which Fanon called 'violence against the present'.[107] It was also backward-facing: the symbolic and epistemic violence of cultural imperialism sought not just to destroy indigenous socio-cultural forms,[108] but to invalidate pre-colonial history as one of 'meaningless unrest'. Fanon argued that colonial violence against the past served the reification of the regime, in that it construed colonized people as essentially incapable of self-determination, 'requiring the permanent presence of an external ruling power'.[109] This spirit-breaking combination of violence against past and present produced a forward-facing violence against the future by making national liberation and independence seem impossible.[110] Fanon argued that the colonized were 'caught in a web of a three-dimensional violence': colonization sought to erase the pre-colonial past, petrify the 'inhuman' colonial present by making it appear 'necessarily eternal', and thereby deprive the colonized of all hope for a more human postcolonial future.[111]

For Fanon, colonialism, like mental illness, alienated colonised people from temporality and thus curtailed natality, threatening to consign those who survived the regime's brutal physical violence to a psycho-social 'death in life'.[112] The 'three-dimensional violence' constitutive of the colonial regime thus also amounted to a pathology of freedom that repeatedly undermined Fanon's persistent psychiatric efforts to free colonized psyches. Disalienating both colonial psychiatry and the colonized patients it sought to console and classify meant waging decolonial war on both the 'subjective' psychological level and the 'objective' level of revolutionary struggle for national liberation.[113] These two levels, Fanon argued, were intertwined; fighting on both fronts was necessary for a full psycho-social recovery.

Recovery on the 'subjective' level

Fanon understood that the formation of revolutionary subjects capable of effecting 'objective' change required a 'subjective' shift in the colonized. Alienated colonized individuals needed to be liberated from psychic occupation if they were to contribute to the collective struggle for national liberation. In *Wretched*, Fanon argued that it was only when the colonized began to unlearn his inferiority complex, 'realiz[e] his humanity,' and recognize that 'my life is worth as much as the settler's' that 'he beg[an] to sharpen the weapons with which he w[ould] secure his victory.'[114] Where before he was 'condemned' to 'immobility' – feeling he must 'stay in his place, and not…go beyond certain limits' – his 'subjective' victory over the inferiorising white colonial gaze enabled him to 'surg[e] into the forbidden quarters', exceeding the limits of the colonial present to create a

postcolonial future with his compatriots.[115] He thus began to unravel the web of colonial three-dimensional violence and become 'actional'. Similarly, in 'Algeria Unveiled' in *A Dying Colonialism* (1959), Fanon argued that the anti-colonial militant's 'breac[h] in colonialism' must be 'initially subjective'. If she was to join the fight for national liberation, she first had to 'achieve a victory over herself' – 'over [her] old fear and over the atmosphere of despair distilled day after day by a colonialism that has incrusted itself with the prospect of enduring forever.' Once she initiated the 'subjective' process of recognizing and dislodging the inferiorising white colonial gaze occupying her psyche, she would begin to let go of her despair, shame and anxiety, and become more ready to defy her colonizer.

Fanon thought revolutionary mental healthcare could help the alienated colonized individual to 'overcome a multiplicity of inner resistances' so that she was more able to engage in collective political resistance against the regime.[116] Indeed, he showed there could be a very direct and practical interchange between revolutionary mental healthcare and revolutionary politics; for example, he covertly trained National Liberation Front militants in how to control their body language whilst planting explosives in settler territory, as well as how to psychologically withstand torture and withhold confession from French officers.[117] But revolutionary mental healthcare could also make a less tangible contribution to the struggle. Helping the colonized become aware of her own humanity and the contingency of the regime that denied it, revolutionary mental healthcare could enable her to reclaim her human capacity for natality and 'refus[e] to accept the present as definitive', but rather as 'something to be exceeded'.[118] More than just alleviate her psychic suffering, revolutionary mental healthcare could raise her consciousness about its systemic causes: as Fanon put it in *Black Skin, White Masks*, 'The environment, society are responsible for your delusion.'[119] In sociodiagnosing psychic alienation, critical therapy could empower patients to break out instead of breaking down, inciting and enabling them to 'choose action…with respect to the real source of the conflict – that is, toward social structures', whilst at the same time caring for their mental health in such a way that sustained their struggle.[120]

Recovery on the 'objective' level

At the same time, Fanon maintained that 'objective' disalienation at the level of social structures was required for individuals' 'subjective' recovery. Whilst Fanon recognized the danger of complacently assuming that psychic healing would simply fall out of national liberation, he was similarly sceptical of the notion that the former could be achieved without the latter. The 'prognosis' of the colonized's alienation, Fanon argued, was ultimately 'in the hands of those who are willing to get rid of the worm-eaten roots of the structure', and embark upon a total 'restructuring of the world.'[121] Just as he exposed the violent sociogeny of colonial mental illness, Fanon extended the institutional-psychotherapeutic principle that recovery is necessarily social beyond what he deemed the excessively artificial and stagnant confines of the psychiatric hospital to the Algerian nation as a whole. Even if he could ameliorate his patients' mental health by experimenting with freer relations within the enclosed heterotopic space of the Blida

asylum, Fanon knew that drastically freedom-diminishing colonial relations outside the hospital endangered his patients' full recovery. The collective life of the hospital was no substitute for society as a whole. Colonial society, like the hospital, required 'treatment'.

Towards the end of his career, Fanon broke with the Saint-Alban model of psychiatric hospitalization when, after having fled Algeria, he set up a day clinic attached to Hôpital Charles-Nicolle in Tunis.[122] In a 1959 report, co-authored with one of his radical interns, Charles Géronimi, Fanon set out his critique of what he called 'internment-imprisonment' within the asylum.[123] Whilst Tosquelles had envisaged institutional psychotherapy's 'point of departure [as] a spontaneous, everyday lived experience',[124] Fanon and Géronimi lamented that internment in the institutional-psychotherapeutic 'neo-society' or 'pseudo-society', insulated as it was from the unpredictable outside world, precluded such 'invention; there is no creative, innovative dynamic'.[125] As such, it risked compounding the petrification wrought by mental illness, and thereby further estranging patients from natality. Internment even within the reformed institutional-psychotherapeutic hospital only offered the 'false protection…[of] a sort of wakeful sleep', mitigating psychic suffering without actively confronting the 'conflictual milieu' from which it first arose. It 'diminishes the violence of the conflict, the toxicity of reality' by seceding from it, but, as a result, ultimately fails to 'ac[t] upon reality'.[126]

A patient's integration within the asylum's enclosed heterotopic 'pseudo-society' cannot, then, resolve her alienation from the 'concrete society' to which she must return. Fanon and Géronimi argued that this 'considerably limits the curative and disalienating value of social therapy'.[127] If mental healthcare is to aid recovery, it cannot simply indefinitely uproot mentally ill people from the socio-historical situation in which they became ill. In fact, Fanon and Géronimi contended, 'raising the asylum wall between the patient and the outside condition' promotes 'chronicization'.[128] If the mental healthcare-giver is to 'ac[t] and thin[k] only dialectically,' they cannot treat mental illness in artificial abstraction from its sociogeny, but must confront the 'illness as lived by the patient, a personality in crisis within a present environment'.[129] For Fanon, then, mental illness needed to be situated within its socio-historical context not only for the purposes of diagnosis, but also for the purposes of treatment and recovery. Whilst the reformed asylum did, as the name suggested, provide the patient sanctuary, the personality could only fully recover in 'syncopated dialogue' with the 'environment' in which it was first wounded.[130]

The psychiatric hospital can certainly function as a site of psycho-political experimentation – exploring less alienated ways of relating to one another – and Fanon, like his mentor Tosquelles, used it as such. But this experiment lacked reach and potency to the extent that it closed itself off from wider society and became a totalising end in itself. What's more, Fanon and Géronimi argued that deeply democratic relations between psychiatrists and patients were impossible in the context of internment. Even if Tosquellesian institutional psychotherapy facilitated patients' self-determination within the confines of the asylum, Fanon and Géronimi argued that *any* form of psychiatric internment creates a 'master/slave, prisoner/gaoler dialectic' that prevents 'the doctor-patient encounter' from truly becoming 'an encounter between two freedoms'.[131] Even Saint-Alban answered one 'pathology of freedom' (mental illness) with another: confinement. Fanon and Géronimi thus concluded that 'the veritable social-therapeutic milieu

is and remains concrete society itself.'[132] According to Fanon and Géronimi, day hospitalization, in bringing down the asylum walls and giving patients 'total freedom' to come and go as they pleased, made it possible for mentally ill people to *really* 'take things into their own hands' and become 'actional' beyond the clinical context.[133]

Psycho-social recovery as permanent psycho-political revolution

I have used Fanonian institutional psychotherapy to problematise anti-psychiatric critical theory's undialectical either/or between reformist therapy and revolutionary politics. Fanon understood that recovery was not a one-time event, but a perpetual process that could be non-linear, uneven and unpredictable. As his mentor Tosquelles always stressed, one was never disalienated once and for all; the 'work' of recovery was 'never finished'.[134] Recovery as disalienation is a vector of or a 'movement towards' change rather than its determinate endpoint.[135] Fanon was never under any vulgar Marxist illusion that everything would be alright 'after the revolution', nor that 'the revolution' was guaranteed. Influenced by Tosquelles' idiosyncratic conception of 'permanent revolution', Fanon understood that the revolution would never be over – that, on both the 'subjective' and 'objective' levels, we have to fight a *permanent* psycho-political revolution, constantly reconstructing ourselves and our world, and always remaining vigilant[136] against the rise of new 'concentrationisms', even as old ones dissolve.

