Environmental destruction harms us all, but that the reaction to this devastation should be to medicalised and subsumed into individualised diagnostic processes speaks directly to the “logic” of biomedical psychiatry. Whilst “schizoid” hasn’t yet made the DSM, the conditions under which such a classification might be made remain.

The foundations of western psychiatry are amplified by, and cannot be disentangled from, the nature of capital. The APA, a body that serves its members, not patients, has tightly-guarded intellectual property rights over the DSM (pricing over £100m from DSM-4 alone) and the pharmaceutical industry is one of the most profitable on the planet (The NHS in England spent £270m on anti-depressants in 2011). The impact of stigma and the behaviour of the psychiatric profession cannot be underestimated.

69% of those who drafted DSM-5 had financial ties to the drug industry. As the pharmaceutical industry searches relentlessly for new markets and sources of profit, it needs the psychiatric profession to expand the intellectual architecture that necessitates pharmacological “cures” as well as paving the way for expansion of the western biomedical model of mental illness into untapped foreign markets.

What is an ordered mind? As labels of disorder continue to proliferate, and diagnoses remain harmful and hard to shake, the configuration of the boundaries between sanity and insanity is of central importance to any transformational politics.

In its fifth edition published last year, the Diagnostic and Statistical Manual of Mental Disorders (DSM) - the American Psychiatric Association’s (APA) bible - now boasts a total of 380 mental disorders (the first edition, released in 1952, featured 106.) This diagnostic expansionism has led to a situation in which the National Institute for Mental Health found that between 2003-3, 46% of Americans fit the criteria for at least one mental illness. A historical tradition of imposing order by seeking out and confining deviance now finds its logic threatened by the approaching majority it confines.

In recent editions of the DSM, a clear pattern of pathologising everyday life has emerged. Children as young as two have been diagnosed with Childhood Bipolar Disorder, heavily medicated and regarded as victims for life, for showing symptoms such as ‘moodyness’ and a proclivity for ‘temper tantrums’. Elsewhere, “scolastagia” (exoskeletal stress caused by mental degradation) has been referred to as a psychiatric illness.

The conditions of late capitalism, left unmentioned and unanalysed throughout mainstream discourse surrounding “the modern epidemic of mental illness”, are practically tailor-made for the mass production of stressed, insecure, isolated and alienated workers. Whether it’s the systemic centrality of personal debt, the casualisation and precarisation of the labour market or the concerted attacks on those claiming social security, neoliberalism is a factory for the production of misery.

A revealing Gallup poll from June 2013 found that 50% of American workers describe their approach to their job as “just another job” and 20% said they felt “disengaged” from their jobs, hate their work and ‘actively put energy into undermining it.’ Closer to home, a study at Warwick University five years ago revealed that while 12.6% of economic activity each year was lost to strike action at the height of the crisis- ridden 1970s, 13.5m working days a year are now lost to “stress-related illness”. The death of collectivity has seen an industrial action - that at least held some sway in power relations - give way to individualised withdrawal from the unbearable.

The restructuring of the labour market in the form of zero hours contracts, affective labour, and the cult of managerialism with its suffocating targets, meaningless paperwork and micro-management are key causes of misery and alienation. Equally, the inability to meet the demands of the ‘society of work’ causes or exacerbates mental strains for the millions put through exploitative workplace schemes and the DWP and Acas “fit-for- work” witch hunts. The latter, as found in May 2013 that the Government’s Work Capability Assessments discriminated against those with mental health diagnoses. Furthermore, a strong philosphical current runs right through NHS psychiatric services which is convinced that, above all, it is the ‘society of work’ that will set you free, and by extension the surest marker of ‘recovery’. It is one’s willingness to accept a lack of control or normalised modes of labour (reproductive and/or waged).

Of course there is a long, rich and varied history of resistance and struggle inside and outside of the psychiatric system. The anti-psychiatry movement rose and fell in correlation with accompanying radical social movements of the time. Contemporary movements must also question the role of the mental health system in society and support alternative, non-coercive approaches such as the Soteria and Hearing Voices networks.

The disciplinary architecture of mental illness in society intersects deeply with other struggles. You are more likely to be diagnosed with schizophrenia if you’re black as well as disproportionately more likely to be sectioned and die in the custody of the state. You’re more likely to be prescribed antipsychotics if you’re black or perceived to be mentally ill just as the poorer you are or less social capital you possess the harder it is to access services, stay afloat financially, escape or withstand attacks from the DWP, challenge your diagnosis or simply find the time and space to rest and recuperate.

This struggle overlaps with issues like housing, drug abuse/addiction, prison and “rehabilitation” and with the general tendency of the state and capital, throughout history, to exclude and confine parts of the population - the old, the infirm, the mad, the disabled, the queer, the troublemaker, the unemployed - that are not “productive” and make it harder for them to remain in power and control their terms of rule.

There is little that connects our lives more than a shared sense of alienation. An alienation of the body and the mind that stems from how we are forced to relate: to work, to space, to nature, to the state and to each other. Popular imagery has the alienated figure of the “Madman” wearing a sandwich board, walking around Oxford Street or Times Square, proclaiming loudly “THE END IS NIGH!” But given factors such as the round-the-clock climate emergency, do this not now seem perfectly rational? Within this situation it is impossible to sustain the pretense that states of mind conform to the grammar of brain chemistry; that an illness of the psyche is an expression of things not the sign of competing ideology, but of a pathology. What is an ordered mind? Perhaps the question is upside down.

What would madness be in a world with ungrounded power structures, reimagined language and transformed social relations?
Edge Fund was started by a small group of philanthropists and activists in early 2012. They aimed to equip people to defend themselves and to change the unjust system. They focus on those offering legal and medic rights and allows them to upload their experience, including the officer’s ID number. The group seeks to build literacy around the prison industrial complex and offering regular events, food, drink and workshops and support the local community with their proposals for the redevelopment and is at present looking to identify alternative funding for the scheme. For more information and to keep up-to-date on this story, head to sorexistance.com

The future state of London’s Southbank has been in the headlines again this year after a decision was made to withhold a planning application to replace the active and iconic riverfront space with £120m retail development. Campaign groups including SOS Resistance have been at the forefront of this struggle over cityspace, raising awareness in print, graffiti and online.

A petition managed by the group was nearing 70,000 signatures at the time of publication, and the initiative has sought and gained the support of some high-profile backers to amplify the cause, including Black Market Records, Goldie & Metalheadz and the rapper Immortal Technique. One of the main focuses of the group SOS Resistance came from the discovery of a planning application to the local authority, outlining the South Bank’s plans for the space. This discovery led to the lodging of 30,000 individual planning objections with the local authority in what was claimed by campaigners Long Live Southbank to have made the retail development scheme “the most unpopular planning application in UK history.” Without these objections, campaigners believe the skate park would already have been closed last August.

Long Live Southbank’s campaign took place on many fronts: constantly engaging in negotiation with the Southbank Centre, lobbying various politicians and even lodging an application with Lambeth Council to have the space protected under laws designed to protect village greens. Campaigners point out that the fight to save the space is a struggle to preserve and maintain a historic and significant site that is unique to the city. The space, which has evolved over more than four decades, attracts thousands of people every year and offers one of the few non-commercial, active social scenes along the riverfront.

The Southbank Centre has given no indication that it does not intend to continue with its proposals for the redevelopment and is at present looking to identify alternative funding for the scheme. For more information and to keep up-to-date on this story, head to sorexistance.com

SAVE OUR SOUTH BANK

The population of the Chagos Islands were forcibly expelled by the British Government in the 1960s, and are continuing to fight against the British Government’s decision to build on their former island homes. They aim to equip people to defend themselves and to change the unjust system. They focus on those offering legal and medic rights and allows them to upload their experience, including the officer’s ID number. The group seeks to build literacy around the prison industrial complex and offering regular events, food, drink and meeting spaces. It will be an active, autonomous meeting space at low or no cost.

