

The Politics of Misery

A Philosophical Investigation into

the Political Impact of

the Medicalization of Negative Emotions

By Dan Degerman

BFA, MA

This thesis is submitted in partial fulfilment of the requirements for
the degree of Doctor of Philosophy

April 2019

Abstract

The Politics of Misery: A Philosophical Investigation into the Political Impact of the Medicalization of Negative Emotions, by Dan Degerman, April 2019

This thesis explores how the medicalization of negative emotions impacts political agency. Mental suffering apparently abounds in the modern world. Diagnoses of and medical prescriptions for mental disorder have for decades been surging among liberal democracies, including the UK. Critics argue that this is partly because negative emotions are increasingly being understood and treated as symptoms of mental disorder; that is, they are being medicalized. This has wide-ranging political implications. Negative emotions, such as anger, sadness, and fear, alert us to and drive us to address perceived wrongs. If we are able to relate our emotions to issues that we share with others, they can engender political action. But labelling an emotion as a mental disorder frames it as a medical problem, potentially foreclosing the possibility of comprehending the emotion as an understandable reaction to something that could and should be addressed politically. The medicalization of negative emotions, thus, appears to threaten our political agency as liberal-democratic citizens. To explore whether, and, if so, to what extent this is the case, I draw on the political thought of Hannah Arendt to construct a theoretical framework explicating the relationship between political agency, its sources, and negative emotions. Within this framework, political agency is defined as the individual's capacity to act in concert with other people to shape or respond to public issues. I then apply this framework to a series of historical and contemporary case studies of political action by people whose emotional and mental fitness for public life has been called into question. I argue that the medicalization of negative emotions has generated factors that can be and have been used to undermine people's political agency. However, I also contend that the

disempowering effects of medicalization are more uneven and less severe than many critics have suggested.

Acknowledgements

First and foremost, I would like to express my sincerest gratitude to my supervisors Rachel Cooper and Garrath Williams. Without their advice, criticism, support, and boundless patience, this thesis would not have been.

Lancaster University's Department of Philosophy, Politics, and Religion has afforded me with a supportive environment and exceptional colleagues. I have benefitted immensely from conversations with Hane Maung, Sam Fellowes, Faye Tucker, Moujan Mirdamadi, and Tomasz Herok. Thanks also to Brian Garvey and Cain Todd for their work as members of my upgrade panel. And a special thanks to Matthew Johnson, who, practically from the day I arrived at Lancaster, has been a source of invaluable guidance and encouragement. I am also grateful to my examiners, Keith Breen and Christopher MacLeod, for taking time to study my thesis and for an engaging and challenging discussion during my *viva voce*.

I was able to conduct this project because of the generous financial support of the Wellcome Trust (grant number 108539/Z/15/Z). I am very thankful to the Trust and its staff. Parts of this thesis have been or will be published as peer-reviewed articles in the *European Journal of Political Theory*, the *Critical Review of International Social and Political Philosophy*, and *History of Psychiatry*. I greatly appreciate the feedback that the editors and reviewers of these journals have given on my work.

I also want to recognize the mentors who have shaped me professionally and personally. I am particularly grateful to James 'G' Giordano. He showed me how to be a philosopher – and how to drink whiskey. My thanks also to Michael Soupios, Roger Goldstein, and Abby Dress for moulding a young Swedish student in the US into a writer and a thinker.

Words cannot express the gratitude I feel towards my friends for putting up with endless talk about Hannah Arendt and medicalization, for reading draft upon draft, and for providing me with oases during the occasional sandstorm over the past four years. I especially want to thank Fredrik Hammarbäck, Jack Simpson, Matthew Winder, James ‘Alby’ Earley, and Aristeia Grivakou. Each in their own way helped me to complete what sometimes seemed an impossible task.

Last but certainly not least, I want to thank my parents and siblings, and, of course, Nagymama, for their love and support, and for teaching me – at their own peril – to question everything.

Declaration

I hereby declare that this thesis is of my own composition and that it contains no material previously submitted for any other degree or qualification. The work in this thesis has been produced by me, except where due acknowledgement is made in the text. I confirm that this thesis does not exceed the prescribed limit of 80,000 words, including the main text and any footnotes but excluding front matter and the bibliography.

Dan Degerman

Publications from this thesis

Parts of Chapter 3 (§3.1-3) have been published in a revised version as: Degerman, D., 2019. Within the heart's darkness: The role of emotions in Arendt's political thought. *European Journal of Political Theory*, 18 (2), pp. 153-173.

Chapter 12 and parts of Chapter 1 (§1.5) and Chapter 3 (§3.4-6) have been published in a revised version as: Degerman, D., 2018. Brexit anxiety: A case study in the medicalization of dissent. *Critical Review of Social and Political Philosophy*. Published online first 15 February 2018. DOI: 10.1080/13698230.2018.1438334.

An extended examination of the Windham case, discussed in Chapter 5 (§5.4.2), has been accepted for publication as: Degerman, D., forthcoming. 'Am I Mad?': The Windham Case and Victorian Resistance to Psychiatry. *History of Psychiatry*.

Figures

Figure 1: Number of insane individuals per 10,000 people in England and Wales (based data from Scull 1993: 337)	77
--	----

Table of contents

Abstract	1
Acknowledgements	3
Declaration	5
Publications from this thesis	6
Figures	7
1. Thesis Introduction.....	12
1.1 Problem.....	12
1.2 Political abuses of psychiatry	15
1.3 Foucault, psychiatry, and political agency.....	16
1.4 Key concepts.....	20
1.4.1 Medicalization (and Co.)	20
1.4.2 Depoliticization.....	23
1.5 Approach.....	25
1.6 Structure.....	28
Part 1: Hannah Arendt, political agency, and negative emotions	
2. Dis/empowering factors: Exploring the sources of political agency	31
2.1 Introduction.....	31
2.2 A definition of political agency	34
2.3 Necessary conditions: Plurality and speech.....	36
2.4 Interlude: Necessary conditions and other factors.....	40
2.5 Empowering and disempowering factors	41
2.5.1 Affiliations	43
2.5.2 Spaces	47
2.5.2.1 Physical and virtual public spaces.....	48
2.5.2.2 Spaces of action and appearance.....	51
2.5.3 Things and tools.....	52
2.5.4 Laws and institutions	54
2.5.5 Concepts.....	56
2.6 Conclusion	58
3. Negative emotions and political agency	61
3.1 Introduction.....	61
3.2 Reason contra emotion?.....	64
3.3 The heart's darkness	67
3.4 Political transformations.....	70

3.5 The fragility of political emotions	74
3.6 Conclusion	77
Part 2: Historical Cases 1860-1870	
4. Introduction	80
4.1 Structure.....	82
5. Political excitement: Victorians, politics, and the epidemic of insanity	83
5.1 Introduction.....	83
5.2 Conspicuous insanity in the news.....	85
5.3 (Dis)covering the epidemic.....	87
5.4 Madness in civilization and politics.....	88
5.4.1 The experts.....	88
5.4.2 The laymen.....	94
5.5 Conclusion	97
6. A swelling sea of passion: The struggle for working-class suffrage.....	99
6.1 Introduction.....	99
6.2 From apathy to action	100
6.3 The Reform League	102
6.4 The passions of a demagogue	107
6.5 Democracy, passions, and working men	110
6.6 Good feelings, good men	114
6.7 Conclusion	117
7. Crazy about politics: Women, emotions, and the vote.....	120
7.1 Introduction.....	120
7.2 Finding some power	121
7.3 Disabling women	125
7.4 ‘Will women go crazy in politics?’	129
7.5 Deluded by sick emotions.....	133
7.6 Conclusion	140
Part 3: Contemporary Cases 2006-2016	
8. Introduction	144
8.1 A brief history of mental healthcare	145
9.2 Medicalization and the DSM	152
9.3 Structure.....	154
9. The user/survivor movement: Maladjusted to injustice?	156
9.1 Introduction.....	156
9.2 Welcome to the movement	158

9.3 ‘Boycott Normal!’.....	162
9.4 Exploring oppression with the Icarus Project.....	165
9.5 Users/survivors in the media.....	169
9.6 Depoliticizing recovery.....	173
9.7 The promises and pitfalls of ‘Psycho Politics’	179
9.8 Conclusion	182
10. UKIP: Precarious emotions, risky brains.....	185
10.1 Introduction.....	185
10.2 UKIP rising.....	187
10.3 A party of ‘fruitcakes, loonies and closet racists’	189
10.4 The passions of UKIP	192
10.5 Medicalization, emotionalization, neurologization... ..	197
10.6 Conclusion	199
11. The Occupy movement: A magnet for madness	201
11.1 Introduction.....	201
11.2 Occupational emotions	202
11.3 The mad faces of Occupy	206
11.4 Occupy: London	210
11.4.1 Damaged protesters.....	211
11.4.2 A ‘holding camp for the mentally ill’?	213
11.5 Conclusion	219
12. Brexit anxiety: The disorder of losers.....	221
12.1 Introduction.....	221
12.2 Brexit and the agents of emotion	222
12.3 Doctor, I think everyone has Brexit Anxiety	226
12.4 The therapist’s guide to getting over Brexit	229
12.5 Dangerous emotions beyond the clinic.....	231
12.6 Conclusion	235
Part 4: Conclusions	
13. Medicalization and political agency: A comparative analysis.....	240
13.1 Introduction.....	240
13.2 A brief case review	241
13.3 A diachronic analysis.....	243
13.3.1 Similarities	243
13.3.2 Differences	247

13.4 Explaining the role of psychiatry in twenty-first century politics	250
13.4.1 The authority of psychiatry is waning	250
13.4.2 There is a tendency to pathologize protests.	252
13.4.3 Psychiatry is a last resort for disempowering middle-class people	254
13.5 Re-assessing the political impact of medicalization	259
13.5.1 Medicalized dissent?	261
13.5.2 On the apolitical	264
13.5.3 Psychiatric concepts and other dis/empowering factors	268
13.6 Conclusion	273
14. Concluding reflections.....	274
Bibliography.....	282

1.

Thesis Introduction

1.1 Problem

Despite historically low levels of poverty and high life expectancy (World Bank 2018a; b),¹ mental suffering apparently abounds in the contemporary world (Institute for Health Metrics and Evaluation 2017). A few years ago, the World Health Organization (2013) notoriously warned that depression would be the leading cause of disability worldwide by 2020. While it is unclear whether we remain on this trajectory, recent measurements of the global burden of disease indicate that nearly a fifth of the total years lived with disability in the world population is attributable to mental disorders. Depression and anxiety disorders alone account for nearly 9 percent of these (Institute for Health Metrics and Evaluation 2017).

Surveys indicate an equally dire situation in the UK. According to a recent report by the UK Office for National Statistics (2016), about one in five people showed signs of depression or anxiety. Other surveys suggest that the number of people with common mental disorders, including Major Depressive Disorder and Generalized Anxiety Disorder, has increased significantly in the past two decades. The latest edition of the Adult Psychiatric Morbidity Survey found that, between 1993 and 2014, the proportion of people judged to have recently experienced symptoms of depression had increased by more than 70 percent and symptoms of anxiety by about a third (McManus et al. 2016). Over roughly the same period, prescriptions for antidepressants also rose dramatically, from 61 prescriptions per 1,000 people in 1995 to 129.9 in 2011 (Mars et

¹ For estimates of poverty and life expectancy reaching back to the 1800s, see Bourguignon and Morrison (2002) and Riley (2006)

al. 2017). Also remarkable is the number of people who self-report experiences of mental disorder. A 2017 survey found that four in ten people said they ‘had experienced depression’ and 65 percent said they had experienced some mental disorder (Mental Health Foundation 2017). A common interpretation of these statistics is that the prevalence of mental disorder is increasing. Another explanation, propagated by a large and growing body of critical literature, is that people have come to understand an increasing range of negative emotions – like certain forms of sadness, fear, and anger – as medical problems, or, more specifically, as symptoms of mental disorder.

Thinking about an experience as medical disease has numerous implications. Some are beneficial. Many people agree, for instance, that having a disease entitles a person to understanding and support from her peers, time off from work to recover, and – in most liberal democracies – to free healthcare. With respect to mental disorder specifically, it can also entitle a person accused of a crime to leniency in the eyes of the law, because she is deemed to have been unable to act as a normal, reasonable person. Relatedly, but more negatively, having one’s experiences or behaviour judged as symptoms of mental disorder can lead to forced commitment. The laws regulating this in England and Wales are the Mental Health Acts 1983 and 2007 and the Mental Capacity Act 2005.² They empower authorities, subject to the judgment of certified mental health professionals, to detain and impose care on anyone deemed a danger to themselves or others and unwilling or unable to consent. The practice of assigning diminished legal responsibility to and permitting the forced commitment of some individuals with mental disorder highlights a common and deep-seated feature of our understanding of mental disorder and its symptoms: they are signs that the afflicted

² In Scotland, the equivalent – though not identical (Mackay 2011) – law is the Mental Health (Care and Treatment) (Scotland) Act 2003.

person lacks reason in an instance or in general. A diagnosis of mental disorder can undermine a person's credibility across a range of social contexts. The presumption seems to be that diseased thoughts and experiences are irrational and that words spoken or actions taken on their basis cannot be judged the way we would judge a normal person's words or actions, for example, morally, legally, or politically. Instead, they must be understood and treated medically.

The apparently ongoing transformation of negative emotions into symptoms of mental disorder is politically disconcerting. Recent philosophical, historical, and psychological research has underlined the importance of emotion in political life. People probably recognize intuitively that negative emotions are central drivers of political action. We may decide to act politically because we perceive some wrong in the world that evokes negative emotions in us. The more powerful these emotions are, the more likely we are to act on them. Medicalization potentially threatens our ability to use negative emotions this way. Labelling some emotional experience as a mental disorder signals to oneself and others that it is a medical rather than a political problem. It may thereby foreclose the possibility of comprehending this experience as an understandable reaction to something that could – and perhaps should – be understood and addressed politically. This is especially concerning since historically disadvantaged groups like women, minorities, and the poor, who are more likely to suffer from structural injustices, also appear more likely to receive diagnoses of and pharmaceutical treatments for mental disorder. Consequently, where disadvantaged and suffering people may previously have found the impetus and resources for political action against injustice, they may now find reason to visit the doctor or take a pill. Differently put, the medicalization of negative emotions threatens to depoliticize critical political issues and to disempower citizens of liberal democracies, rendering it more difficult to identify

and address injustices. It is therefore crucial to ask: How does the medicalization of negative emotions impact political agency?

The present thesis explores this question through historical and contemporary case studies of political action by people whose emotional and mental fitness for public life has been called into question. These cases are anchored in and given theoretical coherence by an analysis of political agency, its sources, and its connection to negative emotions. I argue that the medicalization of negative emotions has generated factors that can be and have been used to undermine people's political agency. However, I also contend that the disempowering effects of these factors are more uneven and less severe than medicalization critiques suggest.

1.2 Political abuses of psychiatry

Psychiatry has in notorious instances been used systematically to silence political dissent. While some would argue that 'all madmen are political dissidents' (Cooper 1980: 23), I am thinking here specifically of the silencing of people who more obviously speak out and against a political order or regime. For example, within the Soviet Union, dissidents were diagnosed with 'sluggish schizophrenia', a diagnosis that involved symptoms like 'reform delusions', 'struggle for the truth', and 'perseverance' (Bloch 1989; cited in van Voren and Keukens 2015). The political abuse of psychiatry in the USSR was potent fuel for the anti-psychiatry movement in the 1960s and 70s. As early as 1965, the libertarian anti-psychiatrist Thomas Szasz (1984 [1965]: 233-238) used it as part of his indictment of the profession worldwide. According to him, it was simply the latest and most obvious instance of 'the psychiatric suppression of dissent', which is an 'integral part of all Western societies'.

Notwithstanding such claims, the psychiatric profession took seriously concerns about the political abuse of psychiatry. In the following decades, the two main

diagnostic handbooks of psychiatry – the *Diagnostic and Statistical Manual of Mental Disorder* (DSM) and the *International Classification of Diseases* (ICD), Chapter V – along with international professional and legal frameworks were revised to safeguard against such abuses (Busfield 2011: 27-28; Perlin 2006; van Voren and Keukens 2015). For instance, the DSM has from its fourth edition onwards specified that socially ‘deviant behaviour (e.g., *political*, religious, or sexual)’ or ‘conflicts that are primarily between the individual and society’ must not be classified as symptoms of mental disorder (APA 1994: xxii; 2013: 20; my emphasis).³ Additionally, several diagnoses specifically exclude politically motivated actions.

That the DSM explicitly calls on psychiatrists to disregard political behaviours and conflicts in diagnostic practice is significant. Such stipulations provide some protection against state abuse of psychiatry and, presumably, a check on psychiatrists, who might think twice if they are asked to assess people involved in protests or other apparently political actions. But despite the serious efforts of the DSM’s authors to deal with this complex issue, they are insufficient to prevent the medicalization of dissent today. And even if psychiatrists and other mental health professionals managed to avoid diagnosing anyone who could motivate their behaviour politically, it would not stop others from using psychiatric concepts and aetiologies to medicalize the words and actions of ‘deviants’, whether evidently political or not.

1.3 Foucault, psychiatry, and political agency

The disempowering effects of psychiatry need not be so blatant as in the USSR or other historical instances in which individuals or groups have been diagnosed with a mental disorder because of political affiliations, beliefs, or actions. Even if it is not wielded by

³ *DSM-III* also stated that ‘social deviance ... by itself [is not] a mental disorder’ but did not give political behaviour as an example (APA 1980: 6).

a totalitarian regime or repressive state officials, psychiatry can have a profound impact on the political agency of a polity's citizens. Psychiatric diagnoses, treatments, clinics and hospitals, psychiatrists and mental health experts, these factors all shape our understanding of what and who is normal or abnormal, healthy or sick, safe or dangerous, desirable or undesirable, and, potentially, political or apolitical. These concepts form part of a web of relationships that influences how we judge and act on ourselves and others, from family and friends to celebrities and strangers.

The preeminent figure in the study of the subtler regulative impact of psychiatry is Michel Foucault. His *Madness and Civilization* (1988 [1965]) has been tremendously influential.⁴ Notwithstanding well-grounded challenges to its historical accuracy (e.g. Porter 1992; Scull 1992), the book was a pathbreaking study in the marginalization of individuals deemed insane and the factors that facilitated this. In subsequent work, Foucault developed his ideas about the subtle ways in which psychiatry and other disciplines shape individuals and collectives, sometimes with insidious effects. Through studies of prisons (1977) and hospitals (2003a [1973]), he explored how scientific truths, technologies, and spaces produce certain kinds of power relations and individuals.

Foucault (2003b) famously distinguished between three forms of power: sovereign power, disciplinary power, and biopower. The latter two are most relevant to us here. Disciplinary power takes the individual body as its object to get hold of the soul, placing it in a hierarchical relationship to certain experts and expertise in order to correct troublesome idiosyncrasies (243). The relationship between the psychiatrist and the insane within the asylum in the 1800s is a historical exemplar here (2006b).

⁴ *Madness and Civilization* is an abridged version of a longer work, *Folie et Dérison: Histoire de la folie à l'âge Classique*, which was first published in French in 1961. An unabridged version was recently published in English as *History of Madness* (2006a).

However, according to Foucault, psychiatry's disciplinary power extends beyond the asylum, penetrating families, communities, and other institutions (85). These have long served as extensions of the 'psychiatric gaze', searching for and identifying the symptoms of madness or mental disorder in individuals and urging them to seek expert treatment (124). By contrast, biopower takes the population – a statistically-defined collective body – as its object with the purpose of regularizing it (2003: 248). Through measuring and analysing the characteristics of the population, biopower creates norms that can be used to split off recalcitrant parts into more predictable and manageable pieces (255), which can then be subjected to normalizing measures. Along these lines, psychiatry has enabled the creation of mentally disordered populations that are subject to special laws, surveillance, and attitudes, examples of which I discussed above. Psychiatry can, in effect, function both as disciplinary power and biopower (252). Its norms and technologies both discipline individuals – e.g. through diagnoses and treatments – and regularize populations – e.g. through mental health norms, statistics and government policies.

So described, power seems purely negative and repressive, despite Foucault's own claims that it is productive. Foucauldian critics of medicalization have drawn primarily on these negative aspects of his analysis of power relations. Accordingly, they have conceived medicine and psychiatry as handmaids of the neoliberal order, whose primary function is to produce 'docile bodies' (Lupton 1997) – i.e. obedient and productive members of society (Foucault 1977: 138). It is notable that while Foucault did not develop a concept of political agency, he once stated that an imperative of disciplinary power was to 'neutralize the effects of counter-power... which form a resistance to the power that wishes to dominate it: [for example,] agitations, revolts, spontaneous organizations, coalitions – anything that may establish horizontal

conjunctions’ (1977: 219; see also 2006a: 69); as we shall see, this notion of ‘counter-power’ gestures at something that resembles the Arendtian idea of political agency which I develop and apply in this thesis. But, of course, one of Foucault’s most significant contributions to political theory was his elaboration of the productive features of power, ‘the fact that it doesn’t only weigh on us as a force that says no’ (2000 [1976]: 120); it also says yes. A particular configuration of power relations can enable individuals to become certain types of people with abilities or disabilities they would not otherwise have had; it ‘makes up people’, to use Ian Hacking’s (1986) phrase. Psychiatry – with its specific relationships, spaces, technologies, policies, and concepts – also produces these kinds of effects. What I shall consider in this thesis is whether these effects enhance or diminish one specific capacity, namely, political agency.

Foucault’s theoretical and methodological insights have influenced the conception of this project. However, my direct engagement with him beyond this point will be limited for two reasons. Firstly, in the past decades, ambitious studies have explored medicalization and psychiatry from a Foucauldian perspective.⁵ Most notable here is the work of Nikolas Rose (e.g. 1999a [1989]; 1999b; 2006; 2013), who has examined the political impact of psychiatry and other so-called ‘psy-professions’ in a series of remarkable studies. His work has yielded rich insights into how psychiatry functions within historical and contemporary structures of governance – ‘the conduct of conduct’ – and the kinds of people it makes. Yet Rose and other Foucauldian scholars have had little to say about how the development of psychiatry has impacted political agency. This is partly because Foucault himself seemingly does not leave much room for political agency (Fraser 1981), which is my second reason for not focussing on his theory of power in this thesis. Although Foucault’s later works develop an idea of the

⁵ For a review, see Lupton (1997).

individual's capacity to resist the effects of power, this idea of resistance seems, on the one hand, too negative and narrow a concept to be capable of explaining the productive effects of certain forms of political action (Allen 1999; Hyvönen 2016), and, on the other, too preoccupied with the individual to register important obstacles to effective political action (Myers 2008; though cf. McNay 2009). So, to shine new light on the political impact of psychiatry, I assume a different theoretical perspective and focus, drawing upon Hannah Arendt's theory of political action.⁶

1.4 Key concepts

1.4.1 *Medicalization (and Co.)*

Deferring a deeper discussion of political agency until the next chapter, I will now clarify briefly a few key concepts, starting with medicalization. This term names the 'process by which medical definitions and practices are applied to behaviors, psychological phenomena, and somatic experiences not previously within the conceptual or therapeutic scope of medicine' (Davis 2010; see also Conrad 1992). Medicalization is a dynamic process; it does not always occur top-down, although its critics have sometimes depicted it that way (e.g. Zola 1972). As Peter Conrad (2007: Ch. 7), the preeminent scholar of medicalization, has emphasized in recent work, several 'engines' drive medicalization, including medical experts, but also pharmaceutical companies, grassroots groups, and public figures. These sometimes work in different directions – one pushing for medicalization while another is resisting

⁶ Others have tried to reconcile Arendtian and Foucauldian concepts – particularly Arendt's idea of the social and Foucault's idea of biopolitics (e.g. Allen 1999; 2002; Blencowe 2010; Dolan 2005). These efforts have yielded rich insights. But apart from noting that the social/biopolitics *does* shape the conditions for political action/agency, they have little to say about *what* these conditions are and *how* they are affected by specific social/biopolitical processes, such as medicalization. Relegating to the background the idea of biopolitics and the controversial concept of the social (see Pitkin 1998), I show in the next chapter that other aspects of Arendt's own work can provide resources for understanding how medicalization impacts political agency.

it. Hence, it can be difficult to say conclusively whether a phenomenon has been medicalized. There are some strong indicators, such as if a problem has been defined as a disorder or a symptom in a major diagnostic manual, like the American Psychiatric Association's (APA) DSM. Yet even that need not be conclusive. After all, that an authoritative medical organization has defined some experience as a mental disorder does not mean everyone accepts or is even aware of it. Few, for example, have been diagnosed with or heard of 'Caffeine-Related Disorders', although the category has been included in the DSM since its fourth edition (APA 1994: 212; 2013: 503).

While I will use the term medicalization, several cognate terms exist, such as biomedicalization, psychiatrization, and pathologization. Each has merits and demerits, which I can only explore in passing here. Biomedicalization, which has been proposed as a term for describing contemporary forms of technoscientific and individualistic medicalization (Clarke et al. 2003), seems too broad, cumbersome, and negatively loaded (Busfield 2017; Conrad 2007: 14). Psychiatrization, which apparently differs from medicalization only in that it focuses on the transformation of non-medical problems into psychiatric problems (e.g. Rimke 2016b), appears too narrow, partly because mental disorders are often diagnosed and treated by non-psychiatrist medical professionals, such as general practitioners. Lastly, pathologization is closely connected to medicalization.⁷ Some uses of psychiatric concepts in the forthcoming case studies might be accurately described as instances of pathologization. But the term fails to highlight that to describe some experience using a psychiatric concept is to imply that this experience fits into a web of specifically medical relationships, spaces,

⁷ For an attempt to distinguish between medicalization and pathologization, see Sholl (2017). He claims a problem might be considered pathological without requiring medical treatment, which he suggests would mean that it has not been medicalized. However, Sholl's only concrete example of such a pathologized, but non-medicalized, problem in humans is terminal illness, which is in fact treated with numerous medications, albeit without hope of cure.

technologies, institutions, and regulations. Within the context of this thesis and its interdisciplinary scope, this flaw would be exacerbated by the use of the term ‘social pathology’ in political theory to describe structural problems often unrelated to medicine (e.g. Honneth 1996). Finally, by using the term medicalization to describe the process by which some negative emotions have been transformed into psychiatric diagnoses, I am not just highlighting that many people have come to believe that these negative emotions are problems demanding medical attention and treatment; I am also following an interdisciplinary convention that will hopefully make my argument easier to follow.

The concept of medicalization has its own problems. Much scholarship on medicalization has been explicitly or implicitly critical of the process. This has led some to understand the concept itself as inherently critical and implying over-medicalization (Rose 2007). However, Conrad (2007) and others have emphasized that medicalization is not inherently detrimental but can have both socially positive and negative effects (see also Parens 2011); they are bivalent. For example, the medicalization of certain aspects of human reproduction, which has enabled women to control their bodies in ways that have opened up new career paths and undermined gender stereotypes, seems positive – even politically empowering (Parens 2011). On the other hand, the medicalization of homosexual love was negative – and politically disempowering. Notably, the effects of medicalization are also differentiated; they are shaped by factors such as age, gender, ethnicity, and socioeconomic status (Davis 2010; Lock 2004). For example, women’s anger appears more likely to be medicalized than men’s (Potter 2004).⁸

⁸ For a convincing defence of the medicalization concept see Busfield (2017).

Given these bivalent and differentiated potentialities, the primary worry should not be about the medicalization of problems as such. Rather, as Alistair Wardrope (2017: 606) has argued, we should concern ourselves with ‘what society does’ with medicalized descriptions of problems. Medicalized descriptions can, for instance, be used to exclude non-medical understandings and approaches to individual suffering, or to enhance the salience of a group’s suffering and demands in public discourse. Wardrope’s observation hence implies the need to investigate the uses and effects of medicalized definitions of problems. This is my aim.

One might evaluate the uses and effects of medicalization along several possible dimensions. I am concerned specifically with its *political* uses and effects. Scholars have long warned that medicalization may depoliticize problems, by individualizing and disconnecting them from the contexts in which they have arisen and are maintained (e.g. Conrad 1992; Horwitz and Wakefield 2007; Moncrieff 2010). In saying that medicalization is or can be depoliticizing, these scholars usually mean that designating suffering as a medical problem diminishes the ability of an individual or group to describe and act on it politically (see Wardrope 2014). Thereby, medicalization arguably undermines individuals’ ability to politicize their suffering.

1.4.2 Depoliticization

Depoliticization poses some conceptual difficulties (Beveridge 2017), especially in the present context. As observed earlier, it can be difficult to determine when a problem has been medicalized, even though there are official diagnostic handbooks of mental disorders and other diseases. No equivalent lists exist for political issues. Some issues are widely regarded as political in a polity; others are regarded so by relatively few. When we say that some issue has been depoliticized, we generally mean that it is not widely treated as a political issue. Yet some people might still be acting on it politically.

I do not just mean that an issue might be treated as political by a fringe group, whose actions have little effect on others. Governments act on certain issues that affect millions, issues that most people perceive as unamenable to the political actions of ordinary citizens (Foster et al. 2014). For the individuals who constitute the government, this is empowering. It enables them to act with less resistance and more support. For radical activists, on the other hand, circumstances under which their concerns are widely considered apolitical may be profoundly disempowering, because others are more likely to see their actions as irrelevant, irrational, or even dangerous.

Medicalization can produce and result from similar dynamics. Critics of psychiatry have observed that psychiatric diagnoses are constituted politically (e.g. Mayes and Horwitz 2005). In terms of the working definition of political action I defend and deploy in this thesis, this is a fairly accurate designation for the DSM revision process, which involves influential mental health professionals gathering to review evidence, debate, and decide what is a mental disorder and what is not. While most psychiatrists may not like to call this activity political, it fits the operant definition of political action in this thesis, namely, action in concert to shape a public issue. In recent decades, as we shall see, increasing numbers of non-medical citizens have tried to influence the revision process. Despite this, psychiatric diagnoses are generally regarded as apolitical concepts that describe medical problems. Again, this is empowering to some and disempowering to others. For example, the apolitical status of diagnoses grants psychiatrists significant authority over issues labelled as psychiatric problems in medical and public discourse but diminishes the credibility of people who dispute the legitimacy and authority of conventional psychiatry.

Simply concluding that psychiatric diagnoses and the experiences they are used to describe are depoliticized or apolitical thus obscures the variegated political effects

of medicalization. Unless we specify when, where and to whom psychiatric diagnoses are depoliticized, the term potentially becomes misleading since it elides the struggle of those who resist these concepts and the authority of those who use them. Depoliticization and medicalization of issues and experiences affect individuals and groups differently depending on, for example, their body, gender, class, ethnicity, culture, and profession (see Dean 2014: 459). The effects of these processes, therefore, do not align with neat or simplistic dichotomies about the ‘elite’ and the ‘masses’ or ‘capital’ and ‘proletariat’ (*pace* e.g. Cohen 2014; Zola 1972).

If we are sensitive to these matters, depoliticization can be a useful term. However, by focusing instead on political agency, this thesis will be able to provide a more fruitful and original analysis of the political effects of medicalization, which considers their complexity and unevenness. Briefly put, inspired by Arendt, I understand political agency as the individual’s capacity to act in concert with other people to shape or respond to public issues. Drawing our attention to the kind of dynamics of dis/empowerment touched on above, this definition of political agency permits us to recognize that the process of medicalization, even when depoliticizing in one instance, may be simultaneously empowering and disempowering. Not only does the medicalization of experiences affect individuals differently depending on the factors just mentioned. It can also be politically empowering for an individual with regard to one issue while disempowering with regard to another.

1.5 Approach

To reiterate, this thesis asks how the medicalization of negative emotions impacts political agency. Drawing upon an Arendtian analysis of the factors that empower people to act politically, I approach this question through a series of historical and contemporary case studies of political action.

The historical cases have been drawn from the 1860s and the contemporary from the period 2006 to 2016. The rationale for selecting the historical cases was somewhat different from the contemporary ones. The 1860s was part of the nascence of British democracy and the golden age of psychiatry. The cases I have selected bear directly on these major historical moments. While the past decade of our century has also seen several remarkable events, their influence on history and politics in the longer term remains to be seen. I have, hence, selected the contemporary cases, not only because of their apparent influence on politics today, but also because of the emotional overtones that seemed to pervade the debates surrounding each event. In each case, I had reason to think that it might reveal something about how the medicalization of negative emotions impacts political agency.

I have used a range of primary materials in constructing the case studies but focused on newspaper reports and other popular media. This latter category of sources has often been neglected by Foucauldian scholars and critics of medicalization, who have tended to focus on official texts, like expert books and government documents (Lupton 1997: 101). One consequence of this is that patients and other people's efforts to resist psychiatric ideas are obscured. Focusing on sources through which ordinary people engage with ideas of insanity or mental disorder, thus, complements past scholarship and helps us to understand better the application of psychiatric ideas in public discourse.

In the historical case studies, I have supplemented newspaper articles with medical literature and non-medical scholarly works, asylum reports, political pamphlets, and parliamentary debates. My main sources of primary research materials have been the online historical newspaper archives of ProQuest and Gale Primary Sources. Both provide access to a range of nineteenth-century British periodicals. I have

also used the HathiTrust Digital Library, the Internet Archive, and JStor to search for pamphlets and books from the period. In the contemporary case studies, in addition to news media, I have also relied on psychiatric professional publications, mental health blogs and websites, organizational documents, court records, as well as politics and science books for wider audiences. ProQuest and LexisNexis were the main databases used in gathering this material.

In finding and analysing primary materials, the research process for each case was to an extent self-limiting. We can take the research that resulted in the chapter on the Brexit referendum as an example. It began with a search for the term ‘Brexit’ together with some common mental disorder-words like ‘anxiety’ and ‘depression’ in the ProQuest newspaper database. Among first pieces that appeared in the search was a news article in *The Evening Standard* headlined “‘Brexit anxiety’ brings queue of patients for psychiatrists’, published shortly after the referendum; it appeared alongside several other news articles cited in the Brexit case study. I then attempted to follow the trail as I saw it: The news articles in my searches cited some mental health blogs to support their claims – what did these say and were other mental health professionals writing similar things? Who else used the term ‘Brexit anxiety’, or other mental health terms in relation to Brexit, and for what purpose? These questions led me beyond the initial resource to other publicly available materials, such as opinion pieces, blog posts, YouTube videos, and organizational documents. This general approach underpins all the case studies that follow. Though I have in some cases gathered and used quantitative evidence, this thesis is not an attempt at quantitative analysis. Therefore, it does not allow for any precise statements about the overall importance or prevalence of medicalizing discourse in any of the cases. It does, however, permit me to highlight the

presence or the absence of medicalizing terms in political events and to illustrate how these can impact political agency.

This project is unabashedly interdisciplinary. Although the thesis is based on a foundation of political theory, it ventures into the philosophy of emotion and psychiatry, as well as the history of psychiatry, political thought, and social movements in order to construct the analytical framework and the case studies. Given this, it is important to keep in mind that the case studies that follow are meant to highlight the relationship between political action, negative emotions, and insanity or mental disorder in the context of specific events. They are intended to provide accurate though not exhaustive accounts of these events.

1.6 Structure

The thesis is divided into four parts. The first, consisting of Chapters 2 and 3, sets out the theoretical framework, drawing on the political thought of Hannah Arendt. Chapter 2 presents my understanding of political agency and explores the factors that enhance or diminish political agency. Building on this, Chapter 3 theorises the relationship between political agency and negative emotions.

The second and third parts present the case studies. The first set is drawn from the 1860s, a central decade in the birth of both British psychiatry and democracy. Following a short general introduction to the time-period, Chapter 5 examines ideas of insanity that circulated in the public discourse at the time, providing a conceptual backdrop for the subsequent cases. The subjects of the following two case studies are more self-evidently political. Chapter 6 takes on the movement for working-class suffrage, and Chapter 7 the early movement for women's suffrage. I explore the role that negative emotions played in these movements. I also consider how ideas of emotionality,

insanity, and mental health were used to undermine the political agency of activists and the appeal of their respective causes.

The second set of case studies is drawn from the period 2006 to 2016. It is prefaced by a compact survey of key developments in British psychiatry from the late 1800s to the present. Following this, Chapter 9 presents the psychiatric service user/survivor movement, and analyses the political obstacles facing people who challenge the authority of contemporary psychiatry. Chapter 10 considers the rise of the UKIP and the surprising lack of medicalizing attacks against the party. By contrast, the subjects of Chapter 11, the Occupy movement and its evidently emotional participants, were exposed to numerous allegations of mental disorder. Finally, the last case study, Chapter 12, examines the medicalization of negative emotions in the lead-up and immediate aftermath of the British referendum on EU membership.

In part 4, Chapter 14 ties together the two sets of case studies with a comparative analysis. It works through the key insights of the thesis, drawing out similarities and differences between the case studies, and considers how these findings should inform our understanding of the political impact of medicalization. In conclusion, I summarize the thesis, reflect on how the medicalization of negative emotions impacts political agency, and point to some possible future avenues of research.

Part 1:
Hannah Arendt, political agency,
and negative emotions

2.

Dis/empowering factors:

Exploring the sources of political agency

2.1 Introduction

Political agency is a concept frequently invoked but seldom defined. There might be good reasons for this. For one, any effort to separate political agency from other types of agency risks ignoring the political significance of some actions. Yet if we provisionally take agency to refer to an individual's capacity to influence some matter or category of matters, it seems worth distinguishing between the capacity to influence matters that seemingly concern only me as an individual – like what I have for dinner or whether I sleep in tomorrow – from the capacity to influence matters that concern some public – like the threatened closure of a local factory or the election of a political representative. While more needs to be said, influencing the latter kind of matters clearly involves what I call political agency.

There are both instrumental and intrinsic reasons to care about the political agency of individuals (see Honohan 2002: 216-218). Perhaps the most obvious and important instrumental reason is that people need political agency in order to be able to protect against and address injustices affecting themselves and others. A more abstract, but theoretically crucial, instrumental reason is that the legitimacy of liberal democratic polities rests on the effective participation of citizens, the *demos*. Under circumstances in which many citizens lack sufficient political agency, the legitimacy of governments and other institutions may thus deteriorate, with potential consequences for their

functioning and stability. Among the intrinsic reasons to care about political agency is that participation in, as opposed to mere subjection to, politics is, arguably, an essential component of the dignity of citizens (Breen 2019: 75; Nussbaum 2001a: 79).

While discussions on agency seldom offer a definition of *political* agency, they often delineate a fault line between two influential ideas of agency, which applies equally to political agency. The view that has long dominated Western political thought is sometimes termed sovereign agency. In this view, agency is the capacity of an individual to determine her own actions. The political version of sovereign agency is the individual's capacity to determine the actions of others, corresponding to Robert Dahl's (1957) influential definition of power as the capacity to make another person or persons do something they would otherwise not have done. Accordingly, an individual has more or less political agency depending on the efficacy and scope of her commands. Though sovereign agency remains the dominant conception, it has been subjected to sustained critique, especially from feminist theorists. Feminists have pointed out that this conception rests upon an ideal of an 'actor as an autonomous, unencumbered, and fully rational being' (McNay 2016), an ideal closely associated with the white, wealthy male. This has several negative implications. For instance, the idea of sovereign agency perpetuates the disempowerment of disadvantaged individuals and groups by leading others to underestimate or deny their ability to effect change in the world (Clifford Simpican 2015). Historically, women and working-class men were denied voting rights partly because they were regarded as lacking the capacities necessary for agency, especially those required for political agency. Today, the denial of voting rights to children and, in some countries, to people with mental disabilities or disorders is justified on similar grounds. Furthermore, histories of social movements furnish many examples of people who seemingly fail to live up to the ideals entailed by sovereign

agency, but whose actions, nevertheless, affected their community, polity, and even the world profoundly. Hence, it seems that sovereign agency distorts our understanding of how people's actions come to shape the world with varying efficacy.

The power of social movements is better captured by non-sovereign or relational accounts of agency. In this view, agency is not something one has only by virtue of personal capacities and the absence of external constraints; it is a socially and materially distributed capacity that emerges through an individual's ongoing relationships (McNay 2016). This perspective does not render individual capacity irrelevant. But it obliges us to pay more attention to how an individual's relationships to other people and things structure the possibilities for and effectiveness of action (Krause 2016). The idea of non-sovereign political agency has become increasingly popular in recent years. For example, prominent analytical political theorists like Will Kymlicka now espouse the importance of thinking about political agency in relational terms and revising theories and laws of citizenship accordingly. Kymlicka rightly observes that one implication of non-sovereign political agency is that it enables us to recognize a capacity for political action among people who apparently fall below conventional standards of independence and rationality, like children or individuals with disabilities (Kymlicka and Donaldson 2017).

In this chapter, I develop an idea of non-sovereign political agency, drawing on Hannah Arendt's theory of political action. Several noteworthy accounts of agency have taken Arendt as their inspiration. I engage selectively with these and other accounts, not to provide a new theory, but to illuminate the factors that enhance or diminish political agency, and, thereby, generate a resource for understanding how political agency is

impacted by the medicalization of negative emotions.⁹ I begin by discussing the nature of political action in relation to what Arendt conceives as its two necessary conditions, namely, plurality and speech. I then problematize the search for a set of necessary and sufficient conditions for political action, arguing that we should instead seek to understand the factors that enhance or undermine individuals' political agency – what I call empowering and disempowering factors. In the remainder of the chapter, I outline five central categories of dis/empowering factors: affiliations, spaces, things and tools, institutions and laws, and, finally, conceptual resources.

2.2 A definition of political agency

Arendt was arguably the preeminent theorist of political action in the last century, as evidenced partly by her aforementioned influence on contemporary accounts of non-sovereign agency. Arendt's central claim is that when individuals act in concert for a shared purpose, they generate power, the power to constitute, maintain, change, or destroy human relationships and anything that rests upon them, including laws, institutions, governments, and meanings. Much of Arendt's political thought is dedicated to exploring the conditions for and obstacles to political action. Her political theory of action, therefore, provides a promising framework for my own project to understand how the medicalization of negative emotions impacts the political agency of liberal-democratic citizens. However, since Arendt herself did not use the term political agency, the task of defining it falls on us.

Drawing on an Arendtian understanding of political action, I propose to define political agency as the capacity of an individual to act in concert with others to shape

⁹ In relation to other Arendtian-inspired theories of agency, it is noteworthy that while the account I set out here might run counter to, for example, Zerilli's (2005), it seems to complement some general accounts of non-sovereign agency, like Krause's (2011; 2013; 2016).

or respond to a public issue. The term public issue, which I borrow from C. Wright Mills (1959: 8-9), refers to a problem that an individual shares with others and they perceive as requiring structural change on a group, community, or societal level. Though this is, again, not a term that Arendt herself used, it fits well with and clarifies her claim that political action always concerns ‘men in the plural’, never ‘man in the singular’ (Arendt 1998: 4; see also Pitkin 2006).