Whilst Tosquelles will have first encountered the notion of 'permanent revolution' as a founding member of the Catalan dissident communist group, Workers Party of Marxist Unification,[137] the way he uses the term in the context of institutional psychotherapy differs from its standard Marxist-Trotskyist meaning. Marx and Engels, in a March 1850 address to the Communist League, warned members against being satiated by petty bourgeois reformist 'bribes' of welfare and state employment policies:

> 'While the democratic petty bourgeois want to bring the revolution to an end as quickly as possible…, it is our interest and our task to make the revolution permanent'.[138]

They argued that the proletariat should become an independent political force so that they were poised to seize power in a proletarian revolution.[139] Leon Trotsky's famous theory of permanent revolution developed these ideas to address the situation in Russia, where he believed that the bourgeoisie would not institute political democracy, and that it would thus fall to the proletariat to carry out both the bourgeois-democratic *and* proletarian revolutions, adding that the Russian proletariat would not be in a position to hold onto power in a fiercely hostile international context unless it was quickly followed by proletarian revolutions in other countries. Trotsky's conception of permanent revolution thus challenged Menshevik stagism and undermined 'socialism in one country' (a strategy later pursued by Joseph Stalin). More abstractly, following Michael Löwy's interpretation, Trotsky counterposed permanent revolution to the 'impotent fatalism that pervaded Menshevik thinking, where the dead ruled the living and the past determined the future'.[140] Trotsky's '*open* historicism' understood 'the process of permanent revolution towards socialist transformation…not as an inevitable necessity', but a possibility the

realization of which would depend on a host of unforeseeable contingencies that would present new opportunities and obstacles at every turn, which would have to be navigated by political agents.[141]

Closer to Marx and Engels' original usage and Trotsky's 'open historicism' than to the latter's specific theory of uneven and combined development, Tosquelles deployed the term 'permanent revolution' loosely and intuitively to describe a kind of endless and open-ended everyday psycho-political orientation and practice: that is to say, a psycho-political praxis.[142] Tosquelles advocated permanent revolution in mental healthcare to guard against reformist complacency, fatalism, stagnation and petrification. As the latter's fellow institutional psychotherapist Jean Oury explained,

> 'The entire project set forth by Tosquelles…at the clinic of Saint-Alban was to challenge all areas of suppression. It is not simply a question of suppressing this or that, but of slowly infiltrating suppressive models, of softly subverting.'[143]

The struggle in and against mental healthcare was, for Tosquelles, 'never finished'. Asked in 1985 if institutional psychotherapy was still relevant or if had been overtaken by new movements, Tosquelles emphasized that it was constantly changing through time and space:

> 'There is always enough to initiate the process of going back and forth between practice and theory. With Aristotle and with Marx I had taken up here the term praxis which indicates these comings and goings. This is also why I would rather speak of a certain movement towards institutional psychotherapy than of a very definite type of model or explanation.'[144]

This dialectic between critical theory and critical therapy never resolved; institutional-psychotherapeutic theories evolved as soon as mental healthcare-givers and -receivers attempted to put them into practice.

Where Marxist-Trotskyists theorized the bourgeois and proletarian revolutions not as two distinct historical stages, but two moments of the same uninterrupted revolutionary process, Tosquelles understood permanent psycho-political revolution as an uninterrupted double movement between subjective and objective disalienation, as well as between theory and practice. This was expressed most vividly during the years of Resistance, which put the patients into contact with the outside world – they left the psychiatric institution to buy and sell on the black market, to pick mushrooms, to work for local peasants in exchange for butter and turnips – and brought the outside world in: Saint-Alban became an asylum for fugitive fighters as well as mentally ill people.[145] The question of survival proved didactic.[146] Patients at Saint-Alban not only avoided the death by starvation faced by patients at almost every other psychiatric institution in France. They also became part of a movement which disturbed the rigid distinction between care-givers and -receivers, transforming their own subjectivities in the process.

Nevertheless, Tosquelles' desire to bring the 'outside' into the asylum conflicted with his attempt to provide patients and militants refuge from social pathologies. As I argued in the previous section, Fanon was sceptical of the possibility of permanent revolution

within the confines of even the reformed hospital's 'pseudo-society'. He advanced the revolution by turning his back on internment for even severe psychosis patients, breaking down the boundary between 'inside' and 'outside' and confronting 'the toxicity of reality' together with his patients and comrades. Note, however, that opening the doors of the hospital and abandoning psychiatric confinement did not mean carelessly abandoning mentally ill people. Fanon's departure from the total psychiatric institution did not entail full deinstitutionalization of the sort pursued by the anti-psychiatry movement that gained prominence only after his untimely death. Fanon's aim remained the disalienation rather than the abolition of psychiatry. After all, as Sedgwick put it in his critique of anti-psychiatric individualism, 'Politics can be resisted only by politics, institutions by institutions'.[147] Instead of merely nominal, cost-cutting 'care in the community', Fanon advocated deeply democratizing existing institutions and appropriating their resources to communise mental healthcare. His perpetual struggle in, against, and beyond metropolitan and (post)colonial psychiatry can provide inspiration for our response to the mental health/care crisis today. Recovering Fanon's sociodiagnostic critique and his critical yet institutional psychotherapy offers us resources for demanding care that does not cost us freedom, and freedom that does not cost us care.

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Notes

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1. In the contemporary philosophy of psychiatry, debates about the ontology of mental illness concern whether mental illness exists and, if so, what sort of thing it is. For a brief overview of key questions asked by philosophers of psychiatry about the ontology of mental illness, see Pat Bracken and Phil Thomas, 'Reflections on Critical Psychiatry', in *Routledge International Handbook of Critical Mental Health* (Routledge, 2018), 'Ontological', 101–2.
2. This is also true of the North American anti-psychiatry movement, but, given the right-wing libertarian Thomas Szasz's foundational influence, it is not as relevant to my present concern with anti-psychiatric tendencies on the left.
3. Whilst British anti-psychiatrists defected from their profession and called for deinstitutionalisation from outside the asylum, Italian anti-psychiatrists sought to bring down the asylum from within. For a recent history of British anti-psychiatry that decentres the

controversial countercultural icon R. D. Laing, see Oisín Wall, *The British Anti-Psychiatrists: From Institutional Psychiatry to the Counter-Culture, 1960–1971* (Routledge, 2019). For a recent English-language history of Italian anti-psychiatry, albeit one built around the figure of Franco Basaglia, see John Foot, *The Man Who Closed the Asylums: Franco Basaglia and the Revolution in Mental Health Care* (London: Verso, 2015).

4. Beyond this especially close transatlantic comparison, the lessons from the British anti-psychiatry movement and actually existing deinstitutionalisation in the UK can also inform our internationalist response to what is now being called a 'global mental health crisis' (e.g. 'Secretary-General's Video Message to Launch the World Mental Health Report 2022: Transforming Mental Health For All', United Nations: Secretary-General, 17 June 2022, https://www.un.org/sg/en/content/sg/statement/2022-06-17/secretary-generals-video-message-launch-the-world-mental-health-report-2022-transforming-mental-health-for-all; see also World Health Organization, 'World Mental Health Report: Transforming Mental Health for All' (2022): ch. 3 for a comprehensive report on high mental health needs and insufficient and inadequate responses worldwide) in the wake of neoliberal globalization.
5. For an overview of empirical studies of the impact of the COVID-19 pandemic on population mental health up until April 2022, see Office for Health Improvement and Disparities, 'COVID-19 Mental Health and Wellbeing Surveillance: Report', Research and Analysis (UK Government, April 2022), https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report. For an overview of how the pandemic accelerated the existing treatment gap, see British Medical Association, 'Mental Health Pressures in England' (15 November 2023), https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/mental-health-pressures-data-analysis.
6. David Cameron, '"The Age of Austerity"' (Cheltenham, UK, 26 April 2009).
7. Dan Berger, 'Introduction: Exploding Limits in the 1970s', in *The Hidden 1970s: Histories of Radicalism*, ed. Berger (New Brunswick, N.J: Rutgers University Press, 2010), 1–17.
8. I follow Peter Sedgwick, *Psychopolitics* (London: Pluto Press, 1982/2022), 172, and Andrew Scull, 'UK Deinstitutionalisation: Neoliberal Values and Mental Health', in *Mind, State and Society: Social History of Psychiatry and Mental Health in Britain 1960–2010*, ed. George Ikkos and Nick Bouras (Cambridge: Cambridge University Press, 2021), 307–8, in viewing deinstitutionalisation as a political choice to which psy-professionals acquiesced rather than an expert-led response to advances in pharmaceuticals.
9. See Robbie Shilliam, 'Enoch Powell: Britain's First Neoliberal Politician', *New Political Economy* 26, no. 2 (4 March 2021): 239–49, for a provocative yet compelling account of Powell as Britain's first neoliberal politician.
10. J. Enoch Powell, 'Official Opening of the Conference' (National Association for Mental Health: Emerging Patterns for the Mental Health Services & the Public: 'Mental Health is Everybody's Business', Church House, Westminster, London, 9 March 1961).
11. Powell, 'Address by the Minister of Health' (Joint Session of Thirteenth Annual Meetings of the Executive Councils' Association (England) and the Association of Welsh Executive Councils, Llandudno, 27 October 1960). Note, in line with Shilliam's thesis, this speech in particular combines Powell's deinstitutionalisation agenda with the neoliberal triptych of conservative-communitarian statephobia, austerity, and racist populism; after advocating for