A coalition of local groups who organise collectively around housing and welfare problems faced by their members. The majority of LCAP members are people on low incomes who are facing, or have experienced, problems with their benefits or housing. LCAP’s work mainly involves mutual support in the local groups, using tactics of “direct action casework” and local campaigning. They are based on low incomes who are facing, or have experienced, problems with their benefits or housing. LCAP’s work mainly involves mutual support in the local groups, using tactics of “direct action casework” and local campaigning. They are based

EDGE FUND – ROUND 3

Edge Fund was started by a small group of philanthropists and activists in early 2012. They hoped to explore how funds could be distributed in a way that both devolves the power of donors and creates real and systemic social change. In January the latest round of grants from the Edge Fund were posted. As with previous rounds, the short-list of applicants was divided in two. Half received grants of up to £1,000. The other half received grants of up to £5,000. What follows are just some of the groups who received funding and a brief description of the vital work they are doing.

Lesbian Immigration Support Group [£4,400]
A group of lesbian and bisexual refugees and asylum seeking women and their lesbian and bisexual European supporters in Greater Manchester. They work to support each other, including visiting women in detention centres and to create awareness of who they are and why they have come to the UK. They challenge myths about LGBT people and about asylum seekers and refugees.

Stop and Search Mobile App [£3,000]
This mobile app aims to bring fairness and transparency to the Stop and Search procedure carried out by UK Police. The app seeks to change the behaviour of officers who do not carry out the procedure correctly; it informs people of their rights and allows them to upload their experience, including the officer’s ID number.

Anti Raids Network [£3,000]
A network of people involved in various London-based groups and unaffiliated individuals, migrants and British citizens - with and without papers. They aim to equip people to defend themselves and others in the face of immigration raids and street checks. Their long term aim is to build a culture of mutual aid and resistance to racism, state surveillance and control on our streets.

Green and Black Cross [£3,000]
A network of groups providing legal and med. ic support to protesters around the country. They support protest actions/groups confronting an unjust system. They focus on those offering resistance/alternatives to attacks on living standards and social solidarity in the name of ‘austerity’, those who fight against injustices based on their race, gender, ability or other characteristics, and environmental protection.

UK Chagos Refugee Group [£1,732.50]
The UK branch of the Mauritius-based Chagos Refugees Group, comprised of Chagossians in exile who live in the UK and non-Chagossians supporters. The population of the Chagos Islands were forcibly removed from their homeland by the British government in the late sixties to make way for a US Naval base. CRG was formed in 1983 in order to take up the struggle of the Chagossian people for their right to return home.

Brighton Anti-Fascists [£1,200]
They work to halt the harm and hate, damage and division caused by racism and fascism through promoting positive values: equality between all people; respect for difference, resistance to ‘official’, state or government definitions of ‘race’, ‘nation’, ‘immigrant’, ‘other’. They have contributed to the wider anti-fascist movement by helping establish an Anti-Fascist Network.

DIY Space for London [£1,500]
A group who have come together to open a permanent radical social centre for London, addressing the need for a sizeable, permanent and genuinely accessible home for communities, beyond temporary squatted spaces or smaller meeting spaces. It will be an active, autonomous member-run space able to accommodate live music and offering regular events, food, drink and meeting space at low or no cost.

Empty Cages Collective [£1,500]
A group aiming to build the foundations of an active prison abolition movement in the UK. They seek to build literacy around the prison industrial complex and prison abolition in the UK. To inspire, skill share and support people to organise for prison abolition and to listen and work directly with affected communities and individuals harmed by the prison industrial complex in the UK.

London Coalition Against Poverty [£1,732.50]
A coalition of local groups who organise collectively around housing and welfare problems faced by their members. The majority of LCAP members are people in housing and welfare problems faced by their members. The majority of LCAP members are people

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Heathrow airport. The main project is Grow Heathrow, a squatted community food growing project on a site that was previously derelict. They cleared the site of 30 tonnes of rubbish and converted it into a community hub where they grow food, run workshops and support the local community with their campaign against Heathrow 3rd runway.
It was November 2011 when the lights were turned on again at the Embros Theatre, a historical building in the Psirri district of Athens that remained abandoned for 5 years as the Ministry of Culture let it fall into disrepair. In an attempt to bring it back to life, a group of theatre artists and theorists known as the “Mavili Collective” coordinated a 12-day series of talks, discussions and performances that were open to the public. Scholars and artists from various disciplines were invited together to challenge the dominant market-led consensus and embrace an alternative model of collective management, introducing new forms of creative work.

Psirri used to be a working class district dominated by small scale craft industries and families who didn’t move to the suburbs as the 1970s urban trend dictated. The area went through a process of gentrification that intensified in 2004 when Athens hosted the Olympic Games. Old industrial buildings were either converted into nightclubs or remained vacant. Restaurants and bars sprung up like mushrooms whilst small vintage shops became a “must-visit” destination for the hipster crowd. The influx of migrants and the grim effects of austerity made Psirri an area of contradictions where it was common to see young middle class people having drinks while migrants searched for food in trash bins just a few blocks away.

“Embros theatre has made its mark in Psirri as a diversity hub where art meets radical politics, a challenge posed by the economic crisis” says Eleni Tzirtzilaki, an architect and member of a local community group (“Psirri Residents Movement”) that joined forces with the Mavili Collective from the very beginning. Thus, what started as a 12-day experiment, greeted with positive comments from the Press, had, within a year, evolved into a process that brought together more than 500 artists, academics and activists to show their work, stage performances and exchange ideas. The collective remained active in Embros for a year, and since November 2012 the theatre operates as an open cultural and social space that promotes self-management, equal participation, diverse voices and non-commercial values in the midst of an entertainment district of Athens.

An open assembly runs weekly and the daily practical demands such as cleaning, managing the website or running the small bar (which is the main funding source along with donations) are met by a group of approximately 10 people on a rotating basis.

“Embros is not used solely as a theatre, but appeals to a broader crowd. It’s open not only to artists who cannot financially support a stage play or wish to operate independently and beyond the demands of the commercial art world but also to people who are actively involved in grassroots social movements. It’s a politically plural space and that’s a positive thing, otherwise it would come across as having an affiliation with a political group,” says actress Tatiana Skanatovits.

Embros has invited Giorgio Agamben and Raoul Vaneigem as guest speakers and has established strong bonds with “Teatro Valle” in Rome, which is occupied by theatre workers. The space has also become a platform for migrants, feminists & the LGBT community. Art and politics are not considered as fixed and separate entities but dynamic and interrelated practices, an approach which makes it different from other autonomous social centres or squats.

However, the Greek authorities take a different view. Embros theatre has twice faced the risk of being shut down, sparking outrage and attracting more than 1,700 petition signatures in solidarity, from Greece and abroad. “The arrests of two actors while rehearsing in Embros brought even more people together against the planned eviction. The more open it is to the public the more difficult it becomes to shut down” says Eleni. “This diverse co-existence has not always been easy but what keeps us together is our strong desire to survive in times of political and cultural crisis.”

“It is my choice to operate in non-commercial spaces and one of the joys in Embros is the freedom to do things the way I want, just like anyone else involved here, of course,” adds Tatiana. “I explain to the people who come over - some of them without prior knowledge - what Embros really stands for. I get pleased to see them breaking free of stereotypes and grasp what an open space is all about. I encourage them to join. All of us, who have a longer and consistent presence in Embros, become happy when we see others reaching their dreams. Helping others sustains and attracts new people so we all make sure the space is used by everyone.”
resources, from the Latin American guerrilla tradition (Che’s personal rupture: “I am not me anymore, at least I am not the same as I was before”, to Mario Payeras’ voluntaristic optimism: “we are going to turn back Antonio as a radicalised version of Don Juan Matus), and the openness and plasticity of the world and the person encountered in Latin American literary ‘magical realism’.

Marcos also borrows from indigenous shamanism (e.g. the conception of selfhood based on animal co-essences) to Carlos Castaneda’s shamanism (e.g. the blurring of personal history and Marcos’s presentation of the old Antonio as a radicalised version of Don Juan Matus), and the openness and plasticity of the world and the person encountered in Latin American literary ‘magical realism’.

...we were many, those of us who burnt our vessels that dawn of the Zapatista psychology is not a theory of individual improvement: it stands in sharp contrast to psychotherapeutic ideas of self-development, self-actualisation, the building of defences against the hostile outside, the strengthening of creativity and other skills and so on, that one becomes a better fit to the neoliberal world of social atomisation and competition. This decision of a radical rupture is performed as a subjective preconception so that one joins a radical transformative project and engages in social and political change. Personal change and social change are indissolubly connected: one cannot happen without the other.