This definition encompasses a wide range of activities. Women attending a secret consciousness-raising session to understand the problems they face, individuals protesting the medicalization of their lives outside a psychiatry conference, a politician standing for public office and the people backing her – they are all acting politically according to this definition. However, a useful definition of political agency must also be able to exclude some behaviours, even if they are concerted in some sense, such as playing team sports or walking to work. Some theorists may want to categorise these behaviours as incipiently political because they reproduce power relations. Walking to work, for example, can be said to sustain the political order since it involves people conforming to and performing norms in view of others. While these and many other behaviours might have political ramifications, there are good reasons to define political action narrowly enough to exclude them. For example, it seems desirable to have a definition of political agency that permits individuals to, in Arendt’s (1972: 206) words, ‘know when power is lying in the street and when they can pick it up’.¹⁰ An excessively broad conception of political agency, wherein everything related to power relations is political, can have the opposite effect, leaving individuals less able or unable to perceive any opportunity for meaningful political action (see Rancière 1999: 32). The definition

¹⁰ Tully (2008: 16-17) sets a similar ambition for himself under the methodological rubric of ‘public philosophy’.

I have proposed here constrains the scope of political agency to apply to the capacity to act together with others specifically with regard to public issues. This implies that to act politically, an individual needs not only to perceive some matter as political but also to have access to other people who perceive this matter as political and are willing to act with her as well. Moreover, it means that although an activity like walking to work is not a political action by default, it can, like most matters, become a public issue and the object of political action (see Honig 1995).

Despite these limits, my definition implies that political agency is a common capacity, which most people exercise in some form, at certain times, and with widely varying potency. Considering this, the critical question is not *if* an individual has *any* political agency – political agency is not an all or nothing phenomena; rather, it is *how much* political agency an individual has. This depends on several different conditions and factors, which we shall explore in this chapter with Arendt as our guide.

2.3 Necessary conditions: Plurality and speech

When we think about politics, the first things that come to mind are often states, governments, laws, and political parties. This is perhaps to be expected given that we have been born into a world where these things precede us. We perceive them around us in buildings, monuments, borders, titles, documents, procedures, etc. Because of their relative permanence and apparent tangibility, especially in comparison to our individual lives, it is easy to forget that political institutions depend on ongoing relationships between people. That the political world owes its existence to human plurality, ‘the fact that men, not Man live on the earth and inhabit the world’, is the premise of Arendt’s (1998: 7) political thought. For her, the starting point for thinking about politics is not the state or any of the institutions or laws that comprise it. Instead, her theorizing begins

where these things themselves must have begun, namely, in the concerted actions of individuals seeking to shape their world.

By this definition, plurality is evidently a necessary condition for political action. Arendt herself states that plurality is the *conditio sine qua non* and the *conditio per quam* of political action, i.e. both a necessary condition for action and the condition through which action occurs. However, in Arendt's work plurality does not simply refer to a numerical plurality of human beings. According to her, plurality stems from the human condition of natality: the fact that each human that is born is a new individual, separate from others (1998 [1958]: 9). Separate here does not mean independent from others. It refers to the ontological fact that every individual inhabits a body separate from other bodies and inevitably sees the world from a unique perspective (175-176). This ontological plurality – guaranteed by brute numbers of people – while necessary, does not ensure a capacity for political action. It is possible to be in a crowd of people without having the ability to act with them. Few experiences are as politically paralyzing as the appearance of absolute conformity on an issue within a mass of people and the consequent belief that everyone except you holds the same opinion. For political action to be possible then, there must also be visible differences between people (175, 178), or what can be called actualized plurality (Loidolt 2015).¹¹ The actualization of plurality involves the second necessary condition for political action: effective speech. Individuals actualize plurality by disclosing their perspectives to others in words and

¹¹ The distinction between ontological and actualized plurality, developed by Loidolt (2015), is useful in understanding Arendt's idea of political action. After all, the kind of plurality that stems from birth, appears to be intrinsic and – barring some cataclysm – inescapable. Actualized plurality on the other hand, the kind of plurality we experience through interacting with other people, is, can, and has historically been, constrained by various means. When Arendt claims that plurality is threatened by some event or circumstance, it is usually actualized plurality that appears to be at stake, except when human existence itself is under threat, for example, from nuclear weapons (e.g. 1998: 6; 2005a [1956-1959]: 107).

deeds. This entails both an actor, capable of making herself understood – e.g. in spoken words, signs, or writing – and an audience, capable of understanding.

This is why both plurality and speech are necessary conditions of political action. But the sense in which plurality is also the medium through which action occurs requires some clarification. When people disclose their perspectives to others who see and listen to them, they establish relationships. The power of individuals acting together for a shared purpose lies in this capacity to constitute and reconstitute relationships between people, as well as between individuals and the spaces and things with which they interact (Arendt 1998: 190-191; 1961: 85). Someone who is alone or incapable of effective communication because they cannot speak or others will not listen cannot have power in this sense. Only when individuals are together with others in word and deed do their actions possess this power to shape the relationships between them, through debate, agreement, and disagreement; as Arendt famously puts it, power ‘springs up between men when they act together and vanishes the moment they disperse’ (1998: 200).

The power to shape relationships ‘springs up’ between political activists when, for instance, they take to the street to protest. It is what enables them to constitute themselves in relation to one another, and to others who see and hear them, as a group of people with shared concerns. This was what the members of the Occupy movement did, by publicly declaring themselves part of ‘the 99%’ and denouncing what they perceived as unacceptable levels of socioeconomic inequality. Thereby, they not only formed a movement out of a plurality of individuals; they also generated public debate by prompting spectators to take their own positions on the issue and, perhaps, to act in support or dissent of Occupy.

It can be difficult to tell when power has ‘vanished’. In many cases, power does not simply vanish, but slowly splinters or deteriorates as people leave the original organization to create new ones or to retreat into privacy. For instance, while the Occupy camps are long gone, some of the power generated in the occupations is sustained through the actions of groups and media sites in the US and elsewhere, and its effectiveness is visible in the continued political influence of the issues raised by the activists. This suggests that when it comes to political action, it is indeed ‘always too soon to go home’. The achievements of social movements are always ‘unfinished’, both ‘in the sense that they continue to spread influence’ and ‘in the sense that they are not yet fully realized’ (Solnit 2016: 63).

As stated, power is contingent on a kind of togetherness sustained through words and deeds. It does not require physical togetherness – although it may have seemed so to Arendt (Benhabib 2003: 201). After all, the internet and related technologies have enabled individuals to act politically and generate power through online communities, regardless of the distances separating them. Togetherness in this sense does, however, involve timeliness, as Arendt suggests in saying that political action is ‘finding the right words at the *right moment*’ (1998: 26; my emphasis; see also Markell 2014). Whether considering what to say in a debate or to sign a petition, participation requires us to act before our opportunity to speak is over or the petition closes. If we act too late, our words and deeds become irrelevant. Demands for timeliness unavoidably arise when individuals act in concert, because human relationships and the shared issues that arise within them are subject to change. So, although participants in a political action may be spread out in space and form virtual communities, their communications still cannot be spread too thinly across time.

2.4 Interlude: Necessary conditions and other factors

Plurality and speech are the only phenomena Arendt mentions that qualify as necessary conditions for political action. One likely and important reason why she identifies only these two is that experience had convinced her that action could emerge in the most unfriendly and unlikely of places.

The most recent example of what Arendt (1958a) considered a true political revolution was the Hungarian Revolution of 1956. Before the revolution, the Soviet Union had destroyed what we might consider the pillars of political freedom, or what I call empowering factors. It instated a one-party system, liquidated dissident communist leaders *en masse*, and closed down political debates along with the spaces for them. Its puppet national government took over news media and educational institutions, which spread Soviet ideology and the conviction that the victory of communism was ordained by the laws of history. Despite these extremely hostile circumstances, the revolution somehow emerged to shake the country, the USSR, and, indeed, the world.

Another case in which Arendt believes power ‘miraculously’ sprang into existence was during the Nazi occupation of France, in which a domestic resistance emerged seemingly against all odds. Here too, the domination appeared to be total. ‘The collapse of France’ in the face of the Nazi forces ‘had emptied [...] the political scene of [the] country, leaving it to the puppet-like antics of knaves or fools’. But somehow, suddenly, a generation of ‘writers and men of letters’, lifelong strangers of politics, ‘had come to constitute willy-nilly a public realm where – without the paraphernalia of officialdom and hidden from the eyes of friend and foe – all relevant business in the affairs of the country was transacted in deed and word’ (1961: 3). Almost by accident, the men and women of the resistance stumbled upon the ‘lost treasure’ of freedom in action (1961: 5).

Thus, even under what Arendt calls ‘desert conditions’, in which the resources for political action have apparently been destroyed and the loneliness of the ‘mass man’ seems to have become universal (2005b [1955]: 202; 1998: 257), some people have been able to find the ability to act. Neither the French Resistance nor the Hungarian Revolution emerged from nowhere of course; some conditions must have been present that permitted these people to act despite everything. Yet this is precisely what explains Arendt’s refusal to call anything besides plurality and speech necessary conditions for action; not until after political action has taken place can we know what its specific conditions were.¹²

2.5 Empowering and disempowering factors

We are thus well-advised to avoid over-predicting the powerlessness of individuals or groups. But we can still speak productively about and explore phenomena that generally enhance or diminish political agency, or what we might call *empowering factors* and *disempowering factors*. The previous section touched on some empowering factors, e.g. laws protecting free speech, public affiliations, and spaces for debate and action. A disempowering factor could be something that physically isolates an individual or a group from others, such as imprisonment or segregation; it could also be something that deprives an individual or a group of credibility, such as negative stereotypes.

Some factors seem more fundamental to political empowerment than others. The fulfilment of basic needs is one example. When trying to imagine a politically powerless individual, many envision someone poor and miserable – for some good reasons.¹³

¹² Exceptions to this might be the kind of total terror and starvation found in the concentration camps, which, according to Arendt (1958b: 464-466), truly destroys the possibilities of acting with others. For a critical discussion of Arendt’s analysis of terror, see Robin (2004: Ch. 4).

¹³ Bad reasons for the association between powerlessness and poverty include prejudices against the poor and, relatedly, an attachment to sovereign ideas of agency that deny the political agency of the poor.

According to Arendt, poverty is one of the most significant obstacles to political action and power because it ‘puts men under the absolute dictates of their bodies’ (2006: 50).¹⁴ Since the need for survival tends to trump everything else, someone struggling to make ends meet is less likely to be interested in the shared concerns of the community, much less ready to take time away from her private life to address them. Indeed, under contemporary neoliberal discourses that blame poverty and associated problems on individuals, it may well seem to someone deprived of basic needs that her community has no shared concerns to begin with (McNay 2014: 19-20). Hence, poverty is disempowering on two levels. First, poverty renders it practically harder to organize or join an organization to take political action. Second, poverty makes it harder to obtain and maintain what Jane Mansbridge (2002) calls ‘oppositional consciousness’ – or in a more Arendtian grammar, political ‘attunement’ (Markell 2012) – a mental state that involves perceiving some problem as structural or systematic as well as the need and opportunities to address this problem in concert with others.

Although poverty’s consequences for political agency may be particularly severe, it is not unique in producing these dual effects. All the dis/empowering factors that I explore in this chapter affect the political agency of individuals both externally and internally. The two effects cannot easily be separated. A lack of external or practical resources for effective political action tends to engender a sense that political action is futile or the prerogative of a select few. And, if this sense is widespread, fewer people

These lead us to ignore or dismiss instances in which poor people have engaged in effective political action, perpetuating the presumption that the poor are powerless. On this, see Piven and Minnite (2016).

¹⁴ Arendt seems to over-predict the powerlessness of the poor at times (e.g. 1977: 107-108). However, some statements indicate that she recognized that a concern with necessity was compatible with freedom and political action. For example, this seems implied in Arendt’s praise of the nineteenth century labour movement (1998: 212-220; see also Benhabib 2003: 141-146). Moreover, Arendt appears to suggest that freedom is possible under relative poverty: ‘[In ancient Athens] a poor free man preferred the insecurity of a daily-changing labor market to regular assured work, which, because it restricted his freedom to do as he pleased every day, was already felt to be servitude’ (1998: 31).

will engage in political action, with the likely effect that the empowering factors deteriorate and become fewer and farther between. Conversely, more and better resources for action tend to engender more political action, greater faith in its effectiveness, or at least meaningfulness, and so on.

Below, I explore five broad categories of dis/empowering factors: affiliations, spaces, things and tools, laws and institutions, and conceptual resources. These categories leave out individual capabilities and attributes that might be empowering or disempowering, such as various types of intelligence, skills, and other physical and mental characteristics. Individual capabilities and attributes do affect, as we shall see, whether a factor like a public square is empowering or disempowering. However, working with the idea that political agency is the capacity to act in concert with others to shape or respond to a public issue, I focus on how external factors affect the exercise and development of individual capacities rather than the other way around.

2.5.1 Affiliations

Reliable, non-dominating relationships to other people are perhaps the most potent empowering factor. Besides making political action a practical possibility, relationships can also amplify the impact of an individual's words and deeds. Recall that plurality is both the condition for and the medium of power. Political actions traverse and impact the world through the web of relationships that exists between individuals. From this perspective, an elected official is more 'powerful' than regular citizens because the authority of her office puts her into a special relationship with certain people, as well as things, spaces, and other empowering factors. This allows her to participate in parliamentary debates and elite fora, draw on governmental resources, and direct her staff and advise her constituents. Business leaders may be exceptionally powerful for similar reasons, with the main difference that their power derives from the resources

and organizations they represent and lead. The configurations of their relationships to people and things enable their actions to shape the world profoundly. Most of us do not have direct access to the kinds of relationships that politicians and business leaders have, which permit them to mobilize vast resources and large institutions to serve their ends. But the rest of us are not powerless. We too are enmeshed in a web of relationships to family, friends, workplaces, communities, associations, religions, and nations. Under the right circumstances, we can mobilize these relationships to discover and shape matters of shared concern.

Arendt emphasizes the political potency of ‘sober and cool’ relationships based on mutual respect and shared interest (1995 [1968]: 25; 1998: 243). Though she sometimes speaks in terms of civic friendship, a more general term would be affiliations. These are the kinds of relationships that exist between members of neighbourhood associations, professional organizations, trade unions, political parties, etc. It is within and through membership in such groups that many ordinary people find the resources and opportunities for political action. Concretely, they provide us with others with whom to speak and explore shared issues; more abstractly, they link us into a web of relationships that, potentially, reaches far beyond any given gathering and amplifies the effects of our actions. An effective union, for instance, is an organization that not only maintains solidarity among many members, but is tied into a network of other unions, business leaders, policy makers, journalists, and so on. Such affiliations are empowering because they constitute connections that the individual can rely on for support, but also sever by withdrawing her support from those who rely on her.¹⁵ The

¹⁵ Piven and Cloward (2016) argue that withdrawing from implicit affiliations, like local communities, is often the only path to political action that poor people have, because they lack connections to formal organizations. Arendt can be read as suggesting something similar, albeit in a very different context, in ‘Personal responsibility under dictatorship’ (2003b [1964]: 46-47).

individual's affiliation with a union, for example, is usually complemented by an affiliation with an employer. Going on strike, the quintessential form of union action, consists partly in withdrawing from the affiliation with the employer or employers. In other words, it can be empowering to have people rely on you.

Today, many groups in and through which we can find the resources to act politically are single-issue groups – e.g. Green Peace – or interest groups – e.g. the British Bankers' Association. Arendt often spoke of the latter critically (e.g. 1972; 1977; 2006). Some powerful interest groups pursue and use power to obtain greater benefits for their members, often with little regard for 'the public good' or the political agency of individuals outside their organization. The more influence they have and the fewer competing voices there are in public discourse, the better able they are to achieve their goals. They may, thus, be disempowering to many people. This might be true of other types of organizations as well; old, well-funded political organizations, with ossified hierarchies and large memberships have long dominated public discourse, often at the cost of – and sometimes by deliberately excluding and silencing – vulnerable individuals and groups (see Driver et al 2012).

Arendt's (2006: 268-269) worry that interest groups corrupt politics and crowd out the voices of 'ordinary' citizens has become widespread and common-sensical in our time. Despite their vices, however, Arendt does not deny that these groups are acting politically, nor does she suggest that they should be abolished. She considers both interest groups and civil disobedience groups, such as the Freedom Riders, contemporary forms of 'voluntary associations', organizations formed by individuals who have agreed to pursue a shared purpose, i.e. by individuals acting politically (1972: 56, 96). Quoting Tocqueville, Arendt states that once individuals have combined in a voluntary association '*they are no longer isolated men but a power seen from afar,*

whose actions serve for an example and whose language is listened to' (1972: 95; Arendt's emphasis). Voluntary associations are central to the vitality of a political system, according to Arendt. Not only are they the primary means that citizens have for action, but they also affect individuals' readiness to act. Arendt warns that a contemporary decline in the number and popularity of voluntary associations has been 'paid for by an evident decline in the appetite for action' (1972: 95). Such a decline is ongoing in twenty-first century Britain, where participation in labour unions, religious groups, and volunteer organizations has fallen sharply in recent decades (Department for Business, Energy and Strategy 2017; ONS 2017).

Some affiliations are involuntary. We are usually unable to choose whether we belong to a gender, ethnicity, or class; even if we manage to change our physical features or economic situation, people both inside and outside the group may continue to insist that we are connected to those that our previous appearance or economic status tied us to. Arendt herself is ambivalent about the political relevance of such identity-based relationships, which are rooted in sameness. At times, she denounces them as antipolitical phenomena, insofar as they are rooted in sameness or demand conformity (e.g. Arendt 1998: 214-215). At others, however, she seemingly recognizes that these connections can and should be acknowledged politically, such as when she notoriously criticized some Jewish leaders in pre-war Europe for their inability to see the political problems that they faced as Jews (e.g. 1992 [1964]: 124-125; see also Feldman 2007: lxxviii-lxix). Jewishness is not something that can be escaped through force of will. Jewishness, like womanhood and blackness, whatever biological basis or 'essence' they may have, are intersubjectively constituted through the judgments of other people. Even if an individual rejects a label she has received, this does not mean that the label will cease to shape her interactions with other people or, for that matter, with spaces, things,

laws, institutions, and concepts. The implication is that political action sometimes requires individuals to embrace their own or, indeed, other people's identity-based or 'involuntary' affiliations as a source of solidarity (see Arendt 1995: 18; also Allen 1999: 105-109). The subjects of several of the forthcoming case studies did so, occasionally with great success. The activity of mobilizing sameness for political purposes in this way is often referred to, sometimes pejoratively, as identity politics. It is beyond the scope of this thesis to explore the long and heated debate about the virtues and vices of identity politics.¹⁶ I will observe only that, while identity politics – particularly in its more essentialist actualizations – can be divisive, its power potential is undeniable.

2.5.2 Spaces

Town squares, parks, streets, and buildings play a central role in gathering, relating, and driving individuals to act politically. Shared or sharable spaces are among the empowering factors that Arendt emphasizes most strongly: 'Freedom has a space, and only whoever is admitted into it is free; whoever is excluded is not free' (2005a: 170). It is also the factor that political theorists drawing on Arendt have been most concerned with when exploring what facilitates political action. Perhaps because of its prominence, the concept of space tends to become overburdened. To ease this weight and elaborate the relationship between space and action, I shall distinguish between two kinds of spaces: (1) physical or virtual space, where it is possible to initiate political action; (2) spaces where political action is ongoing, corresponding to what Arendt calls the space of appearance. Although these two are related, they condition individuals to act differently and with varying potency.

¹⁶ For a survey, see Heyes (2016).

2.5.2.1 *Physical and virtual public spaces*

Liberal democracies have a large, if shrinking, number of designated public spaces, some of which have distinguished histories of political action. One of the most well-known examples of such a space is the National Mall in the US. Even people who do not know its name will be familiar with events that have taken place there. In addition to being the site for presidential inaugurations, the Mall is also a world-famous site of protest. Among the great political actions it has hosted is the black civil-rights movement's 1963 March on Washington. It was during this that Martin Luther King delivered his 'I have a dream'-speech with the Lincoln Memorial behind him and a quarter-million people in attendance. For over a century, the Mall has attracted and shaped political actions. These have in turn shaped the Mall. Some of the changes have been physical, such as additions of new monuments. But, mainly, it is the shared memories and relationships connected to the Mall that have changed. The political actions of generations have transformed the Mall into the archetypal American space for political consent and dissent. In the process, the Mall and the things within it, like the Lincoln Memorial, have become testimonials to past and present injustices and suffering, as well as to the power and promise of certain kinds of political action. Hyde Park in London – which features centrally in Chapter 6 of this thesis – once played a similar role in British political life, though this heritage seems to have been largely forgotten among citizens today.

Governments have long used their control of public space to manage and limit protest (Ford 2014; Rose 1999b: 250-253). This includes contemporary liberal-democratic governments. Under the pretext of preventing crime and violence, the British government has permitted private companies to redevelop many seemingly public spaces to render it more difficult for people to gather in large numbers (Minton

2012). A related threat to the availability of public space is the privatization of spaces like parks, squares, and shopping malls. Once these spaces are in private ownership, owners have a legal right to eject and exclude individuals arbitrarily (Von Hirsch and Shearing 2001).

Spaces need not be publicly owned to facilitate political action however. As the Occupy movement demonstrated, certain private spaces can be provocations to and sites of political action (Kohn 2013). The spaces where political actions begin can even be hidden from most people; as Judith Butler (2016: 55) rightly notes: ‘Sometimes political action is more effective when launched from the shadows or the margins’. Among Arendt’s own examples of this was the ‘public’ space instituted by the members of the French resistance during the Nazi occupation, a realm which ‘was hidden from the eyes of friend and foe’ (Arendt 1961: 3). Despite Arendt’s failure to recognize it, the consciousness-raising groups of the feminist movement of the 1960s appeared within similarly hidden spaces, in community centres and women’s homes, away from the eyes of those who sought to suppress the experiences of women before they could be transformed into shared terms and public issues. Such semi-public spaces, to which admission is restricted to certain individuals, can play and have played a critical role as political incubators from which dissenters can launch into public discourse (Mansbridge 1996: 56-59; see also Fraser 1990: 67-68). The danger, however, is that these spaces become ‘self-enclosed ends-in-themselves’ (McNay 2014: 122), i.e. spaces where suffering people go not to find a way to change the world, but to escape it in the company of other sufferers. The insular intimacy and homogeneity that may be found in such spaces, Arendt warns (1995: 12-14), is a strong but dangerous temptation for the pariah, as for anyone at odds with the world. In this shape, spaces – and the

affiliations formed within them – can become politically disempowering rather than empowering.

More recently, the internet has become a vital platform for the creation and use of these hidden or semi-public spaces. For some people, online fora and social media are indispensable for articulating shared issues and organizing to address them.¹⁷ The role of social media in the Egyptian revolution is well-known (Tufekci 2017). Less well-known is the political importance of online fora to people diagnosed with mental disorder. Anyone with a psychiatric diagnosis may have difficulties finding space and people beyond the medical sphere where they can talk about their experiences, especially where they might be able to articulate them as public issues. Although some mental disorders, such as depression, are relatively common, it is possible for an individual with diagnosed depression to never knowingly meet another person with the same diagnosis face-to-face. After all, people's diagnoses are, often deliberately, hidden from others. Furthermore, mental disorder is an uncomfortable topic for many people due to stigma or a sense that anyone without medical expertise is unqualified to speak on such matters, unless it is to offer commiseration or urge medical consultation. Consequent loneliness and isolation can be further compounded by the symptoms associated with an individual's diagnosis, such as difficulties with or aversion to face-to-face communication. The internet has granted people with such problems and symptoms the means to find or form discursive communities with others, possibly far away. These communities have proven to be fertile soil for political activism (Charland 2013; Conrad et al. 2016). Though the discussions within such online fora usually focus on personal troubles, they prompt individuals with mental disorder to articulate their

¹⁷ For a discussion of political activism online from an Arendtian-inspired perspective, see McAfee (2015).

subjective experiences in terms that are intelligible to peers. Over time, these articulations can expose public issues, such as inadequacies of healthcare or discrimination, around which people can organize collectively (e.g. Akrich 2010).

2.5.2.2 Spaces of action and appearance

I mentioned that it is useful to think separately about physical and virtual spaces where political action is a possibility on the one hand, and spaces where political action is an actuality on the other. The latter corresponds to what Arendt terms the space of appearance: ‘the space where I appear to others as others appear to me, where men exist not merely like other living or inanimate things but make their appearance explicitly’ (1998: 198-200). This is not just a public space, but a space where political action is ongoing: a space of action and appearance. Notwithstanding their impermanence and fragility, such spaces can be exceptionally empowering. Within these, political actors – whether parliamentarians or protesters – learn what kinds of words and deeds are effective or not in the space they share with other actors; they develop the capacity that Arendt (1982: 170-173) calls common sense: the ability of an individual to draw upon the implicit and explicit knowledge of her community to orient herself in the world around her. This political know-how becomes a basis for further action for these individuals and for others with whom they choose to share it.

In spaces of action and appearance, actors may also realize that ‘acting is fun’, as Arendt claims the student protesters of the 1960s did:

This generation discovered what the eighteenth century had called “public happiness,” which means that when man takes part in public life, he opens up for himself a dimension of human experience that otherwise

remains closed to him and that in some way constitutes a part of complete happiness. (1972: 203)¹⁸

Although this subjective aspect of Arendt's idea of political action is sometimes overlooked, it is one that resonates with activists' accounts, from the Anti-Nuclear Movement to Occupy (Kauffman 2017). The joy reported by people in action often involves a feeling of satisfaction as well as a sense of empowerment and inclusion (60, 70). Arguably, this experience has some intrinsic value even if the action that evoked it is itself relatively ineffective. As one veteran activist put it: 'A monkey wrench thrown into the gears of the machine may not stop it. But it may delay it. ... And it feels good to put it there' (103). These experiences of pleasure, in addition to interrupting the subjective misery of a powerless person, may engender further political action.¹⁹

2.5.3 Things and tools

Arendt (1998: 52) famously likens the common world to a table that 'relates and separates at the same time'. The example of a table illustrates how physical things can shape political action. A table, in addition to relating and separating individuals, prompts them towards certain actions, e.g. to place things on it, literally or figuratively, for others to see. It also encourages certain kinds of interaction over others – seated rather than standing or moving, conversations rather than action, communal rather than in groups (see Honig 2017: 52-53). Consequently, individuals capable of these types of

¹⁸ While Arendt might have disagreed with my emphasis on the subjective experience of action here, I am not the first to emphasize it (e.g. Hyvönen 2016).

¹⁹ Given this, I think, *pace* Schaap (forthcoming), that Arendt in fact did recognize 'educative effects of political participation'. Schaap is right that she did not believe that this alone could result in universal and active political engagement. As we shall see, she believed several factors were needed to make more citizens capable of and interested in taking part in politics. Still, I think, Arendt had more hope for the possibilities wide-spread political engagement than Schaap and others give her credit for. For interpretations similar to mine, see Villa (2008: 345) and Calhoun (1997).

interactions may be included whereas those incapable or less capable may be excluded or placed at a disadvantage.

Things and tools affect whether and how a space, particularly a public space, becomes the site of political action.²⁰ There are tools of access that determine who is able to enter the space. These range from vehicles that enable individuals to travel to the space of action, to ramps or keys that allow individuals to enter the space. Smartphones and computers with internet access are becoming increasingly important in this regard, given the growing role of social media as public and semi-public spaces. There are also tools that determine who is able to participate and how, that is, tools that enable individuals to make themselves heard and seen. These range from podia and stages to microphones and screens. In the absence of certain physical objects, certain spaces may thus be inhospitable to the political action of some individuals. Of course, spaces may also become inhospitable to political action due to the presence of other objects, such as fences, surveillance equipment, or weapons.

In addition to enabling access and participation, Arendt suggests that some things – specifically art and monuments – can empower individuals politically by preserving the memory of past actions and inspiring future ones (1998: 173-175, 180-181; 1961: 218). Monuments may invite people to act in celebration or denunciation of the past, to remember the great actions of past generations, or to reflect on the injustices that remain. The Lincoln Memorial, plausibly, plays this role for many Americans. Similarly, monuments to US Confederate or British imperialist leaders – which once served to suppress the political agency of non-whites – have today become objects of

²⁰ Bruno Latour is helpful in understanding the politically dis/empowering effects of things. Things, he observes, can ‘authorize, allow, afford, encourage, permit, suggest, influence, block, render possible, forbid, and so on’ (2005: 72). I do not, however, follow Latour and new materialists like Jane Bennett (2010) in attributing political agency to things. For a convincing argument against this, see Krause (2011).

political criticism and action, both for individuals who denounce the past and present injustices and for people who valorise the history that these monuments represent.

2.5.4 *Laws and institutions*

As mentioned, political theorizing tends to focus on laws, institutions, and distribution of material goods. Though I have until now deferred consideration of the relationship between political agency and the legal and institutional frameworks within and towards which it is usually exercised, these are evidently crucial factors, capable of significantly enhancing or diminishing political agency.²¹

The central political function of the law, in Arendt's view, is to constrain the inherent boundlessness of political action, and to establish and maintain relationships of equality between individuals within which political action is a continuing possibility. Arendt held no illusions that action in concert was inherently good or politically beneficial (*pace* Allen 2002: 142). Power depends on numbers and organization. A numerically overwhelming majority can use power to tyrannize the minority, and a well-organized minority can generate enough power to dominate a majority (Arendt 1961: 181; 1972: 141).²² To Arendt, our commitment to some fundamental laws – frequently in the form of a constitution – functions as a promise that our political actions will remain within these boundaries (1958: 463; 1961: 164). A constitution cannot protect completely against the excesses of political action (1998: 191). Even if actors declare fidelity to a constitution, the outcome when different individuals gather to act at a given place and time remains unpredictable. Nevertheless, it provides a degree of assurance that the political actions of individuals will proceed in such a way as to

²¹ For longer discussions on importance of institutions to the Arendtian idea of political action, see Hyvönen (2016), Klein (2014), and Waldron (2000).

²² For a discussion of Arendt's views on the potential dangers of political action and her arguably misguided efforts to distinguish these from violence and its effects, see Breen (2012: 144-147).

preserve the possibility for future action: ‘laws ... restrict the power of each that room may remain for the power of his fellow’ (2005d [1954]: 336). More constructively, a constitution provides a framework within which certain forms of thought and political action become possible (2005a: 109; see also Smith 2010) – and others, such as violent upheavals, less likely. It enables people to, potentially, treat each other as equal citizens despite differences in physical strength or wealth (1998: 215; 2005a: 69, 190).

Positively, a constitution and other laws help also to generate and protect spaces for action as well as opportunities and capacities to use them. Though Arendt does not systematically list what constitutional provisions and laws that she thinks are necessary or beneficial for action in concert, we find references to or the outlines of particular kinds of laws in several works, such as protections of citizenship (1958: 387-388); free speech, public assembly, and public space (1972: 88; 2005a: 119); private space and property (1977: 108); and the education and welfare of citizens (1961: 175-176; 1977: 106-107); each of which enhances political agency. At times, she also appeared to advocate strong economic regulations and constraints on the political influence of business (1972: 212-213).

What about elections? The contemporary institutionalized practice of democratic elections was not among Arendt’s favoured examples of political action.²³ She famously pronounced: ‘The booth in which we deposit our ballots is unquestionably too small, for this booth has room for only one’ (1972: 232; see also 2006: 253). But even if elections are a fleeting and highly constrained form of political action for most people, they are still an important opportunity for citizens to exercise power. An election does not begin and end with the casting of a ballot after all (Kateb 1984: 130-133). Before

²³ However, contrary to long-standing claims (Kateb 1984; Schaap forthcoming), I do not think Arendt was an anti-democrat (see Arendt 2018 [1963]; Isaac 2006)

that, an individual decides to stand for public office. Staff, volunteers, and audiences then accrue around the candidate, publicly consenting to his or her ideas and urging others to do the same; without them, there would be no campaign. Thus, even in elections where a candidate might be identified as the initiator of an action – i.e. her campaign for office – she is interdependent on those who join her to see through the action (see Arendt 2003b [1964]: 47; 1998: 189).

This sketch of course only scratches the surface of the political activity in the run-up to elections, which is facilitated by the laws that have codified such democratic processes.

2.5.5 Concepts

Finally, I want to highlight how concepts affect political agency. Concepts comprise a crucial part of the resources that individuals within a group, community, or polity use to understand their experiences and communicate them to others. These are sometimes referred to as hermeneutical resources, a term popularized by Miranda Fricker (2007) in relation to her idea of epistemic injustice. The concepts and metaphors we use to make sense of the world can be politically empowering. They can help us to perceive a problem as political, provide us with the shared terms we need to act in concert, and enable us to convince others that our concerns matter. They can also be disempowering, obscuring the political meanings of experiences and the possibilities for action, and undermine our credibility in the eyes of others or even ourselves.

Arendt is concerned with how the concepts and metaphors we use to understand the world around us impact our ability to take political action. In a late interview, she indicates that careful analysis could help people to recognize ‘when power is lying in the street and when they can pick it up’ (1972: 206). Arendt might not explicitly identify

this as her goal.²⁴ But much of her political thought is devoted to recovering and explicating concepts, metaphors, and distinctions that enable individuals to recognise and use power to shape the world in concert with others. Practically, for her, this involves subverting concepts that depoliticize people's relationships to one another and the world they share. To act politically, individuals must first recognize that some problem is not natural or necessary, but a shared issue resulting from and/or amenable to human action or inaction. They must, as Arendt aptly puts it, 'cut loose from the world of fancy and illusion, renounce the comfortable protection of nature, and come to grips with the world of men and women' (2007 [1944]: 284; see also 1972: 130). The 'protection of nature' is 'comfortable' because it permits us to maintain the 'illusion' that the world and the people in it are the way they are, and that ordinary individuals can and should do nothing about it. Nature or necessity, thereby, relinquishes us from responsibility for the things that happen to ourselves and others.

Contemporary culture and public discourse are rife with concepts that obscure the political meanings and possibilities of experiences and events, often to the benefit of some and to the detriment of most. Psychiatric diagnoses and related concepts seem to be prime examples of this. They describe problems on the individual level, frequently in biological terms, and prescribe courses of action that the individual must follow if she wants to be cured or, at any rate, avoid greater suffering. Arendt rightly calls attention to the authority and depoliticizing effects that psychiatric concepts and scientific language may have.²⁵ Unlike many moral and political concepts, which are

²⁴ Although she comes close sometimes (e.g. Arendt 2018: 261).

²⁵ Arendt herself occasionally problematized the political use of psychiatric diagnoses, framing the phenomenon as an example of a 'comfortable, speculative or pseudo-scientific refuge from reality' (1972: 130-131; see also 1992: 25-26). Generally, but not unrelatedly, she seemed more concerned with the political implications of psychology (e.g. 1998: 322; 2005b; 1992). For a discussion of Arendt's views on psychology and psychiatry, see Norberg (2010).

publicly and essentially contested, psychiatric concepts are not usually open to contestation by non-experts.²⁶ They stem from institutional spaces that privilege the words and deeds of scientists.²⁷ In virtue of their authority, psychiatric concepts, where used, tend to skew the hermeneutical resources toward individualized, psychiatric understandings of problems, marginalizing other explanations in political and medical discourse (e.g. Kidd and Carel 2017; Kurs and Grinshpoon 2017).²⁸ They may, hence, reinforce a more general tendency to individualize problems in Western society (Krull et al. 1999; Baumann 2001).

The apparent danger, as Arendt puts it, is that ‘we begin to think that there is something wrong with us if we cannot live under the conditions of desert life’, and that psychiatry, in adjusting us to these conditions, is ‘taking away our only hope, namely that we, who are not of the desert though we live in it, are able to transform it into a human world’ (2005b: 201).²⁹

2.6 Conclusion

I began this chapter by defining political agency as an individual’s capacity to act in concert with other people to shape or respond to public issues, drawing on Hannah Arendt’s understanding of political action. According to Arendt, there are two necessary

²⁶ For a non-Arendtian perspective on this, see Moncrieff (2010).

²⁷ In a footnote in *The Human Condition*, largely unremarked upon by commentators, Arendt observes the specifically *political* power of scientists:

An organization, whether of scientists who have abjured politics or of politicians, is always a political institution; where men organize they intend to act and to acquire power. No scientific teamwork is pure science, whether its aim is to act upon society and secure its members a certain position within it or—as was and still is to a large extent the case of organized research in the natural sciences—to act together and in concert in order to conquer nature. (1998: 271, n.26)

²⁸ Psychiatric ideas have not gone uncontested of course. Lawyers have long disputed the authority of psychiatric concepts within the legal arena (Scull 1991: n.98; Slovenko 2011). Historians, sociologists, and social theorists have also been critical of psychiatry. Moreover, as later chapters show, non-expert citizens have organized politically to contest psychiatric authority as well.

²⁹ Arendt is speaking here about psychology, though her words seem to apply equally well, if not better, to psychiatry.

conditions for action: plurality and effective speech. I argued there are good reasons to avoid stipulating further necessary conditions, but that we can productively explore what I called empowering and disempowering factors, i.e. phenomena that enhance or diminish political agency. I then proceeded to propose five categories of dis/empowering factors:

- (1) *Affiliations*: This includes formal and informal relationships to organizations, such as political parties, consciousness-raising groups, unions, neighbourhood groups, as well as identity movements.
- (2) *Spaces*: Two types of spaces are important here: First, physical and virtual spaces in which people can gather to act politically, for example, town squares, parks, and social media. Second, spaces of appearance, in which political action is ongoing, such as a lasting protest like Occupy Wall Street, or, for that matter, a party convention.
- (3) *Things and tools*: Monuments, pictures, lecterns, cell phones, and computers; these are all examples of things and tools that influence whether and how individuals can act in a space, as well as what kinds of people can act in them.
- (4) *Laws and institutions*: Negatively, laws and institutions constrain the power of political action, providing some assurance that political actions will preserve the possibility for future action. Positively, laws generate and protect spaces and opportunities for individuals to act politically.
- (5) *Concepts*: Certain terms are empowering because they help us to understand problems and articulate them to others as political matters; others have the inverse effect and are, hence, disempowering.

These five categories of factors are interrelated, such that an advantage or deficit in one factor may correlate with advantages or deficits in others. If individuals lack spaces within which they can meet and talk, then their affiliations are likely to deteriorate, and they become less likely to develop concepts that might enable them to identify and act on public issues. Similarly, if individuals lack conceptual resources enabling them to understand some set of issues as shared and changeable, they are less likely to gather to talk about them, and so on.

As I stated in the chapter introduction, my aim is to understand how the medicalization of negative emotions impacts political agency. Differently put, I am asking: what happens to political agency when we increasingly use psychiatric concepts to explain negative emotions in different parts of our lives? In the case studies that follow, I will draw upon the framework set out here in order to try to find an answer. Issues concerning conceptualization will be most prominent. But, as I noted above, the dis/empowering effects of concepts cannot easily be separated from the other factors, which will come in and out of focus throughout the cases. In some case studies, some factors are particularly conspicuous, such as public spaces in Occupy and affiliations in the user/survivor movement; in other cases, like the women's suffrage movement, all factors come into view.

Before proceeding to the case studies, however, I shall elaborate the place of negative emotions within this framework.

3.

Negative emotions and political agency

3.1 Introduction

So far, I have defined political agency as the capacity of an individual to act in concert with others to shape or respond to public issues. I have also explored the conditions and factors that enhance or diminish this capacity. What I have yet to explain is the implied connection between political agency and negative emotions, and how medicalization could threaten this connection. This is my aim in the present chapter.

The emotions have enjoyed a renaissance of interest in the study of politics and particularly political theory in recent decades.³⁰ Anger, fear, and sadness – which I refer to as negative emotions³¹ – have been widely recognized as drivers of political action generally and protests movements especially (e.g. Goodwin et al. 2001; Gould 2001; 2012; Holmes 2004; 2012). Of these three, anger has received the most attention among political theorists, who generally recognize that the emotion plays a vital political role, partly by functioning as a mechanism that alerts us to acts of injustice and motivates us to redress them (e.g. Aristotle 2004: 73-74; Spelman 1989). The experience of anger

³⁰ Solomon's *A Passion for Justice* (1995 [1990]) was pathbreaking in the political philosophy of emotion, and Nussbaum's (e.g. 2001b; 2014; 2016; 2018) work on emotions has also been tremendously influential on political thought. But some of the most nuanced and incisive recent political-theory perspectives on emotions can be found in the scholarship of Krause (2008), Kingston (2011), and Hall (2005). For edited collections reflecting the breadth of the research on emotions in politics, see Goodwin et al. (2001), Kingston and Ferry (2008), Staiger et al. (2010), and Thompson and Hoggett (2012).

³¹ I use anger, fear, and sadness more broadly than they are employed in much philosophical literature. Valuable philosophical work has been done distinguishing between, for example, anger, indignation, and bitterness; fear and anxiety; and sadness, grief, and despondency. Some of these relate to the more general distinctions between affect, emotion, and mood. However, few of them are used in psychiatric literature and practice, and those that are may have little in common with philosophical definitions; it also seems to me that in politics finer distinctions collapse. Hence, these distinctions, while important in certain contexts, are not central to this project.

spurs us to initiate and maintain political action. However, an influential strain of thought warns about the destructive political influence of anger, advocating careful control and avoidance of the emotion whenever possible (e.g. Nussbaum 2016; Mishra 2017).³² Fear is similarly capable of driving political action by alerting individuals to future wrongs. Although the political reputation of fear is also poor – think of the 9/11 attacks and the subsequent infringements on civil rights in the US as well as Britain – fear can, as Rebecca Kingston (2011: 181) points out, ‘reinforce a deeper sense of humanity and build new solidarities as well as cultivate a sense of political humility’ (see also Fisher 2002: 250; Marcus 2002: 146; cf. Nussbaum 2018). Sadness might seem like the odd one out in this trio. We tend to consider sadness a passive emotion that leaves us unable or less able to respond to events. Yet that this would be intrinsic to sadness is belied by the fact that we quite often express the sadness of loss – i.e. grief – publicly, through elaborate, collective action, especially when our loss is related to explicitly political issues (Butler 2003; Cvetkovich 2012). Certain forms of sadness can indeed leave us apathetic to the world around us and incapable of action. But sadness is hardly unique in this regard. Like all emotions, sadness, fear, and anger, albeit perhaps more often than others, can be overwhelming. This relates to why I am referring to these three as negative emotions – a somewhat controversial, though common label (e.g. Tappolet et al. 2018). First, I take it that people generally find the experience of these emotions as unpleasant. Second, these emotions are often called negative because they are perceived as bad for people and the world; they seem to make people act rashly, destructively, or not at all. Despite their potential to lead individuals towards political passivity or danger, their relevance for political agency seems undeniable. After all,

³² I take it that resentment, which is often invoked to explain current political events (e.g. Mishra 2017), to be a subspecies of anger.

when we act politically, it is often because we have perceived some wrong in the world that evokes negative emotions in us, emotions that are strong enough to move us to act. Worryingly, it is powerful negative emotions that tend to be subject to medicalization.³³

The theoretical and practical weight that I and others accord to negative emotions, and with it the worry about the effects of medicalization, might at first seem to fit awkwardly within an Arendtian framework of political agency. Among scholars of political emotion, Arendt is best known for her *critique* of emotion in politics (e.g. Bradshaw 2008; Tevenar 2014; Ure and Frost 2014). Arendtian scholars similarly emphasize, and frequently criticize, her apparent denunciation of the role of emotions in political action (Heins 2007; Kateb 1984; Newcomb 2007).³⁴ But Arendt clearly appreciates the political significance of emotions in certain forms. In praising the Hungarian Revolution of 1956, for example, she singled out ‘the silent procession of black-clad women in the streets of Russian-occupied Budapest mourning their dead in public’ as ‘the last political gesture’ of the quashed revolution (Arendt 1958a). These women, in effect, transformed their subjective experiences of sorrow into political action. In this chapter, I develop this idea of transformation and situate it within Arendt’s understanding of emotions. I argue that her core insight about emotions and other subjective experiences is that they are *not* inherently political, but that they need to be transformed into something political, that is, into public issues that we can share and act on with others. Such transformations are constitutive of political agency. They

³³ Positive emotions – e.g. love – are important in political action too (see Nussbaum 2014). They can help individuals to sustain solidarity, cooperation, and trust. These emotions have sometimes also been subject to medicalization. One example of this is homosexual love, which until 1974 was categorized as a mental disorder in the DSM. The medicalization of positive emotions may, hence, also affect political agency profoundly. However, a quick perusal of *DSM-5* (APA 2013) mental disorders shows that negative emotions are much more likely to be categorized negative emotions as symptoms of mental disorder than positive ones.