cost-saving non-residential 'care of the patient in the community,' Powell insists that the 'foreign visitor shall not be allowed to exploit our National Health Service'.

12. J. A. Chandler, 'Thatcher and Major', in *Explaining Local Government: Local Government in Britain since 1800*, ed. Chandler (Manchester University Press, 2007), 244–277.
13. See Emma Dowling, *The Care Crisis: What Caused It and How Can We End It?* (Verso Books, 2021) on the false promise of "technofixes" for our care crisis.
14. Sedgwick, *Psychopolitics,* 168–9. Indeed, in 'Better Services for the Mentally Ill' (White Paper, 20th Century House of Commons Sessional Papers [London: Her Majesty's Stationery Office, 1975], 1974–064888, U.K. Parliamentary Papers: ii, see also 16, 83–6), the Department of Health and Social Services admitted the scarcity of Powell's promised community facilities.
15. Helen Smith, 'Caring for Everyone? The Implications for Women of the Changes in Community Care Services', *Feminism & Psychology* 1, no. 2 (1991): esp. 'Women as Carers,' 284–7. For recent Marxist feminist theories of the family as a unit of privatized care (as well as calls for the communisation of care), see M. E. O'Brien, *Family Abolition: Capitalism and the Communizing of Care* (London: Pluto Press, 2023); Kathi Weeks, 'Abolition of the Family: The Most Infamous Feminist Proposal', *Feminist Theory* 24, no. 3 (2023): 433–53; Sophie Lewis, *Abolish the Family: A Manifesto for Care and Liberation*, Salvage Editions (London: Verso, 2022).
16. Melinda Cooper, *Family Values: Between Neoliberalism and the New Social Conservatism*, Near Futures (New York: Zone Books, 2017).
17. Thatcher's government made no secret of community care's reliance on unpaid carers within the domestic sphere; this was portrayed as a virtue. For example, in a 1989 address to the Commons laying out the government's community care policy, then Secretary of State Kenneth Clarke confirmed that 'the great bulk of community care will continue, as now, to be provided by family, friends and neighbours' – especially, he admitted, 'female members of the family looking after their relatives' – whom he celebrated as 'unselfish', 'dedicated and self-sacrificing' ('Community Care' [Westminster, London: Hansard, 12 July 1989]).
18. Mary Robertson, 'The Great British Housing Crisis', *Capital & Class* 41, no. 2 (1 June 2017): esp. 'The roots of the present crisis', 197–202.
19. See Scull, 'UK Deinstitutionalisation': 312; Steffan Blayney, 'Unstable Histories', *Radical Philosophy*, no. 207 (2020): 107; Sedgwick, *Psychopolitics*, 216.
20. Here I am influenced by Beatrice Adler-Bolton and Artie Vierkant's repurposing of Ruth Wilson Gilmore's concept of 'organized abandonment' (*Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California* [Berkeley: University of California Press, 2007]) and Lauren Berlant's concept of 'slow death' ('Slow Death (Sovereignty, Obesity, Lateral Agency)', *Critical Inquiry* 33, no. 4 [2007]: 754–80) to theorize the surplus class in *Health Communism: A Surplus Manifesto* (London: Verso, 2022), 1, 4–5, 13, 17–20.
21. Those with serious mental illnesses have a life expectancy 15–25 years less than those without (Scull, 'UK Deinstitutionalisation': 213). In the UK, for example, increasingly higher-than-average mortality rates for those diagnosed with bipolar and schizophrenia have been tied to the failures of deinstitutionalisation and austerity policies (e.g. Joseph F. Hayes et al.,

'Mortality Gap for People with Bipolar Disorder and Schizophrenia: UK-Based Cohort Study 2000–2014', *The British Journal of Psychiatry* 211, no. 3 [2017]: 175–81).

22. Here I echo Karl Marx's famous construal of the proletarian as 'free in the double sense' – free to dispose of her labour-power as her own commodity, and free from any other assets due to a process of violent dispossession and enclosure ('Chapter Six: The Buying and Selling of Labour-Power', in *Capital*, vol. 1, accessed 1 March 2024, https://www.marxists.org/archive/marx/works/1867-c1/ch06.htm, 1867/2015).
23. See, for example, The People's Assembly Against Austerity (established 2013), Keep Our NHS Public (established 2005).
24. See, for example, Mental Health Resistance Network (established 2010), Psychologists Against Austerity (established 2014), Deaths by Welfare Project (established 2021) at Healing Justice Ldn (established 2019).
25. Herbert Marcuse, 'The Social Implications of Freudian "Revisionism"', *Dissent Magazine*, Summer 1955: 225.
26. See especially Neil McLaughlin, 'The Fromm–Marcuse Debate and the Future of Critical Theory', in *The Palgrave Handbook of Critical Theory*, ed. Michael J. Thompson (New York: Palgrave Macmillan US, 2017), 481–501.
27. Marcuse, 'The Social Implications': 225.
28. Marcuse: 222.
29. Marcuse, 'A Reply to Erich Fromm', *Dissent Magazine*, Winter 1956: 81.
30. Marcuse, *One-Dimensional Man: Studies in the Ideology of Advanced Industrial Society* (London: Routledge, 1964/2002), 79.
31. Max Horkheimer, then director of the Institute, understood Fromm and Horney as engaged in the same revisionist project of abandoning drive theory and building 'a commonsense psychology' in a 1942 letter to colleague Leo Lowenthal (*Gesammelte Schriften [Collected Works]/Bd. 18 Briefwechsel [Correspondence]: 1949–1973*, vol. 18, [Fischer, Taschenbuch-Verlag, 1996], 367; English translation from Martin Jay, *The Dialectical Imagination: A History of the Frankfurt School and the Institute of Social Research, 1923–1950* [Boston: Little, Brown and co., 1973], 100–1).
32. Theodor W. Adorno, 'Revisionist Psychoanalysis', trans. Nan-Nan Lee, *Philosophy and Social Criticism* 40, no. 3 (1952/2014): 326.
33. Fabian Freyenhagen, 'Normality Proper to the Time Is Sickness', *Krisis* 41, no. 2 (31 December 2021): 87–88.
34. The text was first published in *Psyche* as 'The Relationship of Psychoanalysis to Social Theory' in 1952.
35. Adorno, 'Revisionist Psychoanalysis': 328.
36. See Freyenhagen's amendment of Rodney Livingstone's translation of Adorno's *Problems of Moral Philosophy* (Cambridge: Polity Press, 1963/2000) in *Adorno's Practical Philosophy: Living Less Wrongly* (Cambridge: Cambridge University Press, 2013), 56. See also Adorno, *Minima Moralia: Reflections from Damaged Life* (Verso, 1951/2005), 39.
37. Michel Foucault, 'Werner Schroeter and Michel Foucault in Conversation', in *Foucault at the Movies*, ed. Patrice Maniglier and Dork Zabunyan, trans. Clare O'Farrell (Columbia University Press, 1981/2018), 185. See also 'the destruction of psychology itself' (Foucault,

Mental Illness and Psychology, trans. Alan Sheridan [Berkeley and Los Angeles, California: University of California Press, 1962/1987], 74).