Marcos’ explicit and implicit elaborations on these elements of a radical psychology are usually absent from political analysis, and construed as signs of his coquetry or literary endowment. More often than not, when taken seriously, these elements are bureaucratised and made to appear as if they were the unique psychic qualities of a great man, namely Marcos. Whereas the anti-Zapatista analysts did everything they could to pathologise Marcos and present him as an obscure figure, the pro-Zapatista analyses heresied him. Naomi Klein is just one of the many examples of this kind when she wrote: “...this masked man who calls himself Marcos is the descendant of King Che Guevara, Malcolm X, Emiliano Zapata and all other heroes who preached from pulpits only to be shot down one by one leaving bodies of followers wandering around blind and disoriented.”

Marcos and present him as an ordinary man who made that step with no return.”

Here, radical psychology becomes the prerequisite of a global heroic lineage, something out of the reach for the “ordinary people” who can only be “followers”. This heroisation of Marcos by many leftist commentators is a clear manifestation of a neoliberal psychology that tends to divide the world into heroes and followers, entrepreneurs and consumers, winners and losers, and it reproduces the world as it is, even when its intentions are different.

However, the psychology Marcos has communicated in public, even when pronounced in the first person, has not been the personal achievement of a charismatic individual. His first person voice is, in this precise sense, the voice of the whole movement. Many of the intellectuals who departed the big cities of Mexico and installed themselves in the jungle acted out the same kind of psychology. Take, for example, the case of two Yale brothers, who were two of the first people to move to the jungle and organise the first guerrilla infrastructure more than a decade before Marcos joined the guerrillas.

This same rupture in lives and livelihoods is true for all those indigenous young people who performed a radical split from tradition and habit, leaving their communities for the mountains in order become to combatants of the EZLN. The same is true also for all those indigenous campesinos, men and women, who cut their links with all political parties and institutional organisations and joined the Zapatist movement. It was a difficult decision, the objective conditions were more than unfavourable; even the Left preferred the oppressors and overexploited indigenous to be voters than revolutionaries. It was a risky decision that entailed, as Marcos has argued, the opposite from what one had left behind; a decision made possible by the conscious, slow, careful, and patient preparation of an insurrection that brought them all to a new condition; “...we were many, those of us who burnt our vessels that dawn of 1 January 1994 and we took up that heavy gait covering our face with a balaclava. We were many, those of us who made that step with no return.”

It is this radical shamanistic psychology that the Zapatistas bequeath to us - a psychology of a risky rupture, of a radical break from neoliberal psychology and the habits and social conventions upon which it is predicated. From its impoverished relational fabric, its disenchanting and rationalising way of making sense of the world, from its fenced-off affective economy and its utilitarian sense of time - the rupture must be total. It is a psychology that breaks from the languages of psychotherapy and brings together personal and social change.
I am leaving the NHS after 18 years of working inside it as a clinical psychologist. I now want to try to work outside it to promote more emancipatory approaches to mental health.

Originally, I had the idea of infiltrating the mental health system with loving kindness. I had fairly briefly been embroiled in the mental health system as a patient at the age of 18. Moved by how little people were being heard and understood within that system, I went on to train as a psychologist keen to prove that there were alternatives to labelling and drugging people. And while I’ve seen (and feel like I have been part of) pockets of good things inside the mental health system, I don’t see it getting particularly better. Some things were better ten years ago, some things were worse. Overall, I think we need to change how society relates to each other together.

We need to be curious about the meanings that lie beyond the mental health problem. Why not have schools visit psychiatric hospitals? We need to learn more about living with paranoia, school sessions on how we can scythe have a huge impact on rebuilding people’s confidence and connectedness. Working with young people makes it easier to see the social roots of their difficulties: Poor schooling experiences, controlling power relationships, parents with addiction problems, poverty, violence in the home, broken relationships, bereavements that have not been addressed, to name but a few. The clues to the social toxins underlying people’s emotional difficulties lie in their life stories. The solutions appear to me to be social too. Fundamentally, it’s all about relationship building. Even though I am a psychologist, I don’t think it’s all about one-to-one talking therapies. For instance, I have found that physical activities like martial arts and traditional farming skills like drystone walling and scything have a huge impact on rebuilding people’s confidence and connectedness.

To escape the asylum we have to bring the community into the asylum and the asylum into the community. This means pub evenings where we talk about living with paranoia, school sessions on how we survive trauma and what helps healing and recovery. Why not have schools visit psychiatric hospitals? We also need to work preventively. That means looking at how we relate to each other as equals, creating spaces where we can all learn less violent ways to relate to each other together. www.rufusmay.com
Whenever a word gains universal appeal we have grounds for suspicion. We have all seen what words like ‘democracy’ mean in the mouths of neoliberal governments and what ‘equality’ becomes when it is spoken by members of the financial class, and how these redefinitions get naturalised. The appeal to words laden with connotations of good and evil attempt to short-circuit critical thought; all too often they become retrofitted as euphemisms that obscure the intentions of ruling class formations. Stigma, a word deployed by many survivors (a term used by people who identify as ex-mental health patients in an awkwardly political manner), is now routinely spoken by those systems they survived. What happens to meaning when the abused and the abuser use the same language to speak of, for example, their love? Few words are as popular in the world of mental health as ‘stigma’. Spoken by psychiatrists, psychologists, nurses, survivors, service-users and patients alike, it enjoys a ubiquity across competing and antagonistic subject-groups. Campaigning against stigma has become the dominant focus of most charities. This industry is exemplified by ‘Time to Change’, an anti-stigma campaign in England.

The idea behind campaigns like ‘Time to Change’ is to raise consciousness by drawing attention to mental suffering by starting a ‘conversation’ about it in the attempt to normalise it. This is done via TV adverts, posters on public transport, websites and celebrity tell-alls. The avowed aim is to make the public more aware and better equipped to deal with such suffering. After £22m spent and four surveys of its effectiveness, the British Journal of Psychiatry reports that the campaign has had only a negligible impact in changing public attitudes. Furthermore, several studies have failed to show that educating people that mental suffering is an illness makes any significant difference - except insofar as it justifies medicalisation and obscures the socio-economic mediators of that suffering. For instance, long-term unemployment leads to depression and doubles suicide risk, whilst life under late capitalism forces people into positions that are depressogenic and neurotic; it is unsurprising that Rethink (one of the charities behind the ‘Time to Change’ campaign) employ people on zero hours contracts, and sees this as an unfortunate necessity.

In his radical formulation of stigma, sociologist Erving Goffman presents the concept as an expression of a dynamic relationship between attributes and stereotypes. Using the example of racism, Goffman’s formula states that the attribute of black skin interacts with a series of stereotypes about black skin (i.e. black people are more primitive and/or more criminal). In this way, the question of stigma refers to a structural relationship between physical and semiotic signifiers relating to one another in such a way that they mutually reinforce their reciprocal attachment. Thus, within societies in which racism is rife, black skin can no longer appear without being attached to a series of racist meanings, while those meanings become naturalised as partly constitutive of blackness.

For Goffman, mental suffering may be invisible but its stigmatisation in all the more insidious as it becomes part of a self-redescriptive subjectivity that manages itself to prevent exposure. In other words, self-stigmatisation results in subjects who police themselves so as to appear normal: the depressed person must put on a cheery face; the person with eating problems must see to eat normally and vomit later; in private, the mother who can’t cope with her new baby has to pretend to feel a love she does not. It is not hard to see how this theory could be made to serve the purposes of responsibilisation, a species of victim-blaming linked to economic moralism.

Originally, stigma meant a mark of shame, often a branding of the flesh that denoted dishonour usually found on ancient Greek slaves and criminals. Today when organisations speak about stigma they tend to be referring to a mixture of attitudes and beliefs that populations and individuals hold about individuals and populations with mental suffering. All too often the idea is that changing people’s hearts and minds will result in a better world for sufferers. As such, anti-stigma campaigns amount to little more than a liberal version of ideology critique aimed at overcoming mystification. The problem here is that of linguistic idealism: by changing what people know about ‘schizophrenics’ or ‘schizophrenia’ nothing is necessarily altered in the structural relationship between ‘schizophrenia’ and the person’s experience.

These campaigns rarely discuss the very real problem of visible mental suffering. Schizophrenia and manic psychoses are regularly embodied in seemingly bizarre behaviour and speech, and psychiatric medications often result in strange movement or postures, hyper-salivation, tremors, to the point that the woman on the bus mistaken for a drug addict might simply be on prescribed medications. There are a host of visible markers of mental suffering that act as somatic attributes coupled to semiotic worlds that end in avoidance, exclusion, fear and violence being directed to the sufferer.