³⁴ Some commentators have recently provided more nuanced accounts of Arendt’s analysis of emotion (e.g. Heins, 2007; Nelson 2006; Swift 2011).

are facilitated by the conditions and factors I outlined in the previous chapter, perhaps most decisively by the concepts we use to understand and express them to others.

I begin by challenging the idea that Arendt is committed to a reason–emotion dichotomy that idealizes the human capacity for reason. In fact, she warns against efforts to use either reason or emotion as a basis for political participation. Still, Arendt is troubled by what she perceives as the potentially harmful effects of emotions in politics. To explore whether her concerns are warranted, I proceed to unpack her understanding of emotions. Though flawed, it highlights that emotions, to become political, need to be transformed into public issues. I show that, contrary to some claims, Arendt was well-aware of how disempowering the inability to articulate emotions as shared concerns amenable to political action could be. I then draw parallels to feminist political thought on negative emotions and discuss how the factors outlined in the previous chapter may facilitate or inhibit the transformation of emotions into public issues, concluding the chapter with a brief summary.

3.2 Reason contra emotion?

Arendt has been characterised as a standard-bearer of a tradition that celebrates the coldness of reason over the heat of passion, stretching back at least as far as the Enlightenment (Heins 2007). Such characterisations construct her views on emotions as a convenient straw man, which incomprehensibly denies the role of emotions and motivations in fomenting political movements particularly and political action generally (e.g. Wilkinson and Kleinman 2016: 190). However, Arendt rejects the reason–emotion dichotomy. This is evidenced, for example, by her declaration that the modern glorification of rationality is misguided: ‘All that the giant computers prove is that the modern age was wrong to believe with Hobbes that rationality, in the sense of “reckoning with consequences,” is the highest and most human of man’s capacities’.

This rationality is ‘a mere function of the life process itself, or, as Hume put it, a mere “slave of the passions”’ (1998: 172). If anything, the relationship between reason and emotion, in Arendt’s understanding, is complementary. ‘In order to respond reasonably one must first of all be “moved”’, Arendt (1972: 161) observes, ‘and the opposite of emotional is not “rational,” whatever that may mean, but either the inability to be moved, usually a pathological phenomenon, or sentimentality, which is a perversion of feeling’.

Furthermore, Arendt perceives efforts to idealise either the capacity for rationality or feeling as politically dangerous. She had seen first-hand how deadly the idea of a true or superior human nature can be in the hands of ideologues, particularly when their audiences consist of individuals who have lost faith in other people and the world they share (Arendt 1958b: 478). For such people, the idea of an intrinsic nature that unites men of a particular race, nation, or class is a seductive replacement for their loss. Whether this idea is based on shared reason or emotion matters little:

The rationalism and sentimentalism of the eighteenth century are only two aspects of the same thing; both could lead equally to that enthusiastic excess in which individuals feel ties of brotherhood to all men. In any case this rationality and sentimentality were only psychological substitutes, localized in the realm of invisibility, for the loss of the common, visible world. (Arendt 1995: 16)

The danger of these substitutes is that they so easily become the basis for exclusion and discrimination. We develop formal and informal assessments and vocabularies that determine whether someone possesses the attribute in question, and, hence, whether we should recognise them as full members of our group, ethnicity, nation, or polity.

The Soviet practice of diagnosing dissidents with schizophrenia can be understood as a particularly brutal version of this technique. Within the USSR, nonconformist opinion was effectively a symptom of madness (§1.2). And, naturally, the insane and their views belonged in the asylum, not in political discourse. This instance is extreme, but we find similar challenges to individuals' rights to speak and act in contemporary political discourse, as the case studies in this thesis show. For example, during the Occupy movement, journalists and commentators repeatedly suggested that many protesters were mentally disordered. Some conservatives went even further. A mental health expert, speaking on a popular right-wing news show in the US, explained that the protesters were depressed, and that their actions were causing further harm to their mental health:

You see, when we feel out of control in our life, that leads us to depression. What [the Occupy protesters] are actually asking for is to be out of control. They're asking for others to take control of their life ... That is concerning. And that does lead to mental instability. (O'Reilly 2011b)

Commentators of this ilk cast unwelcome political opinions as symptoms of disease – a deviation from human nature.³⁵ The implication is that people who express such opinions have no right to be heard; at best, they have a right to be cured.

But even if Arendt's suspicions also extend to reason, she does appear to be more worried about the political abuses of emotion, which she identifies in political history and the Western canon of political thought (see Degerman 2019). For example, Arendt denounces Thomas Hobbes and Jean-Jacques Rousseau for seeking solutions to

³⁵ Finlay (2010) gives another powerful illustration of this in relation to the idea of 'self-hating Jews'.

political problems within ‘the darkness of the heart’, thereby subjecting politics to the biological imperatives of the life process (1998: 299–300).

3.3 The heart’s darkness

Why does Arendt consider emotions politically problematic and are there any merits to her concerns? Arendt locates the emotions within what she calls the darkness of the human heart, a metaphor meant to elucidate the indeterminacy of subjective experience. It is, she explains, ‘a darkness which only the light shed over the public realm through the presence of others ... can dispel’ (1998: 237). The darkness of our hearts, according to Arendt, is cause for suspicion in relation to others as well as to ourselves. If we cannot truly know ourselves, we cannot fully trust ourselves either. There is, she says, no continuity or certainty in man’s ‘ever-changing moods and the radical subjectivism of his emotional life’ (39). We alleviate this uncertainty through entering spaces with other people, where we can give our experiences a public shape. The intersubjectivity that grows out of interactions in these spaces permits experiences to assume an ‘objective’ existence – a permanence and a definite shape lasting beyond subjective perception. These interactions reduce the inherent unreliability of subjectivity by mooring individuals to an intersubjective reality, establishing identities composed of words and deeds rather than hidden emotions and thoughts. However, the light of the public cannot eliminate the darkness of the heart; it only ‘dispels’ the uncertainty that springs from it (244).

While the darkness-metaphor gestures at the problems of basing political action on emotion, it tells little of how Arendt understands the relationship between individuals and their emotions. Her last work, *The Life of the Mind* (1978), offers additional clues. In this book, Arendt conceptualises the inner life of humans as two distinct parts: soul and mind. The soul, an innate part of human beings, passively registers bodily

sensations – including emotions and desires. By contrast, the mind actively engages in cognition – including thinking, willing, and judging. The mind’s activities rely on language. The soul, on the other hand, is pure sensational awareness and void of linguistic content. The emotions are, in effect, wordless in their ‘unadulterated’ form.³⁶ Emotions may express themselves involuntarily through physical changes and sounds, which serve a communicative function, but which do not amount to words, much less to dialogue (35). This much seems plausible; after all, visceral emotional reactions lack the formal elements of language, such as grammar and syntax. When Arendt states that emotions ‘are no more *meant* to be shown in their unadulterated state than the inner organs by which we live’ (32; original emphasis), she is referring to this absence of language and deliberation in emotional reactions. I do not choose to blush when I am embarrassed; i.e. I do not *mean* to show my emotions in this ‘unadulterated state’ any more than I mean for my stomach to rumble when I am hungry. Both the flushing of the cheeks and my stomach rumbling are examples of what Arendt calls ‘self-display’, which she contrasts against ‘self-presentation’. Self-display is the passive exhibition of my qualities as a living creature, while self-presentation is the active and deliberate demonstration of myself as an individual (Arendt 1978: 31). Say that I become angry because of something a friend has done and unleash a tirade of insults on the friend. When I first experience the anger, I might feel myself turn red and breathe quicker. This is my display of anger – an involuntary effect of my emotion. The tirade, however, is a ‘show of anger’; it is how I choose to re-present my subjective experience of anger to those around me. The word ‘unleash’ highlights the purposive element involved in this

³⁶ Arendt’s idea of unadulterated emotional experience resembles contemporary ideas of affect (Gould 2010). I do not use the distinction between emotions and affect in this thesis, partly for the same reasons that I do not use some other finer distinctions philosophical distinctions between emotions; Ahmed (2014: 207-211) helpfully outlines related reasons for eschewing the distinction.

act and that I might have kept it ‘leashed’. The representation, thus, necessarily ‘adulterates’ the emotion with a reflection on its meaning and appropriate object; it transforms the radically subjective and involuntary experience of emotion into an intersubjective and deliberate act of communication.³⁷

The wordless immediacy of emotional experience helps to explain further the heart’s opacity in relation to ourselves. A core element of emotion always remains hidden from the view of others, since I cannot point to my emotional experience the way I can point to a tree to show others what I see. However, the actions, concepts and objects of emotion exist in the intersubjective world (Arendt 1958: 300; Young-Bruehl 1982: 450). Under the right circumstances, we can use them, not just to display our emotions, but to present them in a public shape.

Arendt’s conception of emotion is reductive, neglecting plausible elements of emotion such as beliefs, words, and actions. What she gets right, however, is the opacity and indeterminacy of subjective experience, and the role that the intersubjective world including the people in it play in determining the shape and significance of emotions. I might know that I am experiencing an emotion, but which emotion it is – if it is an emotion at all – and what caused it can be uncertain, until I try to express it to others.³⁸

To illustrate, say I come across a news article about a rich and powerful person who is running for public office. While reading it, I experience several sensations – a lump in my stomach, hot cheeks, and a general feeling of unease – which I associate with various emotions, such as envy, anger, and reluctant admiration. Depending on how I represent this experience, and to whom I represent it, I may come to different

³⁷ This is somewhat controversial given Ekman (1999) and colleagues’ influential work on facial expressions and basic emotions. However, as Leys (2017: esp. Ch. 2) shows in her critical history of affect, the ‘cultural adulteration’ of emotional expressions – even apparently involuntary ones – is a pervasive problem for psychological research on emotions (233).

³⁸ For a relevant discussion, see Campbell (1994).

conclusions about what emotion I ‘really’ had. If I speak to socialists, they might explain that I am angry over the unjust distribution of power suggested by the article. If I speak to libertarians, they may assert that I am actually envious or admiring of the wealthy person. And I may find still another interpretation if I instead bring these sensations to the attention of a mental health expert.

As this suggests, attempts to transcend the radical subjectivity of emotional experience by expressing it to others transforms it into something more than it was as a subjective feeling. So far, I have highlighted the influence of space and affiliations in determining how I and others understand my emotions and subsequent opportunities to act on them. The other factors I discussed in the previous chapter also play a role, concepts especially. ‘The right words at the right moment’, with the right people in the right place, can transform our emotions into public issues and action. The wrong ones can leave us trapped in the darkness of our hearts or misled as to the meaning and significance of our feelings.

3.4 Political transformations

Despite its flaws, Arendt’s treatment of emotions, thus, highlights something that is frequently obscured in contemporary debates about emotions; namely, emotions and other subjective experiences are *not* inherently political. They must be turned into something political, i.e. into something that we can share and act on with others. The ‘passions of the heart’, as Arendt (1998) puts it, ‘lead an uncertain shadowy kind of existence unless and until they are transformed, deprivatized and deindividualized, as it were, into a shape to fit them for public appearance’ (50).

She suggests that such transformations are facilitated by a common world – a shared world of speech, relationships, and things (50, 168). However, she does not pay much attention to how the common world enables the transformation of subjective

experiences into a shape ‘fit for public appearance’. Instead, she is preoccupied with defining the proper limits of the public contra the private sphere, almost as though their mere existence guaranteed the possibility of political action. This has led critics like Lois McNay (2014) to assert that Arendt and scholars drawing on her political thought presume the existence of ready-made political agents, who are capable of effective action as long as there is a public sphere (104). But obstacles to political action exist within the public sphere as well, and their effects on people vary depending on gender, race, class, and physical and mental capacities. Individuals and groups who face such obstacles in public often end up internalizing injustice as negative emotions directed at their individual lives, blaming themselves for their misery. McNay rightly observes that by ‘being incorporated in this manner, the social origins of suffering are obscured and are experienced instead as the fault of the individual’ (35).

This criticism of Arendt is partly justified. Yet, as we have seen, Arendt’s political thought does provide resources for understanding how a range of factors, both private and public, can impact political agency. Moreover, some of her early work suggests that she also understood how disempowering the inability to transform subjective experiences into a shape ‘fit for public appearance’ could be. Among the texts indicating this is Arendt’s (1997) biography of Rahel Varnhagen – a Jewish woman, who at the turn of the eighteenth century hosted one of Berlin’s most popular salons. Following the rise of Napoleon and antisemitism, Varnhagen fell out of favour with high society and spent most of her remaining life trying to regain her standing. Arendt’s biography focuses on this latter part of Varnhagen’s life. The work can be read as the tragic story of a Jewess who in her single-minded and self-centred pursuit to improve her status in society failed to understand the connection between her personal suffering and the political problems of Jews. It illustrates that without the capacity to relate our subjective

experiences to public issues – matters that we share with others – political action becomes impossible because it appears that we have nothing in common to act on together.

The notion that political action entails a transformation of emotion resonates with how other political thinkers and activists have described the experience of acting politically on the basis of emotions. Several have used terms closely related to transformation, such as ‘transition’, ‘transmutation’, and ‘channelling’. These are often applied to anger, although I think the concept of transformation is applicable to at least all negative emotions. Notably, Mahatma Gandhi and Martin Luther King both spoke in these terms. Gandhi (1999 [1920]: 155) once said: ‘I have learnt through bitter experience the one supreme lesson to conserve my anger and as heat conserved is transmuted into energy, even so our anger controlled can be transmuted into a power which can move the world’. In a matching spirit, King (2005 [1960]: 444) relayed his experiences of dealing with negative emotions: ‘As my sufferings mounted I soon realized that there were two ways that I could respond to my situation: either to react with bitterness or seek to transform the suffering into a creative force’.

Leaders within the second-wave feminist movement also spoke in terms suggesting that negative emotions had to be deliberately transformed into something political. The civil rights activist and black feminist writer Audre Lorde (1984: 127) spoke eloquently about this need: ‘Every woman has a well-stocked arsenal of anger potentially useful against those oppressions, personal and institutional, which brought that anger into being. Focused with precision it can become a powerful source of energy serving progress and change’. However, Lorde remarked: ‘Most women have not developed the tools for facing anger constructively’ (130). Consciousness-raising sessions were central to developing these tools (at least among white women), i.e.

empowering factors that allowed women not just to speak, but to be heard and seen where they had previously been silent and invisible. As another activist-scholar put it, these sessions enabled women ‘to translate their individual feelings of “unfreedom” into a collective consciousness’ (Freeman 1973: 800). McNay (2014: 115) also describes how consciousness-raising groups translated ‘personal experiences of suffering into an impersonal analysis of [women’s] subordination’. They provided women with affiliations, space, tools, and conceptual resources, which permitted them to transform their subjective experiences into a ‘public issue of social structure’, to recall Mills’ (1959: 8-9) term – as opposed to what he calls a ‘private trouble’ in which the source of suffering is located in the individual or her immediate milieu. This transformation imbued their individual experiences with shared meaning and directed their attention toward specific structural problems, such as sexism and workplace discrimination.

Martha Nussbaum (2016) has outlined a comparable, but narrower, process of moving from anger to political action, which she calls transition. It is worth distinguishing briefly between her idea of emotional transition and my idea of emotional transformation. For whereas Nussbaum’s transition implies that the original emotion has been left behind, my Arendtian concept of transformation presupposes little about the mental life of the actor, except that the actor herself believes that she has experienced an emotion and that her understanding of its basis has shifted into shared terms. Transformation in my rendering, hence, permits the emotion to persist and continue to fuel the action. By contrast, Nussbaum demands that the anger be purged and replaced by thoughts about the common good, a demanding requirement with few evident benefits.³⁹

³⁹ For a longer consideration of Nussbaum’s argument, see Degerman (2018a). Recently, Nussbaum (2018) has apparently weakened this requirement, without explaining or acknowledging the shift.

The kinds of factors that were present in consciousness-raising groups, which allowed individuals to transform emotions into shared concerns, are not unique to political movements. These factors are relatively common within liberal democracies, albeit unevenly distributed. Even the more formalized aspects of democracy – such as general elections and referenda – facilitate transformations of emotion by providing empowering factors through which citizens can transform emotions into political views and action. These factors are not equally accessible or usable for all people. Feminist theorists have called attention to the difficulties that women have historically had in expressing their emotions in ways that are taken seriously, especially in public discourse. Pertinently, according to Sue Campbell (1994: 57), this can be explained largely by women’s lack of ‘access to public institutions that offer sophisticated expressive resources in the form of both participation within the institution ... and in the powerful metaphorical discourse associated with the institution’, that is, a lack of access to empowering factors. Meanwhile, white men, especially wealthy, white men, have long had privileged access to such resources, enabling them to transform their emotions into public issues and, simultaneously, ‘create the appearance of disinterestedness or objectivity’ for themselves (Goodwin et al. 2001: 15) – and, we might add, to create the appearance of prejudice and subjectivity in others.

3.5 The fragility of political emotions

Women, ethnic minorities, working-class individuals, and other groups continue to be vulnerable to silencing in and exclusion from political discourse based on claims that they are overly emotional and irrational. But resources permitting them to transform their emotions into credible political views and action have apparently become more readily available today than they were in the past. A general ‘emancipation of emotion’ seems to have transpired in recent years (Wouters 2012; see also Han 2017: 41-48).

This emancipation is palpable in contemporary politics (Berlant 2005; Dixon 2015; Richards 2008). For example, in the UK snap election of 2017, Theresa May was derided for her unemotional style, which earned her the moniker ‘Maybot’ in the media (Asthana and Mason 2017). British politicians have also spoken publicly in recent elections and referenda about the need to appeal to ‘the hearts and minds’ of voters (e.g. McIntosh 2015). Furthermore, especially after electoral defeats, it has seemingly become part of a ritual of self-recrimination for political leaders to promise that, going forward, they will listen to the (negative) emotions of the voters they lost (e.g. BBC News 2014). This rhetoric both reflects and reinforces the idea that emotions and emotional expressions have a legitimate part to play in political discourse, and that an emotional emancipation of sorts has indeed occurred. And this, as suggested, indicates that the resources for transforming subjective emotions into public issues have become more readily available for many people.

Overtly emotional expressions in politics have not become unproblematic, however. The reason-emotion dichotomy is entrenched in liberal-democratic institutions, practices, and thought – as the forthcoming case studies evidence. Although recent political events suggest that we expect emotional authenticity of our politicians, they also show that the wrong kinds of words or actions, particularly by the wrong people, can quickly be branded as irrationally emotional and, consequently, as lacking credibility; we will see examples of this throughout the thesis as well. The charge of emotionality, thus, seems to remain a potent means for undermining the political agency of some individuals.

Campbell (1994) rightly says of anger that it is ‘a politically fragile achievement’. By this, she does not mean that the subjective feelings or cognitions that constitute anger are fragile – though that might be true as well. What she identifies as fragile are the

articulations of anger that permit the experiences of certain people in particular spaces to be taken seriously. Even after an individual has transformed her emotion into a public shape – i.e. articulated it in terms that convey a meaningful connection between subjective experience and the intersubjective world – it must be carefully maintained. Arendt also seems conscious of this. Recall her statement that the heart’s darkness can only be temporarily dispelled. The implication is that as time passes and circumstances and people change, the doubts that intersubjectivity allayed tend to re-emerge: A person’s indignation over Brexit may easily begin to break down when everyone around her says that ‘we need to just get on with it’; soon, it may seem to her and others as though her continued anger must be due to some problem with her rather than the political world. Arguably then, the public shape of any emotion is politically fragile. But that of negative emotions seems to be especially so. As I observed earlier, anger, fear, and sadness are generally unpleasant both to the person who experiences them mentally and those around her. Furthermore, negative emotions are widely perceived as recalcitrant, even harmful, in political as well as ostensibly apolitical contexts (Ehrenreich 2009). It is, hence, not surprising that many people want and even feel obligated to rid themselves of negative emotions.

Numerous dynamics, thus, destabilize individuals’ attempts to transform negative emotions into public issues. The dis/empowering factors discussed previously all affect the resilience of this shape, but the concepts that individuals use to articulate their experiences seem particularly important. Some concepts are less contestable and provide a more stable shape for subjective experience than others. Many public issues are relatively contestable and unstable; much of their authority stems from the people – the political actors – using them at a given time. By contrast, psychiatric diagnoses are more stable and difficult to contest in virtue of the great authority they draw from the

power of organized psychiatrists and scientists. The medicalization of negative emotions effectively generates concepts that are significantly less fragile than the terms and meanings that regular citizens generate when they try to understand and explain subjective experiences. Indeed, the authority of psychiatric explanation is often so strong that it excludes competing and possibly political explanations (§2.5.5; Scull 1991: 168). We therefore have good reason to worry about how this impacts political agency. More so, if we consider that medicine and psychiatry frequently ask individuals to look for problems in themselves – or, preferably, to let experts do it – and to change themselves through medications or therapy to deal with these problems. Yet it does not follow that the medicalization of negative emotions is always disempowering. Psychiatric diagnoses can be empowering as well. They modulate the effects of other dis/empowering factors, for example, affording individuals opportunities to constitute new affiliations, access different institutions, and articulate novel public issues. Hence, it appears that the transformation of negative emotions into psychiatric symptoms or diagnoses can sometimes increase political agency.

3.6 Conclusion

This chapter has bridged my Arendtian framework of political agency with my concern with negative emotions. I argued that Arendt's account of emotions in politics highlights something that is often overlooked in contemporary political theorizing on the emotions, namely, that emotions are not inherently political; they need to be transformed into something political. I proceeded to show that this idea about transforming emotions into public issues finds resonances in political thought and activism of the past century, which also seems to point towards the emancipation of emotion in recent decades. I argued that this correlates with the growth and spread of empowering factors that permit individuals to transform their subjective experiences

into public issues. The political concepts that result from such transformations are fragile however, especially when they can be tied to negative emotions, which are often perceived as harmful to the individual and those around her. By contrast, medical concepts, like psychiatric diagnoses, seem more resilient and authoritative, whether invoked in relation to issues of healthcare or other areas of life. Since psychiatric diagnoses tend to turn individuals away from the shared world, and to look for problems in themselves, the medicalization of negative emotions may undermine the political agency of some people.

With this framework in place, we shall now use it to explore historical and contemporary case studies of individuals whose emotional and mental fitness for public life has been disputed along with the ideas that have underpinned these disputes. We will begin with a set of cases drawn from the 1860s.

Part 2:
Historical Cases
1860-1870

4.

Introduction

The nineteenth century is known among historians as ‘the golden age of psychiatry’.⁴⁰ The turn of the century marked the birth of the asylum, and these new institutions spread at a breath-taking pace across Britain and Europe. With them, the knowledge, techniques, and authority of psychiatry spread as well (Rose 1996: 6).⁴¹ In Britain and elsewhere, the nineteenth century also constituted the nascence of the age of democracy. The relatively recent revolutions in America and France, and growing calls for expanded political rights among subjects, forced subsequent British governments to grapple with the issue of popular political participation. Gradually, voting rights were extended first to middle-class men in 1832, then to some working-class men in 1867, and to an even larger proportion of workers in 1884. The initial two reforms, notably, were only passed after large-scale demonstrations. Women also burst into political affairs during this time, with the launch of the movement for women’s suffrage in 1866. While the movement did not achieve its central goal in this period, it generated several formidable organizations involving large numbers of women in the struggle for the vote and secured other rights. Indeed, in addition to the expansion of formal political rights, the nineteenth century also saw the birth and growth of numerous political and social organizations, public spaces, and other empowering factors, which enabled an

⁴⁰ This phrase was introduced by Robert Castel in *The Regulation of Madness* (1988) and has since been widely adopted among historians.

⁴¹ Psychiatry was not a recognized medical speciality in the 1860s and the terms ‘psychiatry’ and ‘psychiatrist’ were not yet in use. Nevertheless, insanity was widely recognized as a medical problem, which demanded the attention of trained doctors. The knowledge and treatment of insanity was called medical psychology. In newspapers, the doctors practising it were usually referred to simply as ‘doctors’ or ‘physicians’. Doctors in charge of asylums were titled ‘asylum superintendents’. Historians today often refer to the Victorian speciality/profession as psychiatry and its practitioners as ‘psychiatrists’, alongside historically specific terms. To avoid confusion, I also use the anachronistic terms ‘psychiatry’/‘psychiatrist’.

increasing number of people to shape their workplaces, communities, institutions, and country.

The correlation between the birth of the asylum and other disciplinary institutions on the one hand, and the rise of the liberal, rights-holding citizen on the other, has been the subject of much historical and philosophical scrutiny, perhaps most prominently by Foucault (1977), who suggested that the two were closely related (see also Rose 1999: 69-73; Rose and Miller 1992: 180-181). Whether and how the expansion of psychiatry influenced debates on political participation and vice versa has received less attention. This is somewhat surprising given that both discourses considered how to handle individuals who were apparently excessively emotional and unreasonable. Politicians and pundits were debating whether women and working-class men had a right to vote when so many were ruled by dangerous passions and showed so little regard for the public good; psychiatrists, meanwhile, were arguing that some strong emotions and unconventional behaviours could be signs of insanity. *Prima facie*, then, the two discourses have evident affinities.

In this part of the thesis, I investigate how concepts of insanity in the golden age of psychiatry influenced political discourse in the nascence of democracy. More precisely, I ask whether psychiatric concepts and authority were deployed to medicalize the actions, words, and experiences of activists and other citizens in the 1860s, and, if so, how? Answers are pursued through three case studies, which explore connections between insanity, emotion, and political participation in the context of some major public issues and social movements. I show that while psychiatrists constructed diagnoses and symptoms that could have been used to medicalize political activists, especially from the working class, they were seldom invoked in public discourse; one

apparent reason for this was that politicians and pundits had other, less controversial, means of delegitimizing activists.

4.1 Structure

Chapter 5 constructs a backdrop for the cases that follow by surveying how experts and journalists at the time thought about the relationship between insanity, negative emotions, political participation, and social conditions. It examines the theories and concepts of some prominent psychiatrists who apparently sought to medicalize the political actions of certain people. It also highlights the willingness of non-experts to contribute to and contest psychiatric knowledge and expertise. Chapter 6 and 7 each focuses on a popular political movement for voting rights. Chapter 6 analyses the Reform movement, which fought for the expansion of voting rights to working-class men. Leaders within the movement called for workers to transform their silent suffering into political action; and so they did, staging meetings and demonstrations around the country, with participants sometimes numbering in the hundreds of thousands. Opponents responded to popular calls for reform by denouncing the dangerous passions that were evident in the actions of workers; but, notably, they did not accuse them of insanity. The third and last case study of the 1860s, Chapter 7, looks at the launch of the movement for women's suffrage. In this case, the negative emotions of women figured centrally, both in female suffragists' efforts to initiate political action, and in their opponents – the Antis – attempts to delegitimize them. The Antis warned that political participation could have dire effects on women's health – some even claimed that it would drive them insane.

5.

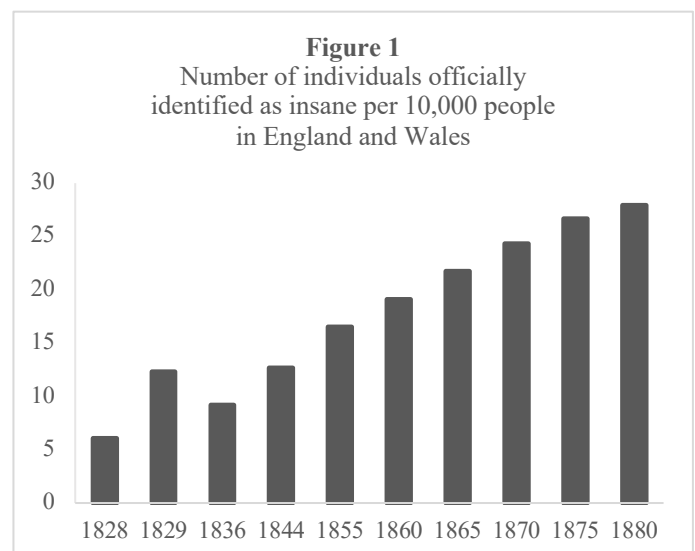
Political excitement:

Victorians, politics, and the epidemic of insanity

5.1 Introduction

While societies have long grappled with the mental suffering associated with ‘insanity’, it has only been a specialized field of medicine and a problem of governance for a few hundred years (Foucault 2006a). In Britain, developments in the first half of the nineteenth century revolutionized psychiatry. A number of government reforms were undertaken to expand, regulate and professionalize care for the insane in the country, which up until then had been largely provided through privately owned and funded facilities. This included licensing procedures for and inspections of asylums by the Commissioners in Lunacy. The most radical of the reforms was the Lunatic Asylums Act of 1845, which compelled counties and boroughs to provide residential facilities for pauper and criminal lunatics (Busfield 1986: 225). Until then, many of them had been kept in prisons or in workhouses and poor houses with other paupers. In the years that followed, the number of asylums as well as the insane within them increased

massively, from 24 asylums housing 7,140 patients in 1850 to 41 asylums and 15,845 patients in 1860 (Jones 1960: 210). Between 1844 and 1860, the total number of people officially identified as insane nearly doubled, from 20,893 to 38,058, an explosive rise, even when population growth is



taken into account (Scull 1993: 337; Fig. 1).⁴² Experts and laymen alike sought explanations for this apparent epidemic. Some, as we shall see, traced it to political issues, albeit not necessarily to the decisions of parliamentarians.

This chapter explores ideas of insanity and related concepts circulating in the public discourse of the 1860s. Drawing upon contemporaneous newspaper reports and expert writings on insanity, I construct a historical snapshot that emphasizes perceived connections between insanity, negative emotions, political participation, and social conditions. This snapshot provides a conceptual backdrop to the two historical case studies that follow, allowing us to recognize particular psychiatric concepts and to consider why these were invoked in some contexts and against some people, but not others.

The first two sections of the present chapter examine accounts of madness in the newspapers. According to these, madness was dangerous, conspicuous, and – perhaps most worryingly to the contemporary reader – spreading like wildfire. The epidemic of this most frightening of diseases demanded an explanation. The rest of the chapter probes expert and lay attempts to respond to this demand. Most observers apparently agreed that civilization was to blame. The modern conditions in Britain and other civilized countries were both weakening people’s constitutions and exposing them to unnatural mental strain. Many experts emphasized the significance of changing political conditions especially and warned of the threat that popular political participation posed to sanity. Inspired, but not necessarily limited, by the theories of experts, journalists proposed their own explanations of the epidemic. The penultimate section looks in detail at one example of such lay theorizing and suggests that its boldness is representative of a broader tendency to contest the authority of credentialed experts on

⁴² Figure 1 is based on data from Scull (1993: 337).

insanity. I conclude by highlighting the main points raised and outlining how they relate to the forthcoming case studies.

5.2 Conspicuous insanity in the news

Present-day scholars have observed that Victorian popular culture was anxiously preoccupied with madness (Pedlar 2006). Indeed, Victorians were seemingly aware of this preoccupation themselves (The Times 1864a). Less frequently recognized, however, is that they had good reasons to worry. The newspapers supplied readers regularly with dramatic accounts of madness from Britain and beyond. In this section, I examine some such anecdotal accounts. Two correlated features of insanity stand out in these, specifically, that madness is fearsome and its symptoms are conspicuous.

Characterizations of madness in newspapers were often hyperbolic, describing it as the worst of all diseases. We find one gloomy example of this in an article from 1861:

[A] mad man is a corpse which requires tending and watching. He is as a lamp, the light gone out, and never to be rekindled, but needing more trimming and attendance than when it burned brightly. Madness is the worst of the curses which can fall on an individual, or on those by whom he is surrounded. (Dundee Courier 1861a)

This description evokes a vivid imagery of the plight of the insane and their families. The metaphor of the madman as a lamp with the ‘light gone out, and never to be rekindled’ conveys little hope of recovery. Although it says nothing explicitly about the symptoms of insanity, the implication seems to have been that they were so severe as to preclude the possibility of life within the community. Add to this the view that insanity was a curse not just upon the afflicted, but also his or her family members, who were left with the burden of tending to a living ‘corpse’. No wonder, then, if, as another

article claimed, any ‘man worthy of the name’ would sooner die than live with insanity (Dundee Courier 1861b; cf. Scull 1993: 92).

In the above account, there was little room for what we might today call diagnostic uncertainty; if someone was insane, it was plain for all to see – except perhaps the insane person herself. While this description was outstandingly poetic, its apparent attitude toward insanity seems to have been representative of commonly held views. For instance, an article in the *Morning Post* (1861) described madness as ‘the dread affliction by which God is pleased to efface the power of perception of himself ... is beyond comparison the heaviest, both to the individual and those who love him’, and the disease ‘from which the human heart most recoils’ (see also *The Times* 1866a; *The Standard* 1868). The dreadfulness of such descriptions found support in the first-hand reporting from asylums. For instance, a correspondent visiting the Charenton asylum related some particularly colourful, though by no means exceptional, anecdotes of madness; one involved a man who believed he was a horse (*Liverpool Mercury* 1865).

These examples reflect what was seemingly a common belief that madness involved ‘a visible and indubitable deprivation of reason’ (*Reynolds’s Newspaper* 1870; see also *Bell’s Life in London* 1864). Though its causes could be variegated and often hidden – ranging from promiscuity to greed – madness was usually apparent to the untrained eye, or so non-experts appeared to believe. As one lay commentator declared: ‘A madman would be recognized as such by any unlearned person who was five minutes in his company’ (*Leeds Mercury* 1863). Consequently, psychiatrists’ claims that the symptoms of insanity could be invisible was met with great suspicion, even outright hostility, as we shall see (§5.4.2). But it also meant that there was apparently no disagreement about the political status of madmen; until they were cured, they were rightly excluded from the right to vote and hold office – along with paupers, ‘criminals,

idiots, women, and minors' (Power Cobbe 1868). Hence, the concept of insanity implied not only that its targets lacked credibility but that they lacked a legal right to a political voice.

5.3 (Dis)covering the epidemic

The horror stories of the asylum were not the only basis for Victorians' anxieties about madness. It would also have seemed to them that insanity was spreading like wildfire throughout Britain. Local and national reports on surging insanity figured regularly in newspapers throughout the country. Nationally, both the Commissioners in Lunacy and the Poor Law Board produced yearly reports. The former collated statistics from asylums across England and Wales, while the latter presented national figures on pauper lunacy only. Local committees also published individual reports on local asylums, which were often picked up by the regional dailies, and sometimes by publications further afield (Nottinghamshire Guardian 1863; Birmingham Daily Post 1865; Newcastle Courant 1866; Lancaster Gazette 1867; Bury and Norwich Post 1868). While year-on-year increases in the prevalence of insanity were moderate, newspapers tended to emphasize the longer-term rise in lunacy rates, which were huge (e.g. The Observer 1867; The Times 1869). One article observed that from 1849 to 1864, the number of lunatics committed to asylums had nearly doubled (The Times 1864b).

Insanity thus appeared to have been spreading at an alarming rate for decades and was continuing to do so despite much-lauded scientific progress.⁴³ The Lunacy Commissioners cautioned against reading their findings as evidence that insanity was on the rise. They insisted that a more likely reason for the increased rates, rather, was

⁴³ For examples of contemporary reporting on the increase of insanity: Bradford Observer (1868a), Leeds Mercury (1868), Morning Post (1860), Morning Chronicle (1861), The Preston Chronicle and Lancaster Advertiser (1869), and The Standard (1868).

improvements in approaches to measuring rates of insanity and advances in the treatment of the insane. Newspaper articles occasionally included this explanation (The Times 1861a). But people are seldom interested in the methodological musings of statisticians, whose numbers far outweigh their words. This observation appears to apply as well to people 160 years ago as it does today. As the *Morning Post* (1860) declared at the start of the decade: ‘The statistics which prove that insanity is on the increase do not admit to being explained away’.

5.4 Madness in civilization and politics

So why was insanity ‘expanding its worse than fatal embrace’ (The Standard 1868)? The newspaper-reading public would have encountered numerous intersecting explanations. Among the most common was the idea that modernity – with its novel political, economic, and technological conditions – subjected humans to unprecedented strains, which many were unable to withstand. Before examining newspapers’ efforts to explain the insanity epidemic, I will review some contemporaneous expert thinking on the matter. Several of these ideas, or a version of them, found their way into the newspapers, as well as political pamphlets and parliamentary debates.

5.4.1 *The experts*

The two eminent Victorian psychiatrists John Bucknill and Daniel Hack Tuke dedicated an entire chapter of their famous book, *A Manual of Psychological Medicine* (1862), to exploring the apparent increase of insanity. At the outset, they dismissed the notion that insanity had increased over the past century, remarking that such a change would be impossible to confirm since the rise in the asylum population had been accompanied by rapid advances in the understanding and treatment of the insane (30-32). Bucknill and Tuke, thus, agreed with the Lunacy Commission’s analysis that any apparent increase

of insanity in England was almost certainly due to these improvements. Diachronic comparisons of the rates of insanity within the country were pointless. So were comparisons between developed nations. Simply too many variables existed that might significantly affect the number of reported cases, according to Bucknill and Tuke. A more fruitful focus if one wanted to understand what conditions affected the spread of insanity was the differences between ‘civilised’ and ‘savage’ societies. Apparently, it was well-known that lunacy was virtually absent among savages, both ancient and contemporary.⁴⁴

Bucknill and Tuke explained that the good mental health of the savage was the result of a physical lifestyle focused on survival according to nature’s laws. The savage, they said, ‘never exhausts his brain by thinking, suffers very slightly from grief and sorrow, and knows little of the anxieties and sufferings connected with poverty’ (38). These were things that the civilized man experienced in excess. Advanced knowledge and expanded education had engendered an intensity of intellectual competition that routinely over-tasked the brain. An even more significant cause of insanity than this, however, was the overdevelopment of the emotions. The cultivation of moral sentiments among civilized people had made them more sensitive to emotions, especially painful ones. The over-tasking of the intellect and the overdevelopment of the emotions, together with the deficient living conditions of the urban poor and widespread alcohol abuse were, according to Bucknill and Tuke, the main reasons that ‘insanity attains its maximum development among civilized nations’ (50).

The notion that civilization was conducive to insanity was shared by many within the medical profession and the academy (see Foucault 2006a; Scull 2015). For example,

⁴⁴ One may wonder why the methodological problems that Bucknill and Tuke raised with regard to other comparisons did not apply here too.

Wilhelm Griesinger (1867: 139) in his influential book *Mental Pathology and Therapeutics* argued that political and social excitement in Europe and America ‘keeps up a general half-intoxicating state of cerebral irritation which is far removed from a natural and healthy condition, and must predispose to mental disorder: thus many become insane’. Another prominent psychiatrist, Henry Maudsley (1867: 494) seemingly agreed, asserting that money-making had become the ‘practical gospel of the age’ and wealth the primary measure of greatness. These conditions were destroying altruistic feelings and breeding insanity, not just in the present generation but in future ones as well.

These sweeping explanations of the insanity epidemic indicated that one particularly dangerous feature of civilisation was growing political interest and participation. The deleterious mental effects of political action were well-known (see Scull 2015: 224-229). Notably, many influential books identified ‘political excitement’ as an important cause of insanity in individuals. Historical studies nowadays usually mention political excitement as an interesting though trivial fact; modern historians sweep past it quickly, noting its infrequency in asylum records.⁴⁵ Indeed, Bucknill and Tuke remarked ‘that in ordinary times, in England at least, the number of cases admitted from political excitement constitutes a mere trifle’ (288). They seem to have been correct. Few mental institutions in England recorded political excitement as a possible cause of insanity. This may be because asylum records detailed the ‘exciting causes’, which triggered the insanity, rather than the predisposing causes, which made the mind

⁴⁵ One exception is Murat (2014), who has written a political history of insanity in France. She documents how French psychiatrists from the French Revolution until the Paris Commune variously, on the one hand, deployed ideas of insanity to explain political upheavals and, on the other, political upheavals to explain insanity. Though Murat discusses, amongst others, Esquirol’s and Tocqueville’s views on the relationship between politics and insanity, she has little to say about psychiatry beyond France or the influence of French psychiatry on Britain. Hence, by focusing on Britain, my account in this chapter in some ways parallels and complements hers.

vulnerable to insanity; political excitement appears to have been regarded as an example of the latter (Griesinger 1867; Pagan 1840; Winslow 1864).⁴⁶

According to Bucknill and Tuke (1862: 62), political excitement was a cause of insanity specific to ‘civilized nations’. These were countries such as England, America, and France, which had all seen their share of politically caused insanity. Political excitement was not primarily generated through townhall debates. Bucknill and Tuke linked it to periods of general political turmoil, such as the English Civil War and the French Revolution (39). Their views were influenced by Jean-Étienne Dominique Esquirol, an internationally renowned French psychiatrist, who studied under Philippe Pinel, another giant in the field. Esquirol (1845: 44, 47) recorded political excitement as a major cause of insanity in France at the beginning of the nineteenth century, as the aftermath of the French Revolution and Napoleon’s rise to power were sending shockwaves through the country.

Bucknill and Tuke (1862: 288) attributed the infrequency of insanity by political excitement in Britain to the relative political calm within its borders. By contrast, religious excitement was a primary cause of insanity. What type of excitement afflicted people depended on context, beliefs, and opportunities. Referring to Pinel and Esquirol, Bucknill and Tuke observed that it was only with the Revolution and the correlated ‘spread of infidel principles’ that ‘political excitement became a fruitful cause of insanity’ in France (179). In other words, the implication seems to be that political excitement only became a major cause of insanity once a large part of the population began to care about political rights (180; see also Scull 2015: 226). The link between political participation and insanity is clearest in Bucknill and Tuke’s (1862: 3, 36)

⁴⁶ Some did regard political excitement as an exciting cause (e.g. Blandford, 1866: 412; Knight, 1867: 880; see also Murat 2014: 158-160). This included Bucknill and Tuke (1862: 284), although their discussion of insanity in ancient Greece belies this categorization (3).

remarks about insanity in the ‘primitive’ world. In ancient Greece, they argued, insanity was rare since most people did not have to grapple with the responsibilities of freedom of thought and action. Ancient history demonstrated that political participation tended to generate an unhealthy excitement that could cause insanity, particularly among those unsuited for such responsibilities, like workers. It also showed that popular involvement in politics tended to destabilize social order and political institutions, which was also detrimental to sanity (see also Tuke 1877: 524-527; Foucault 2006a: 365-367).