38. Foucault, 'Preface to the 1961 Edition', in *History of Madness*, ed. Jean Khalfa, trans. Khalfa and Jonathan Murphy (London: Routledge, 1961/2006), xxvii.
39. Beyond Foucault's best-known statement of his genealogical method ('Nietzsche, Genealogy, History', in *The Foucault Reader*, ed. Paul Rabinow [London: Penguin, 1971/1984], 76–100.), his early writings on madness already point to Nietzsche's influence; 'The following study will…, beneath the sun of the great Nietzschean quest,…confront the dialectics of history' ('Preface to the 1961 Edition,' xxx).
40. Note, my reading of *History of Madness* as proto-genealogical is controversial; it is standardly read as an early instance of Foucault's archaeological method (Gary Gutting, *Michel Foucault's Archaeology of Scientific Reason* [Cambridge: Cambridge University Press, 1989]; Gutting and Johanna Oksala, 'Michel Foucault', in *The Stanford Encyclopedia of Philosophy*, ed. Edward N. Zalta [Metaphysics Research Lab, Stanford University, Spring 2019]). I disagree with this reading because: (1) Foucault understands each epoch's third-person "experience" of madness as involving discursive *and* non-discursive elements; (2) he offers causal explanations for epochal shifts that, again, refer to both material and socio-cultural mechanisms; (3) he does not view each epoch's "experience" of madness as rigidly self-contained, divided by sudden and total ruptures ("epistemic breaks"), but rather traces both the discontinuities *and* continuities between each epoch's "experience", and emphasizes the ambiguity of transitional periods (although this last feature is admittedly diminished in the more widely-read English-language 1965 abridgement, *Madness and Civilisation*).
41. See Gutting, 'Michel Foucault's Archaeology,' 103.
42. Foucault, *History of Madness*, ed. Khalfa, trans. Khalfa and Murphy (London: Routledge, 1972/2006), 460.
43. Foucault, 'Preface,' xxxiii; Foucault, *History of Madness,* 458–60.
44. I follow Alfred Tauber in not taking Freud's public-facing allegiance to positivism at face value ('Freud's Philosophical Path: From a Science of Mind to a Philosophy of Human Being', *The Scandinavian Psychoanalytic Review* 32, no. 1 [2009]: 32–43; *Freud, the Reluctant Philosopher* [Princeton, N.J. ; Princeton University Press, 2010], esp. ch. 1).
45. Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (Vintage Books, 1965/1988), xi, emphasis in original.
46. Translation from David Macey, *The Lives of Michel Foucault: A Biography* (London: Verso, 1969/2019), 214.
47. Macey, 214.
48. See e.g. Amy Allen, 'Foucault, Psychoanalysis, and Critique', *Angelaki* 23, no. 2 (4 March 2018): 170–86; Chloë Taylor, 'Foucault's "The History of Sexuality"', in *Understanding Foucault, Understanding Modernism*, ed. David Scott et al. (New York: Bloomsbury Academic & Professional, 2017), 113–34; Mark G. E. Kelly, *Foucault's History of Sexuality Volume I, The Will to Knowledge: An Edinburgh Philosophical Guide* (Edinburgh: Edinburgh University Press, 2013). Foucault does not name Marcuse, but does reference the latter's advocacy of the 'great Refusal' (*The History of Sexuality*, trans. Robert Hurley, vol. 1 [New York: Pantheon Books, 1976/1978], 96).

49. Foucault, *Remarks on Marx: Conversations with Duccio Trombadori*, (New York: Semiotexte, 1978/1991), 117.
50. Prison Information Group, translation from Kathryn Medien, 'Foucault in Tunisia: The Encounter with Intolerable Power', *The Sociological Review* [1971/2019]: 7.
51. Foucault, trans. Medien, 'Foucault in Tunisia' [1977/2019]: 11.
52. Foucault, *Psychiatric Power: Lectures at the Collège de France, 1973–74* (Basingstoke: Palgrave Macmillan, 1974/2006), 254.
53. Foucault's life partner Daniel Defert recounts that when Gilles Deleuze and Félix Guattari's *Anti-Oedipus* came out in March 1972, Foucault joked to Deleuze, 'We have to get rid of Freudo-Marxism.' ('Chronology', in *A Companion to Foucault*, ed. Christopher Falzon, Timothy O'Leary, and Jana Sawicki [Malden Mass.: Wiley-Blackwell, 2013], 50)
54. On Foucault's and the Frankfurt School's lack of engagement with contemporaneous feminist currents, see Caroline Ramazanoglu, 'Introduction', in *Up Against Foucault: Explorations of Some Tensions Between Foucault and Feminism* (London: Taylor & Francis Group, 1993), 1–25, and Lois McNay, *The Gender of Critical Theory: On the Experiential Grounds of Critique* (Oxford, New York: Oxford University Press, 2022) respectively.
55. Carol Hanisch, 'Introduction to the Personal Is Political' (January 2006), https://www.carolhanisch.org/CHwritings/PIP.html: 1.
56. See Lorna Finlayson's distinction between what counts as a political issue versus action (*An Introduction to Feminism* [Cambridge: Cambridge University Press, 2016], 127).
57. Sheila Rowbotham, *Woman's Consciousness, Man's World* (Verso Books, 1973/2015), 24.
58. Compare Jana Cattien, 'Neurotic Situations: A Critical Dialogue between Freud and Fanon', *Political Theory*, 28 March 2024, 00905917241239910, https://doi.org/10.1177/00905917241239910, which offers a revisionist interpretation of feminist consciousness-raising as therapeutic.
59. Whilst she was probably reacting to the sexist tendency to psycho-pathologise feminist rage, the stigmatization of mental illness also seems to underly her remark.
60. Hanisch, 'The Personal Is Political', in *Notes from the Second Year: Women's Liberation: Major Writings of the Radical Feminists*, ed. Shulamith Firestone and Anne Koedt, General and Theoretical (New York, 1970), 76–7.
61. See also e.g. Kathie Sarachild's insistence that consciousness-raising 'was not therapy', also against 'a whole lot of otherwise "scientific" and "radical" people – especially men' who dismissed it as such ('Consciousness Raising: A Radical Weapon', in *Feminist Revolution* [New York: Random House, 1973/1978], 148, 145).
62. I have left to one side the less plausible anti-psychiatric stance that all psy-interventions are iatrogenic.
63. Fanon, 'Our Journal', in *Alienation and Freedom*, ed. Khalfa and Robert J. C. Young, trans. Steven Corcoran (London: Bloomsbury Academic, 1955/2018), 332.
64. His Gallicised name, 'François', is often used in the secondary literature on institutional psychotherapy, but I follow Joana Masó, *Tosquelles: Curar las instituciones* (Arcadia, 2022) in using his Catalan name.
65. Fanon, 'Mental Alterations, Character Modifications, Psychic Disorders and Intellectual Deficit in Spinocerebellar Heredodegeneration: A Case of Friedreich's Ataxia with Delusions of Possession', in *Alienation and Freedom* (1951/2018), 271.

66. Marcuse, *An Essay on Liberation* (Boston: Beacon Press, 1969/1971), vii.
67. Hanisch, 'The Personal Is Political,' 77.
68. Adorno, 'Revisionist Psychoanalysis': 328.
69. Fanon and Charles Géronimi, 'Day Hospitalization in Psychiatry: Value and Limits. Part Two: Doctrinal Considerations', in *Alienation and Freedom* (1959/2018), 504.
70. Ed. Khalfa and Young, trans. Corcoran 2018 and 2020.
71. Fanon, *Black Skin, White Masks*, trans. Charles Lam Markmann (London: Pluto Press, 1952/2017), 4.
72. Fanon, *Black Skin,* 182.
73. See Neal Harris, *Critical Theory and Social Pathology: The Frankfurt School beyond Recognition*, (Manchester: Manchester University Press, 2022).
74. Fanon, 'Mental Alterations,' 263.
75. Fanon and Géronimi, 'Day Hospitalization in Psychiatry Part Two,' 497. Note that Fanon first uses this phrase in *Black Skin,* 194. He often repeated the idea that madness is a 'pathology of freedom' to Marie-Jeanne Manuellan (Camille Robcis, *Disalienation: Politics, Philosophy, and Radical Psychiatry in Postwar France* [Chicago; London: University of Chicago Press, 2021], 69).
76. Robcis, *Disalienation,* 69.
77. See Robcis, *Disalienation*, ch. 2; Robcis, 'Frantz Fanon, Institutional Psychotherapy, and the Decolonization of Psychiatry', in *Frantz Fanon's Psychotherapeutic Approaches to Clinical Work* (Routledge, 2019), 23–38; Nigel C. Gibson and Roberto Beneduce, *Frantz Fanon, Psychiatry and Politics* (Lanham: Rowman & Littlefield International, 2017), ch. 5.
78. See Robcis, *Disalienation,* 1; Robcis, 'François Tosquelles and the Psychiatric Revolution in Postwar France', *Constellations* 23, no. 2 (2016): 212.
79. See Khalfa, 'Fanon, Revolutionary Psychiatrist', in *Alienation and Freedom* (2018), 186–187; Anthony Faramelli, 'The Decolonised Clinic: Fanon with Foucault', *The London Journal of Critical Thought* 1, no. 2 (June 2017): 118.
80. See Robcis, *Disalienation*, 41–6; Robcis, 'François Tosquelles,' 218–9.
81. Foucault, 'Preface', in *Anti-Oedipus: Capitalism and Schizophrenia*, by Deleuze and Guattari, trans. Robert Hurley, Mark Seem, and Helen R. Lane (Minneapolis: University of Minnesota Press, 1972), xiil.
82. See Robcis, 'François Tosquelles', 212.
83. Fanon and Géronimi, 'Day Hospitalization in Psychiatry Part Two,' 497.
84. Fanon, 'Our Journal', 1954/2018, 319.
85. Fanon, 'Trait d'Union', in *Alienation and Freedom* (1953/2018), 282–3.
86. Fanon, 'Mental Alterations,' 218.
87. See Fanon, 'Our Journal,' 1954–5/2018, 319–21, 326, 333.
88. Fanon, *The Wretched of the Earth*, trans. Richard Philcox (New York: Grove Press, 1961/2004), 174.
89. Fanon, 'Trait d'Union', 283.
90. See Fanon, *Black Skin*, 177.
91. Fanon, 'Trait d'Union', 283.
92. Hannah Arendt, *On Violence* (New York: Harcourt Brace, 1969), 82. See also Arendt, *The Human Condition*, (Chicago; London: University of Chicago Press, 1958/1998), 8–9.