As with racism, or patriarchy, this problem is not erased by a mere changing of attitudes because we are talking about a section of society that is systematically excluded and subject to violence on the basis of somatic-semiotic couplings that justify a material exclusion that intersects with many others (transsexuality is pathologised; black men are disproportionately diagnosed as schizophrenic; the working class are “resistant” or “difficult to engage”).

The mentally ill form a historically invariant section of society that embodies the dissolution of society. People experiencing mental suffering are the sufferers of a generalised proletarianisation resulting from specific stigmatisation. This stigma operates in the same way that these other forms of exclusion do, and their intersections prop up capital and the state. The liberal deployment of terms like stigma and discrimination ultimately work to obscure and perpetuate these structural and impersonal aspects of suffering. A critique of stigma-talk demands a materialist praxis that is able to realise its lost radicalism, organised by and in solidarity with sufferers. Repeating the Sozialistisches Patientenkollektiv: turn the idea of stigma into a weapon!
In the history of authoritarian governance, there have always been role-playing power structures such as monarchies, dictatorships and corporatocracies (the combination of giant corporations, the wealthy and their political representatives). All these power structures have constructed a particular idea of “the professional” to act on their behalf.

Power structures have used clergy to subdue populations (that’s why dissident clergy who cared about social justice and who were embarrassed by their profession created “liberation theology”). Power structures have used police and armies to try to break human rights and labour movements. And today, psychiatric drugs, make such a resistance more difficult.

Health professionals, by way of behavioural manipulation and addiction, keep off democracy’s battlefields by mental health professionals who had pathologised and de-politicised their pain.

In 1989 in El Salvador, Ignacio Martín-Baró, both a liberation theologian and a social psychologist who had popularised the term “liberation psychology,” was assassinated by a US-trained Salvadoran death squad. Martín-Baró had observed this about US psychology:

“No in order to get social position and rank, it negotiated how it would contribute to the needs of the established power structure.” First, some obvious examples, then the more submerged part of this iceberg.

Historically, nothing was more powerful in ending American involvement in Vietnam than the brave actions by US soldiers who refused to cooperate with the US military establishment (see the 2005 documentary Sir! No Sir!). However today, American mental health professionals, by way of behavioural manipulation and psychiatric drugs, make such a resistance more difficult.

The former president of the APA, Martin Seligman, was a consultant for the US Army’s Comprehensive Soldier Fitness programme - receiving not only social position and rank but several million dollars for his University of Pennsylvania Positive Psychology Centre. According to the Philadelphia Inquirer, Seligman was quoted as saying, “We’re after creating an indomitable military.”

In one role-play utilised in this Comprehensive Soldier Fitness programme, reported by the New York Times, a sergeant is asked to take his exhausted men on one more difficult mission. The sergeant is initially angry and complains that “it’s not fair.” But in the role-play, his “rehabilitation” involves reinterpreting the order as a compliment. “Maybe he’s hitting us because he knows we’re more reliable.”

Even more powerful than “positive psychology” manipulations in subverting resistance to the US military-industrial complex is the use of psychiatric drugs for US soldiers. According to the Navy Times, one in six US armed service members were taking at least one psychiatric drug.

The American Psychological Association (APA), for several years, not only condoned but actually applauded psychologists’ assistance in interrogation/torture in Guantánamo and elsewhere. When it was discovered that psychologists were working with the US military and the CIA to develop brutal interrogation methods, an APA task force in 2005 concluded that psychologists were playing a “valuable and ethical role” in assisting the military; and in 2007, an APA Council of Representatives retained this policy. It took until 2008 for APA members to vote to prohibiting consultations in interrogations.

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The selection and socialisation of mental health professionals tends to breed out many anti-authoritarians, as all but a handful conform to the demands of authorities so as to advance their careers. Thus for many MDs and PhDs, those people different from them who reject attentional and behavioural compliance appear to be from another world - a diagnosable one.

In 1980, Ronald Reagan (who as governor of California had gained attention by quelling college student protests), was elected president of the United States. That same year, the American Psychiatric Association, in goose step with America’s swing to the right, published their revised diagnostic bible, the DSM-3. DSM-3 added several more child and adolescent diagnoses that subtly and obviously pathologised stubbornness, rebellion, and anti-authoritarianism.

One of these new diagnoses - now quite popular in the United States - that obviously pathologises rebellion is called “oppositional defiant disorder” (ODD). The official symptoms of ODD include “often actively defies or refuses to comply with adult requests or rules” and “often argues with adults.” ODD kids are routinely doing nothing illegal and are not the kids who were once labeled as “juvenile delinquents” - that nowadays is diagnosed as “conduct disorder.”

Besides the pathologising of stubborn, anti-authoritarian children, I have discovered in nearly three decades of practice that many people with severe anxiety, depression, and/or psychosis are also anti-authoritarians. Often a major pain in their lives that fuels their breakdown is a fear that their contempt for illegitimate authorities will cause them to be financially and socially marginalised, along with a fear that compliance with such illegitimate authorities will cause them to lose their self-respect.

Most mental health professionals meet the needs of the power structure by only focusing on helping their clients adjust to society, regardless of just how insane US society has become. By insane I mean: multiple senseless wars that embroil an unknowing American public; prisons for profit corporations such as Correction Corporation of America which buys prisons from states and demands a 90% occupancy guarantee in return; and the ordinary insane daily lives of the overwhelming majority of Americans, dominated by alienating, meaningless jobs, significant unemployment and underemployment.

There are dissident mental health professionals who de-pathologise and repoliticise suffering. They recognise that many among their clientele diagnosed with disruptive behaviors such as ODD, or depression, anxiety disorder, and other so-called mental illnesses are not essentially biochemically ill. They recognise that their clients’ self-destructive behaviours are fuelled by a variety of pains, including the pain of illegitimate authorities at many levels in their lives. But these dissidents comprise a small handful among the nearly one million American psychiatrists, psychologists, social workers, counselors, and other mental health professionals.

http://brucelevine.net
I've suffered from depression intermittently since I was a teenager. Some of these episodes have been highly debilitating - resulting in self-harm, withdrawal (where I would spend months on end in my own room, only venturing out to sign-on or to buy the minimal amounts of food I was consuming), and time spent on psychiatric wards. I wouldn't say I've recovered from the condition, but I'm pleased to say that both the incidences and the severity of depressive episodes have greatly lessened in recent years. Partly, that is a consequence of changes in my life situation, but it's also to do with coming to a different understanding of my depression and what caused it. I offer up my own experiences of mental distress not because I think there's anything special or unique about them, but in support of the claim that many forms of depression are best understood - and best combated - through frames that are impersonal and political rather than individual and 'psychological'.

Writing about one's own depression is difficult. Depression is partly constituted by a sneering 'inner' voice which accuses you of self-indulgence - you aren't depressed, you're just feeling sorry for yourself, pull yourself together - and this voice is liable to be triggered by going public about the condition. Of course, this voice isn't an 'inner' voice at all - it is the internalised expression of actual social forces, some of which have a vested interest in denying any connection between depression and politics.

My depression was always tied up with the conviction that I would never work. In my twenties I drifted between postgraduate study, periods of unemployment and temporary jobs. In each of these roles, I felt that I didn't really belong - in postgraduate study, because I was a dissertante who had somehow faked his way through, not a proper scholar; in temporary jobs, because I felt I was performing incompetently, and in any case I didn't really belong in these office or factory jobs, not because I was 'too good' for them, but - very much to the contrary - because I was over-educated and useless, taking the job of someone who needed and deserved it more than I did. Even when I was on a psychiatric ward, I felt I was not really depressed - I was only simulating the condition in order to avoid work, or in the infernally paradoxical logic of depression, I was simulating it in order to conceal the fact that I was not capable of working, and that there was no place at all for me in society.