Other experts warned of the harmfulness of the contemporary political conditions as well, in which more and more people were invited to participate in public affairs. For example, J. M. Pagan (1840: 52), another British psychiatrist, claimed that statistics demonstrated that fewer cases of insanity occurred in ‘countries where political discussions are not permitted, than in those whose institutions are of a more popular character’. Observing that ‘political excitement’ could drive ‘men’ to ‘acts which cannot even be defended upon political, and far less upon moral grounds’, Pagan even seems to have suggested that dissenting political action was itself a sign of incipient madness. Both political action and insanity were underpinned by swelling passions, but in madness, the passions had lost their connection to the world. Political excitement, he explained, ‘lets loose all the bad passions of the human mind, and which are indulged till the sense of moral justice is altogether lost sight of ... and give[s] rise to mental alienation’ (51).

The link between popular political participation, emotions, and insanity was known and used outside the psychiatric profession. Philosophers and political commentators also developed this conceptual link, for their own ends. As the reform debates of the 1860s will show, opponents of significant franchise reform used the United States as a case study in the ills and dangers of democracy (§6.5). In that context,

people on both sides cited Alexis De Tocqueville's (1862a; 1862b) *Democracy in America*, which had already become the authoritative study of American democracy.⁴⁷

Tocqueville tied high rates of insanity to the rise of democracy, observing that 'in America suicide is rare, but insanity is said to be more common than anywhere else' (1862b: 165).⁴⁸ The chief cause, according to him, was the democratic equality of conditions. Since there were no inherited privileges and any career was open to all, men believed they could accomplish anything. But they were mistaken. While the privilege of a few had been swept away, in the way of each person's hopes and desires stood everyone else. Under this state of 'universal competition', the individual always worried that his pursuit of happiness might be delayed or disrupted. 'This thought', Tocqueville claimed, 'fills him with anxiety, fear, and regret, and keeps his mind in ceaseless trepidation' (162-163). The insatiability of the desires and passions that rule under democracy was a salient theme of Tocqueville's analysis. It was also, not coincidentally, a strong theme in the debate on parliamentary reform in Britain.

Tocqueville was not alone in suggesting that the political conditions of America were an important cause of insanity. European psychiatrists made similar observations (e.g. Griesinger, 1867: 137; Holland, 1852: 143), based on the claims of the American asylum superintendent Amariah Brigham (1833), according to whom insanity was three times more common in America than in England. Brigham asserted this was largely due to the constant and powerful excitement that Americans suffered because of their political freedom (235). This was a longstanding belief among physicians in the United States. Half a century earlier, in 1788, Benjamin Rush – the father of American

⁴⁷ For discussions of Tocqueville's influence on the reform debate, see Herrick (1948: 186) and Saunders (2007).

⁴⁸ Elsewhere – in writings unpublished in the 1860s – Tocqueville (1896: 169) associated popular political action with madness; Murat (2014: 178-183) suggests that Tocqueville was one of many French intellectuals to make this connection.

psychiatry – described the peculiar insanity that struck many Americans who threw themselves into the public sphere after the Revolution:

The minds of citizens were wholly unprepared for the new situation. The excess of the passion for liberty, inflamed by the successful issue of the war, produced, in many people, opinions and conduct which could not be removed by reason nor restrained by government. ... [This] constituted a species of insanity, which I shall take the liberty of distinguishing by the name of *Anarchia*. (Rush 1947 [1788]: 332-333; cited in Scull 2015: 227)

Prima facie it seems that experts' apparent antipathy toward political action, especially of the lower classes, generated several concepts that could potentially be used to medicalize the emotions and actions of political activists in order to delegitimize them. However, the uptake of these concepts in political discourse appears to have been limited, as later chapters will show.

5.4.2 *The laymen*

Some ideas described above made it into newspapers and public discourse. The notion that the progress of civilization itself was among the chief reasons why the asylums were overflowing with lunatics was popular among the newspapers (e.g.: Caledonian Mercury 1864; Dundee Courier 1861b; 1861c; The Examiner 1867; 1869; Morning Chronicle, 1861; Morning Post 1860; The Preston Chronicle and Lancaster Advertiser 1869; The Standard 1868; The Times 1861b). Early in the decade, a major London newspaper reported that technological progress and political reforms had infected modern people with an 'unnatural excitement', a sort of 'fever' that was 'ruthlessly wasting its victims'. Some groups were by nature more vulnerable to the effects of the

fever than others. 'Women', it said, were 'doubly the sufferers'. They were increasingly finding themselves performing mentally strenuous work for which most of them were constitutionally unfit. This could be blamed largely on the misguided efforts of those advocating for 'the rights of women' and encouraging women to push themselves beyond their social and mental limits (Morning Post 1860). As we shall see, similar beliefs about women and insanity underpinned some arguments against women's suffrage towards the end of the decade (§7.3-4). According to the paper, the poor also suffered exceptionally from the fever. The extension of education to the lower classes had dire consequences for their sanity: 'Since the schoolmaster has penetrated the masses, life has become a fever to thousands and tens of thousands who, in former times, would have lived and died in quiet, unambitious contentment' (Morning Post 1860). The newspaper appears to have borrowed several of its ideas from Bucknill and Tuke's *Manual*. While the article's author added his own dash of misogyny and elitism to their basic theory, the apparent source material provided a solid basis for such views (e.g. Bucknill and Tuke, 1862: 5).⁴⁹

We find a more creative approach to the issue in the *Dundee Courier*, whose editors appear to have been especially interested in insanity. In 1861, the newspaper published a series of articles, beginning with a report from a lecture given by William Henry Lowe, a prominent Edinburgh asylum doctor (Journal of Mental Science 1900). In the lecture, Lowe posited the familiar thesis that the rise of insanity was caused by the 'incessant activity of the mental powers' and 'unrested striving and competition in the battle of life' of advanced society. He also highlighted the role of low food quality and loneliness. Of these, the only one that seems to have been original is loneliness;

⁴⁹ The *Manual* was first published 1858.

then again, Lowe was avowedly not aiming to break any new ground, but to inform the public (Dundee Courier 1861a).

Taking Lowe's lecture as its starting point, the *Courier* (1861b) published its own consideration of why insanity was increasing. The newspaper's writer dismissed the role of loneliness and food quality. These were ancient problems and, therefore, could not account for the rise of insanity in modern times. The unprecedented strain upon people engendered by the invention of modern machines seemed the more likely cause. Nevertheless, the writer argued that there had to be more to the issue. The experts on mental disease had considered only changes in the external conditions of civilized humans, but their internal constitution might have changed as well, the writer theorised. According to unspecified research cited in the article, modern humans were physically weaker than their ancestors. It seemed likely, therefore, that their brains might be less resilient as well. The author, in effect, took it upon himself to complement what he perceived as gaps in Lowe's theory with a substantive thesis of his own.

A similar but more comprehensive effort appeared in another article later that year in the *Courier* (1861c). It began with the familiar observation that insanity was on most accounts extremely rare among savages. In the few cases recorded, it could usually be determined that the cause of insanity was 'accidental'. Following Bucknill and Tuke, the *Courier's* author observed that since insanity was so much more frequent in civilised countries than in barbarian tribes, the explanation for the epidemic was to be found in the conditions of civilisation – the author particularly suggested greed as a cause.

In these newspaper reports we see authors who, while apparently taking for granted that psychiatrists were legitimate authorities on insanity, also seem undeterred from participating in theoretical debates on psychiatry. This seems representative of a more general proclivity among newspaper writers, pundits, and politicians to weigh in

on matters of psychiatry, particularly when these matters related to moral, political, and legal issues. Non-experts could be profoundly critical of supposedly expert opinion. We find one significant example of sustained and fierce criticism of psychiatrists in the context of the then-notorious trial of William Windham, a wealthy young man accused of lunacy by relatives. Taking place between 1861 and 1862, the trial saw the country's foremost psychiatrists very publicly debate and disagree on the concepts, symptoms, and diagnosis of insanity. The dissensus among the psychiatrists along with their claims that common emotions and eccentric behaviours were signs of madness were met with widespread outrage and ridicule in the newspapers as well as in parliament. One newspaper, for example, issued the following warning to its readers: 'The least deviation from ordinary behaviour – the slightest violation of the conventional customs of society – any oddity in dress – every eccentricity of speech, walk, or gesture, is construed by these sleuth-hounds of madness into a symptom of insanity' (Reynolds's Newspaper 1862). This quote is representative of the general reaction to the trial, which, overall, suggests that the authority of psychiatry, particularly in legal and political matters, was weaker and more contestable than expected during this ostensibly golden age of psychiatry (Degerman forthcoming).

5.5 Conclusion

We have seen that the perceived threat of the epidemic of insanity inspired multiple explanations. A common view was that the social and political conditions of civilization were to blame. The theorizing of experts engendered connections and concepts – such as political excitement – which medicalized political action, especially of the lower classes. According to these experts, not only did political freedom threaten the mental health of individuals poorly suited for public affairs, but rash and uninformed political

actions by these individuals were more likely to have profoundly negative consequences for the sanity of others.

Considering this, we might expect psychiatric diagnoses and institutions to function as potent disempowering factors working against the men and women who demanded the vote in the 1860s. Concepts like political excitement seem to have been made for transforming the emotions and political actions of such people into insanity. These were complemented by a large and growing network of psychiatrists and asylums across the country, worries about a worsening epidemic of insanity, and laws made it easy to commit women and workers against their will. There were ample resources for medicalizing the increasingly obtrusive actions of political upstarts from the ‘poorer classes’ and the ‘weaker sex’. Those so inclined could even find precedent for this in neighbouring countries; during and after the Revolution of 1848, French intellectuals and psychiatrists were eager to diagnose the revolutionaries with insanity and to tie all manner of mental disturbances and suffering to the revolution (Murat 2014). Nonetheless, we shall see – starting with the next chapter on the movement for working-class suffrage – that medicalization of political actors in public discourse was less common than this background might lead us to expect.

6.

A swelling sea of passion:

The struggle for working-class suffrage

6.1 Introduction

The Representation of the People Act of 1867 has been described as the legislation that introduced democracy in Britain (Himmelfarb 1966). This is not quite accurate. Though a landmark reform, it fell far short of introducing universal democracy or even manhood suffrage, granting voting rights to only a minority of the population. Some radical activists had demanded manhood suffrage, but what the Reform provided instead was suffrage for male householders and lodgers who lived in the boroughs – i.e. cities and towns – and paid £10 or more per year in rent. In the counties, the property qualification was kept at a level that restricted significantly the number of men who could vote. In total, the reform added roughly one million men to the electoral roll, raising the total number of voters to two million, 30 percent of the adult male population.

In this chapter, I explore how emotions were used in the reform debates and activism of the 1860s, with a particular focus on how opponents of reform alleged, first, the absence of emotions, and, then, the presence of negative emotions to undermine the political agency of working-class activists and allies.

I first examine claims that working-class men were too apathetic about politics to deserve the vote. Proponents of reform recognized the problem of apathy, calling on workers to, in effect, transform their silent suffering into political action. When working-class political activism had rendered the charge of apathy untenable, opponents of reform began attacking members of the reform movement for having the wrong kinds of emotions. These attacks seemed to impute working-class activists with

dangerous passions, which disqualified them from political participation. The penultimate section shows that activists and pro-reform politicians responded by trying to construct an idea of a worker as driven by positive and politically responsible emotions. In conclusion, I summarize the case and reflect on why the use of mental health terms to describe activists were relatively rare, despite the availability of psychiatric concepts that could have been used to medicalize them and their experiences.

6.2 From apathy to action

An important and oft-repeated argument against reform was that working-class men were apathetic about political questions. If working men were indifferent to politics, they had good reasons. In the 1850s and 1860s, several proposals for parliamentary reform and franchise extension had been defeated by a wide margin of votes (Cave 1864; Himmelfarb 1966). More generally, many members of the elite apparently believed that most British people, especially the ‘lower classes’, cared little for political questions (e.g. Anon. 1859; Bagehot 1867; Ludlow and Jones 1867: 279; *The London Review* 1860; *Saturday Review* 1861a; see also: Carlisle 2012: 120-121). Early in the decade, few proponents of working-class suffrage disputed the idea that most workers were indifferent to the franchise. However, some argued that this apathy was a reason to pass reform, not delay it. It was foolish to wait for the public to be moved by ‘political passion’ to demand reform, warned one commentator. Such conditions would empower democratic reactionaries to force radical change. Surely, if the time for reform was ever right, it was when passions were running low and reason would guide legislation (Anon. 1864: 3-4).

The reform activist and newspaper editor George Holyoake took a different and more radical view. In an 1865-pamphlet, he acknowledged that apathy was a problem,

but blamed the apathy on unjust legislation and dishonest politicians. A working man, legally excluded and socially discouraged from participating in the political affairs of the country, could not be expected to ‘have the feelings of a citizen’, Holyoake (1865: 25-26) argued. He noted that John Stuart Mill had made this same point in *Considerations on Representative Government* a few years earlier: ‘Wherever the sphere of action of human beings is artificially circumscribed, their sentiments are narrowed and dwarfed in the same proportion. ... Let a person have nothing to do for his country and he will not care for it’ (1977 [1861]: 401-402). Their statements point to the deep effects that disempowering factors in the form of oppressive laws, exclusionary public space, and rigid affiliations, had on the political agency of workers, in particular, on their ability to relate subjective experiences to politics.

Despite these disempowering circumstances, workers had previously proven themselves capable of strong political feeling. Workers had enthusiastically demanded the vote in the streets only a few decades earlier (Harrison 1965: 87). Between 1838 and 1848, the Chartists organized massive demonstrations and petitions calling for radical reforms, such as manhood suffrage, the secret ballot, and the abolishment of the property qualification for parliamentary candidates.⁵⁰ But could working men really be expected to ‘maintain a perennial attitude of indignation for 30 years?’, asked Holyoake (1865: 24). During this time, politicians had played a large role in engendering and exacerbating the political indifference of workers through unfulfilled promises of reform. If anything, therefore, reform was part of the remedy for the political apathy of workers (25-26; see also Jones 1867: 7). Given politicians’ history of betraying the confidence of the working class, however, Holyoake placed little hope in this prospect.

⁵⁰ The Chartist organization persisted until the late 1850s, although it declined significantly after 1848 (Saville 1987).

He concluded that reform would only happen if working men began to ‘feel’ the injustice of their situation and acted on these feelings politically.

Working-class people were already suffering, of course. Their working- and living-conditions remained miserable in the 1860s, as Karl Marx (1976 [1867]) famously attests in *Capital*.⁵¹ What Holyoake’s comments indicate is that repeated defeats and widespread disempowering factors had led workers to understand the suffrage issue as one that they were powerless to address and that was unrelated to their negative emotions. Many, thus, suffered in political silence, hiding their suffering and sorrow from others (see Leno 1868: 189).

What was needed was, as the East London Parliamentary Reform Association (1863) put it, ‘a spark’ to awaken working-class men from their apparent apathy, and to enable them to transform their individual sufferings into a political form once again. While there were many obstacles to achieving this, we shall see that activists managed to draw and build on the empowering factors available to them to light a fire that spread throughout the country. Central to this was the Reform League.

6.3 The Reform League

The Reform League was founded in 1865 with the purpose of securing ‘registered and residential manhood suffrage’. The words ‘registered and residential’ excluded from the outset the poorest men, who were not tax-paying, long-term residents of a property. The qualification was adopted partly in response to the kinds of worries about the dangerous passions among the poorest working men that I examine later (Harrison 1965: 116-119; Griffin 2011: 230). Among the League’s leaders were several prominent former members of the Chartist movement, such as John Bedford Leno, Ernest Jones,

⁵¹ For another brief contemporaneous reflection on the suffering of the working class, see Lushington (1867: 43).

and George Howell, who brought valuable experience of agitating and organizing workers (McClelland 2000: 81). It was largely a working-class organization, closely associated with the increasingly powerful trade unions – an affiliation which helped to swell the ranks of members and audiences at meetings (Lushington 1867: 37).⁵² That the ties between the trade unions and the League were tremendously empowering to the latter was not lost on the critics of reform. A pundit for *Blackwood's Magazine* (1867a: 128) claimed the League would be harmless if not for the trade unions. This writer seemingly perceived the unions as facilitating a process similar to the political transformation of emotions outlined earlier (§3.4); without the unions, he claimed, it was unlikely that the feelings of working men would have resulted in action. Moreover, the involvement of unions in the reform question was illicit, because they were social, not political, organizations, having supposedly ‘bound themselves from meddling at all in the sphere of politics’ (Blackwood's Magazine 1867a: 120; see also Chamberlain 1867: 29; Lowe 1867). Proponents of reform of course disagreed with the notion that trade unions were apolitical, seeing them and their members as natural allies (Lushington 1867). The League also benefitted from the support of radical members of Parliament, who contributed money and time to the reform cause. Supporters in parliament included Mill, John Bright, and Samuel Morley, the last being the League's principal financier. These affiliations to experienced activists, broad-based trade unions, and elite politicians were evidently central empowering factors, contributing to the rapid growth of the League and the prominence of its cause.

By 1867, it was the largest political organization in Britain, with 65,000 members and 600 branches, from metropolitan London to provincial Kendal (Harrison 1965: 139;

⁵² For an analysis of the importance of trade unions in the reform movement, see McClelland (2000: 103-110).

Chase 2017). An economic depression, which began late in 1866 and left tens of thousands unemployed, likely helped to bolster these numbers (McClelland 2000: 112; see also Marx 1976: 822-825). Crucial for membership growth was also the League's proficient use of sympathetic newspapers, such as the *Bee-Hive* and *Reynold's*, and an increasingly newspaper-reading public (Chase 2017: 29-30; Griffin 2011: 257; see also Blackwood's Magazine 1867a). The League mobilized these resources to organize meetings and demonstrations in townhalls, squares, and parks across the country. I discussed in Chapters 2 and 3 the importance of spaces where people can gather, speak, and act together, and how these spaces can help individuals to transform subjective suffering into public issues and action. By providing a site of assembly, public space can enable individuals to generate power and use it to achieve some goal, such as highlighting a particular issue and revealing the support that exists for it. However, a public space can also permit individuals to realise their political agency by providing a site for confrontation in which power can be pitted against power. Both these functions of public space are powerfully illustrated by the League's demonstration in Hyde Park on 6 May 1867.

The League organized several mass demonstrations, some of which drew hundreds of thousands of participants. The most famous is an earlier protest in Hyde Park, which took place the year before in 1866. During the demonstration, working-class activists notoriously pushed down the railings surrounding the park after having been denied access by police acting on the orders of the Tory government. Partly due to this event and other alleged misdeeds of protesters, the protest became known as the Hyde Park riot. This demonstration was certainly significant in its own right. For the League and its supporters, it was a show of working-class passion for the issue. For their opponents, it was evidence that a large contingent of working men were too violent

and passionate for the vote (e.g. L. 1866: 15; *The Bury Times* 1866; see also Carlisle 2012: Ch. 3). The demonstration that took place a year later on the same location has received less recognition, although – as Royden Harrison’s (1965: Ch. 3) classic account of the event shows – it had a considerable impact.⁵³

The Hyde Park demonstration of 1867 had been widely publicized by the League beforehand, with the hope of once again amassing an impressive gathering. Less than a week before the meeting, the Home Secretary, Spencer Walpole, declared it illegal in a written proclamation posted throughout the city. The League and its supporters responded to the statement with public defiance and left little doubt that the meeting would proceed. The government in turn began to prepare to meet the protesters with force, calling in military troops and reinforcing the police with thousands of so-called special constables – essentially volunteers with blunt weapons. The protest went ahead as scheduled at 6 pm on Monday, 6 May. Between 100,000 and 150,000 gathered in the park to hear Edmund Beales, the president of the Reform League, and others speak. Meanwhile, the force of 10,000 police and military that the government had assembled near the park stood idly by, probably because ministers feared that the violence required to suppress the meeting would result in something even worse, such as an outright insurrection. The event was celebrated as a great victory for the League and working-class men. They had successfully challenged the government and won. It mattered little that the challenge concerned the right to public assembly rather than the right to vote, because they had demonstrated to the government and the country that their political power was undeniable.

The demonstration’s consequences in the formal political arena made this evident. Disraeli recognized in parliament that his government had been publicly humiliated;

⁵³ I draw here heavily on Harrison’s (1965) comprehensive account of the protest.

Walpole resigned in shame; and, the newspapers were scathing, with *The Times* suggesting sarcastically that the League's leaders could be considered 'the actual government of the country' (The Times 1867a; cited in Harrison 1965: 96). The demonstration also seems to have influenced legislators, who were considering parliamentary reform and its extent. These consequences can be related to the power that the demonstrators discovered and revealed to others through their concerted actions, in Hyde Park and elsewhere. Fredric Harrison, a contemporary commentator, appears to have recognized this when he, in 1875, reflected on the League's accomplishments: 'for years the governing classes had kept Democracy at bay behind imposing ramparts. But one day the Reform League discovered that they were mounted with canvass and logs' (cited in Harrison 1965: 104). Even its critics recognized the significance of the League and the power it generated (Hall et al. 2000: 4; Leventhal 1971: 76). Political action always generates power, but this power and its intensity becomes most visible when it clashes publicly with another power, as it did on that Monday in Hyde Park.

The Hyde Park demonstrations were the most high-profile actions of the reform movement, but certainly not the only significant events. As mentioned, the Reform League had hundreds of chapters nationally. Each organized meetings and marches in home towns, sometimes with notable orators like Ernest Jones and John Bright. Some gatherings were small, yet often sizeable in proportion to the population of the towns where they took place; others were at least as large as the London protests (Chase 2017). These events helped to assert both the political passion and agency of working-class men, and likely compelled parliamentarians both to recognize the passion that existed for the suffrage issue and to consider what might happen if they failed to follow through on reform. As James Bryce (1867: 272-273), a prominent scholar and proponent of

reform, remarked, the real question was not whether working-class men should be granted political power, because they were ‘already powerful – powerful not by mere numbers but also by their intelligence and organization’; the question was whether parliament would bring workers within the pale of the constitution before their power tore it apart.

The increasing size and number of working-class agitations for reform rendered untenable the claim that working men were politically apathetic. In the process, workers across the country had mobilised and enhanced their political agency to a point at which it had become impossible to ignore. Opponents of reform, thus, began to focus on a different problem, namely, the dangerous passions of the working class and its leaders. Agitators had stirred up primitive emotions, which now threatened to overpower the public sphere.

6.4 The passions of a demagogue

While some critics attacked the Reform League directly, many preferred to target its leaders. Among their favourite punching bags was John Bright, perhaps the staunchest parliamentary advocate of reform and a persistent public agitator, having pursued the issue for several decades. The attacks on Bright highlight a systematic effort to delegitimize negative emotions – generally called passions – in public discourse, as well as indirect attempts to undermine working-class political agency.

Conservative pundits and opponents of reform believed Bright embodied and enacted all that was wrong with working-class suffrage and democracy. According to them, Bright was a demagogue who used his proficiency as an orator to evoke unjustified and dangerous passions in the working class. Early in the decade, the *Saturday Review* (1861b) was already warning that Bright, ‘blinded by the strange intensity of his democratic passions’, might ‘attempt to excite the poorer classes against

the rest of the community' to secure reform. In a sense, this prediction proved true. In cooperation with trade unions, Bright was amassing large audiences who listened enthusiastically to what he had to say or, as the critics claimed, subjected themselves to Bright's manipulation. One pundit described how Bright at mass meetings, 'with a master hand, struck the chords to which the warm but jealous imagination of physical labour passionately vibrates' (The Spectator 1863). This description anticipates a theme we shall return to later, specifically, the notion that workers possessed both dangerous passions and benevolent feelings, albeit not much reason. Critics charged that Bright deliberately sought to stimulate these dangerous passions despite little or no grounds for them. *The Spectator* wrote of him:

It is the singular power of Mr. Bright as an orator that in times of profound political apathy he can command an apparently inexhaustible spring of hearty political wrath. Like a camel in the desert, he travels over these level and sandy stretches of political history with a private store of those waters of bitterness which the country over which he passes certainly fails to supply. (The Spectator 1865)

Some claimed that Bright himself had abandoned reason and was driven by the same passions he tried to stimulate among workers, especially rage and hatred (Cole 1866).

While aimed at Bright, these attacks also struck at the political agency of working-class activists, targeting primarily the credibility of activists as representatives of their class and the affiliations between the active minority and the passive majority of working-class men. Like opponents of female suffrage a few years later, opponents of Bright and the reform movement tried to distinguish the 'good' working-class men from the bad ones. The good saw through the lies of agitators and trusted their government

to do what was best for them and the nation. The bad succumbed to passion and followed Bright into the streets to compel politicians through political action (Blackwood's Magazine 1867a: 128-129; Coningsby 1864; Dobell 1866: 23-24; Chamberlain 1867: 27; see also: Harrison 1965: 87-88). A Lancashire vicar expressed these views with particular ferocity in a pamphlet addressed to Bright: 'Among the working classes, I assert, you are head of a residuum, with a handful of pea green souled politicians full of envy, hatred, and malice against their betters'. According to the vicar, the 'true artisans of this noble country, the typical men of their classes' did not respond to Bright's appeals to 'public action and sedition', but turned away 'with derision, as often as burning indignation, from the name and speeches, and the political principles of John Bright' (Chamberlain 1867: 6).

Although this last example is exceptionally explicit in its derision of activists, Bright's critics implied that those who responded to his agitations lacked both reason and agency.⁵⁴ They had no real reason to be angry or bitter, only that 'phantom of injustice' that the demagogue conjured from the pulpit.⁵⁵ Yet Bright and the movement's other leaders were not wholly responsible for unleashing the passions that now threatened the polity. According to some opponents of reform, these passions were already pulsating through the bodies of working men who lacked the mental resources to control them. And, now, these opponents balked, workers were demanding democracy, a system of government that would not only remove all checks on their dangerous passions but intensify them.

⁵⁴ For a related observation, see Carlisle (2012: 149).

⁵⁵ Quote is from *The Spectator* (1865).

6.5 Democracy, passions, and working men

The reform of 1867 is framed nowadays as a critical step towards, and sometimes even the decisive step into, democracy in Britain (e.g. Foot 2005; Machin 2001). However, such descriptions are misleading as democracy – universal (male) suffrage – was not a popular idea at the time. Few leading reformers thought that they were introducing democracy or working towards it (Saunders 2017; see also Hall et al 2000: 67). They had little intention of extending suffrage to ‘paupers, lunatics, criminals, and idiots’, or women for that matter. Take, for instance, the soon-to-be Prime Minister Benjamin Disraeli, who was eventually credited with securing the passage of the reform bill. In an 1867 debate in the House of Commons, a few months before the reform was passed, Disraeli famously proclaimed: ‘We do not ... live – and I trust it will never be the fate of this country to live – under a democracy’ (HC Deb 18 March 1867). Even Bright rejected calls for manhood suffrage during the reform debates, later insisting he had never been a democrat (Bury and Norwich Post 1882). One commentator observed that the governing class perceived democracy as ‘a Frankenstein kind of product’ (Holyoake 1865: 11) – an intractable and volatile monster. Any self-preserving parliamentarian was, thus, well-advised to keep this word out of his vocabulary (Saunders 2017: 8).

It was not just members of the upper classes who were averse to democracy. Some reform activists also distanced themselves from the idea (e.g. Wilkie et al. 1865: 4). Reformers’ attempts to distance themselves from democracy and associated vices did little to assuage those who believed the reform proposals under consideration in the second half of the decade went too far, enfranchising too many of the working class. Opponents of reform protested that the extension of voting rights to hundreds of thousands of working-class men was a step onto a slippery slope to democracy (Vigil 1866: 8). Robert Lowe, the MP who led the parliamentary opposition against reform

exclaimed in a debate: ‘If you are to make concessions to democracy in one respect, how ridiculous to suppose that you can resist it in another!’ (HC Deb 15 July 1867).

Why then this hostility towards democracy? As the Frankenstein metaphor suggests, democracy was associated with disorder and violence. Educated people subscribed to the idea that humans were naturally ignorant and passionate creatures, and that these inclinations could only be checked by reason (e.g. Blackie 1867; HC Deb 16 December 1831; *The Spectator* 1866a; L 1866). Reason had to be cultivated for it to grow strong and capable of ruling passion. Therefore, among those with insufficient opportunities to cultivate reason, such as workers, passion was more likely to rule. Since democracy meant rule by the majority, workers, who formed the most populous class, would effectively govern the country. To opponents of reform – and indeed to some proponents – giving power to an uneducated majority of workers was, hence, equivalent to letting passion rule the nation (e.g. HC Deb 19 March 1832; HC Deb 26 April 1860; HC Deb 11 April 1867).

Today, we might think that such ideas must have been based on antiquated prejudices about democracy. But while opponents of reform indeed cited ancient philosophers in support of their claims (e.g. L., 1866), they did not have to rely on inherited wisdom to illustrate the dangers of democracy and working-class suffrage. They could also point to the democratic experiments of other countries, such as the United States, which seemed to be failing spectacularly.⁵⁶ In the 1860s, the young nation had been tearing itself and its citizens apart in a brutal civil war. Some saw this as a direct consequence of the US government’s inability to guard against the wild passions of the public and especially the working class, despite the warnings of some of its

⁵⁶ One pamphleteer observed that there was much to learn from democratic experiments in France and America ‘but nothing to imitate’ (Anon., 1867: 3).

founders (e.g. Blackwood's Magazine 1867b: 238). An article in the *Saturday Review* (1866a) reported that, in the war's wake, American politicians had themselves grown weary of their system and were looking to restrict the franchise. 'If our experience has taught us anything it is that our political system has failed to secure us virtue, capacity, wisdom in our rulers', said an unnamed American politician quoted in the report. 'It is madness to leave the final appeal to the judgment of a mass mainly composed of such elements as no sane man would repose confidence in the simplest every day affairs'.⁵⁷

The relationship between democracy and uncontrollable passions was also a theme in Tocqueville's (1862a; 1862b) *Democracy in America*. Perhaps best-known today as a chronicler of the strengths and promises of the United States, Tocqueville also recorded its perceived flaws, including its propensity to stimulate politically dangerous passions (e.g. 1862b: 167-168). For example, Tocqueville (1862a: 230) famously wrote that it was undeniable 'that democratic institutions have a very strong tendency to promote the feeling of envy in the human heart'. Particularly vulnerable to these effects were, he claimed, the lower classes, who, frustrated by their inability to achieve their ambitions, were liable to lash out at their superiors.

These ideas, highlighting apparently deep and dangerous flaws of democratic government, were seized upon by opponents of reform in Britain, such as Lowe, who cautioned against the threat of 'the democratic passion of envy'. Reform might temporarily placate the envy of the masses; but Lowe (1867: 39-40) warned it would leave many inequalities unaddressed, which would soon awaken the passion again (see also Brodrick 1867: 19-21). Another prominent opponent of reform, John Stuart Blackie (1867), a Scottish academic, cited Tocqueville to argue that democracy would unleash a 'swelling sea of human passion' upon the nation, sweeping away the achievements of

⁵⁷ Such claims could also be found before the Civil War (Anon., 1859: 39-41).

reason and law (13-15, 39-41). Speaking to a working-class audience, Blackie explained that besides envy – which ‘grows up in America, as in all democracies, as naturally and necessarily as goosefoot on a dunghill’ – pride, selfishness, and hatred also found fertile soil under popular rule (9, 31, 40-42). What these passions apparently had in common was that they were primitive, violent, unreasoning, and fleeting experiences, which in public life worked upon the working class as a powerful current, driving them against law and order.⁵⁸ Reform opponents did not usually suggest that all working-class men were subject to the caprice of passion. Politicians and pundits generally acknowledged that the working man might be reasonable as an individual. However, they cautioned, if the worker ventured into the public, the collective passions of the masses would quickly consume his individual reason (e.g. Cave 1864: 9). Indeed, to some, the very act of appearing in the public sphere along with other workers was itself proof that the working man had given in to passion (Chamberlain 1867). This again strikes at the activists’ credibility as representatives of and their affiliations to as-yet politically inactive working-class individuals.

Several commentators described democracy and its proponents using the language of disease and insanity. We have already seen elements of democracy associated with terms like ‘madness’ and ‘contagion’. Despite being an advocate of reform, the poet Sydney Dobell (1866: 22) described democracy as a ‘disease’. While this disease was ‘not congenital to the British common sense’, he warned that ‘without preventive care’, it was likely to spread to Britain ‘by infection’ from the continent and across the Atlantic. Meanwhile, a critic of reform charged that democracy was despotism by the physical strength of numbers, in which the ‘brute force, and

⁵⁸ Diluvial metaphors were commonly used to illustrate what the working classes and their passions, if given political power, would do to the middle and upper classes and their reason (e.g. Blackie 1867: 7-8; Cooper 1866: 13; Earl Grey 1864: 171, 215; Kinnear 1865: 2; L 1866: 59).

unreasoning will, and blind passion’ of the majority – workers – ruled without checks; ‘A despotism ... originating in madness, sustained by blood, and consummated by anarchy’ (Anon., 1867: 36). Others similarly spoke of ‘the madness’ or ‘insanity’ of ‘the people’ and an ‘epidemic of madness’ (e.g.: Cooper, 1866: 20; L., 1866: 59; Saturday Review, 1866a; Saturday Review, 1867a.).⁵⁹

As previously observed (§5.4), the scholarly literature and newspaper coverage on insanity provided a basis for making the connection between madness, passion, democracy, and the debate on working-class enfranchisement – i.e. a basis for medicalizing the experiences and actions of activists. The reform movement had disturbed the healthy apathy to public issues that protected the British people from political excitement (see Bagehot 1867: 53-54), which was supposedly so potent a cause of insanity in America. We should note, however, that when the language of madness was deployed in the reform debate, it seemed intended more as metaphorical hyperbole than technical diagnosis. The commentators above, who spoke of democracy and its ostensive proponents as mad, did not appear to mean that anyone should be committed to an asylum, subject themselves to medical examination, or that their mental state would fit a diagnostic description. This language may still have been powerfully delegitimizing. Words like madness imply, after all, that their object is irrational, and may obtain a clinical authority regardless of a speaker’s intentions.

6.6 Good feelings, good men

The path between the Scylla of passion, and the Charybdis of apathy was narrow. As we have seen, when the Reform League’s leaders successfully mobilized mass demonstrations and apparently proved how strongly workers felt about the vote,

⁵⁹ French and German commentators apparently applied a corresponding vocabulary to analyses of democracy (Murat 2014: 182-188).

opponents of reform charged agitators with demagoguery and accused workers of giving in to the unthinking passions of the mob. The contradictions of their critics' positions did not go unnoticed by activists (e.g. Wilson 1865: 102).

Some activists responded by apparently trying to construct an idea of the worker as driven by positive and politically responsible emotions, or 'feelings'. In the previous sections (§6.4-5), we saw that passions were sometimes contrasted with reason, which seems to map onto what is today known as the reason-emotion dichotomy. However, as Thomas Dixon (2003) has shown, emotion is a fairly new concept and only recently became the catch-all category for affective experience that it is today. Until the nineteenth century, there were several different categories for the experiences that today fall under the label of emotion. Dixon names – among others – passions, affections, appetites, and sentiments, each of which at various times described more or less different experiences.

In the mid-nineteenth century, passion and feeling seem to have been the most common categories of affect. While not treated as mutually exclusive categories, usage suggests that they were understood to be fairly distinct. In the reform debate, the term passion was generally used to designate affective experiences that were inimical to liberty, social order, and good government. The passions were hot, blind, capricious, violent, torrential, and, sometimes, mad. Politics, opponents of reform remarked, could call forth the passions of the best of men. However, working-class men, because of their poor discipline, lack of education, and inherent connection to others of their class, were especially vulnerable. Whether working-class men were individually reasonable and good did not matter, for such was their constitution that once they entered the public sphere the passions of the masses would consume them. By contrast, the term feeling was used to name experiences that were distinctively positive. Proponents of reform

imputed on the workers feelings that were friendly, tempered, and reliable. This is, for example, how the League's president described the working class:

[T]here are constantly to be found in their ranks a warmth of heart, a self-reliant, sturdy, and incorruptible independence of spirit, a deep sympathy with the wrong and sensitive regard for the rights of others, combined with a generous, hearty, self-denying love of freedom and hatred of oppression. (Beales 1865: 12)⁶⁰

Another feeling that, according to proponents of reform, pervaded the hearts of the working class was loyalty, not just to the nation, but also to its institutions and its ruling classes (Beales 1865: 11). Numerous MPs argued that it was, in fact, these feelings of loyalty that animated the reform movement (HC Deb 16 April 1866a; 16 April 1866b; 23 April 1866). Some warned that if the movement were thwarted, these feelings might be destroyed and replaced by unfriendly passions. As one MP ominously asked his colleagues opposed to reform: 'Were hon. Gentlemen opposite prepared to see [such] kind and generous feeling destroyed forever and to see it replaced by festering animosity, jealousy, and distrust?' (HC Deb 19 April 1866).

By demonstrating that some workers were fit to vote, proponents of reform were effectively enhancing the empowering concepts available to them. The efforts to construct an idea of workers as driven by positive and politically responsible feelings can be seen as part of a broader strategy toward this end. According to several historians, the most important criteria of fitness in the suffrage debate were independence and stability (Gleadle 2017; Harrison 1965; McClelland 2000; Griffin 2011: 250-252). These attributes clearly overlapped with the feelings that proponents of reform imputed

⁶⁰ For similar examples, see Anon. (1865: 6) and Hutton (1867: 34).

on workers, especially loyalty and love of country. Passions, meanwhile, were detrimental to them. The property qualification for the franchise, adopted in the final reform bill, was regarded as a way to ensure that new voters were independent and loyal as well as to exclude individuals driven by dangerous passions (Gleadle 2017: 43, 45).

On 15 August, the Representation of the People Act 1867 passed into law, with little, albeit fierce, opposition (Hall et al. 2000: 4-5; Foot 2005: 156-157). Less than two years later, the Reform League dissolved. Yet the power it helped to generate continued to reverberate throughout society, shaping both legislation and the legislature.⁶¹ Equally important was the memory this power left of its appearance and future potential; through their political actions male workers made their political agency a fact of British political life.

6.7 Conclusion

This chapter has examined how emotions were used in the reform debates and activism of the 1860s, with a particular focus on how opponents of reform employed, first, the absence of emotions, and, then, the presence of negative emotions to try to undermine the political agency of working-class activists and allies. I started by analysing claims that working-class men were too apathetic politically to deserve the vote. Proponents of reform recognized the problem of apathy; some called on workers to transform their silent suffering into political displays of sorrow. Workers could draw on several empowering factors – such as affiliations to unions and other groups, public spaces like parks and townhalls, working-class newspapers, and a number of concepts – to transform their suffering into public issues and action. Especially important in this regard was the Reform League. Its activities around the country not only rendered the

⁶¹ The Reform Act is itself an example of this (Leventhal 1971: 90-92).

charge of apathy unsustainable, but also demonstrated that workers could generate a power capable of contesting the power and authority of the government. In light of the patent political interest of the hundreds of thousands of workers involved in the reform movement, opponents changed tack and focused instead on the dangerous emotions – or ‘passions’ – that drove its supporters. These passions revealed themselves both in workers’ aims – ostensibly democracy – and in their methods – collective action. If workers were given the vote, opponents warned, destructive passions would flood into the political arena, sweeping away the hard-earned liberty and accomplishments of British society. Activists and pro-reform politicians responded partly by trying to construct an idea of workers as driven by positive and politically responsible emotions – or ‘feelings’. These efforts contributed toward a broader strategy of rendering ‘real’ or ‘good’ workers safe for politics, while continuing to exclude the residuum of the poorest workers along with women, madmen, and criminals. This strategy seems to have been successful. After all, the vote was won – for some.

Much of the above can be related to the Arendtian idea of the indeterminacy of emotional experience and the associated fragility of any public shape given to emotions (§3.5); the public shape of workers’ emotions and their relationship to politics was a significant component of the contest documented in this case. When workers transformed their suffering into a public shape and, effectively, disproved claims that they were apathetic to politics, their opponents proceeded to charge that the emotions evinced were dangerous, artificial, unjustified, or an abnormality *vis-à-vis* their class – or indeed all of the above. But while we have seen how opponents of reform sought to delegitimize the experiences and actions of working-class men by framing them as dangerous passions, efforts to medicalize the experiences and actions of reform activists and leaders were rare. This is unexpected since the conceptual and institutional

resources for doing so were apparently available (Ch. 5). Opponents could for example have warned that the political excitement of the activists was a symptom of madness and that reform would exacerbate the insanity epidemic. But it seems words like madness were used mainly for rhetorical flourishes, not for invoking supra-political authority against one's adversaries.

So why might it be that concepts of insanity were not used in this way? One possible reason is that public controversies, like the Windham case, had undermined the authority of psychiatric concepts in public debate (Degerman forthcoming). Next, we shall see that some commentators stated clearly that medical arguments had no place in political debate. Trying to medicalize opponents and their experiences would, therefore, probably have been quite risky at the time. Much better then to rely on more well-worn tools of delegitimization, such as the rhetoric of dangerous passions, which had long been associated with the lower classes and democracy. That the term 'agitation' was a synonym for protest seems to signal how deeply rooted was the suspicion of the passions of the lower classes; the same word was used to name the political action of a group as to name a 'violent emotion of the mind' (Craig 1864: 49; see also Murat 2014: 158-159). Today, 'agitation' has largely lost its political meaning and use, and the grammatical link between political action and emotion appears to have been attenuated if not quite broken. However, as the later chapters will show, the tendency to associate the political actions of some people with dangerous passions and even insanity persists.

Before that, we shall have a look at another significant political event of the 1860s: the launch of the women's suffrage movement.

7.

Crazy about politics:

Women, emotions, and the vote

7.1 Introduction

Women have long been treated as the emotional gender within Western political thought and practice. This stereotype has been a useful tool for those seeking to limit the political power of women and to justify the subordination of the emotional woman to the rational man. Over the past hundred years, women's movements seem to have undermined this stereotype significantly. In the 1860s, however, the idea of the emotional woman was certainly alive and well. We have already seen one reason why the 1860s is an important decade in British political history: in 1867, parliament expanded suffrage substantially and, for the first time, some working-class men were allowed to vote. Adding to this decade's significance is the birth of the women's suffrage movement. Though the issue of female suffrage had been broached previously, it was not until 1866 that the question became a subject of sustained political action and public debate, largely due to the efforts of women activists (Rendall 2000: 121-129).

In this chapter, I explore how ideas of female emotionality, insanity, and mental health were used to undermine the political agency of women activists and the appeal of their cause. The female suffragists faced a long and difficult path to their ultimate goal.⁶² Among the most persistent obstacles standing in their way was the idea that

⁶² The term 'suffragette' is often used today to name any female activist who participated in the movement for women's suffrage. However, suffragette is a relatively late term, coined in the early twentieth century, which designated women who took a more militant approach to activism than other male and female suffragists, including hunger-striking and arson. By contrast, suffragist is an older and broader term, used by nineteenth- and twentieth-century commentators, as well as historians today, to denote any activist agitating for female suffrage. I follow this usage, referring to women activists as female or women suffragists.

women were too emotional to participate in politics. Not only was it a central argument for denying women the vote; it was also a means to undermine the political agency of female activists. To their opponents – the ‘Antis’ as they were called – the political action of female agitators was itself evidence of the uncontrolled emotionality that needed to be kept out of the political arena.