93. See, for example, Fanon's critique of Mannoni's depoliticising pathologisation of the Malagasy 1947 anti-colonial uprising in *Black Skin*, ch. 4.
94. Fanon, *Black Skin,* 191.
95. In *Common Ground: Democracy and Collectivity in an Age of Individualism* (London: Pluto Press, 2015), Jeremy Gilbert favours the Spinozist-Marxist language of 'singularities' to that of 'individuals', as the latter etymologically implies indivisible selves that are only contingently rather than necessarily social. Gilbert's Deleuzian theorisation of singularities as elements of a multitude complements Fanon's conceptualisation of the collective as itself potentially agential as well as a precondition for the agency of its members. However, for the sake of legibility outside of Spinozist-Marxist scholarship, I adopt the language of 'individuals' whilst philosophically disavowing individualism.
96. Stacy Clifford Simplican, *The Capacity Contract: Intellectual Disability and the Question of Citizenship* (Minneapolis; London: University of Minnesota Press, 2015), 4.
97. People are not mentally ill all the time, and, when they are, it need not exhaust nor even define their identity or subjective experience.
98. The generalizations of my discussion here belie the heterogeneity of mental illness (and Fanon's professional appreciation of this – especially the differences between psychotic and neurotic mental disorders). Suffice to say that insofar as one suffers from, for example, obsessions, compulsions, anxieties, fears, phobias, delusions, paranoia, hallucinations, self-hatred, self-absorption, apathy, despair or hopelessness (all common features of mental illness), one's capacity for political action is limited.
99. The weaker version of the social model conceptualizes disability as the *interaction* between mind-body diversity and an environment hostile to that diversity (see Barbara Arneil and Nancy J. Hirschmann, 'Disability and Political Theory: An Introduction', in *Disability and Political Theory* [Cambridge: Cambridge University Press, 2016], 5). My understanding of mental illness and recovery are compatible with a version of this interactionist model, although my research emphasizes the social determinants and social-therapeutic treatment of mental illness – not its societal 'accommodation'. In addition, I follow Hirschmann and Smith in viewing the fight for 'accommodation' and 'cure' as compatible, even if success with the latter eliminates the need for the former.
100. See James I. Charlton, *Nothing about Us without Us: Disability Oppression and Empowerment* (Univ of California Press, 2000).
101. Fanon and Jacques Azoulay, 'Social Therapy in a Ward of Muslim Men: Methodological Difficulties', in *Alienation and Freedom* (1954/2018), 361.
102. Lilia Ben Salem, 'Introduction to "The Meeting between Society and Psychiatry"', in *Alienation and Freedom*, (2018), 515, emphasis mine.
103. Fanon, 'Letter to the Resident Minister', in *Alienation and Freedom* (1956/2018), 434.
104. Fanon, *Wretched*, trans. Constance Farrington (London: Penguin, 1961/2001), 200.
105. Fanon, 'Trait d'Union,' 282, emphasis mine.
106. See also Fanon, *Wretched*, trans. Farringdon, 31.
107. See also Fanon, *Wretched*, trans. Farringdon, 29.
108. See also Fanon, *Wretched*, trans. Farringdon, 31. In 'Racism and Culture', Fanon clarifies that pre-colonial tradition is not successfully annihilated, but instead 'mummified' (in *Toward the African Revolution: Political Essays* [New York: Grove Press, 1956/1967], 31, 34).

109. Note the parallel here with Antoine Porot and Jean Sutter's ethnopsychiatric argument in 'Le Primitivisme Des Indigènes Nord- Africains: Ses Incidences En Pathologie Mentale.', *Sud Médical et Chirurgical*, 1939, 226–41, that indigenous North Africans were biologically incapable of self-rule due to their supposed lack of a cerebral cortex.
110. See also Fanon, *Wretched*, trans. Farringdon, 73. Echoing Mark Fisher's *Capitalist Realism: Is There No Alternative?* (John Hunt Publishing, 2009), we might call this "colonial realism".
111. Fanon, 'Why We Use Violence', in *Alienation and Freedom*, (1960/2018), 654.
112. Fanon, 'The "North African Syndrome"', in *Toward the African Revolution* (1952/1967), 13.
113. Fanon, *Black Skin*, 5.
114. Fanon, *Wretched*, trans. Farringdon, 33.
115. Fanon, *Wretched*, trans. Farringdon, 40, 31; see also 35.
116. Fanon, *A Dying Colonialism* (New York: Grove Press, 1959/1964), 52–3.
117. Gibson and Beneduce, *Frantz Fanon*, 174.
118. Fanon, *Black Skin*, 194, 6.
119. Fanon, *Black Skin,* 185.
120. Fanon, *Black Skin,* 81.
121. Fanon, *Black Skin*, 4–5, 65.
122. In 'Frantz Fanon,' Robcis leaves out Fanon's later move away from psychiatric internment. In *Disalienation* she acknowledges Fanon's experimentation with the '"open door" model of care', but claims that this was 'perfectly in line with the principles of institutional psychotherapy', thereby diminishing the extent to which Fanon saw it as constituting a break with the latter (69). In 'Day Hospitalization in Psychiatry: Value and Limits', in *Alienation and Freedom* (1959/2018), Fanon cited the little-known British psychiatrist Duncan McMillan's open-door experiment at the Maperley hospital in Nottingham (news of which probably reached Fanon via the French "sector psychiatry" movement) as his inspiration, not Saint-Alban (474).
123. Fanon and Géronimi, 'Day Hospitalization in Psychiatry Part Two,' 500.
124. Fanon and Tosquelles, 'Indications of Electroconculsive Therapy within Institutional Therapies', in *Alienation and Freedom*, (1953/2018), 296.
125. Fanon and Géronimi, 'Day Hospitalization in Psychiatry Part Two,' 499–500.
126. Fanon and Géronimi, 504.
127. Fanon and Géronimi, 500. Fanon tended to call institutional psychotherapy "social therapy".
128. Fanon and Géronimi, 504, 499.
129. Fanon and Géronimi, 501.
130. Fanon and Géronimi, 504.
131. Fanon and Géronimi, 500, 502, 497.
132. Fanon and Géronimi, 500.
133. Fanon and Géronimi, 496, 502.
134. Tosquelles in *François Tosquelles: Une Politique de La Folie*, 1989; translation from Robcis, 'François Tosquelles and the Psychiatric Revolution in Postwar France', *Constellations* 23, no. 2 (2016): 220.
135. Tosquelles in Jean Oury, Guattari and Tosquelles, *Pratique de l'institutionnel et Politique*, 1985, 20.