When I eventually got a job as lecturer in a Further Education college, I was for a while elated - yet by its very nature this elation showed that I had not shaken off the feelings of worthlessness that would soon lead to further periods of depression. I lacked the calm confidence of one born to the role. At some not very submerged level, I evidently still didn't believe that I was the kind of person who could do a job like teaching. But where did this belief come from? The dominant school of thought in psychiatry locates the origins of such 'beliefs' in malfunctioning brain chemistry, which are to be corrected by pharmaceuticals; psychoanalysis and forms of therapy influenced by it famously look for the roots of mental distress in family background, while Cognitive Behavioural Therapy is less interested in locating the source of negative beliefs than it is in simply replacing them with a set of positive stories. It is not that these models are entirely false, it is that they miss - and must miss - the most likely cause of such feelings of inferiority: social power. The form of social power that has most effect on me was class power, although of course gender, race and other forms of oppression work by producing the same sense of ontological inferiority, which is best expressed in exactly the thought I articulated above: that one is not the kind of person who can fulfil roles which are earmarked for the dominant group.

On the urging of one of the readers of my book Capitalist Realism, I started to investigate the work of David Smail. Smail - a therapist, but one who makes the question of power central to his practice - confirmed the hypotheses about depression that I had stumbled towards. In his crucial book The Origins of Unhappiness, Smail describes how the marks of class are designed to be indelible. For those who from birth are taught to think of themselves as lesser, the acquisition of qualifications or wealth will seldom be sufficient to erase - either in their own minds or in the minds of others - the primordial sense of worthlessness that marks them so early in life. Someone who moves out of the social sphere they are 'supposed' to occupy is always in danger of being overcome by feelings of vertigo, panic and horror: "...isolated, cut off, surrounded by hostile space, you are suddenly without connections, without stability, with nothing to hold you upright or in place; a dizzying, sickening unreality takes possession of you; you are threatened by a complete loss of identity, a sense of utter fraudulence: you have no right to be here, now, inhabiting this body, dressed in this way: you are nothing, and 'nothing' is quite literally what you feel you are about to become."

For some time now, one of the most successful tactics of the ruling class has been responsibilisation. Each individual member of the subordinate class is encouraged into feeling that their poverty, lack of opportunities, or unemployment, is their fault and their fault alone. Individuals will blame themselves rather than social structures, which in any case they have been induced into believing do not really exist (they are just excuses, called upon by the weak). What Smail calls 'magical voluntarism' - the belief that it is within every individual's power to make themselves whatever they want to be - is the dominant ideology and unofficial religion of contemporary capitalist society, pushed by reality TV 'experts' and business gurus as much as by politicians. Magical voluntarism is both an effect and a cause of the currently historically low level of class consciousness. It is the flipside of depression - whose underlying conviction is that we are all uniquely responsible for our own misery and therefore deserve it. A particularly vicious double bind is imposed on the long-term unemployed in the UK now: a population that has all its life been sent the message that it is good for nothing is simultaneously told that it can do anything it wants to do.

We must understand the fatalistic submission of the UK's population to austerity as the consequence of a deliberately cultivated depression. This depression is manifested in the acceptance that things will get worse (for all but a small elite), that we are lucky to have a job at all (so we shouldn't expect wages to keep pace with inflation), that we cannot afford the collective provision of the welfare state. Collective depression is the result of the ruling class project of resubordination. For some time now, we have increasingly accepted the idea that we are not the kind of people who can act. This isn't a failure of will any more than an individual depressed person can 'snap themselves out of it' by 'pulling their socks up'. The rebuilding of class consciousness is a formidable task indeed, one that cannot be achieved by calling upon ready-made solutions - but, in spite of what our collective depression tells us, it can be done. Inventing new forms of political involvement, reviving institutions that have become decadent, converting privatised disaffection into politicised anger: all of this can happen, and when it does, who knows what is possible?
Socially, the dual strategies of exalting consumerism and increasing control have been central to the neoliberal project. Consumerism and control can be viewed as opposite sides of the same coin. People are encouraged to aspire to ever greater levels of conspicuous consumption, modelled after the lifestyles of a celebrity elite that is plastered all over the media and broadcast into everyone’s living room. Shopping, which was once a means to an end, has been transformed into the UK’s favourite leisure pursuit. At the same time, however, more and more people are excluded from the workforce (sometimes forever) by the movement of industry to areas of cheaper labour, and many others are stuck in low paid work with no prospect of advancement. Large portions of the population are only able to achieve the widely advertised ‘ideal’ lifestyle through illegal means. A highly unequal, consumer-oriented society entices people to break the law, which was illustrated dramatically by the riots in London and other English cities over the summer of 2011.

Neoliberalism requires expanded mechanisms of social control to police the lawlessness and social fragmentation that its policies produce. Levels of imprisonment have been rising in many western countries, reaching staggering proportions in the United States in particular. In 2011, 0.7% of the US population were in prison, with 2.9% in prison, on probation or parole. Among African Americans, almost 7% of adult men were in prison, and one in three African American men can expect to go to prison during their lifetime. ‘In the US’, comments David Harvey, ‘incarceration became a key state strategy to deal with the problems arising among discarded workers and marginalised populations’. Rates of imprisonment in the United Kingdom have also been rising, almost doubling since the early 1990s.

The dual drive to increase consumption and control the casualties of wealth redistribution is bolstered by modern, individualistic notions of mental wellbeing and mental abnormality. Even before the age of ‘neurobabble,’ ideas like ‘mental illness’ located problems with behaviour and emotions within the individual, usually in a defective brain, but sometimes in subconscious mechanisms or defective cognitive structure. In this way the complex nature of how people relate to each other and to their environment was dislocated from its social context. In recent years, almost all human activity has been claimed to be explained by neuroscience - from economics to the appreciation of literature. These ideas sit well with neoliberal thinking, with its emphasis on the individual and its distaste for ‘society’. The concept of mental illness is useful partly because it provides a conveniently elastic justification for control and confinement to complement the criminal justice system. Once someone is labelled as sick and needing treatment, almost anything can be justified. As soon as the bizarre, disturbing and occasionally disruptive behaviour we call mental illness is attributed to a brain disease, its origins and meanings no longer have to be understood. It simply has to be corrected, with drugs or Electroconvulsive Therapy (ECT) or whatever else it takes. Normal considerations of the autonomy of the individual can be dispensed with. ‘Health’ trumps freedom in mental health law.

Neoliberal policies breed communities that no longer have the resources or the motivation to accommodate difference. As people are increasingly displaced from family and friends, as social support networks collapse and as work becomes casualised, the social integration that helped some people withstand emotional pressures in the past is often no longer available. Psychiatric facilities are in demand to manage the consequences, and the language of mental illness enables this to be done without revealing the social breakdown at its root. In England, over 50,000 people were forcibly detained in a psychiatric institution during the year leading up to April 2013, which was 4% higher than the figure for 2010-2011 and represents an increase of 14% since April 2007. This is despite strong financial and
The idea that mental disturbance is a disease that is easily amenable to treatment has also enabled the extension of control out of the hospital and into the community. In 2008, a ‘Community Treatment Order’ (CTO) was introduced in England and Wales that allows patients to be treated against their will while they are living outside hospital, even if they have no ‘symptoms’ at all. The orders do not require that people have a history of violence or suicidal tendencies. A CTO can be made simply on the basis that, without treatment, the person presents a risk to their own ‘health’.

When they were introduced, it was estimated that approximately 450 CTOs would be applied per year. In fact, over 6000 were made in a year and a half to April 2010. The use of these orders continues to rise, with a 10% increase during the year between April 2012 and April 2013. Community Treatment Orders almost always stipulate that the individual has to receive drug treatment that they do not want and do not like. Potentially, someone can be forced to receive these mind-altering chemicals for the rest of their life, even if they have full capacity to make decisions about their treatment.

As well as helping the prison system to deal with the fallout of neoliberal policies on individual stability and community cohesion, the more mundane medicalisation of unhappiness has also bolstered the neoliberal project. The promotion of the idea that depression is a common medical condition caused by an imbalance of brain chemicals has helped displace responsibility for suffering and distress away from the social and economic arena onto the individual and their brain. The mass prescription of antidepressants reinforces the idea that it is individuals who need fixing, but psychological solutions, such as CBT (cognitive behavioural therapy), can also perpetuate this way of thinking.

Some of the reasons so many people are currently identified as depressed likely stem from the same factors that have led to the rising prison population - that we are encouraged to want what we cannot easily get. Sociologist Zygmunt Bauman talks of how consumerism is driven by producing and maintaining feelings of inadequacy and anxiety. People cannot be allowed to feel satisfied. There must always be a lingering discontent to drive people to consume more, coupled with the fear of becoming a ‘failed consumer’. Yet, for many, work has become increasingly pressurised, insecure and unrewarding and as demands for increased productivity and efficiency increase, more people are excluded from the workforce through sickness, disability or choice.