I begin by providing some context on the women’s suffrage movement in the 1860s, highlighting some of the empowering factors available to the early female suffragists. I then proceed to examine a central argument against female suffrage, namely, women’s supposed lack of political capacities, which included their inability to control their emotions. Relatedly, some Antis argued that political action would adversely affect women’s physical and mental health; I analyse a number of these claims and draw parallels to previous chapters. In the penultimate section, I consider the vicious accusations of delusions and abnormality made against women suffragists – and how one leader within the women’s suffrage movement tried to defend against attacks of this kind. The chapter concludes with a summary of the main points and a brief reflection on the impact of the political actions of the early suffragists.

7.2 Finding some power

The women who initiated the suffrage movement were no political novices. Many had participated in other political organizations and causes, such as the Anti-Corn Law League, abolitionism, Italian unification, and the Reform League. Through their engagement in such causes, these women had developed practical skills and relationships that would prove indispensable in their pursuit of the vote (Bostick 1980: 125; Dingsdale 1995: 12; Rendall 2000).

Much like later women’s rights movements, the early female suffragists relied on private spaces and affiliations to initiate political action. The London-based Kensington

Ladies Debating Society provides a noteworthy case in point. Formed in the late spring of 1865, the relatively short-lived society played a key role in launching the movement for female suffrage (Rendall 2000: 129-130). It counted among its members several women who became central figures in the movement, including Barbara Bodichon, Emily Davies, Elizabeth Garrett, and Helen Taylor – John Stuart Mill’s stepdaughter. The society’s meetings were exclusive affairs. Membership was by invitation only and the subscription fee would have been steep for anyone outside the upper-middle class. Yet the relatively small and informal group of 67 women who met regularly in the home of the society’s president, Charlotte Manning, provided a vital audience and a space in which women could exchange and develop views on topics conventionally reserved for men, including education, marriage laws, and, of course, women’s suffrage (Dingsdale 2007). Many members of the society were experienced activists. But their experience had come at a cost. Feelings of anger and loneliness were common among the members, who were pushing the boundaries of convention simply by talking about political issues (Dingsdale 1995: 65, 158, 165-166; see also Rosen 1979: 108-109). As Helen Taylor explained in a letter to a friend in 1869: ‘The solitude you so touchingly speak of in your letter is not an accident, but a necessary part of the existence of all those who combine with any warmth of feeling, opinions different to those of the majority of society’ (quoted in Dingsdale 1995: 165). A central political function of the society was to help its members to understand and transform these emotions into public issues and action. The society’s members thought of this function as ‘sympathy’, explains Ann Dingsdale (1995: 19), a historian of the society. According to her, the term sympathy meant ‘more than commiseration’ to these members; ‘it was recognition of shared frustrations, shared ideals. It carried with it the promise of a range of practical options which such shared feelings could generate’.

One such 'practical' option was a petition demanding suffrage for women. During the spring of 1866, members of the Society collected signatures from 1,499 women of remarkably diverse backgrounds (Dingsdale 1995: 22). On 7 June, Davies and Garrett presented the petition to John Stuart Mill – a member of parliament at the time – in the lobby of the House of Commons. Mill, who had been elected to Parliament about a year earlier on a platform which prominently included votes for women, was enthusiastic about the women's initiative. Though it was a relatively small petition, he had reportedly been very pleased with the list, famously exclaiming: 'This I can brandish with effect' (Pugh 2002: 18). The same day, Mill presented the petition to parliament, to the laughter and ridicule of colleagues and journalists.

Despite his status as one of the country's pre-eminent political thinkers, Mill's avid support for women's suffrage opened him up to personal attacks. Newspapers and magazines, especially on the right, depicted him as physically and mentally effeminate. According to his critics, Mill was – like the women he spoke for – small, weak, quiet, and emotional. Consequently, he was – again like the women he spoke for – unsuited for political life (Hookway 2015).

The mockery notwithstanding, the petition was a landmark in the struggle for women's suffrage. With the help of Mill's intellectual stature, it thrust the issue into the national spotlight, imbuing it with seriousness, and expanded old and opened up new spaces where men as well as women could discuss women's rights. The petition's significance was evident to the suffragists themselves. Lydia Becker (1867: 307), another prominent suffragist leader, observed that before it, the question of female suffrage had not even been entertained: 'The advocate had not been allowed to come into court'. Now, no politically minded person could avoid considering the issue.

The newspapers were among the spaces where female suffragists were finding increased receptivity for their views. In 1866 and 67, members of the Kensington Society published essays on female suffrage in nationally-recognized publications, like *The Spectator*, *MacMillan's*, and the *Westminster Review*, effectively executing a coordinated media campaign. And then there were women-run papers, such as *The Englishwoman's Review*. Besides providing platforms for female voices, these papers also permitted women to obtain and distribute information amongst themselves about causes related to their gender (Bostick 1980).

After the petition, women also began forming political affiliations in greater numbers (Rendall 2000: 132). The Society dissolved after only three years, in 1868. But, by then, new and more well-organized groups dedicated to agitating for women's suffrage had emerged (Dingsdale 1995). For example, in January 1867, Becker formed the Manchester Society for Women's Suffrage, a mixed-sex organization, together with, among others, Jacob Bright – one of the movements foremost champions in parliament and the brother of John Bright, who, incidentally, was a fierce opponent of women's suffrage (Fulford 1957: 55-56). A few months later, during a parliamentary debate on the Representation of the People Act 1867, Mill once again broached the issue, tabling an amendment to grant suffrage to women on the same basis as men. The amendment was resoundingly defeated, and Mill's insistence on the issue was subsequently derided in the media. Yet it galvanized activists further. By year's end, Becker's organization had joined with other regional groups to form the National Society for Women's Suffrage (Rendall 2000: 139).

The rise of the women's suffrage issue was meteoric. What opponents had hoped was a fleeting fad had turned into a 'craze' that refused to quiet down (Glasgow Daily

Herald 1868).⁶³ Derision alone was clearly an insufficient response to the determination with which suffragists pursued the issue. However, it did not take long for the Antis to mount a stronger reaction.

7.3 Disabling women

Among the key arguments against female suffrage was that women lacked the interest and capacity for politics. Generally, Antis conceded that a small minority of women were both interested in and capable of voting, probably more so than many current male voters, certainly more than many working-class men granted the franchise in 1867. On this point, there was even some agreement with the people campaigning for female suffrage (Rendall 2000: 120). The suffragists admitted that the political capacities of women were under-developed. But, they argued, these capacities could be cultivated only if women were permitted to participate in parliamentary elections, where important issues were at stake (A Countrywoman 1867; HC Deb 20 May 1867a; see also Griffin 2011: 262; Mayhall 2003: 16). Suffragists also saw this as an argument for extending the franchise to women on the same basis as men, i.e. to householders and renters paying more than £10 per year. Since married women could not own property, this meant that, in practice, only wealthy unmarried women – who were also more likely to be well-educated – would be able to vote. While this would not have been a complete victory, the extension of suffrage to some women was an important step towards remedying the political deficits of women in general.

⁶³ To illustrate, a search in the Gale Primary Sources database for the string <"female suffrage" OR "women's suffrage" OR "enfranchisement of women"> showed that between 1860 and 1865 only 15 articles in mention any of these terms. In 1866, this number rises to 54; in 1867, it increases sevenfold to 373. Though the number of mentions dropped slightly in 1869 to 285, from 543 the previous year, it remains above 300 until the end of the decade.

The idea that suffrage should be extended for educational purposes seemed absurd to Antis (e.g. S. D. C. 1867a). No doubt, many women's potential was being squandered by a lack of educational and professional opportunities.⁶⁴ Yet the solution to this problem was surely to expand education for women and equip them with abilities that might permit them to handle new responsibilities, not to give them the greatest responsibility of all – to govern the empire – and hope that ability would follow. Though some Antis claimed that women inherently lacked capacity for politics, many acknowledged that women could develop the requisite capacities given effort and time. However, granting women the vote before this potential had been achieved was to put the cart before the horse. Right derived from capacity, Antis insisted (e.g. *The Spectator* 1869).

What, then, were these vaunted capacities that most women ostensibly lacked? Two central ones were reason and independence. These are particularly interesting because they served a dual rhetorical function for the Antis. First, the supposed absence of these capacities in the majority of women meant that they did not deserve the vote. Second, their apparent presence in the minority of women campaigning for the vote meant that the female activists were abnormal, even sick. Therefore, they could neither be taken to represent their gender nor be trusted with the vote.

Antis relatedly asserted that women lacked sufficient capacity for reason, and hence that their ability to think practically and politically was deficient. These assertions went hand in glove with the idea that women were excessively emotional (Harrison 1978: 80). Women 'feel – they don't reason', one pundit said. 'They have a great heart and a brilliant imagination, but not much power of calculation. ... And as the more one

⁶⁴ Agreement on this point was apparently widespread in the decade's latter half (Goldman 2002: 251-252).

feels the less one thinks, the reasoning power is very weak in woman' (The Huddersfield Chronicle 1869). Though such observations were apparently considered in poor taste (Pugh 2002: 41), the editors of a major newspaper like *The Times* were willing to defy social decorum: 'It may be an ungallant thing to say, but it is the fact, nevertheless, that human society, whether civilized or uncivilized, Christian or heathen, is built upon the physical and intellectual superiority of men to women' (The Times 1867b).

One magazine gleefully relayed evidence of the incompatibility between politics and female passions from a women's suffrage meeting at which Becker was the main speaker. Although the magazine's reporter found little to criticize in Becker's own performance, he described in detail the seemingly inept attempt by another woman to address the audience. The person in question, introduced as a poorly dressed, nervous woman named Mrs. Cassidy, took to the podium with 'a vexed, disappointed, unfranchised expression on her weather-beaten face'. What followed, according to the reporter, was a half-hour farce, during which Cassidy variously mumbled incoherently, variously screamed at the audience, other speakers, and the alderman in charge of the meeting. Apparently, the meeting, attended by a mix of men and women, descended into a riot, and Cassidy was forcibly removed. Not unexpectedly – but somewhat strangely given that the male attendees were seemingly as unrestrained as Cassidy – the reporter interpreted the chaos as evidence of the female incapacity for politics: 'The senseless vituperation of women, when their passions are roused, makes us suspect their fitness for politics more than anything else' (The Sphinx 1869: 39).

Women's supposed lack of reason and excess of emotion rendered them vulnerable to manipulation, and skewed their judgment in favour of self-interested,

reactive, and oppressive political aims, according to the Antis.⁶⁵ This explained also why most women were indifferent to politics, which was about the public not the individual's interest (The Spectator, 1869). Antis did not claim that these vices were completely absent among male voters. However, that some of these vices were already present in politics was not an argument for inviting them in with open arms – an argument we recognize from the debates on working-class suffrage (§6.4-5). Granting the vote to women would be, as one journalist put it, 'to multiply modes of expressing anger and love, spite and gratitude, injured or gratified vanity by political action' (The Spectator 1866b; see also S. D. C. 1867).

Another political capacity commonly regarded as lacking in women was independence. This deficiency was regarded as difficult to remedy (e.g. Saturday Review 1867c; The Spectator 1869; The Athenaeum 1869; The Times 1867b). Independence was not correlated with intelligence. It was something that the (male) individual developed through the experience of heading a family, or, better yet, a family household (Gleadle 2017; McClelland 2000: 99-100). This was likely why one pundit observed that even farm labourers had 'more capacity for political self-dependence, for taking a view of their own, however ignorant ... than the great mass of women' (The Spectator 1866b: 629). Women, meanwhile, were accustomed to obeying, no matter if it was their fathers, husbands, or emotions.

Whether the Antis considered the dependence and the other political disabilities of women a natural or a contingent social fact is often unclear (Harrison 1978: 78). In some cases, the elision of the two may have been a deliberate recognition of the intertwinement between nature and society. For instance, a writer in the *Saturday*

⁶⁵ Numerous publications made similar claims, including *The Athenaeum* (1866), *The Huddersfield Chronicle* (1869), *Pall Mall Gazette* (1868a; 1870a), the *Saturday Review* (1867b), and *The Spectator* (1866b).

Review (1868a) remarked that the relationship between men and women had pervaded the social imagination for as long as anyone could remember. It was something each new generation was taught from childhood. Given this, he said: ‘It is not an extravagant fancy that centuries of this imaginative and sentimental habit have ended by affecting the brain and physical nature of humanity’. A similar notion seemingly underpinned some contemporary criticism of Mill’s case for female suffrage, which emphasized the social at the expense of the biological. Mill claimed, in effect, that women’s subordination was based on social convention, rather than natural fact, and could thus simply be done away with. This idea was also central in Mill’s 1869 proto-feminist opus *The Subjection of Women*. Antis responded that Mill’s radical proposal failed to grasp the complex relationship of nature and society (Saturday Review 1866b; see also HC Deb 20 May 1867b; HC Deb 20 May 1867c).

7.4 ‘Will women go crazy in politics?’

Notwithstanding these examples of more nuanced criticism, claims about woman’s true nature and natural position were common in the debate on women’s suffrage.⁶⁶ In response to Mill’s proposed amendment to the reform bill of 1867, which would have allowed some women to vote, a parliamentary colleague, Samuel Laing, declared in the Commons that ‘Nature had drawn clear lines of distinction’ between the sexes. These lines went beyond physical appearance: ‘In all that required rough, rude, practical force, stability of character, and intellect, man was superior: whereas in all those relations of life that demanded mildness, softness of character, and amiability, women far excelled’ (HC Deb 20 May 1867c). Scientific support for these views could easily be found (Pugh

⁶⁶ There are many examples of this how claims about women’s true nature was used against their claim for suffrage (HC Deb 20 May 1867b; Saturday Review, 1867c; Dundee Courier 1868). But some activists notably also used ideas about the female nature and its connection to moral qualities to argue that women were especially well-suited for political life (Griffin, 2011: 223) – not unlike Second-Wave-feminists did later.

2002; Billington 1982). Susan Kingsley Kent (1990: 49), in her feminist history of the women's suffrage movement, shows how the medical profession reified contemporary stereotypes about the 'pure woman' in the new 'science of sex'. Medical and other research into the female body, thus, frequently highlighted its sensitivity and vulnerability to the taxing conditions of politics.

Along these lines, the *Pall Mall Gazette* (1870b) warned that Mill and other suffragists had assumed the equality of men and women without accounting for the relevant medical evidence, which ostensibly proved that women were constitutionally unfit to vote and that political life was harmful to their physical and mental health. 'It is idle to say that the excitements of politics are more wholesome or healthy than the excitements of social or fashionable life', the *Gazette's* author claimed. 'There cannot be a doubt that politics, when actively and personally engaged in, furnish a far stronger and keener excitement than almost any other known pursuit'. Without direct evidence, the author asserted that several famous physicians would agree with his claim that the 'kindling of intense excitement on political subjects' was likely to affect women's health adversely. Indeed, he cautioned that the negative effects of female suffrage could be profound, not just on the health of women but to society as a whole: 'It is not altogether impossible that Mr. Mill, in aiming at the intellectual elevation of the human race, advocates that which would lead to its steady physical degeneration'. These claims, notably, resemble medical accounts of political excitement (§5.4.1).

Surprisingly, the assertion that political participation threatened the sanity of women was fiercely rejected by *The Spectator* (1870), whose opposition to female suffrage was well-known. Responding to the above piece, a writer for *The Spectator* pushed back against what he seemingly perceived as the undue medicalization of women. While granting that female suffrage would 'produce mere evil', the writer

avowedly felt compelled to ‘protest in the name of history and common sense against some of the arguments employed to create prejudice’ against suffragists. The ‘most unjust of these’ was the so-called ‘physiological’ argument, which the *Pall Mall Gazette* had taken to its ‘last extreme’. *The Spectator*’s writer readily admitted that women were physically weaker than men. Since this meant that women could not fulfil the duty of defending the country militarily if needed, this was seen as a valid if not sufficient argument against extending the vote.⁶⁷ However, he rejected the claim that women would ‘go mad ... in larger numbers than they do now, if admitted to the arena of politics’.

Cognizant of the authority that the ostensibly scientific argument of the *Pall Mall Gazette* could have, the writer observed that it would ‘strike thousands of men, and men not ignorant of the facts of social life, as quite a formidable one’. Nevertheless, he declared the argument ‘absolutely worthless’. No evidence indicated that ‘political excitement’ harmed the health of women or anyone else. In fact, the lives of multiple notable women rulers and salon keepers were proof to the contrary, demonstrating women’s political fortitude. The author even speculated that the effects of political life, which engaged individuals in a variety of issues, might be relatively healthy compared to the monotonous lives that many women were forced to lead. But even if it were true that the vote would drive more women insane, it would not constitute a valid argument against reform, according to the author, because the claim to a political right could not be evaluated based on its effects on individual health:

The object of the social arrangements is not to compel every man to do that which is wisest for him to do, and still less to guard him from the

⁶⁷ For further elaboration, see Bush (2007: 10-11).

bodily results of doing right. *Hygiene is valuable, but the object of living is not health.* (The Spectator 1870; emphasis mine)

The exchange between the British publications drew notice from across the Atlantic, where the debate about female suffrage was also ongoing; *The New York Times* (1870) reported on it under the headline ‘Will Women Go Crazy in Politics?’. In an analysis of this ‘curious debate’, *The Times*’ writer took issue with both sides. On the one hand, he argued that the success and health of a handful of female public figures told nothing of the general female capacity for politics. On the other, he dismissed the idea that political excitement was harmful to either women or men. Notwithstanding the latter point, the author proceeded to claim that women were in fact physically unfit for public life: ‘The female sex in America at this moment can, as a whole, for physical reasons, no more compete with the male sex in the various callings of life than it can fly’. Most women, the author stated, were perfectly aware of this themselves and would, therefore, not seek to participate in politics to begin with. It would seem, then, that the writer was not as confident that politics would not harm women, as he was that the political ‘apathy and indifference’ of most women would keep them from ending up in a position where their health might be threatened.

Though such attempts at medicalization might have been perceived as distasteful by some Antis, they resonated and overlapped with the frequent claim that political activity would corrupt women. This idea was espoused in various forms. Some commentators suggested that suffrage would distract women from the duties they already had within their own ‘sphere’, making them inadequate wives and mothers (e.g. *St. James’s Magazine* 1868; *Saturday Review* 1861c; *Bradford Observer* 1868b; *Dundee Courier* 1868; also cf. Griffin 2014). Others argued it would deprive women of virtues and characteristics essential to their sex, often speaking in terms of degeneration

(e.g. Dundee Courier 1869; Saturday Review 1867b; 1868b). For example, one woman, in a letter to the editor of her regional newspaper, declared her conviction that ‘if women ever obtain the franchise it will have a degrading effect upon their minds’ (Materfamilias 1868).

Notice that the arguments examined so far have generally been aimed at countering the case for women’s suffrage, not at challenging the female suffragists’ right to appear in public and make their case for women’s suffrage – at least not directly. Still, claims about the healthy or ideal attributes of women would have formed a background against which women activists stood out as abnormal or even sick. As we shall see, some Antis attacked suffragists directly on this basis. We should also keep in mind the constraining force that concepts of womanhood can have on the hermeneutical resources of individual women – i.e. on the way women understand themselves, others, and the world around them – and, by extension, on their political agency. By reminding the public of how the ideal woman is supposed to behave and of the threat that political activity posed to women’s virtues and health, Antis could undermine the political agency of female activists indirectly, even while explicitly recognizing their exceptionality. Thus, women who cared for their own and their families’ well-being did best to admire female agitators from afar, or, better yet, to ignore those ‘wild women’ altogether (Linton 1891; Billington 1982).

7.5 Deluded by sick emotions

The argument that a vast majority of women were apathetic to the female suffrage issue and indifferent to politics in general was apparently effective and persistent (Pugh 2002: 40). But it did not quite address the fact that thousands of women were already agitating for the suffrage. These women were clearly not indifferent to politics. Moreover, as mentioned, many had impressive social, professional, or even academic credentials. It

would therefore have been difficult to claim that they were intellectually unqualified for political participation, especially given that hundreds of thousands of uneducated, working-class men had just been given the vote in 1867. Some, perhaps most, commentators recognized, at least nominally, the political capacity of this small group of women. These acknowledgments often came with qualifications, however, as, for example, in this quotation from *The Pall Mall Gazette* (1868b), a bastion of anti-suffragism: ‘The intelligence and knowledge of many women may often be equal to or even greater than that of many men; but in recording their votes for male candidates would they be guided by their intellect or by their emotions and feelings?’ The answer implied was of course the latter. Although the women suffragists had demonstrated both an interest in and an adequate capacity for politics, they were still women; whatever other members of their sex were liable to suffer by virtue of their female nature and social role, so were the woman suffragists.

Still, it was not enough to claim that female activists shared the weaknesses of their sex, for they were evidently exceptional. Their concerted public actions seemingly proved that at least some women possessed the requisite capacities for politics. Some Antis attempted to transform this exceptionality into a dangerous abnormality.⁶⁸

Horace Bushnell (1869), an American theologian, wrote a book whose title *Women’s Suffrage: The Reform Against Nature* made no secret of his position on the topic.⁶⁹ In this work, Bushnell explained that the female suffrage agitators did not understand the real reason for their concerted action. Fortunately, he saw this reason clearly: ‘There is a terrible *ennui* upon them; a want of motive, opportunity, possibility, which would even make it pardonable to break out in almost any sort of revolt, or

⁶⁸ Griffin (2011: 263-264) makes a similar observation, drawing on later sources.

⁶⁹ Originally published in America, Bushnell’s book was also publicized and favourably reviewed in Britain (e.g. H. A. P., 1869; *Saturday Review* 1869; 1870).

wildest sally' (88). The contemporary conditions of society had produced a huge excess of single women, all trapped in this existential depression. The current campaign for female suffrage was simply a vain attempt to escape this suffering:

[These women are] suffocated in the feeling that they exist for nothing and really have no place; till finally, they break out of their impatience, and resolve, at any rate, to have a place with men, as men have with each other. They are going to vote, they are going to have office: they discover, in fact, a kind of woman's millennium, in the right of woman's suffrage. Their mistake is total. It is not their present misery that they cannot be men, but that they cannot be women.

A female letter-writer articulated similar views in a newspaper, questioning the soundness of the proposal to give the vote to unmarried women, 'whose womanly instincts have never been fully developed'. Not that the writer supported female suffrage in *any* form. She proceeded to aver that the entire movement was rooted in 'the fact that women, with more education than in former generations was given to [their] sex, are feeling the folly and unhappiness of idle useless lives, and the idea of political activity offers itself as giving an occupation and an interest' (C. M. 1868; see also *The Spectator* 1866b; *The Huddersfield Chronicle* 1869; *Saturday Review* 1867c). In other words, the female agitators were motivated not by true political feeling and concern, but by self-regarding negative emotions that stemmed from the meaninglessness of their own abnormal lives and the delusion that politics could dispel these feelings.⁷⁰

⁷⁰ For other examples in which female suffragists were stereotyped as unhappy or dissatisfied with their private lives see *The Athenaeum* (1869), *Saturday Review* (1868c), and *The Sphinx* (1869).

To such commentators, the activism of female suffragists was itself a symptom of uncontrollable, unfeminine passions, and mental degeneration. These women had against better judgment – or perhaps the judgment of their betters – thrown themselves into the ‘strife and struggle of professional and political life’. This was something which normal, healthy women would not do. ‘Sensible women’, ‘the women whose influence in political life would be the best kind’, would never take part in politics, because they knew ‘that a woman could not touch that pitch without becoming defiled’, according to the *Saturday Review* (1868c). These women also understood that if they had a reasonable goal or a real problem, they already had access to the means to address it – at least through their husbands and fathers. By contrast, the women agitating for the vote were of a different breed. These ‘virulent women’ were:

of meddlesome instincts, with innate capacities for intrigue, delighting in manœuvre of every kind, and consumed by vanity and the desire to render themselves conspicuous above others, who crave to make speeches from the hustings, and to lead a triumphant body of patriotic and quarrelsome females to the polling-booth. (*Saturday Review* 1868c)

That these were the kinds of women demanding the vote was itself cause to reject the idea of female suffrage (see also *Blackburn Standard* 1868; *St. James’s Magazine* 1868).

Eliza Lynn Linton (1884 [1869]), a prominent journalist – the first salaried female journalist in Britain – and a well-known opponent of women’s rights, espoused similar views. She, however, explicitly framed her case in terms of mental health. In the essay ‘Emancipated women’, she stereotyped the female activists who campaigned for the new public right for their sex. They were ‘illogical creature[s]’, who hated men despite

wanting to be just like them (42-43). Linton explained that these women looked down upon other members of their sex who still held to traditional ideas of marriage and motherhood as their proper calling and thought ‘that being a loving wife to a manly husband is a better thing than the intellectual progress possible in the lonely grandeur of celibacy’. But the ‘emancipated women’ would not succeed in forcing their ideas of womanhood upon society, Linton insisted. The rest of their sex would resist them, because ‘[t]he *woman of perfect physical organisation and healthy mind* will still worship with loving faith the man to whom she has given her love and herself, and will still yearn for his child and hers, to lie on her heart and call her mother’ (53-55; my emphasis).⁷¹

Antis used such claims to reinforce their argument that female suffragists were unrepresentative of their gender. As ostensive outliers of dubious physical and mental constitution, these activists demonstrated the deleterious effects that political activity could have on women. There are parallels here to the charges, explored in the previous chapter (§6.4-5), that the working men who demanded the vote in the street were an unrepresentative and emotionally corrupted ‘residuum’ of the working class. Like these, but with the added force of scientific and medical authority, the present charges against female suffragists struck at the existing and potential affiliations between the activists and other women. Significantly, they also challenged the conceptual connection between individuals’ emotions and the suffrage issue, suggesting that these emotions were not only dangerous, but unrelated to the public issues at hand.

Responding to this line of attack, Becker (1867) argued that negative emotions indeed fuelled the women’s suffrage movement, though not the kind that the Antis

⁷¹ At least one newspaper cited Linton to denounce female suffrage activists (The Huddersfield Chronicle 1869).

claimed. Many women agitating for the vote had previously been told that they cared too little about worldly affairs. They had, hence, informed themselves and formed opinions about such matters, only to be told that their opinions were worthless because they were women. This had given rise to what Becker called a ‘mortifying consciousness’, the experience of belonging to a class denied the right to hold political opinions. ‘It is to this feeling’, she explained, ‘that the movement of women for enfranchisement is to be attributed’ (311). No amount of informal influence would soothe this emotion or address the injustice it originated in. Legal reform was the only option.

However, according to Becker, reform did not have to entail the enfranchisement of all women. She argued that granting suffrage only to a minority, on the same basis as men, would be sufficient to demonstrate that womanhood was not a political disability: ‘Though [a particular woman] might not happen to possess the requisite qualification for a vote, personal exclusion from political power would lose its sting, for it would cease to imply presumed mental incapacity’ (311). This argument seems to have been meant primarily as an assurance to those on the fence about the issue, suggesting that they would only have to give a little to assuage women. Yet Becker also emphasized the radical impact that the right to vote would have on the women who received it. For though other factors – the roughness of electoral contests, overbearing relatives, or political apathy – could still prevent an enfranchised woman from voting, she could not be deprived of ‘the consciousness that she was deemed by a legislature a fit person to exercise the privilege of the franchise, nor of the consideration this privilege would confer on her in her own eyes, and in the esteem of her neighbours’ (312).

Becker's analysis resonates with the analytical framework of this thesis. In the face of concepts and laws that deny the political agency of an individual on the basis of some supposedly natural characteristic, it may be almost impossible to find the resources to act or even the belief that one can act politically. What Becker seems to have been suggesting is that once the basic conceptual hurdle that women are incapable of political action is removed through the enfranchisement of some women, the political agency of all women would increase. Nonetheless, Becker's readiness to restrict suffrage to a small group of women would not have pleased all within the suffrage movement. From the very beginning, a tension had been present within the movement between those who believed that the votes for propertied, unmarried women was the only realistic aim – at least to begin with – and those who thought they should demand suffrage for married and unmarried women alike (Rosen 1979). The friction between these two camps would pose a significant obstacle for the women's suffrage cause throughout the nineteenth century (Griffin 2014).

It would take half a century before any women received the right to vote in parliamentary elections, still on a different basis than men, in 1918. A decade later, voting rights were finally equalized so that all women as well as men above the age of 21 could vote, i.e. all of either sex except incarcerated criminals or certified lunatics.⁷² That said, the early activists for women's suffrage found some success. Their most concrete accomplishment was securing the right for unmarried women to vote and stand in council and school board elections through bills passed in 1869 and 70. The responsible practice of these rights became an important argument in the continued

⁷² The *Representation of the People (Equal Franchise) Act 1928* extended the vote to men and women 'of full age and *not* subject to *any legal incapacity*' (s.1; my emphasis). The law did not itself define what legal incapacity meant. This was left to common law – under which any people deemed 'idiots' or 'lunatics' could be regarded as legally incapable of voting; it remained so until the *Electoral Administration Act 2006*, which abolished 'any common law rule which renders persons unable to vote on the basis of mental incapacity' (s.73).

movement for suffrage (Bolt 2000: 43-44). Significantly, many suffragists were or became simultaneously involved in several other causes – such as education, property rights, and expanded legal protection – which aimed to strengthen women’s rights and helped to further increase their political agency. In more abstract terms, the political actions of the suffragists established the political agency of some women as a fact and made it practical possibility for many more, much like the actions of working-class men, albeit with more limited effect. The suffragists’ actions also challenged claims and ideologies used to defend and enable the political and social subordination of women, although they certainly did not break them. The arguments against female suffrage remained relatively consistent until the vote was won, while claims that women were too emotional for politics persisted throughout the nineteenth century and beyond.

7.6 Conclusion

This chapter has examined how claims about female emotionality, insanity, and mental health were used to undermine the political agency of women activists. We have seen numerous attempts to dismiss women in general and female suffragists in particular as too emotional for political rights. While efforts to explicitly medicalize the emotions and actions of women by calling them out as insane were quite rare, somewhat subtler warnings about the adverse effects that political participation could have on women and their constitution were more common. To Antis, female activists were themselves case studies in the dangers of political life, highlighting how irrational and abnormal a woman had to be to act politically.

What have we learned from these historical case studies? Neither movement faced ‘desert conditions’ in the Arendtian sense. Some empowering factors were present in each instance, which permitted activists and others to transform their negative emotions

into public issues and action, despite the firmly closed doors of formal political institutions and other disempowering factors. Power was then not so much lying in the streets as it was confined behind the walls of established institutions, from where it had to be wrested – dragged into the streets – by these men and women. Any acknowledgement of their interests or concerns in the spaces of government was largely contingent on whether wealthy white men with access chose to represent it. Opponents' insistence that neither group really needed the vote since its members already had access to some (vague and unreliable) channels – primarily male relatives – through which they could voice any *real* problems only underlines their vulnerability to the arbitrary domination of wealthy men with a recognized political voice. Workers and women who dared to speak in public risked condemnation and even violence, directed at them by the state, elites, and their peers. And, as we have seen, there was a web of concepts justifying their political exclusion on political and scientific grounds. Hence, from the perspective of many workers and women at the time, it may well have appeared as though political action and change was dangerous, unnatural, or impossible – as though they lived and belonged in a political desert. The case studies have focused on efforts to maintain this appearance.

The emotional life and particularly the negative emotions of women and working-class men figured centrally in these efforts. I observed earlier that wealthy, white men have traditionally been able not only to create the appearance of unemotional disinterestedness and objectivity for themselves, but also to create the appearance of emotional prejudice and subjectivity in others (§3.4). The latter ability has been on display in these case studies, particularly in the women's suffrage movement. We have seen how the female suffragists managed to articulate their emotions as public issues and then struggled to defend these fragile articulations against the attacks of opponents,

who asserted that their emotions were dangerous, irrelevant, or misconstrued – much as in the working-class suffrage movement. A difference between the two, however, was that women did to a greater extent suffer medicalizing attacks, and, thus, the disempowering force of having their experiences and actions defined as apolitical instances of individual pathology and gendered weakness by scientific authority.

While it is an important finding of the case studies that the idea of insanity was sometimes used to medicalize the emotions of and disempower individuals in public discourse, the key finding is that insanity was used in this way relatively rarely. Given that psychiatrists and other prominent intellectuals associated popular political action and democracy with insanity, the fact that opponents of these popular movements, which were substantively, if not nominally, driving the country towards democracy, did not rely on these ideas is surprising. Instead, we have seen one prominent opponent of female suffrage fiercely reject the relevance of such ideas in political debate. So, while the medicalization of negative emotions in the 1860s apparently undermined the political agency of some people, its impact was less significant than expected.

Next, we shall turn towards the present, following a brief overview of how British psychiatry has changed since the 1860s.

Part 3:
Contemporary Cases
2006-2016

8.

Introduction

We are about to leap more than a century forward in order to explore how the medicalization of negative emotions affects political agency in the present. The forthcoming cases have been drawn from a period profoundly shaped by the economic recession following the US financial crisis of 2007 and 2008 and the European debt crisis of 2009. In the UK, these years saw the government pass to the Conservatives and the commencement of what is now nearly 10 years of austerity policies. The same period also saw people across the world initiate large-scale political action, in some cases, with a tremendous impact on their own polities and those around them. Notable examples include the Arab Spring, the Occupy movement, the resurgence of the European far-right, and the British referendum on EU membership. Some of these are topics of forthcoming chapters. As in the previous cases, I am interested in whether and how ideas of mental disorder have been used to medicalize negative emotions in political discourse and what effects this may have on the political agency of activists and citizens. I will continue to explore these questions using the Arendtian framework set out in the first part of the thesis.

Since the 1860s, innumerable political, social, economic, and scientific changes have impacted the political agency of individuals. It is far beyond the scope of this thesis to account for all these. But there is a need to contextualize the claims of scholars and critics that a growing range of human experience, especially negative emotions, has been and is being transformed into medical problems. Therefore, I here provide a brief overview of the development of psychiatry in Britain over the intervening years, highlighting important organizations, spaces, tools, laws, and concepts that have

developed alongside modern mental healthcare. I conclude with an overview of the chapters in this part.

8.1 A brief history of mental healthcare

Court cases such as the Windham trial coincided with and contributed to a souring of attitudes towards psychiatry in the nineteenth century's second half (Scull 1993: Ch. 6). Reports of wrongful confinement and deprivation of rights justified by psychiatric diagnoses played a central part in stoking hostility against psychiatrists, as did the ceaseless growth of the asylum population and experts' failure to reduce it (Scull 1991: 158). Realising that their faith in 'moral treatment' had been excessive, psychiatrists discovered and publicized new and more conservative limits to their curative capabilities. They now declared that recovery was contingent on early treatment (161-162). Consequently, in the late 1800s, many commentators began calling for extensive reforms of the asylums. They urged a move away from the custodialism of the asylum toward therapy. However, the first large-scale legal reform of psychiatry for nearly fifty years, the Lunacy Acts of 1890 and 1891, focused largely on the issue most controversial with the public: wrongful confinement. It instated sweeping safeguards, including a requirement for both a magistrate's order and a medical certificate for all admissions to public asylums (Busfield 1986: 282-283). The stringent new safeguards conflicted with the emerging emphasis on early treatment, since it meant that only the most serious cases of insanity could be admitted.

Public perceptions of less severe mental disorders and attitudes toward their publicly-funded medical treatment began to shift with the gradual rise of the welfare state in Britain at the turn of the century. A succession of reforms introduced and expanded social insurance. The most notable was the National Insurance Act, which became law in 1911; two years later, over 15 million workers were covered by its

sickness benefit. Partly due to the administrative and legal wrangling over insurance benefits, interest in individual mental health and the tools for measuring and documenting it grew rapidly (Hayward 2014: 37-39). The mental effects of World War I on soldiers and the wider population, especially the flood of shell shock cases following the war, also shaped perceptions and treatment of mental disorder. Numerous out-patient clinics were established to treat these people without removing them from their communities (Stone 1985: 246). The spread of psychoanalytic thought among psychiatrists and general practitioners in the early 1900s was also significant. While many of the problems that psychoanalysts concerned themselves with had long been considered treatable forms of suffering (Hayward 2014; cf. Scull 1991: 193), the psychoanalytic names and explanations for these problems served to entrench them within the realm of formal psychiatric and medical expertise. Even so, public mental health services remained rather difficult to access for people with less severe mental ailments (Busfield 1986: 296).

These developments generated enough concern about the mental health of the British population to motivate both citizen and government action. At least three major voluntary groups focused on “mental hygiene”-advocacy formed between 1910 and 1930 – the Central Association for Mental Welfare (CAMW), the Child Guidance Council (CGC), and the National Council for Mental Hygiene (NCMH) – which helped to drive major legislative and institutional changes. They were a far cry from the so-called psychiatric user/survivor groups that emerged late in the century (Crossley 2006). They consisted largely of members of the socioeconomic elite and in some cases even espoused eugenics for those who fell below permissible mental hygiene standards. Still, their presence and influence highlight the long tradition of non-medical citizens shaping the British mental healthcare system.

In 1930, the Mental Treatment Act was passed, initiating the most substantive reforms of mental healthcare since 1845. It changed asylums into hospitals and ‘lunatics’ into ‘patients’. It also expanded community care by introducing two new categories of admission – voluntary and temporary – in addition to certified patients, thereby, encouraging the establishment of out-patient clinics (Busfield 1986: 299). Consequently, the supply and demand of mental health services grew significantly in the interwar period. Doctors and psychiatrists even began complaining that the new concern with mental hygiene brought great numbers ‘of anxious patients demanding medical intervention for the most trivial complaints’ (Hayward 2014: 63). Notably, during this period a ‘new form of psychologized politics’ emerged, wherein data about the mental state and health of the population became a basis for policy debates and decisions (62). General practitioners, who were becoming increasingly central in the diagnosis and treatment of mental disorder, played an important part in the emergence of this politics by collecting and explaining the data (67). Until the 1950s, explanations often focused on environmental causes; hence, symptoms of mental disorder in individuals and populations were interpreted as evidence of social or material problems (84).

The language of psychologized politics was probably a boon to the mental hygiene groups in their lobbying efforts and public education campaigns. However, expanding welfare services, particularly the passage of the National Health Service Act 1946, made them increasingly irrelevant. To adapt to the transformation of British healthcare – and likely also to escape the taint of association with eugenics post-Nazism – CAMW, CGC, and NCMH merged into a single organization: The National Association for Mental Health (NAMH), the predecessor to MIND (Crossley 2006: 98; Toms 2010: 21). The newly formed and empowered organization defended psychiatry

and its growing domain against criticism. Using arguments familiar from the 1860s (Degerman forthcoming), NAMH charged that the critics of psychiatry were ignorant and their claims – which allegedly fed the stigma of mental disorder – were dangerous (Crossley 2006: 98).

The introduction and growth of the NHS had a profound impact on mental healthcare in Britain. It made mental healthcare an integral, if not equal, component of the broader healthcare system. It also facilitated a growing emphasis on early treatment in the community (Busfield 1986: 338). Administrators and experts increasingly talked about preventing mental disorder rather than curing it, which further blurred the line between mental health and illness (Hayward 2014: 68). Greater resources were invested into new community care facilities and general practitioners' role in the treatment of mental health problems increased. In the next few years, the inpatient population peaked and, by 1955, began to fall, even while admissions continued to rise (Busfield 1986: 289). This roughly coincided with two noteworthy developments. First, experts were losing faith in the explanations that attributed mental disorder to social, economic and political factors on a community level. Failed experiments led previous proponents of this thesis to conclude that mental disorder was better explained through individual dysfunction (Hayward 2014: 86). Second, the 1950s also saw the invention and proliferation of so-called minor tranquilizers, most famously Miltown – marketed as a 'penicillin for the blues'; and in the next decade these were joined by a new generation of tricyclic antidepressants. These developments – including the advocacy of NAMH – improved the status of psychiatrists. They were increasingly freed up to treat less severe cases of mental disorder and, apparently, with greater success. This helped to raise the status of psychiatrists within local communities as well as the medical profession (Busfield 1986: 344; Turner et al. 2015: 607).

Deinstitutionalisation continued through the 1960s and 70s (Busfield 1986: 346), helped along by increasingly vocal critiques of institutional psychiatry. In the late 1950s, organizations like the National Council for Civil Liberties drew on the concepts of the US civil rights movements to advocate, successfully, for further safeguards against wrongful confinement (Crossley 2006: 94). The civil-rights language persisted and was incorporated into the rhetoric of the antipsychiatry movement, which rose to prominence over the next two decades. People such as Michel Foucault, R. D. Laing, and Thomas Szasz published fierce and popular critiques of psychiatry in the 1960s, which informed debates about and reignited suspicions of the profession and its tools (101-102). Besides drawing attention to patient mistreatment within mental hospitals, the blatant abuses of psychiatry in the USSR, and denouncing psychiatry's alleged role as a mechanism of social control generally, the antipsychiatrists also attacked the diffuse borders and contents of psychiatric diagnoses, inspiring or drawing attention to studies that seemingly confirmed claims about the unreliability of contemporary ideas of mental disorder (e.g. Rosenhan 1973; Temerlin 1968).

Critics have argued that the antipsychiatry movement enabled a succession of governments to quietly reduce funding for mental health services under the banner of community care (Sedgwick 1982). Whatever the merits of such criticism, the antipsychiatry movement also had positive political effects. By contributing towards new concepts, affiliations, and spaces for collective action, it empowered individuals to shape mental healthcare in Britain.⁷³ Arguably, the radicalization of NAMH was one example of this. In the early 1970s, the antipsychiatry movement was in decline, but its ideas remained influential. The above-mentioned amalgamation of voluntary groups had resulted in a formidable political force, with a vast contact network and technical

⁷³ For historical examination of the British antipsychiatry movement, see Crossley (2006: Ch 5).

resources. However, broader social shifts and strained finances drove NAMH to look beyond its traditional, socially conservative constituencies and to revamp its messaging, probably to appeal to sympathizers of the antipsychiatrists and the ongoing civil rights movements (Crossley 2006: 137). In 1970, its name was changed to MIND, a change that, according to the organization itself, 'was much more than just a change of name: it was a complete change of emphasis' (Darton 2012). Embracing the language of civil rights, it assumed a more sceptical attitude towards psychiatric orthodoxy, along with a greater focus on and a more confrontational approach to advocacy (Crossley 2006: 136). In the next decade, MIND lobbied parliament to address legal and social injustices against people with mental disorder and their families, efforts which significantly influenced the Mental Health Act 1983 (Blueglass 1984). MIND's new position and continued influence also generated resources for smaller and more radical activist groups, for example, by serving as an incubator for activists at the start of their career (Crossley 2006: 136-137). So through its influence on public discourse and MIND, the antipsychiatry movement helped to generate resources that have empowered individuals to shape or challenge psychiatry. Importantly, challenges to the legitimacy of psychiatry in the 1960s and 1970s also contributed towards the shift to an increasingly symptomatic approach to diagnosis and treatment within psychiatry and mental healthcare (Rose and Abi-Rached 2013: 119-120).