136. The importance of vigilance is a theme that runs throughout Fanon's psychiatric writings (see Khalfa and Young, 'General Introduction', in *Alienation and Freedom* [2018], 3); e.g. 'veritable vigilance' can help guard against the asylum becoming a 'sado-masochistic….concentration-camp structure of an essentially repressive character.' (Fanon and Slimane Asselah, 'The Phenomenon of Agitation in the Psychiatric Milieu: General Considerations, Psychopathological Meaning', in *Alienation and Freedom* [1957/2018], 437–48) It was also stressed by Oury, who trained with Fanon under Tosquelles (see Robcis, *Disalienation*, 148).
137. See Alan Sennett, *Revolutionary Marxism in Spain, 1930–1937* (Brill, 2014) on the influence of Trotsky's ideas upon the party, despite Trotsky opposing its formation and the party's disavowals (see Burnett Bolloten, 'The POUM and the Trotskyists', in *The Spanish Civil War: Revolution and Counterrevolution*, ed. Bolloten, Stanley G. Payne, and George Esenwein (University of North Carolina Press, 2015).
138. Karl Marx and Friedrich Engels, 'Address to the Central Committee to the Communist League', in *Political Writings. Vol. 1, The Revolutions of 1848*, ed. David Fernbach, 1850/1974, 323–4.
139. See Robin Blackburn, 'Marxism: Theory of Proletarian Revolution', *New Left Review*, no. 97 (1976): 'Permanent Revolution'.
140. Note the echoes here of Fanon's discussion of alienation from temporality in the contexts of "three-dimensional" colonial violence and mental illness.
141. Michael Löwy, *The Politics of Combined and Uneven Development: The Theory of Permanent Revolution* (Haymarket Books, 2010), 50, emphasis in original.
142. Robcis alternatively theorizes it as a Foucauldian ethics (*Disalienation*, 78, 94–5, 110; 'François Tosquelles,' 215, 220), but this sheds its distinctively Marxist conceptual inheritance.
143. 'Jean Oury: The Hospital Is Ill', *Radical Philosophy*, no. 143 (2004/2007): 36.
144. Tosquelles in Oury, Guattari, and Tosquelles, *Pratique*, 20.
145. *Les Heures Heureses (Our Lucky Hours)*, Documentary, 2019.
146. *François Tosquelles*; transcript from Tosquelles, 'Une politique de la folie', *Chimères. Revue des schizoanalyses* 13, no. 1 (1991): 66–81. See also Oury in Oury, Guattari, and Tosquelles, *Pratique,* 33.
147. Sedgwick, *Psychopolitics,* 192.

References

Adler-Bolton, Beatrice, and Artie Vierkant. 2022. *Health Communism: A Surplus Manifesto*. London: Verso.

Adorno, Theodor. 1951/2005. *Minima Moralia: Reflections from Damaged Life*. London: Verso.

Adorno, T. W. 1952/2014. 'Revisionist Psychoanalysis'. Translated by Nan-Nan Lee. *Philosophy and Social Criticism* 40, no. 3: 326–338. doi:10.1177/0191453713520162.

Adorno, Theodor W. 1963/2000. *Problems of Moral Philosophy.* Translated by Rodney Livingstone. Cambridge: Polity Press.

Allen, Amy. 2018. 'Foucault, Psychoanalysis, and Critique'. *Angelaki* 23, no. 2: 170–186. doi:10.1080/0969725X.2018.1451570.

Arendt, Hannah. 1969. *On Violence*. New York, NY: Harcourt Brace.

Arneil, Barbara, and Nancy J. Hirschmann. 2016. "Disability and Political Theory: An Introduction." In *Disability and Political Theory*. Cambridge, United Kingdom: Cambridge University Press.

Ben Salem, Lilia. 2018. "Introduction to "The Meeting between Society and Psychiatry"." In *Alienation and Freedom*, edited by Jean Khalfa, and Robert J. C. Young, translated by Steven Corcoran, 511–517. London: Bloomsbury Academic.

Berger, Dan. 2010. "Introduction: Exploding Limits in the 1970s." In *The Hidden 1970s: Histories of Radicalism*, edited by Dan Berger, 1–17. New Brunswick, NJ: Rutgers University Press.

Berlant, Lauren. 2007. "Slow Death (Sovereignty, Obesity, Lateral Agency)." *Critical Inquiry* 33, no. 4: 754–780. doi:10.1086/521568.

Blackburn, Robin. (1976) Marxism: Theory of Proletarian Revolution. *New Left Review* 97: 3–35.

Blayney, Steffan. 2020. "Unstable Histories." *Radical Philosophy* 207: 104–107. https://www.radicalphilosophy.com/reviews/individual-reviews/unstable-histories

Bolloten, Burnett. 2015. "The POUM and the Trotskyists." In *The Spanish Civil War: Revolution and Counterrevolution*, edited by Burnett Bolloten, Stanley G. Payne, and George Esenwein. Chapel Hill, NC: University of North Carolina Press. doi:10.5149/northcarolina/9781469624464.003.0040.

Bracken, Pat, and Phil Thomas. 2018. "Reflections on Critical Psychiatry." In *Routledge International Handbook of Critical Mental Health*. 1st ed., 98–106. London: Routledge. doi:10.4324/9781315399584-13.

British Medical Association. 2023. *Mental Health Pressures in England*. British Medical Association. https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/mental-health-pressures-data-analysis

Cameron, David. 2009. *The Age of Austerity*. Cheltenham, UK. https://www.politics.co.uk/comment-analysis/2009/04/27/tory-spring-conference-speeches-in-full/

Cameron, David. 2010. *Speech on the Big Society*. Liverpool. https://www.gov.uk/government/speeches/big-society-speech

Cattien, Jana. (2024) Neurotic Situations: A Critical Dialogue between Freud and Fanon. *Political Theory* 0(0): 00905917241239910. doi: 10.1177/00905917241239910

Chandler, J. A. 2007. "Thatcher and Major." In *Explaining Local Government: Local Government in Britain since 1800*, edited by J. A. Chandler, 244–277. Manchester: Manchester University Press. doi:10.7228/manchester/9780719067068.003.0011.

Chapman, Robert. 2023. "A Critique of Critical Psychiatry." *Philosophy, Psychiatry, & Psychology* 30, no. 2: 103–119. https://muse.jhu.edu/pub/1/article/899938

Charlton, James I. 2000. *Nothing about Us without Us: Disability Oppression and Empowerment*. Berkeley, CA: University of California Press.

Community Care. 1989. *Community Care*. Westminster, London: Hansard. https://api.parliament.uk/historic-hansard/commons/1989/jul/12/community-care

Cooper, Melinda. 2017. *Family Values: Between Neoliberalism and the New Social Conservatism*. New York, NY: Zone Books. Near Futures.

Crossley, Nick. 2005. *Contesting Psychiatry: Social Movements in Mental Health*. 1st ed. Abingdon, Oxfordshire, New York, NY: Routledge.

Defert, Daniel. 2013. "Chronology." In *A Companion to Foucault*, edited by Christopher Falzon, Timothy O' Leary, and Jana Sawicki, 11–83. Malden Mass: Wiley-Blackwell.

Deleuze, Gilles, and Félix Guattari. 1972/1984. *Anti-Oedipus: Capitalism and Schizophrenia*. London: Athlone Press.

Department of Health and Social Security. 1975. "Better Services for the Mentally Ill'. White Paper." In *20th Century House of Commons Sessional Papers*, 1974–064888. London: Her Majesty's Stationery Office. U.K. Parliamentary Papers. https://parlipapers.proquest.com/parlipapers/docview/t70.d75.1974-064888

Dowling, Emma. 2021. *The Care Crisis: What Caused it and How Can We End it?* London: Verso Books.

Fanon, Frantz. 1951/2018. "Mental Alterations, Character Modifications, Psychic Disorders and Intellectual Deficit in Spinocerebellar Heredodegeneration: A Case of Friedreich's Ataxia with Delusions of Possession." In *Alienation and Freedom*, edited by Jean Khalfa, and Robert J. C. Young, translated by Steven Corcoran, 203–275. London: Bloomsbury Academic.

Fanon, Frantz. 1952/2017. *Black Skin, White Masks*. Translated by Charles Lam Markmann. London: Pluto Press.

Fanon, Frantz. 1952/1967. "The "North African Syndrome"." In *Toward the African Revolution: Political Essays*, 3–16. New York, NY: Grove Press.

Fanon, Frantz. 1953a-6/2018. "Our Journal." In *Alienation and Freedom*, edited by Jean Khalfa, and Robert J. C. Young, translated by Steven Corcoran, 311–348. London: Bloomsbury Academic.

Fanon, Frantz. 1953b/2018. "Trait d'Union." In *Alienation and Freedom*, edited by Jean Khalfa, and Robert J. C. Young, translated by Steven Corcoran, 279–284. London: Bloomsbury Academic.

Fanon, Frantz. 1956a/2018. "Letter to the Resident Minister." In *Alienation and Freedom*, edited by Jean Khalfa, and Robert J. C. Young, translated by Steven Corcoran, 433–436. London: Bloomsbury Academic.

Fanon, Frantz. 1956b/1967. "Racism and Culture." In *Toward the African Revolution: Political Essays*, 29–44. New York, NY: Grove Press.

Fanon, Frantz. 1959a/1964. "Algeria Unveiled." In *A Dying Colonialism*, 35–68. New York, NY: Grove Press.