Debt, as well as crime, is used to fill the gap between aspiration and income. But with debt comes stress, anxiety and feelings of vulnerability and loss of control. There are so many opportunities to fail, and ‘success’ is ever more improbable. The proliferation and expansion of mental disorders creates myriad possibilities for failure.

As varying moods, inadequate attention and excessive shyness are pathologised, more and more people are encouraged to believe they need to get themselves ‘fixed.’ Just as cosmetic surgery promotes the impossible ideal of eternal youth, so mental health promotion increasingly suggests there is a perfect state of mental health to which we all need to aspire, and which we need to work on ourselves to achieve. People are encouraged to exist in a perpetual state of frustration and disappointment with themselves, looking ever inward so they do not think to challenge the nature of the society they inhabit.

Ideas about the nature of mental health and mental abnormality are intrinsically linked to the social and economic conditions in which they emerge. Neoliberalism and its ‘no such thing as society’ champions have helped to produce a biological monster that subsumes all areas of human activity within a neuroscience paradigm and, by doing so, banishes the philosophical tradition that acknowledges human experience as irreducibly social. We can only begin to challenge this impoverished view of humanity when we understand its political functions and the ends it serves.

The psychological is political!
RAD BRAINS is an anti-capitalist mental health collective based in Oakland, California, United States. Our project is to use mental health as a lens for refining political analysis and bettering political practice.

When we came together in the fall of 2012 as part of the Bread and Roses Mutual Aid Network, we asked ourselves a few questions:

• What is the need of our communities?
• What resources are already available in our area?
• What can we contribute?
• What does mutual aid for mental health struggles look like?

Being based in Oakland, near to both San Francisco and Berkeley, there are a number of mental health resources of all kinds available to us. As a result, we decided that for mutual aid meant connecting our cohorts and comrades with these resources, bringing different spheres of mental health activism into contact with each other, and destigmatising mental health issues within our radical communities.

We don't actually like the term "mental health" very much. While it gestures towards the psychological and emotional issues we are trying to address, the word "mental" reinforces classic philosophical assumptions of mind/body dualism and lends itself to reductive responses (how many times have we heard and will we have to hear, "Oh, it's all in your head!"). The word "health" often acts less as a gauge for wellness than a measure of one's ability to perform under white supremacist, patriarchal capitalism. Instead of coming up with new terms, we decided to involve these critiques in our process. That means more questions: What does it mean to contribute in an anti-capitalist space? How can we discuss what we call mental health without the baseline assumptions of whiteness and affluence that accompany the term? How can we maintain a basic agreement about individual autonomy in making choices while critiquing both capitalism and the individualism it champions?

Our response was to be slow and intentional with our organising, to always ask each other these questions. We make sure we have food and drink at every meeting, to check in with each other at the beginning and end of each meeting, and to constantly remind ourselves that our presence is enough. We also involve people who aren't part of the formal group by talking with friends and care providers, and by being involved in other groups and attending events. We try to constantly recognise the roles that non-professionals (teachers, parents/family and other mentors) play in mental health.

For our events, we make sure childcare is available, as well as designated people and safe spaces for anyone who freaks out. We begin with a "good faith agreement" to acknowledge that we may not be on the same political page but to think about the structural implications of what we're saying (i.e. "is this sexist/white supremacist/queerphobic?").

If you are interested in doing mental health activism in your area, we recommend the following:

• Have conversations with your friends and comrades about what you want, what you need, and what you're capable of doing.
• Research the groups and events already happening in your area.
• Research radical mental health online. The Icarus Project and Madness Radio websites have tons of information about dealing with mental health from a rad perspective.
• Research histories of mental health activism. Critical theorist, Frantz Fanon, was a psychologist and anti-colonial fighter in the Algerian War. Mental health activists teamed up with queer activists in the United States to fight for the removal of homosexuality from the list of mental health diagnoses. Presently in the United States, mental health activists are fighting the criminalisation of mental health that leads to the arrest, imprisonment, and police murder of people suffering from psychological and emotional issues, as well as the psychological trauma inflicted on communities that are criminalised and imprisoned.
• Read feminist, queer, and critical race theory (not just the smarty-pants books, but blogs, podcasts, music, art). We cannot stress enough how much this helps to clarify the role of structural oppression in mental health struggles (and the role of mental health in anti-oppression struggles).
• Ask questions! All the time!

Follow the group at radbrains4lyfe.tumblr.com and @RADBRAINS4LYFE on Twitter. We are happy to provide whatever support we can.
GROUP THERAPY

In The Hitchhiker's Guide to the Galaxy, 'Wonko the Sane', a marine biologist from California, finds himself confronted with a pack of toothpicks with printed instructions on them. Wonko is moved to redraw the boundary of the asylum to encompass the whole world - except his home, which he turns inside out and classifies as the only place outside the asylum. "It seemed to him," wrote Douglas Adams, "that any civilisation that had so far lost its head as to need to include a set of detailed instructions for use in a package of toothpicks was no longer a civilisation in which he could live and stay sane." He resolves to never enter the asylum again.

Every day millions of us shuffle to London. It attempts to organise horizontally, to a lack of safe or affordable housing across the country. The first stage of any organising of this kind, therefore, becomes an act of communal health care, where we must aim to provide a safe enough space for these expressions to be communicated, experienced and shared. Relative strangers regularly feel comfortable discussing the kind of details that would normally be shared in the confines of a doctor's surgery, or only with close friends and family. In sharing these experiences, people become less isolated and are able to come to the realisation of just how many people in their communities are experiencing the same kind of distress.

Alongside the far too familiar and unsettling stories of institutional failure which those who attend share during the meeting, an even more universal and almost incidental experience finds its voice within the group: suffering. The right to a secure, affordable home is a key factor in any successful projects of those in power in the past few decades have been to erode class consciousness and basic notions of solidarity within communities. These things are going to require time and vast effort to rebuild, but they're utterly essential. Any successful organisation will have to engage with the effects of mental distress on today's subjects. Any successful organisation will have to engage with the effects of mental distress on today's subjects.

The nature of these discussions differs in some very important ways from institutionalised therapy in the healthcare industry. Firstly, people are able to express themselves within the material context of their suffering. Their distress isn't simply abstracted through the prism of medicine or even philosophy, but the tangible causes of their environment are able to be intrinsically linked and dealt with. Power balances between the person seeking help and those attempting to provide it, are also greatly reduced. Whilst inequality based on race, gender, sexuality, class, (dis)ability and so on still exist and must be challenged, the main power imbalance - that of doctor and patient (a distinction that the psychiatric profession uses without qualification) - is not in play. No-one is an expert, capable of disciplining the other.

This process isn't easy. Some of the most successful projects of those in power in the past few decades have been to erode class consciousness and basic notions of solidarity within communities. These things are going to require time and vast effort to rebuild, but they're utterly essential. Any successful organisation will have to engage with the effects of mental distress on today's subjects. After all, at a stage in capitalism's development which demands we not just surrender our bodies, but our minds for value extraction, it's paramount that we demand collective representation of the psychosocial as well.
The most significant changes in mental health legislation in a generation were made with the introduction of the 2007 Mental Health Act. At the time, Black Mental Health UK (BMH UK) publicly stated that the new measures within this law would be a matter of life and death for black Britain. Seven years later, in the wake of the Sean Rigg inquest verdict, and with the families of Olaseni Lewis, Kingsley Burrell-Brown and Leon Briggs awaiting an inquest hearing or criminal trial to find out how all these physically healthy men lost their lives while in the care of mental health providers, it would appear that BMH UK’s warning has become a reality, with the most vulnerable paying the price for systemic failings.

During the heat of the parliamentary debate over the 2007 Mental Health Act, the eminent psychiatrist and academic, Professor Suman Fernando, publicly rejected an OBE in protest at the racist provisions within the legislation. In a public letter to the former Prime Minister, Tony Blair, he said: “failure of mental health providers to meet the needs of BME communities results from institutional racism and injustices are evidently mostly in the experiences of black Caribbean people who are disproportionately sectioned and subjected to inappropriate - often damaging - ‘care’. The very least the Government can do is amend the Act to include a set of principles that will minimise the risk of injustice.”