The significance of this shift is difficult to overstate. The most apparent drivers of this were psychiatrists themselves, who were concerned with finding more reliable techniques for diagnoses and treatment (Kirk and Kutchins 1994). Research into symptom-based diagnostic tools had been ongoing in the UK since the 1950s. But the decisive development occurred in America, with profound implications for psychiatry worldwide. In 1980, the APA published *DSM-III*, the third edition of its manual, which

introduced an entirely symptom-based diagnostic system for use in routine clinical care. Since the publication of *DSM-III*, the symptomatic approach has become virtually universal within psychiatric medicine (Clark et al. 2017: 79-80).

The primacy of this approach was arguably furthered by the introduction of the latest generation of antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs), in 1987, the most famous of which was and probably remains Prozac. These new medications, which had fewer and less severe side effects than predecessors, were rapidly adopted and widely prescribed by psychiatrists. Their popularity and apparent – though disputed – efficacy in treating the now-codified symptoms of depression and several other mental disorders seemed to confirm the wisdom in focusing on symptoms rather than, for example, the personal history of patients (Shorter 2009).

The growing use of medications in mental healthcare likely amplified the pharmaceutical industry's influence on psychiatry – especially in the US, where pharmaceutical companies have generously funded the APA and individual psychiatrists for decades. Critics have argued that the industry's sway within the DSM revision process has been a central factor in pushing more and increasingly inclusive diagnostic categories from *DSM-III* onwards (Cohen 2016: 4). The pharmaceutical industry has likely contributed towards the medicalization of negative emotions and other experiences (Horwitz 2015). However, its influence has been more indirect than some have claimed (Cooper 2014: 15); moreover, the APA has taken steps in recent years to disclose and limit financial ties to the pharmaceutical industry (Board of Trustees 2016). Others have also tried to influence diagnostic categories or mental healthcare provision. Across the 1990s and 2000s, the number of groups seeking to shape mental healthcare issues has increased significantly. This includes not only service-user organizations that seek to protect and expand the rights of people with

mental disorder, but also psychiatric-survivor groups, which challenge psychiatry's authority and the status quo within mental healthcare.

9.2 Medicalization and the DSM

Before proceeding to the case studies, I will say a few words about the relationship between the brief history above and critiques of the medicalization of suffering. These critiques usually focus on the publication of *DSM-III*, which introduced and modified many well-known and controversial diagnoses. Critics argue that it medicalized human experiences on an unprecedented scale, with wide-ranging political consequences. Major Depression, Generalized Anxiety Disorder, and Borderline Personality Disorder (BPD) have been among the most controversial diagnoses. The criteria for each seem to absorb a range of negative emotions, including various species of sadness, fear, and anger, which may be considered 'normal' human responses to negative experiences.

Subsequent DSM editions have broadened these criteria further. Consider, for instance, the case of depression. The *DSM-III* criteria for Major Depression were: 'depressed mood'; 'significant weight gain or loss, or change in appetite'; 'observable psychomotor agitation or retardation'; 'loss of interest or pleasure in activities'; 'loss of energy or fatigue'; 'feelings of worthlessness, or excessive or inappropriate guilt'; 'diminished ability to think or concentrate or indecisiveness'; and 'recurrent thoughts of death, suicidal ideation or suicide attempt'. In addition to depressed mood, four of the other criteria needed to be present most days over a two-week period. Unless symptoms were attributable to bereavement or better described by another diagnosis, a person presenting could be diagnosed with Major Depression (APA 1980). These criteria already appear sufficiently general to encompass negative emotions which have previously been regarded as non-medical, and which may have social or political causes and solutions (Horwitz and Wakefield 2007: 103). DSM-IV renamed Major Depression

to Major Depressive Disorder (MDD) and modified associated criteria. In the revised diagnosis, loss of interest could substitute for depressed mood as the compulsory criterion along with any four of the other symptoms. It also limited the bereavement exclusion to two months, after which symptoms apparently triggered by the loss of a spouse or family member could be counted towards a diagnosis of MDD (APA 1994). With the 2013 publication of *DSM-5*, the latest edition of the handbook to-date, the bereavement exclusion was pared back to a footnote (APA 2013; see also Zachar 2014: Ch. 10). Given that grief can be the grounds for political action (§3.1), this may itself have important consequences for political agency.

Hence, what some perceived as an overly inclusive diagnosis to begin with has continued to expand. The APA has tried to address this problem, such as through the introduction in *DSM-IV* of a general clinical significance criterion stipulating that symptoms must cause ‘significant distress or impairment in social, occupational, or other important areas of functioning’. But this change has failed to assuage critics or slow the continued rise in the prevalence and drug-prescriptions for depression (see §1.1).

As mentioned, MDD is not the only diagnosis that seemingly medicalizes negative emotions. One might say that what MDD is to sadness, anxiety disorders are to fear, and BPD is to anger; the expansive criteria of each appears to facilitate the medicalization of common negative emotions. A story similar to the above can be told about how anxiety disorders have progressively eaten into what was formerly considered normal, or at least non-medical, fear (Horwitz and Wakefield 2012). No comparative history has, to my knowledge, been written about the relationship between BPD and anger. However, commentators have warned that BPD can be and has been used to medicalize the anger of abused or oppressed individuals (Potter 2009).

Relatedly, it has been observed that women are three times more likely than men to be diagnosed with BPD. This is arguably because many BPD symptoms – e.g. ‘disproportionate’ anger, impulsiveness, and black-and-white thinking – are widely regarded as normal in men but abnormal in women. Moreover, although credibility is a problem associated with MDD and anxiety disorders as well, individuals who have been diagnosed with BPD are especially vulnerable to have their own accounts of experiences dismissed because of their diagnosis, not only in their day-to-day lives but in the clinic as well. Considering this, it is all the more concerning that the above-mentioned BPD symptoms seem so applicable to protesters and other dissenting political actors.

9.3 Structure

With this in mind, let us return to the question of how the medicalization of negative emotions has impacted political agency. Since individuals’ negative emotions have apparently become more vulnerable to medicalization, we might expect psychiatric language to be common in contemporary public discourse. Through four case studies of political action in the twenty-first century, I examine if and how psychiatric concepts have been deployed in public discourse and against political actors. Their subjects are: the psychiatric service user/survivor movement, the rise of the UK Independence Party, the Occupy movement, and the referendum on British membership in the EU. Of these, the psychiatric service user/survivor movement is the most obscure. It encompasses an international array of groups, connected by shared ambitions to reshape psychiatry. They also face the shared problem of acting or trying to act politically under the stigma of mental disorder. Chapter 9 considers how this and related obstacles facing the movement have impacted its members’ political agency, with a particular focus on how governments and the healthcare system have co-opted the movement’s concepts.

Chapter 10 focuses on the rise of UKIP. Emerging from the fringes of the right, the party has been associated with working-class racism and emotionality from its founding. Given this, UKIP and its supporters seem a likely target of medicalization. However, the party's opponents apparently preferred the time-honoured liberal tactic of emotionalization – reinforced with neuroscience – claiming that UKIP's supporters were in the grips of primitive and irrational passions. Emotions figured centrally in Occupy as well. While participants recognized the positive role that emotions played in fomenting and fuelling political action, observers denounced the emotionality of the protests. Chapter 11 highlights how British and American commentators alike suggested that many protesters were mentally disordered. It also shows how this became an argument to forcibly evict protesters. Chapter 12 examines the medicalization of negative emotions in the lead-up and immediate aftermath of the British referendum on EU membership. Following the referendum, people supposedly flooded psychiatric clinics to receive care for their Brexit-related emotional suffering. Journalists and mental health experts dubbed this suffering 'Brexit anxiety', warning that these negative emotions were incipient symptoms of mental disorder that required careful management.

9.

The user/survivor movement:

Maladjusted to injustice?

9.1 Introduction

For evidence of how the medicalization of negative emotions has affected the political agency of citizens of contemporary liberal democracies, where better to look than the individuals and groups who are already acting, or trying to act, politically under the stigma of mental disorder?

Many people diagnosed with mental disorder have rejected the current state of mental healthcare. Some are acting with others to challenge the authority of psychiatry and the public perception of mental disorder. These individuals and the groups they have formed are sometimes collectively referred to as the psychiatric user/survivor movement, indicating that it consists of mental health service users and self-described survivors of psychiatric services and social exclusion. This movement's members face empowering and disempowering factors that can inform our understanding of the political impact of medicalization. Not only have many been formally medicalized through a diagnosis; they also self-consciously struggle to politicize experiences and issues that sit within the supposedly apolitical relationships and spaces of psychiatry and medicine (see Lewis 2006).⁷⁴ While most have not been deprived of the formal

⁷⁴ An important recent work on the user/survivor movement is Mohammed Rashed's *Madness and the Demand for Recognition* (2019). Our respective investigations have different but complementary foci. Whereas the concept of political agency guides my analysis, Rashed's guiding notion is recognition. His

rights of citizenship, we shall see that user/survivor activists face other forms of marginalization or exclusion and that various aspects of public and psychiatric discourse maintain and exacerbate these conditions.⁷⁵

Drawing on the writings of user/survivor activists and organizations, newspaper articles, and psychiatric professional publications, this chapter elucidates factors that shape the political agency of people diagnosed with mental disorder. I begin by presenting some major user/survivor groups and organizations, along with notable activities and achievements. The second section examines obstacles that individuals with mental disorder understand as detrimental to social and political participation, highlighting the apparent correspondence between their experiences and the public perception of mental disorder. I proceed to examine how British news media have represented user/survivor groups, highlighting parallels to how US psychiatrists have responded to their critics. I then consider how the appropriation of user/survivor concepts in mainstream policy and mental health affects the political agency of activists and others diagnosed with mental disorder, before concluding the chapter with a summary and reflections.

objective is to justify philosophically that mental disorder can be a basis for identity and that user/survivor activists' demand for recognition on this basis has legitimate normative force. For the sake of contrast, my own concern could tentatively be reframed as how and why user/survivor activists' demands with respect to recognition or other issues obtain or fail to obtain significant uptake and support their political agency and empowerment.

⁷⁵ Some people have been and continue to be deprived of their formal political rights through what is known as 'sectioning' in the UK. Opposition to sectioning and 'drugging' – i.e. forced medication – have long been among the key issues of the user/survivor movement (Pilgrim 2005). The laws governing these practices in England and Wales were reformed with the introduction of the Mental Health Act 2007. However, the reform has been controversial among some users/survivors and commentators, who argue that it may render people more vulnerable to compulsory detention and treatment (Shah 2009; see also Mackay 2011); in fact, between 2005/06 and 2015/16 detentions have risen by 40 percent (CQC 2018). In another notable legislative act, the UK Parliament in 2012 also repealed a component of mental health law that stripped MPs of their seats if they were sectioned for more than six months (see §9.4).

9.2 Welcome to the movement

There is a diverse range of groups in the UK and the US that contest various aspects of psychiatry – including groups such as Mad Pride, MindFreedom International (MFI), the Hearing Voices Network (HVN), and the Icarus Project – and which together constitute the user/survivor movement. This chapter does not attempt to provide a comprehensive overview of this movement.⁷⁶ But it will be useful to have a general grasp of the kinds of groups that are contesting the authority of psychiatry and its practices, as well as the major actions they have taken to this end. This will help us to understand how their political agency is being constrained and undermined. It will also enable us to see that, even as it stands, these activists are not powerless. They too are able to draw upon empowering factors to challenge the authority of psychiatry and, sometimes, effect concrete change (see also McDaid 2010).

Some, albeit increasingly few, user/survivor activists advocate the abolishment of psychiatry. Others challenge standard uses of psychiatric diagnoses and treatments. Still others advocate increased service-user involvement in psychiatry, meaning that they want those with first-hand experiences of mental distress to shape its concepts and practices. This simplified outline overlooks many views represented within the movement, but it gives us a sense of the lay of the land. The term user/survivor movement might itself be slightly misleading since some groups that fall within its scope may have few values or goals in common. However, what they share are political ambitions to reshape relationships, spaces, laws, technologies, and concepts that are ostensibly apolitical, shrouded in scientific authority.

⁷⁶ For a far-reaching survey of the user/survivor movement in Britain between 1950 and 2000, see Crossley (2006).

Many within the movement have taken to heart Martin Luther King's praise of maladjustment in the face of injustice:⁷⁷

Psychologists have a word which is probably used more frequently than any other word in modern psychology. It is the word 'maladjusted'. ... Well, there are some things in our social system to which I am proud to be maladjusted and to which I suggest that we ought to be maladjusted. I never intend to adjust myself to the viciousness of lynch-mobs ... the evils of segregation and discrimination [or] the tragic inequalities of an economic system which takes necessities from the masses to give luxuries to the classes. ... History still has a choice place for those who have the moral courage to be maladjusted. (King 1997 [1956])

In the spirit of these words, user/survivor activists have rejected the idea that the causes of their subjective suffering reside solely within their bodies and can be dealt with through medical means alone; they have determined that the causes of their suffering are at least partly political and must be dealt with as such, in effect, regarding themselves as maladjusted to injustice.

Among the most prominent user/survivor groups is Mad Pride, though it is perhaps better understood as a franchise.⁷⁸ Mad Pride was founded in the UK in 1999 by a handful of individuals who were experienced activists and saw the struggle of users/survivors as a continuation of the civil rights struggles of the twentieth century (Abraham 2016). The moniker subsequently spread across the world, with activists

⁷⁷ E.g. Coleman 2008: 345; Hall 2013; Levine 2013; Oaks, 2016; Spiro, 2013.

⁷⁸ Mad Pride is sometimes used as a term for a general movement and/or an ideology (e.g. Lewis 2006). I am using it more narrowly to refer to groups that call themselves Mad Pride.

from the US and Germany to India and South Africa raising the Mad Pride banner.⁷⁹ While most groups had few or no formal ties, they held in common general values and ambitions, such as the Mad Pride ethos, summed up here by the Mad Pride co-founder, Simon Barnett: ‘If you’ve got a problem with mad people it’s your problem’ (Barnett 2008). Much like the Black and Gay Pride movements, Mad Pride activists see the re-appropriation of words used to shame and discriminate as central to their movement both as a means and an end. Activists have pursued this through a variety of provocative names, slogans, and practices. For example, between 2006 and 2008, they held an annual arts and mental health festival in London named ‘Bonkersfest’. It is also common for activists in anglophone countries to refer to themselves and their peers as ‘mad’, ‘bonkers’, or ‘nutter’. As we shall see, some commentators have pushed back against this tactic in particular. Mad Pride activists are aware of this: ‘Many people will find our casual use of words like “mad” and “nutter” strange’, an anonymous activist wrote in a local UK newspaper in 2010. ‘However, we feel that reclaiming the language of madness is empowering. It is hard for someone to belittle you as “mental” when you are already saying, “Yeah, I’m mad. Officially”’ (The Bath Chronicle 2010). Such repossessed terms, in effect, form an important part of the empowering factors of Mad Pride and the user/survivor movement more broadly. They are a hermeneutical resource that activists can use to relate their subjective suffering to established issues and to elucidate shared experiences of discrimination and injustice. In an obvious way, these concepts also constitute and reconstitute affiliations between individuals and organizations like Mad Pride and scholarly networks like Mad Studies.

⁷⁹ Behindert Und Verrückt Feiern 2018; Cape Town Mad Pride 2010; Mad Pride India 2018; Toronto Mad Pride 2018

After several fairly well-publicized events and protests in the first decade of the twenty-first century, Mad Pride fizzled in the UK. By 2012, it was largely inactive. One reason for this was apparently the founders' inability to maintain the organization over the longer term (Abraham 2016). Another likely reason is that the push to include users/survivors in the research and development of psychiatric practice – advocated by Mad Pride among others – has been quite successful in the UK (cf. McDaid 2010). Users/survivors are increasingly being involved in the research and the clinical aspects of mental healthcare in the UK. The Department of Health (1999) has long emphasized the need to enhance user involvement, and, in recent years, even adopted a variation on one of the user/survivor movement's core tenets: 'no decision about me without me' (2012) – although the individualizing shift from the activist slogan 'nothing about us without us' is notable. Another arguable success is the popularization of what is called 'recovery' or 'the recovery model'. Often contrasted against the medical model of diagnosis and treatment, which critics say myopically focuses on symptoms and biological functioning, the recovery model favours a holistic approach, de-emphasizing the use of medications, aiming to help suffering individuals to (re)gain a 'personal process, way of life or attitude, involving the growth of new meaning and purpose beyond the effects of mental illness' (Deegan 2003). The recovery model has been widely endorsed by mental health charities (e.g. Mountain and Shah 2008), NHS Trusts (Boardman et al. 2010), as well as the government (Department of Health 2011). This 'mainstreaming of recovery' (Rose 2014) is not unproblematic however; later in the chapter, I shall consider further how the uptake of the recovery model and user involvement in healthcare affects the political agency of user/survivor activists.

Nonetheless, the timing of Mad Pride's flagging in the UK is somewhat surprising given the public debate on *DSM-5* that was raging at the time. In the US, the revision

process had become a catalyst for public protest, involving several user/survivor groups, albeit apparently under the leadership of MindFreedom International. An American psychiatric survivor organization, MFI has endured under different names for more than 30 years. While it is closely allied with Mad Pride, sharing both goals and members, opposition to psychiatric medication and formal care appears to be more integral to MFI.

9.3 ‘Boycott Normal!’

The most significant protest against *DSM-5* took place outside the APA’s annual conference in Philadelphia on 5 May 2012, at which a full draft of the new edition of the DSM would be formally revealed. At this point, most features of the new draft were already known, at least among psychiatrists and academic researchers, and had been roundly criticized in some quarters. Among the most prominent critics was Allen Frances (2010; 2011; 2013) – the chair of the *DSM-IV* taskforce – who through opinion pieces and a bestselling book, publicly accused *DSM-5* of medicalizing normal human experiences, such as grief. Interventions such as his seemingly opened or expanded spaces in mainstream public discourse to challenge the authority of psychiatry. Given this, the time seems to have been ideal for political action against the DSM.

Jonah Bossewitch (2016) documented and analysed the 5 May protest – or Occupy APA as the activists called it – from the viewpoint of a scholar-activist, meaning that he was directly involved in the protest. Occupy APA attracted several hundred protesters to the conference. According to Bossewitch, the assembled represented a spectrum of views. On one end were ‘orthodox antipsychiatrists’ – like MFI Founder and President David Oaks – who deny ‘the existence of mental illness’ and demonize ‘the entire field of psychiatry’. On the other was ‘the emerging wave of mental health activists demanding participation, empowerment, and authorship of their

own narratives’, and who see medications as potentially beneficial (98-99). Despite their differences, the protesters staged several well-organized events, attracting the attention of local, national, and foreign media (Vlamiš 2012; Newshour 2012; Davies 2012). In addition to direct action staples like speeches and picket lines, a ‘mass label rip’ ceremony also took place, during which protesters tore up sheets of paper printed with psychiatric diagnoses and other labels perceived as oppressive or harmful, like ‘depressive’, ‘chemically imbalanced’, and ‘sick’ (Bossewitch 2016: 101-102).

Besides media attention, Occupy APA earned the protesters an invitation to the APA Radical Caucus meeting. This offered representatives of the protest a space and opportunity to engage in immediate dialogue with psychiatrists, many of whom were at least nominally sympathetic to some of the protesters’ aims. The opportunity for a constructive exchange appears to have been wasted by both sides however. The activists in attendance were frustrated by a format focused on presentations and a predetermined agenda (Bossewitch 2016: 117), which had of course been decided without input from the last-minute invitees. Among the activists in attendance was Oaks, who expressed his frustration with the format by repeatedly interrupting other speakers by singing, shouting, and pounding the table. Sympathetic commentators described Oaks’ performance as ‘energizing’ (Lewis 2012), but other attendees seemingly disagreed with this characterization. Appealing to procedure, decorum, and respect, the psychiatrists tried to keep the meeting on track and, consequently, bypass the impromptu issues raised by the activists, in a manner which broadly corresponds to well-known criticisms of deliberative democracy (Young 2001: 673; see also §11.2). Some took this as an attempt to silence dissent; Bossewitch alleged that the psychiatrists had tried to replicate ‘the doctor-patient power dynamic’ (2016: 117). Although both sides bore some responsibility for the friction, according to him, the sins of the

psychiatrists weighed heavier, for they tried to undermine the very legitimacy of the activists' voices and 'shut down all debate'.

A central claim of Bossewitch's thesis was that 'the voices and concerns' of user/survivor activists and their allies were 'systematically stifled and marginalized' by psychiatrists and other mental health professionals (2016: 94). Although his account does highlight several disempowering factors, this claim seems somewhat overstated. I acknowledge that 'non-credentialed stakeholders', such as user/survivor activists, are sometimes undermined in medical and public discourse because they supposedly lack relevant knowledge, something we will see evidence of later on. But some un-credentialed activists – e.g. the National Alliance on Mental Illness (NAMI) in the US and MIND in the UK – avoid such attacks and even enjoy the official backing of prominent psychiatrists and professional organizations. These interest groups may not explicitly resist psychiatric authority; NAMI apparently aims at increasing it and is, consequently, regarded suspiciously by many user/survivor activists. Nonetheless, they have played a central part in reforming psychiatric practice, shaping the law to protect the rights of people with and changing perceptions of mental disorder. Thus, while their political moderation or unwillingness to challenge psychiatry's authority might be criticized, their actions have been integral in strengthening the ability of people with diagnosed disorders to appear and speak in public, partly by setting the stage for more radical groups, such as Mad Pride. As mentioned (§8.1), MIND especially has contributed towards affiliations, spaces, laws, tools, and language that empower activists politically.

That said, user/survivor activists do face particular obstacles to political action. The following sections will examine what these disempowering factors are and consider how they impact political agency.

9.4 Exploring oppression with the Icarus Project

Another organization with close ties to the user/survivor movement is the Icarus Project, a US support and education network that shares with Mad Pride the conviction that psychiatric language and practices stigmatize and often oppress people who experience severe emotional distress. It maintains that these people's experiences should be understood as aspects of the human condition rather than as diseases to be cured. Members of Icarus sometimes refer to their conditions as 'dangerous gifts'. This term reflects the notion that while mental distress may cause suffering, it can – under the right circumstances – be a source of creativity, empathy, understanding, and identity. The organization aims to provide mentally suffering individuals with a community and the resources they need to flourish, despite their extreme mental and emotional experiences. In this section, I interrogate Icarus' materials for what they might tell us about the disempowering factors facing people diagnosed with mental disorder, drawing parallels to surveys about the perception of mental disorder in the UK.

Among the resources Icarus offers freely online is a guide called *Madness and Oppression: Paths to Personal and Collective Liberation* (Vidal 2015). The pamphlet guides the reader through exercises geared at helping them to identify what types of support they need in crisis. One exercise asks the reader to think about the kinds of oppression she has encountered in her life. In response, she can either write in her own answer or pick from a list of statements that reflect her experiences. Since the items on this list were drawn from the input of more than 100 community contributors, they presumably reflect people's lived experiences, and are, hence, worth examining closely. Several are directly related to credibility. Take the following three statements:

- 'I've been treated as a potential threat'

- ‘I have been treated as someone who can’t make my own decisions because I’m crazy’
- ‘After people learn of my diagnosis, they treat me like a child, or with exaggerated pity’

These statements seemingly correspond to common attitudes to mental disorder in the UK. In 2014, a comprehensive survey in England found that 39 percent of respondents associated mental disorder with a tendency for violence (TNS BRMB 2015: 24). A similar survey in Scotland found that nearly one in five agreed that ‘people with mental health problems are often dangerous’ (Reid et al. 2014: 4; see also Atanasova et al 2019). Such perceptions are clearly not conducive to political relationships or credibility.

The disempowering effects of stigma can also be subtler. Almost half the respondents in the English survey apparently believed that an individual with mental disorder usually cannot ‘be held responsible for his or her own actions’. A further 40 percent associated mental disorder with the inability to ‘make simple decisions’ about one’s own actions (TNS BRMB 2015: 24). When someone with a diagnosis encounters people with such views, her problems are likely to be more intangible than if she were perceived as a threat. Her access to affiliations and spaces remains, but her ties to them change; when she speaks and acts in and towards them, people may perceive different, likely medical, meanings. This type of experience is reflected in another item on the Icarus list: ‘My perceptions, emotions, and reality were ignored until they became a “problem,” at which point I was declared to be “broken”/“sick”/“disordered.” The idea that this is how I am was never entertained’. This statement indicates that the subject tried to make her ‘perceptions, emotions, and reality’ known to others but was dismissed. Only after her experiences manifested as obtrusive behaviour did they elicit

a reaction from others. Even then, the people around her did not seem to hear the actual words she spoke, that is, try to understand what she wanted to say. They recorded only the symptoms of a mental disorder and used these symptoms to explain the bothersome behaviour that they up until that point had been able to ignore. The statement does not suggest that the subject's experiences were rooted in political issues. However, it is easy to see why the circumstances she faced are disempowering. As argued in Chapter 3, the capacity to transform negative emotions into public issues is constitutive of political agency. In the case above, the very possibility that the subject's words and deeds might express something meaningful about a problem in the world seems to have been denied.

A possible caveat: The previously mentioned survey on attitudes to mental disorder in England found that a relatively small proportion of respondents, 16 percent, thought individuals with a history of mental disorder should be prohibited from holding public office (TNS BRMB 2015: 10). This could suggest that people do not see mental disorder as an obstacle to political participation, or that they have no objections to someone who has recovered from mental disorder participating in politics. Certain developments in recent years correlate with the former. Numerous public figures have revealed that they have suffered or currently suffer from mental disorder. Many have been entertainers or artists. But some have been politicians and political operatives. Alastair Campbell, who was press secretary and then director of communications and strategy under Prime Minister Tony Blair, appears to have been among the first major political figures to publicize his struggles with mental disorder. Campbell has since become a spokesperson for the anti-stigma charity Time for Change. Notably, he only went public after he had stepped down from his appointed office, and, in so doing, perhaps set an example for the other British politicians who waited until their political

careers had ended to disclose any mental health problems.⁸⁰ More recently, however, several sitting members of Parliament disclosed personal experiences of mental disorders – such as depression and obsessive compulsive disorder – during a 2012 parliamentary debate on repealing section 141 of the Mental Health Act 1983, which decreed MPs should be stripped of their seat if they were sectioned under the act for six months or more. The repeal passed. The heartfelt speeches of the MPs who came forward were widely praised in the media (Jowit 2012), and have since been described as a significant step in changing attitudes to mental disorder in Westminster (Hawkins 2016). All this may suggest that the formal political arena has become more accessible for individuals with certain mental disorders.

On the other hand, reactions to the political rise of Donald Trump apparently tell a different story. Soon after the real estate mogul and former reality television star announced his presidential campaign, mental health professionals and hostile pundits began to hurl accusations that Trump suffered from mental health problems – such as emotional instability, delusions, and paranoia – even outright disorders – such as Narcissistic Personality Disorder – rendering him unfit for the presidency. The APA publicly denounced these efforts, saying that they flaunted the Goldwater Rule, which prohibits psychiatrists from commenting on the mental health of an individual they have not personally evaluated. Yet psychiatrists and mental health experts on both sides of the Atlantic remained undeterred. In 2017, an entire essay collection dedicated to the mental health of Trump was published and became a bestseller (Lee 2017), and mental health experts have continued to question his fitness for the presidency on mental health grounds (e.g. Gartner and Buser 2018; Morris 2018). Hence, it does appear that people

⁸⁰ For a critical reflection on Campbell's public disclosure, see Harper (2009: 133-134, 192).

believe that mental disorder can be a legitimate reason to deny public office to an individual at least under some circumstances.

The explanation for the tension between these examples could be that acceptance of mental disorder in British politics is tied to particular diagnoses. Since there are many different types of mental disorder with disparate symptoms, people may consider some disorders or symptoms more problematic in politicians than others. For instance, obsessive compulsive disorder may be associated with few negative and perhaps even certain positive attributes, such as ‘a preoccupation with details’ (APA 2013: 768). Meanwhile, narcissistic personality disorder is associated with traits that seem more obviously deplorable in politicians and others, such as arrogance, envy, and lack of empathy (669-670). But whatever the explanation, political agency is not simply the capacity to run for or win public office, which involves a specific skillset, resources, and connections that very few people possess. As I have stated, political agency is the capacity to act in concert with others to shape or respond to public issues. While people certainly exercise political agency in electing individuals for, running for, or holding public office, they do so in constrained and formalized public spaces, usually with regard to widely accepted political issues. These factors are very different from the ones facing user/survivor activists acting within and towards what are widely perceived as medical spaces and issues, challenging the profession and institutions that claim to help them. In the next section, we shall see what we can learn about these dis/empowering factors from media coverage of the movement.

9.5 Users/survivors in the media

Notwithstanding the rise of social media platforms, the public spaces constituted by the news media evidently remain potent. It seems significant, therefore, that over the past decade, user/survivor groups have received scarce attention in British newspapers.

Searching in the ProQuest database for news articles containing the terms ‘Mad Pride’, ‘Hearing Voices Network’, ‘survivor movement’, ‘user movement’ or ‘recovery model’ published in Britain between 2006 and 2016, I found 31 articles.⁸¹ Many of these referred to user/survivor organizations only in passing, frequently describing them as anti-stigma groups or providing no elaboration. When it comes to what little in-depth coverage the movement has attracted in the national British media, judgments have been mixed.

References to the Hearing Voices Network were generally positive. HVN is a support and advocacy group for people ‘who hear voices, see visions or have other unusual experiences’; it challenges the idea that these are necessarily symptoms of mental disorder that require cure or treatment. Articles mentioning the organization often represented it as an important resource for individuals who experience voice-hearing. Advice columns in *The Sun* and *The Guardian* even recommended HVN to letter-writers who worried about friends or partners who hear voices (Blair 2006; Sanders 2016). Some uncritically relayed one of the organization’s most controversial principles, namely, that voice-hearing need not be a symptom of mental disorder – a claim which has enraged some US psychiatrists. The newspapers usually portrayed HVN as a support group without mentioning its political advocacy for reforming mental healthcare. This partly explains why HVN has largely avoided the criticism that groups like Mad Pride has faced in certain quarters of the British media. However, the conspicuous absence of political context in these articles also shows how news media, as public spaces, can disempower activists within HVN and the user/survivor movement

⁸¹ These were: Adams (2015), Ahuja (2006), Allan (2006; 2007), Baker (2006), Beresford (2011), Blair (2006), Brand (2007), Brockes (2013), Browne (2011), Daily Mail (2013), Daly (2013), Duffy (2013), Friel (2011), Hilpern (2007), Hughes (2016), Jackson (2008), Kirsch (2007), Lewis (2008), Linklater (2007), Maddock (2012), Meltzer (2013), O’Hara (2009; 2011), Parker et al. (2008), Rahtz (2014), Sanders (2016), Shortall (2009), Smith (2009), Sunday Times (2012a;b)

generally. There are deep tensions between HVN's approach to mental disorder and mainstream psychiatric practice (Pilgrim 2005: 19). The failure to mention these tensions and the political contestation surrounding them gives the impression that HVN is simply another component in the cohesive British mental healthcare system.

Some commentators have been explicitly critical of user/survivor groups. Among these is *The Guardian* columnist Clare Allan (2006; 2007), who has written regularly about mental health issues for over a decade and discussed Mad Pride at times, from the perspective of someone who has herself struggled with mental disorder. Since Allan and Mad Pride activists appear to share views on multiple issues, Allan's repeated use of her national pulpit to criticize Mad Pride is surprising. Her gripe with the group appears to stem primarily from its claim that what psychiatrists call mental disorder can be a central aspect of people's identities. In one column, Allan argued that these efforts romanticize mental disorder. '[M]ental illness is not an identity', she declared. 'Mental illness is an illness, just as cancer is an illness; and people die from both' (Allan 2006; see also Rashed 2019: 28-29). Invoking a common metaphor between mental disorder and cancer – long promulgated by the pharmaceutical industry and condemned by user/survivor activists and critics of psychiatry – Allan implies that Mad Pride activists fail to understand the true nature of suffering that they and others with mental disorder experience.

Criticism of this kind – which suggests that user/survivor activists and other critics of psychiatry misguidedly and dangerously romanticize, trivialize, and/or stigmatize mental disorder because of a failure to understand what mental disorder *really* is – seems to be rare in Britain. Allan's criticism does resonate, however, with views expressed in US news media (e.g. Glaser 2008; Simon 2008; Friedman 2012; see also Coleman 2008). The editors of the *Wall Street Journal* (2014), for example, have

directly attacked the user/survivor movement, equating it with antipsychiatry and accusing it of opposing ‘drug treatment, psychiatric care, civil-commitment laws or even the reality of mental illness’. Therefore, they proclaimed, the movement was partly responsible for mentally disordered and potentially dangerous individuals not receiving treatment.

Leading US psychiatrists have also been remarkably hostile to the kinds of criticism expressed by user/survivors. We find one noteworthy example of this in 2015, related to an opinion piece in *The New York Times* by anthropologist Tania Luhrmann. In the piece, Luhrmann (2015) called on US psychiatry to rethink its approach to mental disorder in light of a recent report of the British Psychological Society (BPS), titled *Understanding Psychosis and Schizophrenia* (Cooke 2014). According to Luhrmann, the report contested the sharpness of the dividing line between normal experience and psychosis. While observing that psychiatric diagnoses and medications are helpful to some people, it disputed the biomedical model of mental disorder and treatment, and emphasized the importance of providing opportunities for talk therapy. Psychiatrists, Luhrmann argued, would do well to heed these suggestions. This provoked sharp criticism from the upper echelons of US psychiatry. Former APA President Jeffrey Lieberman (2015) denounced Luhrmann’s piece as ‘an incredibly unscholarly, misinformed, confused – at worst, unhelpful, and at best, destructive – commentary’, which threatened to exacerbate the stigmatization of people with mental disorder and cause patients to question the validity of their diagnoses and treatments. Apparently outraged that Luhrmann had the gall to criticize psychiatry, he went on to dispute what authority she as an anthropologist could possibly have to do so: ‘What would give an anthropologist license to comment on something that is so disciplined, bound in evidence, and scientifically anchored?’ In effect, it was not only that Luhrmann lacked

the credentials to question psychiatry; the very notion that psychiatry could be subject to criticism from outside the profession seemed to offend Lieberman. Though his invective was aimed primarily at Luhrmann and the BPS, it had implications for Mad Pride and related groups. If public criticism of psychiatry was off limits for a renowned anthropologist of psychiatry like Luhrmann (2000), then what claim could a user/survivor activist – much less an ordinary person diagnosed with a mental disorder – have to a voice in public discourse about psychiatry?⁸²

By contrast, British psychiatrists do not generally appear to engage in these kinds of attacks on critics of psychiatry, user/survivor activists included. The relative absence of open hostility is probably related to – though not wholly explained by – user involvement in mental healthcare and research in the NHS, which has been institutionalised over more than two decades. According to Diana Rose (2015), ‘No other country in the world has such infrastructure or financial sanction’ for user involvement as England. Consequently, British psychiatrists are more likely than their US counterparts to encounter and have to take into account user/survivors’ criticism of their profession and its methods. The institutionalisation of user involvement, recovery, and other concepts that have emerged from the user/survivor movement seemingly pose different threats to the political agency of activists with mental disorder however, which we shall look at next.

9.6 Depoliticizing recovery

User/survivor activists may not suffer the same overt attacks from UK psychiatrists as from the US profession. But they do face other, subtler disempowering factors. I suggested earlier that re-appropriated concepts such as ‘mad’ and ‘bonkers’ serve as

⁸² For other examples of leading US psychiatrists’ attacks on critics, see: Krystal (2012), Lieberman (2013), Pierre (2015), Pies (2015), and Sharfstein (2006).

empowering factors for user/survivor activists, helping them to transform their negative emotions into public issues. Other more complex terms have served the same role. I have already mentioned two important examples of this: ‘user involvement’ and ‘recovery’. The user activist and scholar Premila Trivedi (2010) has observed that these are concepts ‘born out of service user/survivors['] experiences, anger, hope, creativity and wisdom’, and intended to revolutionise the mental healthcare system. In the past few years, user/survivor activists and critical scholars warn, these terms have been co-opted by mental health professionals and policy makers.

Take recovery for example. The idea of recovery in mental healthcare and policy seems to have originated in the user/survivor movement (Rose 2014). Within the movement, the term was used partly to frame structural problems facing people with diagnosed mental disorders or in severe emotional distress, and to highlight that recovery lay in addressing these problems rather than in – or at least in combination with – changing the sufferers. This entailed enhancing the individual’s say in treatment, exploring non-medical conceptions of and approaches to mental suffering, strengthening community membership and reducing stigma, as well as improving and safeguarding political rights (Pilgrim 2008; McWade 2016). The concept of recovery challenged conventional understandings and treatments of the suffering associated with mental disorder, which focused on an individual’s problems and symptoms and how these could be ameliorated by intervening on the individual. In other words, recovery was a way for individuals to link their suffering to the public issues pursued by the user/survivor movement.

Critics have charged, however, that as the idea of recovery has been taken up as a concept in mainstream mental health and policy, it has been emptied of its critical, demedicalizing, and politicizing meanings (Howell and Voronka 2012; McWade 2016;

Morrow 2013; Pilgrim 2008; Rose 2014). Recovery has been a buzzword in the mental healthcare policy reforms of British governments since the 1990s, signifying an ongoing transition to a more personalised approach to care that places an increased emphasis on the voices of patients (McWade 2016). As mentioned, charities and NHS trusts alike have supported or adopted the idea of recovery. Yet, as David Harper and Ewan Speed (2012) have noted, rather than recognizing the tensions between recovery and psychiatric approaches, these institutions have tended to represent them as unproblematically complementary, such that recovery might simply be appended to the existing mental healthcare system. Indeed, the fact that two British psychiatrists, Deborah Mountain and Premal Shah (2008), were able to conclude that there are no incompatibilities between recovery and the medical model – without mentioning the relationship between recovery and social or political context – is an indication of how far the meaning of recovery has drifted from its activist origins and instantiation. Mountain and Shah suggest that the principles of recovery are integral to the medical model that psychiatrists already employ and that the idea of recovery primarily highlights points where existing practices could be strengthened. In the present context, Mountain and Shah’s characterization of empowerment, which they identify as a core component of recovery, is also noteworthy. They state that empowerment is about: ‘Promoting self-control, self-management and personal responsibility and supporting patients to believe that they can shape their future’ (243). Although this conception of empowerment may not be incompatible with the collective power and political change sought by activists, it evidently emphasizes the individual and personal change. As in the Department of Health’s appropriation of the activist slogan discussed above, then, we can see an individualizing shift in the meaning of recovery accompanying its mainstream uptake.

The individualization of recovery has been noticed and criticized among activists and critical scholars (Harper and Speed 2012; Howell and Voronka 2012). The implementation of recovery in parts of the NHS has entailed more practical interventions and aims than may have been common previously, such as helping people with mental disorder to develop skills for and to secure work and independent living. But focus has largely remained on the individual, her defects, and how medical experts can make her better (Rose 2014). Meanwhile, what David Pilgrim (2008) refers to as the ‘forces of social exclusion’, that is, ‘prejudice, stigma, and institutional discrimination against those with mental health problems in the general public, the mass media, and vote sensitive politicians’, which the activist instantiation of recovery brought into view, have remained peripheral in mental healthcare and debates on mental disorder. This seemingly has negative implications for the political agency of user/survivor activists as well as for others diagnosed with mental disorder. Using terms that recall my characterization of disempowering concepts, Harper and Ewan (2012: 10) argue that recovery now ‘obscur[es] the social and political links between [emotional] distress and structural injustice’. That is, what used to be an empowering concept has arguably become a disempowering one.

For reasons I shall discuss shortly, it may not be quite accurate to call recovery a disempowering concept, but its depoliticized instantiation does have disempowering effects. We can better understand these effects by considering the position of user/survivor activists in terms of epistemic injustice. Epistemic injustice refers to breaches of people’s status as knowers. The two key types of epistemic injustice are relevant here: testimonial injustice and hermeneutical injustice. Testimonial injustice is when an individual suffers from a credibility deficit due to prejudices and stereotypes associated with her group identity (Fricker 2007: 27). Hermeneutical injustice refers to

the injustice that affects a group when it lacks resources – including concepts – to explain and communicate certain experiences to each other and others outside the group (154). Transforming negative emotions into public issues requires both personal credibility and hermeneutical resources. Hence, both forms of epistemic injustice diminish political agency.

As Trivedi's statement above illustrates, the activist instantiation of recovery functioned as a hermeneutical resource for users/survivors. Specifically, it functioned as a politically empowering resource that facilitated connections to other empowering factors. Perhaps most significantly, it helped to establish and maintain affiliations between a diverse range of individuals and groups. The depoliticization of recovery in policy and healthcare means that it no longer – at least not without clarification – reliably enables users/survivors to illuminate, for example, shared experiences of social exclusion and the importance of addressing this problem, either amongst themselves or to outsiders. Internally, some activists have distanced themselves from the term, which they perceive as corrupted; others insist that it is salvageable, despite its misappropriation; and, presumably, still others are satisfied with its mainstream uptake. Hence, affiliations between them may begin to fray. It is in relation to external publics that the effects are likely to be most significant however. The depoliticized mainstream meaning of recovery deprives user/survivor activists of an empowering factor that they had developed to express coherently and constructively the political dimensions of their suffering to doctors, politicians, and other stakeholders. For activists to insist on their own meaning of recovery in the face of the expert-endorsed mainstream meaning is hard work and threatens to weaken their credibility; but abandoning the concepts means giving up a hard-won hermeneutical resource.

Users/survivors are not alone in facing this kind of problem. The appropriation of the user/survivor movement's concepts to name what are arguably shallow reforms may be just one instance of the capacity of social and political systems to assimilate and neutralize radical critique (Boltanski and Chiapello 2005: 27; cited in McNay 2014). But we should bear in mind that unlike the subjects of other case studies in this thesis, user/survivor activists are acting from a position and drawing upon experiences that have already been medicalized. This means they have to politicize the ostensibly apolitical. Partly as a consequence, testimonial injustice is something that user/survivors face regularly. Recall, for instance, the account from the Icarus pamphlet on oppression, in which a subject described how people ignored her until her words and actions became a problem, at which point they judged her problems to be medical. Negative stereotypes about the capacity of mentally disordered individuals to speak and act reasonably and responsibly appear to remain widespread despite anti-stigma advocacy. The pervasiveness of such stereotypes is underscored by their presence even in the doctor-patient relationship. Generally, healthcare professionals may perceive the testimonies of patients as unreliable because they are distorted by cognitive impairments and/or extreme emotional experiences, such as fear, associated with their disease (Carel and Kidd 2014). The epistemic status of people with mental disorder is particularly vulnerable in this regard since cognitive impairments and extreme emotional experiences are often constitutive of their diagnosis. Moreover, people with mental disorder are subject to negative stereotypes that further undermine their status as knowers in the eyes of healthcare professionals and policy makers as well as in the eyes of sufferers themselves (Crichton et al. 2016; Lakeman 2010). These issues seem particularly acute in relation to diagnoses that medicalize negative emotions, such as Borderline Personality Disorder and Major Depressive Disorder (Jackson 2017;

Kyratsous and Sanati 2017; Potter 2009). Testimonial injustice is thus a problem for people with mental disorder even before they have framed their experiences as public issues (or tried to), and one that is likely to follow them into political action.