Fanon, Frantz. 1959b/2018. "Day Hospitalization in Psychiatry: Value and Limits." In *Alienation and Freedom*, edited by Jean Khalfa, and Robert J. C. Young, translated by Steven Corcoran, 473–494. London: Bloomsbury Academic.

Fanon, Frantz. 1960/2018. "Why We Use Violence." In *Alienation and Freedom*, edited by Jean Khalfa, and Robert J. C. Young, translated by Steven Corcoran, 653–659. London: Bloomsbury Academic.

Fanon, Frantz. 1961a/2001. *The Wretched of the Earth*. Translated by Constance Farrington. Penguin Classics. London: Penguin.

Fanon, Frantz. 1961b/2004. *The Wretched of the Earth*. Translated by Richard Philcox. New York, NY: Grove Press.

Fanon, Frantz, and Jacques Azoulay. 1954/2018. "Social Therapy in a Ward of Muslim Men: Methodological Difficulties." In *Alienation and Freedom*, edited by Jean Khalfa, and Robert J. C. Young, translated by Steven Corcoran, 353–372. London: Bloomsbury Academic.

Fanon, Frantz, and Charles Géronimi. 1959/2018. "Day Hospitalization in Psychiatry: Value and Limits. Part Two: Doctrinal Considerations." In *Alienation and Freedom*, edited by Jean

Khalfa, and Robert J. C. Young, translated by Steven Corcoran, 495–509. London: Bloomsbury Academic.

Fanon, Frantz, and Francesc Tosquelles. 1953/2018. "Indications of Electroconculsive Therapy within Institutional Therapies." In *Alienation and Freedom*, edited by Jean Khalfa, and Robert J. C. Young, translated by Steven Corcoran, 291–298. London: Bloomsbury Academic.

Fanon, Frantz, and Slimane Asselah. 1957/2018. "The Phenomenon of Agitation in the Psychiatric Milieu: General Considerations, Psychopathological Meaning." In *Alienation and Freedom*, edited by Jean Khalfa, and Robert J. C. Young, translated by Steve Corcoran, 437–448. London: Bloomsbury Academic.

Finlayson, Lorna. 2016. "An Introduction to Feminism." In *Cambridge Introductions to Philosophy*. Cambridge: Cambridge University Press.

Foot, John. 2015. *The Man Who Closed the Asylums: Franco Basaglia and the Revolution in Mental Health Care*. London: Verso.

Foucault, Michel. 1954. *Maladie Mentale et Personnalité (Mental Illness and Personality)*. 1st ed. Paris: Presses universitaires de France.

Foucault, Michel. 1961/2006. "Preface to the 1961 Edition." In *History of Madness*, edited by Jean Khalfa, translated by Jean Khalfa and Jonathan Murphy. London: Routledge.

Foucault, Michel. 1962/1987. *Mental Illness and Psychology*. Translated by Alan Sheridan. Berkeley and Los Angeles, CA: University of California Press.

Foucault, Michel. 1965/1988. *Madness and Civilization: A History of Insanity in the Age of Reason*. Translated by Richard Howard. Vintage Books.

Foucault, Michel. 1971/1984. "Nietzsche, Genealogy, History." In *The Foucault Reader*, edited by Paul Rabinow, 76–100. Penguin Social Sciences. London: Penguin.

Foucault, Michel. 1972/2006. *History of Madness*. Edited by Jean Khalfa. Translated by Jean Khalfa and Jonathan Murphy. London: Routledge.

Foucault, Michel. 1972/2000. "Preface." In *Anti-Oedipus: Capitalism and Schizophrenia, by Gilles Deleuze and Félix Guattari, translated* by Robert Hurley, Mark Seem, and Helen R. Lane. Minneapolis: University of Minnesota Press.

Foucault, Michel. 1973-4/2006. *Psychiatric Power: Lectures at the Collège de France, 1973-74*. Basingstoke: Palgrave Macmillan.

Foucault, Michel. 1978/1991. *Remarks on Marx: Conversations with Duccio Trombadori*. Semiotext(e) Foreign Agents Series. New York: Semiotexte.

Foucault, Michel. 1981/2018. "Werner Schroeter and Michel Foucault in Conversation." In *Foucault at the Movies*, edited by Patrice Maniglier, and Dork Zabunyan, translated by Clare O' Farrell, 179–191. Columbia University Press. doi:10.7312/fouc16706.

Foucault, Michel. 1983/1988. "The Minimalist Self." In *Politics, Philosophy, Culture: Interviews and Other Writings 1977-1984*, edited by Lawrence D. Kritzman, translated by Alan Sheridan, 3–16. New York; London: Routledge.

François, Tosquelles. 1989. "Une Politique de La Folie" https://vimeo.com/167991974

Freyenhagen, Fabian. 2013. "Adorno's Practical Philosophy: Living Less Wrongly." In *Modern European Philosophy*. Cambridge: Cambridge University Press. doi:10.1017/CBO9781139567763.

Freyenhagen, Fabian. 2021. "Normality Proper to the Time Is Sickness." *Krisis | Journal for Contemporary Philosophy* 41, no. 2: 87–88.

Gilbert, Jeremy. 2015. *Common Ground: Democracy and Collectivity in an Age of Individualism*. London: Pluto Press. doi:10.2307/j.ctt183p7m6.

Gilmore, Ruth Wilson. 2007. *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California*. Berkeley, CA: University of California Press. American Crossroads 21.

Gutting, Gary. 1989. "Michel Foucault's Archaeology of Scientific Reason." In *Modern European Philosophy*. Cambridge: Cambridge University Press.

Gutting, Gary, and Johanna Oksala. 2019. "Michel Foucault." In *The Stanford Encyclopedia of Philosophy*. Spring 2019, edited by Edward N. Zalta. Metaphysics Research Lab, Stanford University. https://plato.stanford.edu/archives/spr2019/entries/foucault/

Hanisch, Carol. 1970. "The Personal Is Political." In *Notes from the Second Year: Women's Liberation: Major Writings of the Radical Feminists*, edited by Shulamith Firestone, and Anne Koedt, 76–78. New York, NY: General and Theoretical. https://idn.duke.edu/ark:/87924/r33x35

Hanisch, Carol. 2006. "Introduction to the Personal Is Political." Self-published. https://www.carolhanisch.org/CHwritings/PIP.html

Harris, Neal. 2022. *Critical Theory and Social Pathology: The Frankfurt School beyond Recognition. Critical Theory and Contemporary Society*. Manchester: Manchester University Press.

Hayes, Joseph F., Louise Marston, Kate Walters, Michael B. King, and David P. J. Osborn. 2017. "Mortality Gap for People with Bipolar Disorder and Schizophrenia: UK-Based Cohort Study 2000-2014." *The British Journal of Psychiatry* 211. no. 3: 175–181. doi:10.1192/bjp.bp.117.202606.

Healing Justice London. 2024. "Deaths by Welfare Project – The Deaths by Welfare Project, at Healing Justice Ldn, Investigates Deaths Linked to Welfare Reform and Welfare State Violence. The Project Aims to Make Visible the Slow and Bureaucratic Violence of the State. Our Work Honours, Uplifts and Learns from Disabled People's Lived Experience and Resistance. We Understand Welfare Related Deaths as Issues of Disability, Spatial, Racial and Economic Justice.". Accessed 16 February 2024. https://deathsbywelfare.org/

Horkheimer, Max. 1895-1973. *Gesammelte Schriften [Collected Works]/Bd. 18 Briefwechsel [Correspondence]: 1949-1973*. Vol. 18. Berlin: Fischer-Taschenbücher. Fischer, Taschenbuch-Verlag, 1996.

Jay, Martin. 1973. *The Dialectical Imagination: A History of the Frankfurt School and the Institute of Social Research, 1923-1950*. 1st ed. Boston: Little, Brown and co.

Kelly, Mark G. E. 2013. *Foucault's History of Sexuality Volume I, the Will to Knowledge: An Edinburgh Philosophical Guide*. Edinburgh, United Kingdom: Edinburgh University Press. https://ebookcentral.proquest.com/lib/oxford/detail.action?docID=1962167

Khalfa, Jean. 2018. "Fanon, Revolutionary Psychiatrist." In *Alienation and Freedom*, edited by Robert J. C. Young, and Jean Khalfa, 168–202, translated by Steven Corcoran. Place of publication not identified: Bloomsbury Academic.

Khalfa, Jean, and Robert J. C. Young. 2018. "General Introduction." In *Alienation and Freedom, translated by Steven Corcoran*, 1–7. London: Bloomsbury Academic.

Lee, Nan-Nan. 2014. "Sublimated or Castrated Psychoanalysis? Adorno's Critique of the Revisionist Psychoanalysis: An Introduction to "The Revisionist Psychoanalysis"." *Philosophy and Social Criticism* 40, no. 3: 309–338. doi:10.1177/0191453713520162.