Rather than ensuring that the legal duties within the Human Rights Act and the former Race Relations Act at the time were included in the law, health officials refused and instead included them in a Code of Practice, which has proven ineffective at protecting patients’ rights in the face of discrimination and/or abuse. This is borne out by data which shows that, while black people do not have higher rates of mental illness than any other ethnic group, they continue to be disproportionately locked up in the most secure parts of the mental health system and subject to highly coercive and punitive treatment that in too many cases has resulted in fatal consequences.

A series of mental health census reports published from 2005 to 2010, entitled Count Me In, were commissioned in the wake of the death of David ‘Rocky’ Bennett, who lost his life after he was restrained by a team of five staff members for over 25 minutes, back in 1998. The data from these reports exposed the stark difference in the way black people are treated when detained in psychiatric care. Black people are 44% more likely to be subject to detention under the Mental Health Act than their white counterparts. Once ‘in the system’, black people are more likely to be given a diagnosis of schizophrenia or psychosis, be restrained by staff, forcibly medicated and placed in seclusion.

Such practices cannot be separated from the disturbing numbers of preventable fatalities that occur in this sector. Indeed, official figures show that people in the care of mental health services account for 60% of all deaths in custody, far outstripping that of fatalities within police custody or the prison system. Figures from the government’s Independent Advisory Panel on Deaths in Custody report published in 2011 show that, in total, there were 5,998 deaths recorded for the period 2000 to 2010. This is an average of 545 deaths per year.

Exclusions report published in 2011 show that, in total, there were 5,998 deaths recorded for the period 2000 to 2010. This is an average of 545 deaths per year.

The relentless campaigning by bereaved families who have lost loved ones after they were restrained, as well as public outcry at the number of fatalities, has turned this into a national concern. The current minister responsible for mental health care, Norman Lamb MP, met the bereaved families of Kingsley Burrell-Brown, Sean Rigg and Olaseni Lewis and, on the back of this and the work of campaigners, ordered a review into methods of restraint used in mental health settings, publicly stating that “it cannot be acceptable in a civilised society to be treating people who are unwell in this way.”

With people who use mental health services accounting for 50% of those who lose their lives in police custody, this issue has been one that the Home Office has also been forced to address. BMH UK has been privy to a letter from Theresa May ordering Tom Winsor, the Chief Inspector of Constabulary, to look into this issue following “growing ministerial concerns about the number of black men who have died” in police custody.

BMH UK’s campaign against black deaths in custody is part of our work to end this injustice against one of society’s most marginalised and vulnerable groups.

WE ARE CALLING FOR:
1. Independent judicial inquiries into all preventable deaths in psychiatric settings and an end to deaths in custody.
2. A government commitment to outlaw use of control and restraint in mental health settings.
3. An independent public inquiry into black deaths in custody.

Our demands are part of the work of our national campaign group called ‘Count Me In’, which has been working to end this injustice and has resulted in fatal consequences.

WE ARE CALLING FOR:
1. Independent judicial inquiries into all preventable deaths in psychiatric settings and an end to deaths in custody.
2. A government commitment to outlaw use of control and restraint in mental health settings.
3. An independent public inquiry into deaths in police custody.
4. A review into methods of restraint used in mental health settings.

Please visit www.blackmentalhealth.org.uk to find out more.

Those of us in the lesbian, gay, bisexual, trans* and queer (LGBTQ) communities will soon find ourselves bombarded with Tory appeasement as the first same-sex marriages are conducted in England. Marriage can be beautiful, meaningful, and vital for enacting immigration rights, but what does marriage mean in terms of state sanctioned intimacy and the affect this has on relationships that are abusive? How does LGBTQ marriage discourse marginalise discussion about domestic abuse?

Marriage isn’t just a symbolic union between two consenting adults. It is a contractual union between two people and the state. Proceed with caution when David Cameron espouses marriage as an element of “family values”. Remember his “family values” are enshrined in a government that with one hand offers same sex marriage, while the other continues to cut funding to domestic violence services. Do we want to be in a marriage with David Cameron’s state?

As a queer feminist I find the terms ‘equal’ and ‘marriage’ to be uncomfortable bedfellows. Any marriage is a construct that in and of itself creates inequality through hierarchies of relationships, privileging couples that are sanctified by religion and/or sanctioned by the state. Marriage legally binds one person to another and, in some situations, it can create additional hurdles for people who want to leave an abusive partner.

Domestic violence is any form of psychological, emotional, financial, physical, and/or sexual abuse by a family member or intimate partner. Research suggests that gay and lesbian people experience a similar rate of domestic abuse as heterosexual women. There is also data that shows bisexual people and transgender people are at an increased risk of experiencing domestic abuse at some point in their lifetime.

Some of this abuse is similar to that which is experienced by heterosexual, cisgender women (Cisgender is a term used to describe someone who identifies with the gender assigned at birth.) However, the social context of homophobia, biphobia and transphobia create a situation that is unique. For example, a perpetrator of abuse may threaten to “out” somebody’s sexuality or gender identity to people whom they do not want to tell and put that person in a situation where being known as LGBTQ may make them vulnerable to discrimination, harassment or abuse; whether it be from family members, religious communities, work places, or friends.

Marriage is contractually binding, it is a heteropatriarchal structure, and a person cannot easily terminate this contract through divorce. The complications of divorcing can result in victims/survivors of abuse feeling trapped in a relationship, or left with legal hangovers from their former relationship. Astonishingly, even in cases where abuse has been proven, a person cannot petition for divorce until a year of their being wed has passed. Abuse comes under a category in English divorce law termed “unreasonable behaviour”, and people can have civil injunctions banning a partner from communicating with them and still be denied a legal possibility for divorce.

Furthermore, cuts to Legal Aid under the Conservative Government mean that attaining a domestic violence injunction can cost a significant amount of money, and attaining the fees to successfully file for a divorce can be unaffordable. Similarly worrying is the Marriage (Same-Sex Couples) Act 2013’s Spousal Veto on Gender Recognition and its impact on transgender people and their relationships. Transgender people may seek a Gender Recognition Certificate (GRC) in order for their gender to be legally recognised. If a transgender person is in a marriage, however, they cannot apply for a GRC without either their spouse’s written consent or by filing for divorce. If a spouse contacts the divorce it may take a number of years for the transgender person to attain their GRC. The Spousal Veto proved so troubling that it’s recently been dropped in Scotland, yet remains in England. The level of power and control it gives someone over their transgender partner is very concerning. If their partner is abusive, they may use this legislation to further ridicule, deny, and disempower.

Many LGBTQ people in England on spousal visas may fear that if they leave their abusive partner they will not be allowed to remain in the country. This can be a particularly intimidating prospect to LGBTQ people who are from countries where LGBTQ people are criminalised or are at high risk of targeted violence. A person does have the right to settle here in England if they can prove their relationship broke down due to violence. However, many people are unaware of this possibility, have difficulty evidencing abuse, or are unable to access the support they need to advocate for their rights.

Many victims/survivors do not recognise their relationships as abusive. This is especially the case for LGBTQ people who are less likely to come across relevant materials and support services that reflect their identities. Domestic abuse can have a devastating impact on someone’s physical and emotional well-being. Many domestic abuse victims/survivors experience depression, post-traumatic stress or substance misuse. It is common for victims/survivors to report a decrease in their self-esteem, feelings of fear, and difficulty concentrating. LGBTQ domestic abuse victims/survivors experience high rates of homelessness, self-harm, and thoughts of suicide.

If we, as LGBTQ people and allies, campaigned for marriage then we likewise need a campaign for divorce. Marriage is surely at its best when both partners consent to remaining within it. To deny access to divorce can perpetuate unhealthy and, at times, abusive relationships. Celebrate LGBTQ marriage by fighting for further LGBTQ justice. LGBTQ divorce to help protect LGBTQ lives.

For support or information call Broken Rainbow (http://brokenrainbow.org.uk) 0300 999 5428
Who's Afraid of Ruins?

Capitalism is locking-in climate change for centuries, but in the process, making radical social change more realistic than tinkering around the edges.