9.7 The promises and pitfalls of ‘Psycho Politics’

The uptake of user/survivor concepts in the healthcare system – which in a sense medicalizes them (Ewan and Speed 2012) – does not uniformly or necessarily disempower users/survivors. With respect to recovery, for instance, one could argue that its appropriation by the government and in the NHS has created new opportunities and resources for shaping mental healthcare and the rights of people who experience severe emotional distress or other symptoms of mental disorder. Its uptake, arguably, gives activists a conceptual foothold in these institutions and healthcare debates. Some commentators even appear to see it as an opportunity for ‘re-inventing’ recovery, replacing its mainstream meaning with its original, radical political and demedicalizing meanings (Morrow and Weisser 2012). A more modest hope would be that by continuing to contest the concept, activists may be able to complement the mainstream instantiation of recovery with their concerns about political context. This is why I suggested above that it may not be appropriate to call recovery a disempowering concept.

A better, though still controversial, example of how the appropriation of a user/survivor concept in policy and healthcare can generate or strengthen political agency is user involvement. As mentioned, user involvement is another central tenet of the movement that has been implemented in mental healthcare policy, research, and practice. It is meant to give an institutional voice to individuals who have lived experiences of being on the receiving end of psychiatry, recognizing the role that these ‘experts-by-experience’ should have in providing and shaping mental healthcare. Since

the 1990s, a series of policies established and extended formal requirements for user involvement across the NHS. Users/survivors were called to serve as members on hospital boards, support workers and consultants, as well as research advisors and researchers. User involvement has rightly received its share of criticism over the years. Doctors and users/survivors alike have complained that many user roles that have emerged over the years are figurehead positions, with little concrete responsibility or influence (e.g. Noorani 2013; Trivedi 2010). Members and allies of the latter group have also charged that user involvement has marginalized the more radical voices of survivors in favour of the more reformist voices of users, and that it has yielded little in terms of actual political power (Pilgrim 2005; McDaid 2010). However, some of these critics seem to underestimate the empowering potential of the spaces that user involvement has opened up, during a period when other spaces that may have served as sites for establishing affiliations, sharing experiences, and formulating public issues – such as inpatient facilities – have been disappearing. Even if hospital boardrooms do not provide opportunities to effectively contest broader issues within mental healthcare, they allow users/survivors to express critical opinions to potentially receptive and influential professionals. Furthermore, as Tehseen Noorani (2014) observes, ‘rights-demanding activism [is] often conducted through service user involvement spaces’.⁸³ Users/survivors in peer-support roles, for example, can and do sometimes facilitate the kinds of connections just mentioned, and can do so as experts-by-experience, whose authority has, to an extent, been formally recognized by the very institutions they contest. I do not mean to dismiss the criticism of user involvement, which rightly highlights how institutional compromises may hinder activism. I only want to underline that it is empowering with regard to certain matters.

⁸³ My remarks on the empowering effects of user involvement draw on Noorani’s incisive study.

This relates to a broader point that I have made previously: that receiving a diagnosis of mental disorder does not always diminish an individual's political agency. For although the medicalization of her suffering might constrain her ability to contest the authority of psychiatry or to raise political claims that might be perceived as doing so, her diagnosis may also empower her to act more effectively with respect to other issues, such as matters relating to healthcare. Peter Sedgwick (1982) argued that antipsychiatry thinkers, in their efforts to deconstruct and challenge the idea of mental illness, failed to see and indeed obscured the potential for psychiatric concepts to work as focal points for a new kind of political contest – a contest that Sedgwick dubbed 'psycho politics'. He indicated that the concept of illness could empower individuals collectively to '*make demands* upon the health service facilities of the society in which we live' (1982: 40; see also Cresswell and Spandler 2009). Differently put, it could enable the politicization of mental suffering.

So, while many user/survivor groups reject ideas of illness and mental disorder, these concepts are potentially empowering. A psychiatric diagnosis, such as Generalized Anxiety Disorder, transforms subjective suffering into an intersubjective issue, something that people can talk about and, hence, politicize. Even if one rejects the way a diagnosis defines an experience, as user/survivor activists often do, it can provide a kind of negative sounding board against which people can engage with others to conceive new ways to articulate and act on their suffering. In this manner, the concept of mental disorder can enable activists to emphasize their collective maladjustment to the injustices of the societies in which they live.

However, contemporary diagnoses are embedded within a network of powerful and entrenched institutions, practices, interests, and beliefs which are often presented as rational, scientific, and apolitical. Though the concept of mental disorder can help

activists to transform their suffering from a subjective experience and personal problem into a shared public issue, and even to initiate political action, we have seen signs of the kinds of powerful resistance from psychiatrists and pundits as well as governments and healthcare systems that can be engendered by attempts to politicize mental disorder.

9.8 Conclusion

In this chapter, we have surveyed the vibrant movement of psychiatric service users/survivors contesting the authority of psychiatry. This movement consists of numerous groups that both constitute and provide empowering factors for individuals who reject psychiatric understandings of their mental suffering. These groups offer access to political affiliations, spaces, and concepts – like those that materialized in the Occupy APA demonstration in 2012 – empowering factors that can help people to transform negative emotions into public issues and action. Yet we have also seen that both before and after joining any group, individuals diagnosed with mental disorder face disempowering factors as well. These people are vulnerable to prejudices about mental disorder, which, for example, impeach their capacity for reason and responsible action prior to and during political action. Relatedly, users/survivors may struggle to find concepts and other empowering factors that permit them to understand and act on their suffering politically. Concepts that frame their concerns as public issues and make demands on governments and healthcare systems have in notable instances been appropriated and depoliticized by these institutions. One example of this is recovery, which in its mainstream instantiation has been largely purged of the demedicalizing and political meanings it has for activists. Not only does this undermine the hermeneutical resources available to individuals who experience mental and emotional distress – rendering it more difficult for them to understand their problems as political in the first place; it also undermines the credibility of users/survivors who are currently trying to

reshape psychiatry and mental healthcare. However, I have also argued that neither the appropriation of user/survivor ideas nor psychiatric diagnosis necessarily diminishes political agency. It can also be empowering. A diagnosis and psychiatric language more generally can enable individuals to make more effective and collective demands on healthcare services and the people responsible for them, as well as businesses, schools, governments, and other institutions that are or can be seen as responsible for the health of some communities.

Yet even this benefit must be qualified, because not everyone can or wants to frame their concerns in medical terms and evidence. Those who do not may be more vulnerable to the kinds of medicalizing attacks we shall see in the forthcoming case studies. Considering that in the twenty-first century psycho politics has to an extent become just ordinary politics, this is cause for concern. In Britain, it seems that not a day passes without mental health being used to justify, explain, or criticize a political event or policy in the news. This is unlikely to change. Recent trends indicate psychiatric and especially neuro-psychiatric language may become even more pervasive in public discourse (Rose and Abi-Rached 2013). Some user/survivors will find this politically empowering, but many will not. Looking beyond these groups and their concerns, and toward the people and issues explored in the next three chapters, we also need to keep another question in mind. Certain public issues probably cannot be adequately expressed in psychiatric or medical terms at all. In a society where political matters increasingly have to be framed in medical terms or another expert language to be heard, how will suffering and disadvantaged people be able to participate effectively in politics? We might have seen one possible answer to this question already in recent elections and referenda, as politicians ostensibly speaking for the working class have

declared that people have ‘had enough of experts’, a reaction which is hardly without its own dangers.

The next chapter will examine one important recent example of working-class political mobilization in Britain: the rise of the UK Independence Party.

10.

UKIP:

Precarious emotions, risky brains

10.1 Introduction

This chapter examines another political organization whose members' experiences, opinions and actions appear vulnerable to medicalization: the UK Independence Party. UKIP differs in significant ways from the user/survivor movement as well as the people and groups we will look at in the next two chapters. Unlike those, UKIP is a political party. Despite its belligerent rhetoric and iconoclastic aims, it participates in the traditional fray of politics – formal political systems of local, national, and international government. As such, it relies on a stricter and more centralized organizational structure than the user/survivor movement or, as we shall see, the Occupy movement. UKIP can also lay claim to the kinds of concrete achievements that have eluded Occupy. In the 2014 European Parliamentary elections, UKIP won the most seats of any UK party. And, its *raison d'être*, British exit from the EU has been set in motion, arguably, largely due to the sustained efforts of UKIP.⁸⁴

What makes the rise of UKIP a relevant case to study in the present context, notwithstanding these differences, is that the party seems a likely target of medicalized attacks. Until recently, it was a fringe group. UKIP was 'abnormal' insofar as it broke with the loose consensus on the issues of immigration, multiculturalism, and political rhetoric that prevailed among the three main parties. Moreover, UKIP's anti-immigrant,

⁸⁴ It is perhaps a measure of UKIP's efficacy that support for the party in national and local elections following the EU referendum collapsed.

nationalist policies led it to be associated with openly racist and ethno-nationalist groups, such as the British National Party and, later, the English Defence League. There have been several attempts to medicalize such political views since World War II. One notable example is *The Authoritarian Personality*, co-written by Theodor Adorno and published in 1950. It asserted, among other things, that racism and ‘resistance to [progressive] social change’ were pathological (Adorno et al. 1950: 157). Christopher Lasch (1991: 453) later accused its authors of ‘reckless psychologizing’ with the aim of dismissing ‘unacceptable opinions on medical grounds’. Despite such criticism, the book’s thesis was, and continues to be, influential (e.g. Altemeyer 1988; Jost 2003).⁸⁵

In this chapter, I investigate whether UKIP and its supporters have been the object of medicalized critiques. First, I briefly chart UKIP’s history and rise to political prominence. Then, I proceed to explore how observers and opponents attempted to explain the eventual success of UKIP. This is where we would expect to see efforts to medicalize supporters and their views. But it turns out that such attempts were relatively rare. Rather than suggest that UKIP supporters were insane or mentally disordered, hostile commentators claimed more often that these supporters were possessed by primitive emotions, which had usurped their capacity for reason. As the chapter’s latter half shows, these claims found backing among prominent psychiatric and neuroscience experts, who suggested that intrinsic neurological differences existed between people on the political right and the left respectively. In the concluding section, I consider why UKIP has not been the target of medicalized attacks and suggest that the reason for this might be related to socioeconomic class.

⁸⁵ In another possible legacy of *The Authoritarian Personality*, a government-led survey in Scotland investigated whether negative attitudes to immigration were correlated to mental health problems (Reid et al., 2014: 43).

10.2 UKIP rising

The story of UKIP began in 1991 when Alan Sked – a historian at the London School of Economics – founded the Anti-Federalist League.⁸⁶ The name was inspired by the Anti-Corn Law League of the 1830s and 40s, which notably served as the training ground for prominent activists in the movements covered in the historical part of the thesis (§7.4; §8.2). Sked hoped that his league would similarly be able to convince the country to withdraw from the European Union. Two years later, after a series of disappointing electoral results, other members convinced Sked that ‘anti’ was not a suitable prefix for a modern party and to change the name to the UK Independence Party. Even so, the party made few significant gains either in the polls or in mainstream public discourse. After Sked had been ousted, UKIP did win a handful of seats in the 1999 European Parliament elections. But it was the continued infighting that drew attention to the party rather than its victories. Several newspapers suggested that the conflicts were about the racist and fascist sympathies of some members. Growing Euro-scepticism failed to translate into electoral gains or increased support for UKIP in the first years of the new millennium. Even the British National Party, an openly ethno-nationalist group, outperformed UKIP in the polls.

Eventually, the tide began to turn. A revamped and more populist campaigning approach along with celebrity members, like Robert Kilroy-Silk, helped to triple UKIP’s membership in 2004. The same year, it gained 2.6 million votes in the European Parliament elections, winning 12 seats and placing third among the UK parties (12). However, another round of well-publicized infighting soon overshadowed the victory. Kilroy-Silk, who had been elected to the European Parliament, publicly charged his fellow UKIP MEPs with homophobia, misogyny, and racism. He called for the party to

⁸⁶ This section is based on Ford and Goodwin’s *Revolt on the Right* (2014: esp. Ch. 1-2).

rid itself of these attitudes, implying that he was the person to lead this effort. But after failing to wrench the leadership of the party, Kilroy-Silk left, only months after joining. When the 2005 general election was at hand, memories of this conflict were still fresh. Membership and donations had dropped sharply, as had popular concern with the European Union. Although immigration was rising on the political agenda, UKIP stayed away from the issue, partly for fear of drawing accusations of racism from opponents. The party's result at the election was better than in past years, but still regarded as a defeat. Yet, as the dust began to settle, a leader emerged who would take the party into a new era. This leader was Nigel Farage.

The party's early name change, disposing of the 'anti'-label, did not change its direction; opposition to the status quo continued to define its rhetoric and policies. Its leaders were seemingly happy for it to be the party of 'No'. Perhaps it was because of the effectiveness of this branding that UKIP continued to attract people who were avowedly sorrowful, anxious, and angry. In the early 2000s, these people probably could not have cared less about the EU, UKIP's principal focus. Opinion polls at the time showed that it was not even among the top five issues of British voters (Ipsos MORI 2006). Nevertheless, disaffected and mostly working-class people seemed to gravitate towards UKIP (Ford and Goodwin 2014: 76-78).

We can briefly articulate the reason for this using the framework set out earlier in the thesis: UKIP provided suffering individuals, who possibly had a general sense of disaffection towards formal politics, with a way to articulate negative emotions as public issues and translate them into action. This framing largely corresponds to how certain scholars and opponents of UKIP have explained the party's rise. As we shall see, however, the conspicuous role of negative emotions in the story of the party became a means for opponents to delegitimize its actions. Something much like this occurred in

the early days of the Occupy movement, the subject of Chapter 11. But we are getting ahead of ourselves.

10.3 A party of ‘fruitcakes, loonies and closet racists’

Despite its uneven performances up until the 2005 election, UKIP’s successes had unsettled politicians and observers in the media. In April 2006, David Cameron, a few months after assuming leadership of the Conservative Party, denounced UKIP in a radio interview, saying that the party consisted largely of ‘fruitcakes, loonies and closet racists’. The remarks outraged supporters of the party. Nigel Farage, then UKIP’s leader in the European Parliament, demanded an apology for the accusation of racism. The other words he claimed to take as a badge of honour: ‘I don’t mind him calling us loonies – I don’t mind him calling us fruitcakes. We are big enough and ugly enough and we have a sense of humour’. To Farage, these epithets were evidence that his self-described party of outsiders were becoming a real threat to the establishment parties (Assinder 2006). Indeed, while Cameron probably intended to ridicule his opponents and, thereby, delegitimize them, it is doubtful that he was suggesting that UKIP supporters required therapy. Whatever clinical connotations fruitcake and loony may once have had to laypeople, these words today denote eccentricity and even misunderstood ingenuity rather than mental disorder – attributes which Farage and his supporters happily accepted (Cohen 2015). The racism label on the other hand continues to be overwhelmingly negative and delegitimizing to its targets, although its widespread and frequent use in public discourse has surely lessened its impact.

Less than half a year after the exchange, Farage was elected leader of UKIP. Following the ascension of this plain-speaking, pint-drinking, self-styled man of the people, the party truly became a force to reckon with in British politics. The Conservatives, who were haemorrhaging supporters to UKIP, adopted some of the

challenger's policies, including the call for a referendum on EU membership and stricter limits on immigration. Notwithstanding these concessions, the media did not soon forget Cameron's 'loonies'-attack. Conservatives who were anxious for the party to preserve the power won in 2010, criticized Cameron for his harsh words as the next general election drew closer (e.g. Franklin 2014; Hope 2012; Sylvester 2013). As one commentator remarked, the leaders of the mainstream parties did not 'believe Ukip are really crazy'; they were 'worried Ukip might be really popular' (Thomas 2014b).

Meanwhile, intellectuals were asking themselves: how had a populist, anti-immigrant and, arguably, racist party been able to amass so much support? A few proposed that the rise of UKIP was the manifestation or a symptom of a societal mental disorder. In an early commentary, Paul Gilroy (2005), a prominent cultural theorist, sketched out a psychoanalytically-inspired explanation that related the increasing popularity of UKIP and the British National Party to a collective neurosis rooted in the loss of the British Empire. In this analysis, the rise of UKIP was a culmination of a disease, and while all Britons were carriers, only UKIP supporters had fallen ill. Others diagnosed UKIP's popularity as a symptom of an ongoing age of anxiety (Clark 2014; Rossi 2014). For example, an opinion piece in *The Guardian* began as follows:

Ukip cleans up in a nationwide poll; Britain tops 1.4m zero-hours contracts; anti-depressant prescriptions soar. It might seem fanciful to wrap these three recent headlines in a single syndrome. But an age of anxiety is making itself felt in disparate ways. (Clark 2014)

These words paint a picture of a diseased society, recognizable from nineteenth century political and psychiatric debates surveyed in Chapters 4 to 7. They explicitly depict the growing support for UKIP and the increasing use of anti-depressants as

symptoms of a collective sickness. On the one hand, analyses such as these may help to politicize issues such as the spread of anti-depressants and zero-hours contracts, issues which might otherwise have been matters of medical and economic expertise respectively. On the other, the inclusion of UKIP among the symptoms seems to have the opposite effect. It suggests that the political views of UKIP's supporters are not meaningful as such – i.e. as legitimate contributions to the political debate worthy of direct responses – but only as symptoms of a deeper disease that wiser people should seek to cure or quarantine.

Contrary to what the account so far perhaps suggests, medicalized characterizations of UKIP and its supporters seem to have been relatively rare.⁸⁷ This is somewhat surprising given recent warnings about the medicalization of racism (Thomas 2014a; Gilman and Thomas 2016). UKIP supporters have occasionally been called 'insane' (Segalov 2015). There has also been a sense that even if 'fruitcakes and loonies' exist within all parties (Hope 2012; Thomas 2014b), they are overrepresented within UKIP (Bell 2013; Boffey 2013). Some members of the party apparently shared this view. In 2014, one senior party official told a newspaper: 'half my time is spent weeding out the lunatics', partly by administering 'psychological tests' on prospective MPs and MEPs to ensure that they were 'vaguely sane' (Shipman 2014). Several in-depth magazine pieces and television documentaries have also propagated the idea that UKIP supporters, though not clinically unwell, were not quite normal. The most notable example of this was the BBC documentary, *Meet the Ukipers* (2015), which aired a few months before the 2015 general election. Its portraits of colourful UKIP members

⁸⁷ To illustrate: a Nexis newspaper database search in *The Guardian* for the string [((UKIP) AND ("insane" OR "mentally ill" OR "mentally disordered" OR crazy OR lunatic OR madness))] between 2006 and 2016, which yielded 296 results; a search for the string [((UKIP) AND ("emotion" OR emotional OR anger OR fear))] in the same period turned up 2,645 articles. A cursory sampling indicates that often neither set of terms were used to describe UKIP or its supporters. Nevertheless, the results suggest that medicalized characterization of the party and its supporters have been relatively rare.

included a clown-collecting press officer and a forthrightly racist council-member. I shall have more to say later about efforts to represent UKIP supporters as eccentric, which are themselves delegitimizing – especially in the context of a British election, where the BBC remains among the most important public spaces and empowering factors. That being said, while the documentary invited ridicule and outrage in the media (e.g. Hyland 2015; Singh 2015), no one – as far as I know – suggested publicly that these people were mentally disturbed. Hence, ‘Ukippers’ might be ‘racist’, ‘ignorant’, even ‘irrational’. But they are not generally seen as sick.

10.4 The passions of UKIP

Attempts to delegitimize and disempower UKIP seemingly followed a more traditional model, with a high-tech twist. Instead of levelling accusations of insanity, critics claimed that UKIP’s supporters were driven by primitive and irrational emotions. Consonantly, its leader, Farage, was described as ‘a pustule of resentment on the body politic’ (Moore 2014). The emotions most frequently cited were negative ones – e.g. sadness over the loss of national greatness, fear of immigration and deindustrialization, and anger at the excesses of political and financial elites. As discussed, there is a long liberal tradition of dichotomizing civilized reason and primitive emotions, which states that reason is the only legitimate basis for political participation. Critics of UKIP did not explicitly place themselves within this tradition. Sometimes, however, they appealed to neuroscience.

Numerous books published in recent years have sought to explain political differences in terms of psychology and neuroscience. Many suggest directly or indirectly that people on either end of the left/right political spectrum are mentally deficient. These books have often boasted expert authors and become bestsellers on both sides of the Atlantic. Among the most influential is *The Political Brain* (2008) by

Drew Westen, an American professor of psychology and psychiatry as well as an avowed supporter of the US Democratic Party (Bacon 2010).

The Political Brain became popular with Democrats, receiving the endorsement of former-President Bill Clinton among others. In the UK, it was read and cited by politicians and commentators on the left and the right (e.g. Harris 2014; Henderson 2008; Huhne 2014; Rowson 2014; Sylvester 2007). Westen's core argument is that the explanation for why the Democrats have so often faced defeat by the Republicans is that the former rely on reason whereas the latter rely on emotion in their political messaging and rhetoric; and 'when reason and emotion collide, emotion invariably wins' (2008: 35). According to Westen, evolution has granted the emotional part of the brain dominance over the rational part. However, it seems evolution has not made all brains equally subject to the despotism of emotion; many Americans vote for the Democrats despite their 'irrational commitment to rationality' and the supposed lack of emotional rhetoric and imagery in their communications (15). Hence, one could easily conclude that (the brains of) Democrats are more rational and advanced, whereas (the brains of) Republicans are more emotional and primitive. At any rate, this was how *The Guardian* columnist Chris Huhne (2014) interpreted the book. Drawing on Westen's claims, Huhne sought to explain why the Liberal Democrats – whom Huhne used to represent as a member of Parliament – were losing ground to UKIP. Whereas Liberal Democrats are well-educated reasonable people, Huhne said, 'Ukip's supporters are old, fearful and anxious'. It was thus no wonder that Farage's emotive rhetoric was so seductive to these poor people. Paraphrasing his source, Huhne observed that in 'evolutionary psychology, fear ... trumps reason' (cf. Brooks 2007).⁸⁸

⁸⁸ For a comprehensive critique of the scientific basis of these types of claims and their use in recent political theory, see Leys (2017).

Westen himself did not openly assert that something was wrong with or unreasonable about right-wing voters. The conclusion that UKIP supporters are irrational was Huhne's own. Nevertheless, Westen's explicit ideas have potentially worrying implications for political agency and liberal-democratic citizenship. For instance, based on his own brain-imaging research, he concluded that many brains – as many as 60 percent – are neurologically locked into their political views. In this research, Westen also found that 'the partisan brain' not only eschewed information that conflicted with its extant political opinions but actively sought information that confirmed them. Apparently, this mirrored the processes found in the brains of drug addicts, leading Westen to remark that this gave 'new meaning to the term political junkie' (xiv).

For observers such as Huhne, Westen's book validated the belief that UKIP's base consisted of 'a bunch of fruitcakes and loonies and closet racists', people who had given in to emotion and abandoned reason. This idea extended beyond *The Guardian's* readership. Since it appeared that UKIP was stealing votes from the Conservative Party, commentators on the right also had an interest in pushing the stereotype of the emotional/irrational UKIP supporter. In an opinion piece for *The Times*, Rachel Sylvester (2013) compared UKIP supporters to cavemen. She asserted that the real driver of UKIP's burgeoning popularity was 'fear of change': What UKIP offered voters was the false promise of stopping progress and turning back time; seduced by this 'fantasy', UKIP supporters become unable to distinguish between 'myth and reality'. All political parties may have supporters who fear change, but no party had more than UKIP, according to Sylvester. In the face of change, these people gave in to fear, and, hence, failed to see the benefits of progress. Thus, in some ways they were even more primitive than cavemen, or so Sylvester appears to have suggested: 'The

cavemen were terrified when they first played with fire – but then they learnt to harness its power’. Though Sylvester forewent the concepts of neuroscience and psychiatry for more colourful metaphors, her claims broadly correspond with those of Huhne and Westen. UKIP voters did not think; they felt. Like wild animals and prehistoric humans, they were slaves to their instincts. At least Sylvester did not seem to think that they were a lost cause, congenitally unable to see reason. If the cavemen learned to see the benefits of fire, then UKIP supporters could perhaps eventually learn – or be taught by their betters – to understand the benefits of immigration, free markets, and progress.

The view that UKIP supporters were abnormally emotional was not scientifically baseless. Works such as *The Political Brain* and Jonathan Haidt’s bestseller *The Righteous Mind* (2012) offered cutting-edge scientific support for the idea that people on the right were particularly responsive to emotional appeals rather than reasonable policies. With regard to UKIP specifically, studies concluded that its supporters were driven by negative emotions (Lord Ashcroft 2012: 6-7; Harper 2015). Matthew Goodwin, a leading expert on UKIP, also argued that powerful negative emotions fuelled the party’s rise. In addition to anxiety, he highlighted the role of anger in driving working-class support for UKIP (Ford and Goodwin 2014). The tendency within the political mainstream had for years been to see UKIP as a ‘pressure valve’ for discontented Conservatives, and to expect UKIP to falter once the steam had been released. But Goodwin warned that this view underestimated the depth of blue-collar voters’ anger and anxiety. Quite sensibly, he called for the major parties to engage with the roots of these emotions (Goodwin 2014).

For some, such overtures were tantamount to recognizing the validity of UKIP’s policies, and that was unacceptable. Matthew Parris (2014), a prominent conservative pundit and outspoken UKIP opponent, ridiculed the efforts of politicians to engage with

people's feelings – as then-Chancellor of the Exchequer George Osborne urged in 2014 after UKIP placed first in the European elections (BBC News 2014). 'I'm sick of the bogus kind [of engagement with voter's concerns]', Parris proclaimed, 'the assuming of a concerned face as the politician "engages" with the voters' anxieties, "takes seriously" their opinions and burbles away with synthetic indignation about the hordes of Euroscroungers'. These politicians knew as well as he did that such voters 'are prey to cruel and erroneous thinking'. Anger 'bears an inverse relationship to justification', Parris asserted. Therefore, the fact that these people were so angry was reason enough to dismiss their demands.

To Parris, Sylvester, and others, science proved that UKIP supporters differed substantively from other voters. A passage from an opinion piece in *The Observer* well-summarized what many seemingly perceived as the central difference:

Most people's voting intentions are a product of a mix of the rational and emotional sides of the brain. A Ukip vote, more than any other, is a visceral response. It is a bellow of anger against the modern world and a roar of contempt. (Rawnsley 2014)

In other words, among UKIP supporters, emotion had ostensibly defeated reason.

Commentators' tendency to emphasize the emotionality and, correlatedly, the irrationality of UKIP and its supporters is reminiscent of the suffrage debates in the 1860s. In those, opponents of working-class as well as women's suffrage claimed that members of both groups were subject to wild and dangerous passions, rendering them unsuitable for the eminently rational task of governing (§6.5; §7.3). The similarity highlights well-established depoliticizing and disempowering concepts within the liberal-democratic tradition of political thought and practice that persist to this day.

10.5 Medicalization, emotionalization, neurologization...

To call these various but overlapping representations of UKIP medicalizing seems inaccurate since they do not invoke the concepts of psychiatric or medical disease.

What occurred in several instances, rather, was a kind of emotionalization, whereby political views were transformed into apolitical emotions. Though these emotions were sometimes subsequently assigned political meaning, this meaning could be far removed from, even unrelated to, the original claim. Thus, for example, UKIP supporters' stated complaints about immigration become a sign of anxiety, which then becomes a symptom of the flaws of capitalism. The 'neuro-rhetoric' we have seen above apparently attempts to ground such claims in science, by implying that certain political views are neurologically advanced while others – e.g. the views of UKIP supporters – are neurologically primitive. If neuroscientific research has shown that something in the brains of people on the right renders them unsusceptible to scientific evidence, it is easy to conclude that something is also wrong or undesirable with those brains – as well as the citizens who host them. Certain views of the world effectively become evidence of neurological underdevelopment. From this, the idea that we need to help or cure or ignore these people may be a small step away.

The accusations of eccentricity discussed earlier in the chapter seem to function similarly. No matter how enthusiastically Farage embraced epithets and representations of UKIP as a party of eccentrics or 'loonies', these labels are also delegitimizing, without being medicalizing. They frame their targets as deviations from a norm, perhaps in this case the normal working-class individual, who remains loyal to the traditional parties, rejects racism, etc. There are resonances here with the attempts to distinguish female suffrage activists from true women in the 1860s – although there was a stronger medical element in that case (§7.4-5). In each instance, the idea that the few who are

acting are an abnormality and thus unrepresentative of the many inactive people whom they claim or appear to represent is a means of dismissing the actors. The actions of these eccentric few can then be transformed into symptoms of an underlying personal problem – in the case of female suffragists, depression about the pointlessness of their convenient lives; in the case of UKIP supporters, misconceived anger about immigration. The effects of these labels are probably mainly external, helping to justify the exclusion of UKIP representatives from public spaces of action and appearance, like university debates, and rendering it more difficult for the party to establish affiliations with outside groups and people.⁸⁹ But there are internal effects as well. For instance, that high-ranking party officials have themselves acknowledged the need to systematically regulate the more eccentric elements of the party suggests that these labels shape how party members understand one another; in other words, they become part of the hermeneutical resources of the group.

Emotionalization, neuroscientific jargon, and charges of eccentricity differ in important ways from medicalization and the deployment of psychiatric concepts in public discourse. Even though the first three can be powerfully delegitimizing, they do not entail judgments about health or sickness – although the talk about political junkies comes close. Neither do they demand medical responses and therapies. Psychiatric concepts, by contrast, are enmeshed in a complex and sticky web that includes, but is not limited to, psychiatric and medical institutions, mental health professionals, and therapeutic technologies the purpose of which is to discover, diagnose, and treat individuals who suffer from mental disorder. When we designate someone as mentally disordered, we are not simply saying that they are a bit odd or an acceptable deviation

⁸⁹ There are of course other reasons that this happens as well. For example, UKIP might be excluded from university events for principled reasons, relating to the substantive content of its political platform.

from the norm; we are saying that they are sick and, probably, need medical treatment to get better.

10.6 Conclusion

So, despite UKIP supporters apparent emotionality and arguably racist views, they seem to have largely avoided medicalizing attacks. In a few instances, as we have seen, the party's opponents did invoke psychoanalytic and archaic psychiatric terms. But the more salient attacks on UKIP took a more traditional shape. Like opponents of working-class and women's suffrage in the 1860s, UKIP's opponents focused on eccentricities and the emotionality of the party's leaders and supporters. In each case, activists were represented as extreme outliers *vis-à-vis* their class or gender. But when it came to emotionalization, UKIP's opponents had a new scientific resource in which to ground their claims, namely, neuroscience. Ostensibly, cutting-edge neuroscientific research showed that the party's supporters were controlled by intrinsic primitive emotions rather than reason. Therefore, hostile commentators concluded, their opinions did not deserve consideration. But UKIP supporters and their views were accused of eccentricity, emotionalized, and some cases 'neurologized' rather than medicalized. While different from medicalizing concepts, as I have observed, these are also disempowering factors, which undermine the credibility of UKIP supporters and justify their exclusion from certain affiliations and spaces.

Why has UKIP not become the target of medicalized attacks? Class seems a likely factor. Low income, low education, and higher age have been among the strongest predictors of UKIP support (Afonso 2015; Kellner 2013). The average UKIP supporter is often characterised as an angry and frightened, middle-aged, working-class white man with no university education. As noted, there is a long liberal tradition of depicting the politically active working-class as a mob roiled by primitive passions.

Representatives of this tradition emphasize that reason and its supremacy over passion must be cultivated through education. Where educational attainment is limited one can expect emotion to get the better of reason. To many observers, the working-class supporters of UKIP, with their allegedly xenophobic views, fit neatly into this mould. Xenophobia is, after all, commonly understood to be an ‘irrational’ fear – much like other phobias, clinically recognized or otherwise. Thus, the mere fact that an individual supports UKIP may seem to demonstrate that her emotions have usurped her reason.

By contrast, as we shall see in the next two case studies, activists within the Occupy movement and the anti-Brexit protests were generally younger, university-educated, middle-class individuals, albeit – once again – mostly white. While these people too appeared irrational to some observers, their irrationality could hardly stem from insufficient education. As we shall see in the forthcoming chapter on the Occupy movement, these activists were more likely to be labelled mentally disordered.

11.

The Occupy movement:

A magnet for madness

11.1 Introduction

The Occupy movement has been one of the most widespread protest movements so far in the twenty-first century. It emerged when the Arab Spring was at a high point. In Tunisia and Egypt, people had successfully risen against oppressive and entrenched dictators. Meanwhile, the West was still reeling from the financial crisis of 2007 and 2008. Many were depressed (affectively and economically), worried about the future, and outraged at the extreme inequality that had been uncovered in the Great Recession. Briefly, it seemed almost as though the Occupy movement could ignite a Western Autumn. This did not happen of course. Ultimately, as some would have it, ‘cooler heads’ prevailed and Occupy, arguably, failed.

But the movement was not a complete failure. Among its notable achievements is the contribution toward the re-politicization of economic inequality, which has been palpable in recent elections both in the UK and the US. In other ways, it did fail. Within six months, the movement’s occupations of public spaces had been cleared out, often through court order. The protesters’ demands – insofar as any were clear – were largely ignored. Many factors might have contributed to these failures. Some were external, such as the idea that many protesters were mentally disordered. Others were internal, such as poor organization and unclear aims. In this chapter, I argue that efforts to transform protesters actions into symptoms of mental disorder contributed towards the failure of Occupy; in the discourse surrounding the occupations on both sides of the

Atlantic, psychiatric concepts functioned as disempowering factors that undermined the political agency of potential and actual protesters.

Analysing the writings of Occupy protesters and activist scholars, I begin by highlighting the central role of emotions in the movement. The evident emotionality of the protests was exploited by its opponents in efforts to disempower the movement. Subsequent sections explore attempts to medicalize Occupy in the US and the UK respectively. In both instances, observers claimed that a significant contingent of protesters were mentally disordered. This became an argument for forcibly evicting protesters from their camps. There was also a more general tendency, particularly among conservatives, to deploy psychiatric and psychological evidence and language to suggest that the protests were not political but rooted in the mental problems of individuals. In conclusion, I summarize my findings and reflect briefly on their implications for political agency.

11.2 Occupational emotions

On 17 September 1787 the delegates at the Constitutional Convention in Philadelphia signed the founding document of the United States of America. Today, the date marks a public holiday celebrating the signing of the US Constitution and those who have become citizens of the United States through naturalization. It is a day honouring those who have claimed their citizenship – as opposed to those who have been born with it. That it was on 17 September, a Saturday afternoon in 2011, that the first group of protesters began their occupation of Zuccotti Park, two blocks away from Wall Street, therefore seems to brim with symbolism (Greif 2011). That day, they too claimed citizenship, but in a deeper, more qualitative sense than most people think of it today. When the Occupy activists gathered in Zuccotti Park, they became political agents, extending an invitation to others to do the same. How many gathered in Zuccotti Park

that day under the Occupy Wall Street (OWS) banner is unclear, though it was apparently a sizeable number. Regardless of how many they were originally, their numbers grew quickly. Soon, hundreds were camped out in the park and tens of thousands joined in associated protest marches. OWS's call to action was not ignored. Within weeks, protesters were occupying public spaces in cities across the US, the UK, and the world.

It was immediately clear that certain emotions were a significant driving force within the movement. There was grief and sadness over lost jobs, destroyed futures, and deprivation; fear for individual and collective futures and about retribution from the authorities for speaking up; and, perhaps most evidently, anger at greedy bankers, corrupt politicians, dysfunctional institutions, and the injustice of extreme inequality.

While Occupy's critics and critical sympathizers claimed to understand the frustration, they admonished the protesters for their ostensibly aimless anger (e.g. Kristof 2011a; Wall Street Journal 2011). In a typical comment, one US journalist remarked: 'Yes, many people have been hurt by this country's financial system and they are appropriately angry. ... But unless and until this anger is channeled into something that catalyzes a policy debate, it is not particularly newsworthy' (Fiedler 2011). Others similarly called for concrete policy demands, a formal organizational structure, the identification of leaders, and official talks with policy makers. Some of these advisors may have been well-meaning. But they were effectively calling for protesters to play by the rules they rejected, to transform their primitive and unruly emotions into the rational language and rituals of the elite. This was both tactically and conceptually problematic for the protesters; the 'rational' language of policy was biased in favour of the institutions and practices they opposed. It may, therefore, have seemed to the

protesters that if they went along with these demands, they would not only disadvantage themselves, but legitimize their opponents.⁹⁰

Yet prominent commentators were mistaken when suggesting that the protesters were acting on *raw* emotions (Kristof 2011b). Writings of activists and scholars illustrate that a core function of the Occupy camp in Zuccotti park was to enable individuals to transform their subjective experiences and emotions into politically meaningful speech and action. The title of Michael Taussig's (2013) account of OWS, 'I'm so angry that I made a sign', captured one such transformation. Taussig borrowed the phrase from a placard he saw during the protests. Part of what makes it striking is that the sign-maker took something often regarded as private and destructive – anger – and turned it into something public and, arguably, constructive – a protest sign. Thereby, the maker made more than just a sign; he or she participated in the creation of a space of action and appearance, affiliations, and other empowering factors through which others could transform their subjective suffering into public issues and political action.

Taussig (2013: 39) too perceived the transformative function of the camp, describing it as a space in which 'the atomized mass of yesterday, without hope ... crystallized itself through a new language and sense of collective'. The concepts and metaphors that were part of this space also facilitated this transformation of suffering into issues and action. During the movement, hundreds of people posted personal stories about everything from healthcare to discrimination to student debt on a blog called 'We are the 99 percent' (Anon. 2013). Many were handwritten, with the author holding their note up next to their face. Each note was signed, 'I am the 99%', affirming the authors' affiliations to one another and the movement. Rather than search for an explanation of

⁹⁰ For an influential discussion of these kinds of dynamics, see Young (2001).

their suffering in themselves, Occupy permitted these people to find it in the world. As one activist suggested, OWS was simultaneously a 'symbol of distress' and a platform for action (Schmitt and Taylor 2011).

Bernard Harcourt (2013a) observed that participation in Occupy could also generate new emotions because it 'opened possibilities that many no longer believed existed' (65). For example, one activist described how participating in OWS left her with a sense of ownership and responsibility for the world: 'the world belonged to me as well as to everyone dear to me and everyone who needed and wanted more from the world. I somehow felt like maybe the world could be all of ours' (Maharawal 2011; cited in Harcourt 2013a: 65). This reflection illustrates how movements such as Occupy, and the empowering factors that they generate, permit individuals to transform their subjective emotional experiences into political meaning and action. They can lead us not just to blame society for our negative emotions and associated problems, but also produce a sense of responsibility for the change that is needed.

Although participation in Occupy entailed a certain kind of transformation of emotion, it was evidently not the kind that commentators were calling for. In transcending their subjective emotions to make political claims, the protesters also rejected the 'rational' language and practices of politicians, business leaders, and other members of the elite, in which emotions are routinely concealed within a grammar of reasonable interest and economic necessity (Goodwin et al. 2001; Hirschman 1977). The protesters, thus, appeared unapologetically emotional in their support for equality and justice. While this was partly what fomented and sustained the movement, it was also a vulnerability. Both outright opponents and ostensibly neutral observers suggested early on that the impassioned words and deeds of the protesters were not political actions, but rather symptoms of mental disorder. So once again the fragility of emotions

comes into view (§3.5), with various parties seeking to define and redefine the nature and causes of protesters' subjective experiences and actions. Unlike in the previous two cases, however, ideas of mental disorder and health became disempowering factors in the context of Occupy.

11.3 The mad faces of Occupy

In the fall of 2011, with thousands of protesters occupying public spaces around the US, people were asking: Who were the members of the Occupy movement? What drove them to act?

Attempting to answer these questions, *USA Today* proposed that many protesters fell into one of four archetypes: the veteran protester, the student, the poor, and the (mentally) troubled (Hampson 2011). As an example of the last archetype, the article cited 29-year-old Nkrumah Tinsley, a protester who had been arrested after an online video surfaced of him threatening to firebomb a New York City department store. Tinsley's parents later claimed that their son suffered from mental health problems, something his erratic behaviour in court apparently confirmed. The *USA Today* article effectively suggested that a significant contingent of the Occupy movement was like Tinsley: mentally disordered and potentially violent.

USA Today was not the only newspaper to paint this picture. New York media reported extensively on Tinsley's arrest and subsequent trial, often reiterating his mental problems and connection to Occupy.⁹¹ The New York *Daily News* followed the case closely. A week after Tinsley had been arrested, the newspaper published an article headlined 'Molotov madman who said on YouTube he would bomb Macy's is out of jail and back at Zuccotti Park' (Grace and Kemp 2011a). It alleged that OWS members

⁹¹ See e.g. Chung (2011), Conley (2011), Kemp et al. (2011), NBC New York (2011), and The New York Times (2011).

had posted his \$7,500 bail, implying that they had deliberately put a dangerous madman back on the street. The newspaper repeated this allegation in connection with the arrest of Brandon Watts, a 20-year-old man who was one of the most well-known protesters at Zuccotti Park. Watts had become a poster-boy for Occupy after a picture of his face, gruesomely bloodied by a police-beating, appeared on the frontpage of the *Daily News* and in newspapers across the country on 18 November. A week later, the *Daily News* related that Watts had been arrested for stealing a police officer's hat during a confrontation, resisting arrest, and throwing a pen at the police. Once again, OWS posted the bail for one of their own. Watts' own lawyer, Martin Stolar – who represented several other Occupy members as well – urged in a statement that his client was not representative of the movement. 'That would brand all of them as people with psychiatric issues – and that is clearly not the case', Stolar elaborated. This was a curious point to make since Watts had no evident mental health issues. Moreover, to the *Daily News* at least, the concern that people would brand all members of Occupy as mentally disordered was seemingly obsolete. The newspaper implied that the protesters' demonstrable willingness to bail out mentally troubled individuals such as Tinsley and Watts was a sign of more widespread psychiatric problems among the movement's members (Grace and Kemp 2011b).

As the protests continued, further reports emerged of quarrelsome protesters being dragged off for psychiatric evaluation (Harrington and Dreier 2011; McNerthney 2011b). A journalist embedded with Occupy protesters in Cleveland reportedly saw 'large numbers of people with mental health problems' among them (Johnson 2011). Right-leaning newspapers pushed the connection between Occupy and mental disorder more directly. In early November, the *New York Post* named a 'deranged homeless man' as 'the new face of Zuccotti Park', describing how the man had gone on an "off meds"

rant'. This had triggered a brawl with 'a paranoid fellow protestor' who, the newspaper noted derisively, claimed to be a diplomat (Fasick 2011; see also Post Staff Report 2011). Notably, some activists alleged that police were bringing individuals with mental disorders to the Occupy camps around the country to discredit the protesters (Devereaux 2012) – though they did not appear to have any evidence to corroborate this accusation.