Les Heures Heureses (Our Lucky Hours). 2019. *Documentary*. https://mubi.com/films/lucky-hours

Lewis, Sophie. 2022. "Abolish the Family: A Manifesto for Care and Liberation." In *Salvage Editions*. London: Verso.

Löwy, Michael. 2010. *The Politics of Combined and Uneven Development: The Theory of Permanent Revolution*. Haymarket Books.

Macey, David. 2019. *The Lives of Michel Foucault: A Biography*. London: Verso.

Marcuse, Herbert. 1955. *The Social Implications of Freudian "Revisionism"*. Dissent Magazine, Summer. https://www.dissentmagazine.org/article/social-implications-freudian-revisionism

Marcuse, Herbert. 1956. *A Reply to Erich Fromm*. Dissent Magazine, Winter. https://www.dissentmagazine.org/article/reply-erich-fromm

Marcuse, Herbert. 1964. *One-Dimensional Man: Studies in the Ideology of Advanced Industrial Society*. 2nd ed. Routledge Classics. London: Routledge.

Marcuse, Herbert. 1969/1971. *An Essay on Liberation*. Boston: Beacon Press.

Marx, Karl. 2024. "Chapter Six: The Buying and Selling of Labour-Power." In *Capital*, Vol. 1. https://www.marxists.org/archive/marx/works/1867-c1/ch06.htm.1867/2015. Accessed 1 March 2024.

Marx, Karl, and Engels Friedrich. 1850/1974. "Address to the Central Committee to the Communist League." In *Political Writings. Vol. 1, The Revolutions of 1848*, edited by David Fernbach.

Masó, Joana. 2022. *Tosquelles: Curar Las Instituciones*. Translated by Adrià Pujol Cruells, Emilio Manzano, and Mela Dávila Freire. Arcadia.

McLaughlin, Neil. 2017. "The Fromm–Marcuse Debate and the Future of Critical Theory." In *The Palgrave Handbook of Critical Theory. Political Philosophy and Public Purpose*, edited by Michael J. Thompson, 481–501. New York, NY: Palgrave Macmillan US. doi:10.1057/978-1-137-55801-5_22.

McNay, Lois. 2022. *The Gender of Critical Theory: On the Experiential Grounds of Critique*. Oxford, New York, NY: Oxford University Press.

Medien, Kathryn. 2019. "Foucault in Tunisia: The Encounter with Intolerable Power." *The Sociological Review* 68: 0038026119870107. doi:10.1177/0038026119870107.

National Health Service and Community Care Act, § esp. Part III. 1990. https://www.legislation.gov.uk/ukpga/1990/19/pdfs/ukpga_19900019_en.pdf

Office for Health Improvement and Disparities. 2022. *'COVID-19 Mental Health and Wellbeing Surveillance: Report'. Research and Analysis*. UK Government. https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report

Official Opening of the Conference by the Rt. Hon. J. Enoch Powell, M.B.E., M.P. - Minister of Health ("Water Tower Speech"). 1961. *Presented at the National Association for Mental Health: Emerging Patterns for the Mental Health Services & the Public: 'Mental Health Is Everybody's Business'*. London: House, Westminster. https://enochpowell.info/wp-content/uploads/Speeches/1957-1961.pdf

Oury, Jean, Félix Guattari, and François Tosquelles. 1985. "Pratique de l'institutionnel et Politique" https://gallica.bnf.fr/ark:/12148/bpt6k33229937

Oury, Jean, Mauricio Novello, and David Reggio. 2004/2007. "Jean Oury: The Hospital Is Ill." *Radical Philosophy*, no. 143. https://www.radicalphilosophy.com/interview/jean-oury-the-hospital-is-ill

O'Brien, M. E. 2023. *Family Abolition: Capitalism and the Communizing of Care*. London: Pluto Press.

Porot, Antoine A., and Jean Sutter. 1939. *Le Primitivisme Des Indigènes Nord-Africains: Ses Incidences En Pathologie Mentale*, 226–241. Sud Médical et Chirurgical.

Powell, J. Enoch. 1960. "Address by the Right Honourable J. Enoch Powell, M.B.E., M.P., Minister of Health." *Presented at the Joint Session of Thirteenth Annual Meetings of the Executive Councils' Association (England) and the Association of Welsh Executive Councils, Llandudno*. https://enochpowell.info/wp-content/uploads/Speeches/1957-1961.pdf

Psychologists for Social Change. 2024. "Psychologists Against Austerity" https://www.psychchange.org/psychologists-against-austerity.html. Accessed 16 February 2024.

Ramazanoglu, Caroline. 1993. "Introduction." In *Up Against Foucault: Explorations of Some Tensions Between Foucault and Feminism*, 1–25. London, United Kingdom: Taylor & Francis Group. https://ebookcentral.proquest.com/lib/oxford/detail.action?docID=166594

Robcis, Camille. 2016. "François Tosquelles and the Psychiatric Revolution in Postwar France." *Constellations* 23, no. 2: 212–222.

Robcis, Camille. 2019. "Frantz Fanon, Institutional Psychotherapy, and the Decolonization of Psychiatry." In *Frantz Fanon's Psychotherapeutic Approaches to Clinical Work*, 23–38. London: Routledge.

Robcis, Camille. 2021. *Disalienation: Politics, Philosophy, and Radical Psychiatry in Postwar France*. Chicago ; London: University of Chicago Press.

Robertson, Mary. 2017. "The Great British Housing Crisis." *Capital & Class* 41, no. 2: 195–215. doi:10.1177/0309816816678571.

Rowbotham, Sheila. 1973. *Woman's Consciousness, Man's World*. London: Verso Books.

Sarachild, Kathie. 1973. "Consciousness Raising: A Radical Weapon." In *Feminist Revolution*, 144–150. New York, NY: Random House. https://www.rapereliefshelter.bc.ca/wp-content/uploads/2021/03/Feminist-Revolution-Consciousness-Raising-A-Radical-Weapon-Kathie-Sarachild.pdf

Scull, Andrew. 2021. "UK Deinstitutionalisation: Neoliberal Values and Mental Health." In *Mind, State and Society: Social History of Psychiatry and Mental Health in Britain 1960-2010*, edited by George Ikkos, and Nick Bouras, 306–314. Cambridge: Cambridge University Press. doi:10.1017/9781911623793.033.

Sedgwick, Peter. 1982/2022. *Psychopolitics*. 2nd ed. introduction by Tad Tietze. London: Pluto Press.

Sennett, Alan. 2014. *Revolutionary c Spain, 1930-1937*, Vol. 70. Leiden: Brill.

Shilliam, Robbie. 2021. "Enoch Powell: Britain's First Neoliberal Politician." *New Political Economy* 26, no. 2: 239–249. doi:10.1080/13563467.2020.1841140.

Simplican, Stacy Clifford. 2015. *The Capacity Contract: Intellectual Disability and the Question of Citizenship*. Minneapolis; London: University of Minnesota Press.

Smith, Helen. 1991. "Caring for Everyone? The Implications for Women of the Changes in Community Care Services." *Feminism & Psychology* 1, no. 2: 279–292. doi:10.1177/0959353591012007.

Tauber, Alfred I. 2009. "Freud's Philosophical Path: From a Science of Mind to a Philosophy of Human Being." *The Scandinavian Psychoanalytic Review* 32, no. 1: 32–43.

Tauber, Alfred I. 2010. *Freud, the Reluctant Philosopher*. Princeton, NJ: Princeton University Press.

Taylor, Chloë. 2017. In *Foucault's "The History of Sexuality*, edited by Understanding Foucault, Understanding Modernism, David Scott, Laci Mattison, Paul Ardoin, and S. E. Gontarski, 113–134. New York, NY: Bloomsbury Academic & Professional. https://ebookcentral.proquest.com/lib/oxford/detail.action?docID=4773174

Tosquelles, François. 1991. "Une politique de la folie." *Chimères. Revue des schizoanalyses* 13, no. 1: 66–81. doi:10.3406/chime.1991.1781.

United Nations: Secretary-General. 2022. *'Secretary-General's Video Message to Launch the World Mental Health Report 2022: Transforming Mental Health for All. United Nations Secretary-General'*. United Nations: Secretary-General. https://www.un.org/sg/en/content/sg/statement/2022-06-17/secretary-generals-video-message-launch-the-world-mental-health-report-2022-transforming-mental-health-for-all

Wall, Oisín. 2019. *The British Anti-psychiatrists: From Institutional Psychiatry to the Counter-culture, 1960-1971*. London: Routledge.

Weeks, Kathi. 2023. "Abolition of the Family: The Most Infamous Feminist Proposal." *Feminist Theory* 24, no. 3: 433-453. doi:10.1177/14647001211015841.

World Health Organization. 2022. *World Mental Health Report: Transforming Mental Health for All*. Geneva: World Health Organisation. https://www.who.int/publications/i/item/9789240049338