I: RUINS

There is an oft-quoted passage from the Spanish anarchist militant Buenaventura Durruti. Many readers will know it by heart. It reads: ‘It is we who built these palaces and cities, here in Spain and in America and everywhere. We, the workers. We can build others to take their place. And better ones! We are not in the least afraid of ruins. We are going to inherit the earth. There is not the slightest doubt about that. The bourgeoisie might blast and ruin its own world before it leaves the stage of history. We carry a new world here, in our hearts. [...] That world is growing in this minute.’

Durruti’s quote brims with the optimism of a social revolution in full flow. The insurmountable proletariat and it’s peasantry had met an attempted military coup in the streets, and in response launched a profound social revolution. Land and workplaces were seized and reorganised along collectivised lines, moving as fast as possible towards libertarian communism.

Three months later, Durruti was dead. The revolution was not far behind. Starved of arms and isolated, the movement stalled. Uneasy collaboration with the republican state put it into reverse, and with the revolution dead and nothing left to fight for, Franco’s forces swept the remnants into prisons and mass graves. Durruti’s optimism gave way to fascism, and the unparalleled destruction of the Second World War.

Eight years, seven months, and twenty-six days after Durruti’s death, the ruins got a lot scarier. The Trinity test, the world’s first military nuclear weapon exploded with a yield of 20 kilotons in the desert of New Mexico. Soon after, the Japanese cities of Hiroshima and Nagasaki were reduced to ruins in an instant. The mass destruction of World War II could now be visited on cities in a single warhead. The spectre of mutually assured destruction would dominate the remainder of the twentieth century, as warfare yields grew and delivery mechanisms proliferated, with long range jet bombers, intercontinental ballistic missiles, and submarine-launched nuclear weapons.

II: CLIMATE CHANGE

Today, we are facing an arguably graver threat. During the Cold War, the inertial logic of realpolitik, with a few near misses, worked towards survival. Mutual destruction was assured in the case of any state launching a nuclear strike. Survival required, in effect, that states did nothing. But with climate change, this logic is reversed. Now, it is inaction which assures mutual destruction. The inertia inherent to the system-states has thus far scuppered all attempts at a binding international emissions reduction framework. The already weak Kyoto Protocol expired without replacement, and the professed goal to agree a new protocol by 2015 looks a lot like kicking the can down the road. This time wasted is time we don’t have.

The latest report from the Intergovernmental Panel on Climate Change makes use of ‘Representative Concentration Pathways’. These represent four outcomes for atmospheric greenhouse gas concentrations, and their associated radiative forcings,’ in 2100. In the most aggressive of the pathways, RCP-2.6 (also known as RCP-3 PD, for peak and decline), atmospheric greenhouse gases in 2020 will peak decline thereafter (atmospheric concentrations lag behind emissions, so the peaks come later).

It is worth noting that RCP-3 PD only gives a 66% chance of avoiding 2 degrees C average global temperature rises (relative to 1750, a.k.a. ‘pre-industrial levels’). 2 degrees C is internationally acknowledged as the ‘danger level’ above which ‘tipping points’ are likely to be reached, activating amplifying feedbacks such as ice-albedo, release of methane from warming ocean clathrate deposits, and release of greenhouse gases from thawing permafrost.

Once such tipping points are reached, climate change becomes irreversible and self-catalysing. This is commonly called ‘runaway climate change’. However, some prominent climate scientists, such as James Hansen, believe even this 2 degree target is too high, and reflects more a convenient political sound bite than sound science. The true danger level may be just 1.5 degrees C.

RCP-3 PD is not going to happen, barring immediate, drastic cuts to fossil fuel use. At least 1,159 new coal-fired power plants are currently planned worldwide, which in itself makes a 2020 peak of greenhouse gas emissions impossible. The window for gradual, reformist climate change mitigation may already have closed. The window for revolutionary climate change mitigation is rapidly closing.

III: DISASTER COMMUNISM

To speak of disaster communism is not to express a preference for a post-apocalyptic style. It is a sober realisation of the irreversible climate change which is being locked-in by present day development. Neither is it to claim that disasters are particularly fertile grounds for communist rupture. It is true that property relations do tend to break down in disasters (self-organised mutual aid is usually labelled ‘looting’), and contrary to sensational reports of war of all against all, mutual aid does tend to predominate. But it’s hard to claim devastation as a sufficient, or even desirable, basis for a communising insurrection. That’s the case even if it does draw class lines, and brings looters into conflict with the state (as with Hurricane Katrina) or provides space for self-organised disaster relief (as with Hurricane Sandy).

Rather, to speak of disaster communism is to recognise the Earth we inherit is one where the ice caps are melting, the glaciers are retreating, the sea levels are rising, the oceans are acidifying, food webs are collapsing, the rate of extinctions is growing, storms are getting stronger, flooding is becoming commonplace, and where agriculture will struggle to adapt to changing climate. It’s true that there’s no such thing as a natural disaster. Capitalism’s pursuit of endless growth is driving climate change. But even if it is overthrown, even if that happens soon, we’ll be living with the consequences for centuries, or even millennia. That is, if we’re living at all.

The IPCC’s Fourth Assessment Report makes dryly that ‘unmitigated climate change would, in the long term, be likely to exceed the capacity of natural, managed and human systems to adapt.’

To take one example, the West Antarctic Ice Sheet (WAIS) contains enough ice to raise global sea levels by 4-6 metres. Under all but the RCP-3 PD pathway, the eventual loss of the WAIS is likely to be a question of when, not if. Current estimates put the timescale on centuries to millennia. However, the WAIS is theoretically vulnerable to rapid collapse, not just gradual thawing, owing to something called the Marine Ice Sheet Instability (MISI) thesis. A recent paper in Nature Climate Change seems to confirm this MISI mechanism, reporting that the important Pine Island Glacier—the most productive in the WAIS in terms of iceberg calving—is "probably engaged in an irreversible retreat." With a five meter sea level rise, much of the Netherlands, Bangladesh, large parts of the cities of Huil and Portsmouth in the UK, Guangzhou and Shanghai in China, the US Bay Area as far inland as Sacramento, and large parts of New York City are under water.

To speak of disaster communism is to recognise that if communism is to emerge, it will do so in the anthropocene. As capitalism accelerates climate change, ‘possible’ reforms become utopian and ‘impossible’ revolution becomes realistic. We live in strange times. The bourgeoisie is blasting and ruining not just its world, but the Earth systems which sustain human civilisation. We are going to inherit ruins and abandoned cities, but there is only the slightest doubt about that. But we still know how to build, and to build better. We can build others to take their place. And better ones! We are not in the least afraid of ruins.

Originally published on Libcom.org's Out of the Woods, a new collaborative blog investigating capitalism and climate change.
"Don't they get it? Don't they understand that Facebook and Twitter are..."
If you see someone being stopped by UKBA officers or police on immigration grounds, and your immigration status does not put you at risk, we recommend you:

1. Immediately make the person aware they do not have to answer questions & they can leave
2. Remind the officers of the law
3. Film the incident, where possible asking the person stopped if that’s ok, or just film the officers involved. This may be useful in making a claim in the event of an unlawful stop or arrest.
4. Record lapel numbers of officers involved
5. Make other members of the public aware of what's happening
6. Get witnesses’ contact details if the stop leads to an arrest or the person wants to pursue it afterwards.
7. Attempt to pass on a phone number to the individual if you think the stop will lead to arrest
8. Do not get aggressive or physically obstruct officers if you want to avoid arrest for obstruction.
9. If you want to refer to their guidance when speaking to Immigration Officers, everything can be found in Chapter 31 UKBA Operational Enforcement Manual: tinyurl.com/7b7s9yn

HOW TO SPOT AN IMMIGRATION RAID

HOW DO THEY ARRIVE?
Vans marked IMMIGRATION ENFORCEMENT
Sometimes unmarked white/blue/black vans accompanied by police car.

WHAT DO THEY LOOK LIKE?
Should be wearing UKBA insignia/numbers on shoulders. They often hide them.

WHERE DO THEY GO?
Streets, Train & Tube stations, Buses, Workplaces, Homes.

HOW DO THEY ACT?
Arrive in groups, sometimes with plain clothes officers. Often block entrances/exits.
This comic is a remake of a well known Serbian comic made by Jovan Ružić in 1985. At the time, Jovan was 11 years old.

Design by Djordje Balmazovic | www.skart.rs
THE CARNIVAL BECKONS
BECAUSE THE WORLD IS UPSIDE DOWN

"el carnaval nos espera, porque el mundo está del revés"

EZLN
20 Years of Struggle