Another seemingly disordered OWS protester, Dylan Spoelstra, made international headlines after mounting a 70-foot sculpture in the park (New York Post 2011; Stevens 2011). Seated on a platform halfway up on the sculpture – aptly named *Joie de Vivre* – Spoelstra declared to shocked onlookers that he would not come down until New York Mayor Michael Bloomberg agreed to resign and the city's police department committed to introducing a quota for bisexual hires. Newspapers reported that after Spoelstra had been convinced to dismount the sculpture, he was arrested and taken to a hospital for psychiatric evaluation by the police. A police spokesman told the media that Spoelstra was 'emotionally disturbed' and it was uncertain whether he would be prosecuted (Newcomb 2011). Some OWS supporters worried again that the event would reflect poorly on the movement (Badia and Shapiro 2011). Among conservatives, it demonstrably did (e.g. Nagourney 2011). Commenting on Spoelstra's actions, Rick Moran (2011), a conservative journalist, remarked that people like Spoelstra 'pretty much summed up the lunacy' of OWS. 'How do you talk rationally with people who spout such idiocy?' he continued. 'The answer is, you don't'.

On his Fox News show, Bill O'Reilly (2011a) declared that Occupy had now 'been overrun by thugs, anarchists, and the crazies who intimidate' – not that he ever supported the movement. In another episode, he brought on a psychotherapist, Karen Ruskin, to comment on the 'psychological make-up' of the protesters. She suggested that they were depressed and that their actions were further harming their mental health:

You see, when we feel out of control in our life, that leads us to depression. What they're actually asking for is to be out of control. They're asking for others to take control of their life by giving me – give me, give me, give me – rather than self-empowerment, rather than self-enhancement. That is concerning. And that does lead to mental instability. (O'Reilly 2011b)

Hyperbolically calling political opponents crazy or insane is nothing new – especially not among professional polemicists. Yet I would suggest these terms are being used today with a different, less hyperbolic, and more concrete meaning. In O'Reilly's case, that he brought on a mental health expert indicates he wanted viewers to believe that Occupy protesters really were mentally disordered.

The question here is not if some who took part in the Occupy movement actually suffered from mental disorder. For all we know, Tinsley, Spoelstra, and many others may have received psychiatric diagnoses. Regardless, these individuals became 'the faces' of Occupy. They became an apparently representative sample of the mad and dangerous activists, of whom there were likely many more within the protesting masses. They became another reason for 'normal' people to dismiss the protesters and their views, a potent component of the conceptual resources that people arguably use routinely to distance themselves from the acting few (Theodossopoulos 2014; Gould 2010). What renders these medicalizing representations so potent is that they imply not only that protesters should be ignored, but also that the affiliations, spaces, and ideas that empower protesters should be replaced with doctors, hospitals, and diagnoses. We shall see that, internally, among the Occupy London protesters, this apparently translated into the perception that people with mental disorder were a problem that

inhibited the movement; and there is evidence that a similar perception crystalized among certain OWS protesters (Bossewitch 2016: Ch. 3).

11.4 Occupy: London

By the end of October 2011, Occupy had spread around the world, including Britain. Protesters had established camps under the Occupy banner in major cities across the UK, among them London, Birmingham, and Edinburgh. Of these, the one in London, known as Occupy London, was the most visible and long-lasting.

Before delving into Occupy London, it is important to recall that a series of political protests against the austerity policies of the Conservative–Liberal Democratic coalition government had already shaken the UK in 2011. The largest was the March for an Alternative in London on 26 March, which attracted up to 500,000 people (Rawlinson et al. 2011). Although the protest was largely peaceful, it elicited scorn and harsh responses from the right. Then-Education Secretary Michael Gove said he understood that people were angry, but also ominously warned that the march could easily turn ‘into something darker’ (Staff and agencies 2011; see also Hannan 2011). Other protests and strikes followed the March for an Alternative. These events likely contributed towards protest fatigue among would-be activists and spectators. Yet among the events that set the tone for the political discourse of the autumn of 2011, the London Riots were probably the most decisive. What began as a march against police violence on 6 August spiralled into chaos later that day. Over the following week, waves of violence and looting washed over parts of London, and spread across England, resulting in significant property damage and thousands of arrests. Two months later, on 15 October, Occupy London launched.

11.4.1 *Damaged protesters*

The Occupy London organizers initially called for a march on Paternoster Square outside the London Stock Exchange. But after police blocked access to the square, thousands of Occupy protesters instead amassed in front of St Paul's Cathedral, where the demonstration continued into the night. The next day, around 500 protesters gathered and agreed on an 'Initial Statement', consisting of ten points setting out their general position and aims (Occupy London 2011). Among other things, it declared the protesters' intention to develop alternatives to the 'current system', which they perceived as 'undemocratic and unjust'. In subsequent days, the number of occupiers declined. By 17 October, two days after the occupation began, an estimated 150 tents were pitched by the cathedral. Many who remained, however, proved tenacious. And their continued presence soon became the object of political and, in a sense, religious controversy.

The then-canon chancellor of St Paul's, Reverend Dr Giles Fraser, quickly endorsed the encampment as a legitimate expression of the democratic right to protest and made headlines when he asked the police to leave the protesters alone (Rojas and Ross 2011). Responding to Occupy's critics, Fraser (2012) later compared the protesters to the early nineteenth-century Chartists, whom, he said, had also been dismissed as 'inarticulate', 'stupid', and 'absurd'. Other representatives of the Church of England were less appreciative of Occupy's presence, which they deemed unacceptably disruptive. Less than a week after the occupation began, The Right Reverend Graeme Knowles, dean of St Paul's, announced that the cathedral would have to close due to health and safety reasons. He added that this would cost the church £23,000 a day. Though Knowles also claimed to support their right to protest, he, therefore, urged the occupiers to leave the area (Alleyne et al. 2011). They refused. Shortly thereafter,

Knowles reopened the cathedral, citing health and safety improvements, although commentators speculated that he was submitting to public pressure (Ward 2011a). Days later, the City of London declared that the protesters were to be evicted, apparently with the support of the cathedral leadership. This precipitated Fraser's resignation on 27 October. Fraser said he could not condone what he believed was a decision that would lead to violence in the name of the church (Butt et al. 2011). He was not alone in criticising the decision. Following an upsurge of criticism, Knowles too resigned. The well-publicized disagreement between the two was widely seen as a sign of a rift within the Church of England (e.g. Bates 2011; Doughty et al. 2011; Evening Standard 2011).

Apparently to mediate between the two sides, the Archbishop of Canterbury, Rowan Williams, took an active public role in following Knowles' resignation. As the principal head of the Church, Williams appeared to vie for centre ground. Yet some of Williams' public statements at the time seem as detrimental to the protesters as any on the right. Commenting in December on recently published analyses of the London Riots, Williams (2011) offered his assessment of the participants' character. He explained that they were 'damaged' young people, filled with 'anger and depression'. Their actions were not 'political', but simply 'a way of releasing tension'. What some might have understood as the collective – though perhaps desperate – action of marginalized citizens (e.g. Tyler 2013), Williams described as narcissistic acts of self-expression by individuals who did not know any better. He recognized that structural flaws within contemporary society caused these people distress, but their behaviour did nothing to address these flaws. Their actions were a symptom, which Williams diagnosed as proof that schools and, particularly, families had failed to produce good and satisfied citizens. His psycho-analytically tinged assessment seemingly reduced the participants in the riots to helpless, though dangerous, beings at the mercy of

psychological forces beyond their control, ripe for the benevolent intervention of those who see things more clearly than they.

Though Williams may not have intended for his comments to reflect on Occupy, their timing and the circumstances encouraged the parallel. As mentioned, the London Riots had only just passed when Occupy began. When scholars and commentators later sought to contextualize and explain the movement's rise, the London riots regularly figured among the key elements.⁹² Moreover, around the world, government officials, police, and other opponents regularly lumped Occupy together with past or concurrent riots, and even accused Occupy protesters of being professional rioters (Harcourt 2013a: 76). Therefore, when Williams, amid a public conflict between the Church of England and Occupy protesters, wrote a piece about what drove young people to take to the street, it was unsurprising that his analysis was applied to Occupy. A news article in *The Times*, for example, reported that Williams had called for the Occupy protesters to 'examine their motives'. It implied that if they did, they would discover that what they really needed was not radical political change, but 'love and a dependable background so that ... they did not "have to fight ceaselessly for recognition"' (Gledhill 2011). Regardless of Williams' intentions then, his comments slotted neatly into a broader narrative in which Occupy protesters were cast as mentally troubled individuals, whose political actions and interrelated use of public space was both unreasonable and potentially harmful.

11.4.2 A 'holding camp for the mentally ill'?

As the battle over protesters' right to occupy St. Paul's churchyard went to court, another issue came to light: Occupy London was allegedly suffering from a mental

⁹² See e.g. Harcourt (2013b: viii), Mitchell (2013: 96), Nunes (2015: 97), and Thoburn (2015: 172-173).

health problem. In early November, *The Telegraph* reported that organisers in the camp had requested the support of mental health professionals and social workers to help them to cope with an influx of people with mental disorders and addictions. A spokesman quoted in the article said that activists planned to set up a ‘welfare tent’ in the camp to support individuals with such problems (Ward 2011a). The article failed to mention that this was praxis within the movement. In Zuccotti Park, OWS activists also established a health tent and other services soon after the occupation began; to the protesters, the provision of such services was integral to the movement’s principles (Pickerill and Krinsky 2012: 283).

Outside St Paul’s, the plans for the welfare tent were realised. But soon there were reports that these efforts were harming the people they were meant to help. According to *The Times*, the camp had become a ‘magnet for homeless people’. Citing charity workers, it described how people were leaving medical and social care behind for the sake of the free food and community spirit of the camp. One source claimed there had also been ‘complaints about vulnerable people not taking their meds’. Given these circumstances, the article warned, the conditions of protesters with mental health problems were likely to worsen (Schlesinger 2011). The message was clear. If anyone was to blame for this, it was the protesters. Each day the occupation persisted, more sick people would be drawn to the camp.

Similar assessments found their way into court, where protesters were fighting the City of London to avoid eviction. One newspaper reported that social workers had expressed in court their concern ‘about the mentally ill, alcoholics and drug addicts who [had] been attracted to the camp’ (Kelly 2011). The public court transcript does not mention any such testimonies (City of London Corp v Samede 2012). The transcript includes the testimony of one witness, a charity volunteer, who said he had patrolled

the camp at night on several occasions. During these patrols, he said, the camp was generally quiet; what little trouble he saw involved either people ‘with mental health issues being noisy or abusive and disruptive’, or people with ‘alcohol issues being noisy, confrontational and disruptive’. No other witnesses cited problems with mental disorder in the camp. Considering this, the role that reporters and the judge assigned to mental disorder seems disproportionate.

In his judgment, siding with the City of London, Mr Justice Keith Lindblom implied a link between ‘anti-social behaviour’ – a prevalent theme in the evidence of the prosecution – and mental illness:

[T]he camp cannot be blamed for the existence in society of problems such as homelessness, mental illness and addiction. But, [as the prosecutor] Mr Forsdick submitted, the occupation of this land by a tented community has stimulated anti-social behaviour and criminal activity. Had the camp not been there, this would not have happened.

(City of London Corp v Samede 2012)

This suggests that people with mental disorder were a significant source of anti-social behaviour and crime in the camp and the surrounding area. Although the camp could not ‘be blamed for the existence’ of mental illness ‘in society’, according to the judge, the camp and by implication the protesters were apparently culpable both for attracting mental illness to the area and the troubles stemming from it. For these reasons among others, Lindblom decided that the protesters should be evicted.

The outcome is worrying for at least two reasons. First, it is concerning that the threat purportedly posed by people with mental disorder has been used as legal justification to end a political protest. While the judge technically did not call for an end

to the protest, the occupation of public space – in this case, publicly visible rather than publicly owned – was a central empowering factor for the Occupy protesters. Their eviction from the occupied space was, hence, severely disempowering. Second, both Lindblom and the previously mentioned charities seem to have assumed that people with mental disorder must have joined the camp for non-political reasons, such as ‘free food’ or ‘a temporary sense of community’. Therefore, their actions – including their presence in the camp – were not political. But these individuals could after all both have sought to feed themselves and show the world that they stood in solidarity with others seeking to change an unjust society. If they were only interested in food and community, they might have found this elsewhere – although it is possible that they simply preferred the Occupy camp to a homeless shelter. Even so, if many homeless people with mental disorder abandoned charity-provided food, shelter, and medicine to join the Occupy camp, this action seems ripe with potential political meaning. Lindblom and others obscured this meaning, depoliticizing the presence of people with mental disorder as well as those suffering from addiction or experiencing homelessness.

The judgement in favour of eviction was handed down in early January 2012. It did not require protesters to leave the site immediately. Representatives of Occupy London promptly filed an appeal, which meant that, for the time being, the camp could remain. Impending eviction was not the only consequence of the trial, however. To the public, the trial and its outcome likely reinforced the image of Occupy as a collection of people with mental disorders and drug addictions, an image that certain commentators had been cultivating since the protest began.

Some protesters did appear to struggle with the presence of so-called ‘vulnerable people’. On 13 February, the Court of Appeal upheld the decision to evict the protesters from St Paul’s churchyard. The same day, one newspaper reported that an Occupy

protester had disseminated a plea for help a few weeks earlier. The protester warned that the toughest aspect of life in the camp was dealing with inhabitants with mental health, alcohol, and drug problems. He or she added that their number was increasing. However, an official spokesman denied this assessment, saying that the unnamed activist was not speaking for Occupy London (Holehouse 2011).

As far as I know, no one tried to estimate the number of mentally disordered, homeless, and addicted people in the camp. The notion that they comprised a substantial part of the contingent camped outside of St Paul's appears to have been based primarily on hearsay from unnamed sources. This dearth of evidence did not restrain the judgements of pundits. Shortly after the appeal's failure, *The Telegraph* columnist Brendan O'Neill (2012) declared: 'Occupy London is now basically a holding camp for the mentally ill'. He blamed the degeneration of the camp into 'a modern-day Bedlam' on the aimlessness of the early protesters. 'Originally a magnet for leftists bereft of ideas, Occupy London is now a magnet for the mentally unsound', O'Neill concluded. 'It is no longer a political protest at all, but a health outlet, and as such it should urgently be brought indoors'. He was seemingly unaware that his own newspaper had effectively depicted the camp as a 'magnet for the mentally unsound' from the start.

We have seen commentators describing the camp as a 'magnet' several times.⁹³ The repeated use of this metaphor is interesting. It suggests that the Occupy London camp compelled particular people to join through an irresistible invisible force, as though these individuals were mindless things. While we should not read too much into a single metaphor, its usage in the coverage of Occupy London fits into what appears to be a more general tendency to undermine protesters without explicitly questioning

⁹³ This word was also applied to Occupy in the US (McNerthney 2011a).

Occupy's legitimacy. For instance, in his piece, O'Neill emphasized that he 'is an absolutist when it comes to the right to protest'. Instead of focusing his attack on Occupy London and its members, he claimed that many inhabitants of the camp were not politically driven protesters, but people with mental disorder. These people did not need to be seen or heard in public; they needed to be cared for and medicated. Again, the presumption seems to be that mentally disordered people are incapable of legitimate political action. This presumption, which Justice Lindblom and charity workers apparently shared, became a weapon in the hands of O'Neill and others who wanted to shut down the protesters without appearing to oppose their right to protest.

In this instance, psychiatric concepts, thus, functioned as disempowering factors. Besides striking at the credibility of protesters, we have seen that medicalization contributed towards undermining their access to public space and mobilizing the law against them. Moreover, the deployment of psychiatric concepts against Occupy also modulated the protesters' affiliations. I have mentioned that affiliations are among the most potent empowering factors and that some affiliations are involuntary. Affiliations can both drive and result from effective political action. The affiliations that arise through political action may also be involuntary, as people with different ideologies can unite behind a particular issue. Sometimes these are embraced and sometimes resisted. There may be good reasons to resist affiliations to particular individuals or groups, even if such efforts almost unavoidably distract from the issue at hand. After all, as I have also observed, affiliations can be disempowering as well. Much of the media rhetoric above suggests that it may have been politically expedient for the Occupiers to try to distance themselves from individuals among them who ostensibly suffered from mental disorder. Yet the fact that a few did so also illustrates the disempowering effects that medicalization can have. Besides driving external publics to dismiss the words and

deeds of activists, psychiatric concepts can lead activists to perceive individuals with diagnoses or symptoms of mental disorder as a burden to be managed or unloaded onto medical institutions, significantly undermining the political agency of suffering people, who may have as good a reason as anyone to take action.

11.5 Conclusion

The chapter began by exploring the role of emotions in the Occupy movement. Drawing on the writings of Occupy protesters and activist scholars, I argued that Occupy and its occupations of public space helped suffering individuals to transform subjective emotions into political views. I then proceeded to examine attempts to medicalize Occupy in the US and the UK respectively. In the US, several media outlets suggested that a significant contingent of the movement was mentally disordered. News reports from incidents involving individuals apparently suffering from mental disorder may have contributed towards perceptions that many Occupy protesters were mad and dangerous. The manifestation of Occupy in London played out differently, but there too, efforts to medicalize the protesters were apparent. The Occupy London protesters set up camp outside St Paul's cathedral, which led to a public conflict with the Church of England. Whereas some Church leaders staunchly supported the protesters' actions, others implied that their actions were expressions of mental problems rather than political grievances. British media, particularly conservative newspapers, claimed that the Occupy camp was a veritable magnet for the mentally ill and that organizers were struggling to cope. Not only were such claims likely to have undermined public perceptions of the movement and provided fodder for its opponents, they were also cited in the court decision to forcibly evict the protesters.

As argued at the outset, the Occupy movement generated empowering factors that helped people to transform their negative emotions into political views, i.e., into

opinions that explained their suffering in terms of public issues rather than personal flaws, mental or physical. Medicalizing characterizations and attacks undermine these transformations and the actions they engender. Exploiting the indeterminacy of emotions and the fragility of their public shape, medicalizing attacks, in this instance, reframed protesters' concerns as private troubles. This undermined protesters' credibility as well as access to public space. Commentaries, such as those of the Archbishop and O'Reilly's expert, indicated that the emotional suffering and the actions of protesters were best understood as mental problems to be dealt with through individual interventions. Attacks on the protesters and the space they had created went hand-in-hand. Ostensibly, the mental problems of certain protesters made the camp unsafe to those in and around it. The positive features of the camp and the protest – food and health services, solidarity, etc. – were dangerous because they attracted people with mental disorders. Hence, Zuccotti Park and St Paul's churchyard were not public spaces that one entered to 'become' political; they were magnets for people with mental disorder.

In the next and last case study, we shall explore what is perhaps the clearest example in this thesis of the medicalization of negative emotions in the context of a political event, namely, the British referendum on EU membership.

12.

Brexit anxiety:

The disorder of losers

12.1 Introduction

The referendum on British membership in the EU evoked strong emotions that may sometimes have led individuals to choose insult over argument. However, like the Occupy movement, the EU referendum also generated resources, empowering factors, that people could use to transform their emotions into political views. It permitted people to frame their personal grievances as public issues. While some people may have misidentified the causes of their precarious lives and negative emotions, it empowered them in a way that many had not experienced before. People who felt that their opinions had long been ignored by the ruling class had, briefly, obtained a political voice. Whatever we might think of the views expressed – and their consequences – it is at least evidence that resistance to the political status quo can have major effects. Yet the debate's character and events in the referendum aftermath have also revealed disconcerting trends within the British public discourse. Among these is the apparent medicalization of negative emotions that fuel dissent and underpin political agency. In this chapter, I show how the emotional reactions of people opposed to Brexit were medicalized after the referendum. I also argue that these developments were politically disempowering, not just for those who opposed Brexit, but for anyone wanting to influence the shape of the UK's withdrawal from the EU.

The first section of the chapter provides some context by examining the role of emotions in the Brexit debate. I argue that the rhetoric in the debate generated conditions

that evoked strong emotions. But the same conditions also permitted emotions to be transformed into political views. These emotions became troublesome in the referendum's aftermath. In the remainder of the chapter, I demonstrate that these troublesome emotions were subsequently medicalized. In the second section, I briefly evaluate claims that people were flooding psychiatric clinics after the referendum to receive care for their Brexit-related mental suffering. I then proceed to examine more closely the sources – mostly mental health blogs – that the newspapers cited in support of their claims. I consider how the experts writing these blogs represented Brexit anxiety and how they recommended that people should manage their suffering. In the third section, I show that these approaches were exported beyond the psychiatric clinic and the therapy couch to universities and other places of work. Right-wing pundits also seized on the idea of Brexit anxiety, but did so to delegitimize those who continued to oppose Brexit. Finally, I summarize the case study and briefly discuss its implications.

12.2 Brexit and the agents of emotion

Even before the referendum campaign took off, observers declared that 'deep-rooted emotions and impulses' would rule the debate and determine the outcome (Stephens 2016). They warned the campaign would release passions that had 'been stewing for years' (d'Ancona 2016). It was as though the very possibility of intelligent debate was denied from the start. While we cannot tell what role these predictions played in fulfilling themselves, the political rhetoric over the next few months seemed to prove them right.

As the volume of the debate increased in the spring of 2016, each side began to denounce the other for appealing to people's primitive emotions rather than their civilized reason. The Leave side accused the Remain campaign of trying to frighten voters with gloomy forecasts about the consequences of a potential Brexit, a tactic

dubbed ‘Project Fear’ by its opponents (e.g. Delingpole 2016; Slack and Peev 2016). In his opening salvo as a member of the Leave campaign, Boris Johnson (2016) declared: ‘It is now obvious that the Remain campaign is intended to provoke only one emotion in the breast of the British public and that is fear’. He went on to state that ‘intellectually’, the reasons to vote leave were clear and urged people to ignore exaggerations peddled by the ‘agents of project fear’. The Remain-side of course argued that their warnings were based in fact or at least on the informed assessments of experts. But according to one columnist, ‘parading people in authority’ was itself a form of ‘emotional manipulation’ aimed at suppressing the ‘rational discussion’ that the Leave side wanted (Brolin 2016). Others agreed. The chief executive of the official campaign organization Vote Leave, Matthew Elliot (2016), claimed the Remain-side was spreading ‘scare stories’ to avoid ‘a rational and reasoned debate on the issues which actually matter’.

Unsurprisingly, Remain campaigners reversed the charge; it was the Leave campaign that relied on irrational emotions. One senior Labour MP, Andy Burnham, charged Leave campaigners with appealing ‘to the baser instincts of the public’ (Heffer 2016). Another commentator drew parallels between the Leave campaign and the presidential campaign of Donald Trump, arguing that both whipped up an irrational fear among working-class people worried about holding on to homes and jobs in a globalized world. A victory of Brexit and Trump, this commentator warned, was ‘a brain-freezing prospect where emotion would eclipse logic’ (Smyth 2016). However, the Remain-side explicated a point that the Leave rhetoric generally left implicit, namely, that those convinced by the arguments for leaving the EU were themselves emotional and irrational. *The Economist* (2016), for example, asserted: ‘Those tempted by Brexit are swayed by emotions: fears of foreigners; romantic ideas of sovereignty;

Trumpian calls to reverse globalisation’. As far as the Remain campaign was concerned ‘the facts’ were indisputably on their side. Reasonable people would thus obviously vote to remain (Mackenzie 2016). Yet as the referendum drew closer, there was a growing recognition that this was insufficient to guarantee victory, because, as one commentator put it: ‘Brexit is not about facts, it is about feelings and emotions’ (Schama 2016; see also Reade 2016).

Observers on both sides declared their belief that emotions would determine the outcome of the referendum. This belief found plenty of academic support (e.g. Vasilopoulou and Wagner 2016). Simon Jenkins (2016), a prominent British columnist, composed an even-handedly patronizing commentary for *The Guardian*. He too argued that ‘deep emotions’ would determine how people voted, claiming that voters were stumbling helplessly through the haze of facts that had saturated the public discourse: ‘Voters are told to think for themselves, and many find this unprecedented and painful’. But their anguish was pointless. For it turned out that science already had revealed that reason does not have any role in the decision-making of voters. Citing the social psychologist Jonathan Haidt, Jenkins explained that ‘hard-wired’ emotions determine voters’ behaviour: ‘How they vote depends on how they feel about themselves’.

Another commentator combined the findings of the psychologist David Pizzaro with Martha Nussbaum’s philosophical analysis of emotions to claim that disgust was the emotion to blame for subverting the role of reason in the referendum debate. Disgust, the commentator maintained, is ‘one of the most powerful biological responses we have’. Therefore, voters were defenceless against the ‘primitive pull’ of political arguments based on disgust (Mahdawi 2016). Even Daniel Kahneman, the behavioural economist and Nobel laureate, entered the debate to warn about the influence of emotions, lending his authority to the Remain-side. ‘The major impression one gets

observing the debate is that the reasons for exit are clearly emotional’, Kahneman said in an interview. ‘The arguments look odd: they look short-term and based on irrationality and anger. These seem to be powerful enough that they may lead to Brexit’ (Evanspritchard 2016).

No one seemed troubled that the voter these commentators constructed appeared, at best, to be a misguided child or, at worst, a merely emotive beast. While the ruling elites have long held views of this kind, it is troubling that the general citizenry may begin to think of themselves or, as is more likely, others in this way – i.e., as individuals always at the mercy of powerful or even irresistible emotions. If no one, not even you, believed that you could resist your emotions, then why would you try to?

Towards the end of the campaign the predictions that emotions would dominate the debate seemed to have been fulfilled. When one commentator a few days before the referendum observed that the campaign had been ‘conducted in a febrile atmosphere of emotion’ (Mail on Sunday 2016), this was true in two senses. Campaigners had set out to stoke emotions in favour of their respective side. When their own side was doing it, campaigners preferred to say that they were appealing to ‘the hearts and minds’ of the voters or that they were ‘making the passionate case’ for their side. Meanwhile, they continued to accuse opponents of fuelling primitive passions. Thus, emotions were certainly pervasive in the political rhetoric.

The atmosphere was also emotional in a second sense. Many campaigners seemingly took it for granted that ubiquitous, irrational emotions determined the political actions of the public. Moreover – and this is probably what most observers meant when they said that the referendum was emotional – members of the public themselves were reportedly emotional about the issue. This was no wonder, despite ambiguous messaging about whether emotions were good or bad. Over more than half

a year leading up to the referendum, people had been told that the EU referendum was an emotional matter.

For good or ill, the Brexit question, hence, generated a debate in which people experienced powerful emotions. Some emotions may have been politically destructive, silencing measured arguments, engendering animosities, and alienating people from the political discourse as well as one another. Yet, importantly, this debate and the resources people found within it also enabled many to transform emotions into public issues, to give their suffering a shared name and explanation – whether it was immigration or freedom of movement. One consequence of this widespread and protracted debate on Brexit seems to have been public articulations of emotion that were significantly less fragile than others explored in this thesis – as continuing protests and controversy more than two years after the referendum illustrates. As we shall see, this did not preclude efforts to break the connections that people had established between their emotions and the Brexit issue.

12.3 Doctor, I think everyone has Brexit Anxiety

The day after the referendum, on Friday, 24 June, the votes had been counted and a winning side declared; 52 percent of voters opted for the UK to leave the EU. London, Scotland, and Northern Ireland overwhelmingly voted to remain, whereas much of non-metropolitan England and Wales voted to leave. Prime Minister David Cameron resigned in response to the defeat of the side he had led. In the following days and weeks, massive protests materialized on the streets of major cities in which people expressed sadness, fear, and, most prevalently, anger about the result and its potential consequences. These were people ready to act against what many saw as a threat to the UK, Europe, and the world.

Although the referendum was over, and a majority of voters had opted to leave the EU, critical political questions remained. The most general and important of these was: What did Brexit actually mean? Despite this and other pressing issues, the new prime minister Theresa May, her government, and its supporters appeared intent on challenging the legitimacy of any further debate or public involvement on Brexit. Differently put, they attempted to depoliticize Brexit for ordinary citizens, sometimes through methods both banal and absurd – e.g. the May government’s adoption of the meaningless mantra: ‘Brexit means Brexit’. The intense and public emotions generated in the preceding months potentially imperiled these efforts. However, this problem seemingly began to resolve itself as people started to claim that these emotions were perhaps not political after all.

In the referendum’s immediate aftermath, there were reports that the number of people in therapy was surging. Some individuals had apparently been so upset by the result that they required professional mental healthcare. According to a headline in *The Sun*, psychiatrists had seen an ‘alarming rise in [the] number of patients seeking help for “Brexit anxiety”’ (Lockett 2016). Another tabloid suggested that Brexit anxiety had brought patients queuing for mental healthcare (Prynn 2016). Such assertions were not confined to the tabloids, although their claims were the most hyperbolic. *The Guardian*, *The Financial Times* and several other news outlets also suggested that the referendum had caused an increased demand for mental healthcare (e.g. Court 2016; Jacobs 2016; Orbach 2016; Watts 2016). An opinion piece in *The Telegraph* even implied that the increased pressure was pushing psychiatrists to the point of breaking (Fitzpatrick 2016).

What evidence did they have to support these claims? Not much. Among the articles I have surveyed, only one cited evidence of an increase in patients. The article in question quoted a staff member at a private mental health institution in London, who

claimed that a recent rise in patients was directly attributable to the referendum outcome (Moore-Bridger 2016). Other newspapers appear to have relied primarily on blog posts and opinion pieces written by mental health professionals. Among the most notable expert writers on this matter was the renowned feminist author and psychotherapist Susie Orbach (2016). In a piece for *The Guardian*, headlined with her name and the phrase ‘in therapy, everyone wants to talk about Brexit’, she described the volatile emotions that her clients had expressed about the outcome of the referendum, such as anger, fear, and – especially – anxiety. Other mental health professionals related similar experiences on blogs and professional websites. But none mentioned anything to support the claim that the number of patients was surging. What some did report was that most existing patients wanted to talk about Brexit.

While the queues of psychiatric patients might have been a figment of the journalistic imagination, the idea of ‘Brexit anxiety’ was not, or at least not entirely. The term seems to have first appeared in 2015, when it was used to describe the tendency of investors to withhold or withdraw investments from the UK due to the economic uncertainties that Brexit meant for businesses and the national economy. In this context, the word ‘anxiety’ bore little relationship to any subjective emotion and even less to any mental disorder (cf. Berezin 2009). Rather, it served as a shorthand for a particular economic indicator; this continued to be its primary usage in the months after the referendum.⁹⁴ In the hands of mental health professionals, however, it assumed a different meaning.

⁹⁴ A search in the ProQuest newspaper database for the string <“Brexit anxiety” AND (psychological OR mental OR psychiatric OR therapy)>, indicates Brexit anxiety was not used to describe mental health before 11 July 2016.

12.4 The therapist's guide to getting over Brexit

Throng of experts jumped on the chance to offer analyses of and advice on the mental health of the British population in the days after the referendum. Of special interest were those who had voted to remain and found themselves on the losing side of one of the most emotional and vicious political campaigns in the history of British democracy. Mental health professionals warned about the consequent rise of Brexit anxiety (Burgess 2016; Kurz 2016; Magee 2016; Private Psychiatry 2016; Sieger 2016a; The Speakmans 2016). The term's apparent meaning varied somewhat. Some experts seem to have used it to describe the worry that people might have had about the consequences of the referendum (e.g. Burgess 2016). Others employed it more broadly to encompass a range of negative emotions that people may have felt in the referendum's aftermath, including fear, sadness, and anger (e.g. Sanderson 2016). What most had in common was the idea of Brexit anxiety as an incipient form of mental disorder that needed to be managed carefully to avoid serious health consequences. In an article considering the mental health effects of the referendum, one therapy clinic warned that the emotional anxiety and depression people felt in the wake of Brexit were 'symptoms' that should not be ignored:

They are the biggest causes of mental health problems and one of the main reasons patients come to our practice – they can even cause further problems with physical health if not recognised and treated properly.

(Private Psychiatry 2016)

Cautions of this kind were common. On its website, the Mental Health Foundation, one of the oldest mental health charities in the UK, advised people to manage feelings of anger, regret and fear 'proactively' to avoid mental disorder and 'adjust to whatever the

post-Brexit reality brings'. The foundation listed several activities that could aid people in this process, such as exercising, using self-help apps, and disconnecting from the news cycle (Rowland 2016; see also LeBon 2016; Sanderson 2016).

The notion that one had to acknowledge one's lack of control in the face of Brexit and instead focus on 'what really matters' – like family and friends, as well as personal and professional success – was a central element in many plans. Among the most colourful examples was a YouTube video in which a therapist showcased his avowed ability to help people to 'get over Brexit' using neuroscience-based hypnotherapy (Cullen 2016a; 2016b). The video shows the client, a middle-aged man, who begins by describing his anger over the referendum outcome. The man explains that he is distraught about the referendum result and how the Brexit debate has divided the country. Halfway through the video, we are to understand that some kind of treatment has transpired, and the therapist prompts the man to explain how the treatment has helped him. The man responds:

It's made me realise that I can't do too much about it and it is really what it is. And we need to hope that things can become better. And for me to just accept it and let it go. (Cullen 2016a)

What stands out about this example is not the treatment, which is obviously outlandish. Most serious therapists, no matter how well-versed in neuroscience, would avoid claims that they could achieve results like this in a single session. What is striking is the patient's response, which is portrayed as the ideal treatment outcome: The patient has realized that he can do nothing about the state of the country; all he can do is to accept it and hope it gets better. The cure for his troublesome feelings about the state of

politics is, apparently, the insight that he is politically impotent. This seems to be the desired result of all the Brexit anxiety action management plans mentioned so far.

The effect of this and other management plans seems to be to reverse the transformation from subjective emotional experience to public issue. They explicitly guide people to sever the connection between their emotions and politics, under the premise that failure to do so may lead to serious disease. If we believed that our emotions were tied to Brexit and its consequences, we were mistaken. What we must understand, these experts urge us, is that politics is not the cause of our suffering: we are. It is notable that these plans do not simply entreat the individual to conceptualize their emotions in individualized and depoliticized terms. They also urge her to distance or cut herself off from other empowering factors – like agonistic affiliations, ongoing debates, and public spaces where shared issues are discussed – and replace them with relationships, spaces, and tools that focus her attention on private matters. Without these empowering factors to maintain the public articulation of her emotions, the individual may soon come to the conclusion that her emotions were not really political after all – even without the help of neuroscience. As we shall see next, certain workplaces made similar recommendations to their employees.

12.5 Dangerous emotions beyond the clinic

‘But what’s the problem?’ you might ask. ‘Few people read mental health blogs. Those who do read them probably have a history of mental health problems and are especially vulnerable to the emotional fallout of political events’. But we have already seen that newspapers picked up the idea of Brexit anxiety and warnings of other dangerous emotional (over-)reactions to the referendum from these experts, disseminating them far beyond the regular readership of therapy blogs. In some articles, Brexit anxiety even evolved from an incipient if dangerous symptom into a full-blown disorder. For

example, at the bottom of *The Sun* report on the ‘alarming’ spread of Brexit anxiety, an information box titled ‘The Official NHS Doctors Guide to Anxiety’ provided a list of symptoms and neurological causes of anxiety disorder (Lockett 2016). Thereby, *The Sun* and other publications also propagated the view that people had to manage Brexit-related emotions carefully to avoid mental disorder.

Neither did these ideas merely bounce around in a media echo chamber. Following the referendum, several organizations started offering special mental health support for staff who needed help to cope with Brexit. Some universities arranged group-counselling sessions for this purpose. For instance, staff at the University of Nottingham who had ‘concerns about the potential changes following the Brexit decision and wish[ed] to enhance the ways in which they manage their own well-being’ could attend a half-day workshop where they could learn ways ‘to navigate the uncertainties of political changes’ and ‘how to feel more in control when face[d] with uncertainty’ (University of Nottingham 2016). In an analogous effort, the University of Leeds published on its website a guide for dealing with negative emotional reactions to Brexit. The ‘tools and strategies’ contained in the guide were, not surprisingly, almost identical to those in mental health blogs. They included: appreciating the things one has, limiting exposure to news, avoiding agitating situations, and paying careful attention to the signals and needs of one’s body (Staff Counselling and Psychological Support Service 2016). Given this, it seems likely that the effects of the medicalization of Brexit anxiety and other emotions extends beyond those with a history of mental disorder.

The claims of mental health experts and newspapers may have led people to think of negative emotions regarding the referendum as personal problems of mental health, which could lead to serious medical problems if left untreated. Obviously, not everyone

who voted remain bought into this. As mentioned, in the period after the vote, tens of thousands of people took to the streets to protest the result. Millions signed online petitions for another referendum. These people were probably not thinking about their fear, grief, and anger as symptoms of mental disorder. However, even those who did not embrace the idea of medicalized Brexit anxiety and related emotions were vulnerable to its disempowering effects. Within the right-wing media, the phenomenon of Brexit anxiety, the provision of therapy for those supposedly suffering from it, and the use of psychiatric concepts to describe distress among Remain-voters, became a means to delegitimize political opponents. In the days after the referendum, the *Daily Express* and *Breitbart* both highlighted conversations in online forums between young Remain-voters. The forum posts showed individuals describing themselves as ‘grieving’, ‘sick’, and feeling ‘genuinely depressed’, leading the *Daily Express* (2016) to assert, without evidence, that thousands of ‘whinging students are complaining they’re suffering from depression’. Drawing on posts from the same online discussion, *Breitbart* proclaimed that ‘students “depressed” and “traumatised” by Brexit say they will fail exams’. The article accused these students of holding ‘firmly anti-democratic views’ (Deacon 2016). It suggested, in effect, that to experience and express strong emotions about the referendum result was not only irrational, but antithetical to democratic values.

Some politicians and pundits pushed similar views. An NHS trust in southeast England was apparently among the first to announce, days after the vote, it would provide free mental health support for staff emotionally affected by the outcome. Reacting to the announcement, the UKIP MEP Jane Collins called the initiative ‘an insult to democracy and an insult to people who expect their NHS to deliver health care for sick people not those having referendum-related tantrums’ (Stevens 2016). Whereas

many mental health bloggers sought to characterize the emotional fallout on Brexit as shared by both sides, Collins had no time for such pretences. In her view, it seems, only a loser would have reason to feel upset. Collins also stated more plainly what *Breitbart* had implied: people who respond to Brexit with irrational tantrums are undermining British democracy and its core institutions. The previously mentioned initiatives at the universities of Leeds and Nottingham provoked comparable reactions when they came to light. ‘Democracy has proven too hard to stomach for University of Nottingham academics’, a contributor on *The Conservative Woman* blog remarked. ‘Sulking snowflakes will enhance their “skills for resilience in response to the Brexit decision” by having half a day off work to sit in a room and moan about the grubby lower classes who upset them in June’ (The Conservative Woman 2016; see also Mikelionis 2016).

The harsh rhetoric and *ad hominem* attacks on people who voted remain are not surprising. Left- and right-wing pundits alike have a penchant for attacking opponents’ identities and right to a fair hearing rather than their arguments. The more interesting aspect of these attacks from the right is that they show how the medicalization of post-Brexit emotions could be utilized as a political weapon – a weapon that depoliticizes opponents’ views. While there are significant differences between the views of the mental health experts and the right-wing commentators on the issue of Brexit anxiety, they also share some core features. Both were, in effect, claiming that the strong emotions some people experienced in the referendum’s wake were irrational feelings resulting from individual flaws rather than legitimate political concerns. Although therapists and right-wing pundits disagreed on the specific methods for how these individuals should overcome their flaws and what they should be called, their message was essentially the same: ‘Get over it. Move on’.

The medicalization of emotions and associated concepts detailed above may not have undermined the self-perceived right of campaigning political activists to participate in the political debate on Brexit, at least not in the first instance. Few activists on the street would accept the view that they are suffering from mental disorder rather than experiencing politically relevant and justified emotions. But such medicalized narratives might still sway those who occupy the middle ground and exacerbate the rift between protestors and ‘regular’ people who do want to ‘move on’ – or have heard that they should be moving on – with their lives. To these people, it may well seem that only mentally troubled individuals become so upset about politics that they take to the streets. Normal, healthy citizens do not cause a fuss. They leave politics to the politicians. They keep calm and carry on.

12.6 Conclusion

I began this chapter by examining the emotional dimensions of the EU referendum debate, focusing on how the rhetoric in the debate expressed, attributed, and generated emotions. As we have seen, the debate was emotional in several ways. Emotions may or may not have played the primal and supreme role in voters’ decision-making that political psychologists and neuroscientists claim they always do. This is less important than the fact that emotions were constantly talked about and imputed to particular views and people, contributing towards a context in which people conceptualized and experienced their own and others’ views in emotional terms. Emotions were, thus, not only experienced subjectively but also transformed into political views. These emotions did not dissipate when the referendum was over. Their persistence and strength rendered them troublesome for the reconstituted Conservative government and its goals after the referendum. Massive numbers of people took to streets and the internet to oppose Brexit, which undermined the government’s attempt to assert its authority and push

through its version of Brexit. The connections between the political issues and the emotions that animated the protesters and others who opposed Brexit soon began to fray.

In the referendum aftermath, there were reports that people were flooding psychiatric clinics to receive care for what some were calling Brexit anxiety. The lack of substantiation for these claims did not prevent journalists and mental health experts from suggesting that strong emotional reactions to the referendum were incipient and widespread symptoms of mental disorder. Many experts urged people to monitor and treat these emotions lest they develop into a full-blown illness. To this end, people had to understand that their emotional reactions had more to do with their personal history or neurology than events in the world; they also had to recognize their powerlessness in the face of political events and focus on their own private lives. Some employers took these warnings seriously and began to offer resources to help their employees treat their creeping symptoms. Meanwhile, right-wing pundits used the reports to charge that the anti-Brexit protests after the referendum could be dismissed as the irrational tantrums of ‘sulking snowflakes’.

While this may not have dissuaded seasoned activists from taking to the streets, it signalled to others that it was risky to feel strongly about Brexit. Since powerful negative emotions could be symptoms of mental disorder, it was important for normal, responsible citizens to pay careful attention to themselves and those close to them, so they could nip these emotions in the bud before they spiralled out of control. Ironically, we have seen that this entails recognizing one’s lack of political control and focusing on one’s allotted private sphere. This is of course troubling. Powerful negative emotions are central to political action (§3.1). The reason we decide to act politically is usually because we perceive some wrong in the world, something that evokes emotions such as

sadness, fear or anger. If these emotions were not powerful, we would not act on them. A vital source of political agency is therefore choked off when intense negative emotions are interpreted as symptoms of mental disorder rather than as responses to political issues. This does not mean that emotional experiences and expressions cease to occur, or that we fail to perceive them in others; it means that when we have them or perceive them in others, we interpret them as phenomena void of political meaning. If we or those around us believe that our emotions carry only medical meaning then our ability to transform our emotions into political views is severely undermined, along with our capacity to form the connections that constitute political action.

Overall, the contemporary cases have provided clearer examples of medicalizing attacks against political actors – as expected, given warnings of proliferating psychiatric diagnoses, widening symptom lists, and the associated medicalization of negative emotions. We have also seen examples in the last two cases of how the deployment of psychiatric concepts in public discourse can undermine political agency. They can prompt people to deny the connection between their emotions and political events. They can lead people to distance themselves or be distanced from the relationships, spaces, and other resources that empower them to act. Psychiatric concepts can and have even become part of the legal justification for, effectively, ending political action. Yet these kinds of effects may not be as pervasive as expected. UKIP largely avoided medicalizing attacks, despite being *prima facie* a likely target. User/survivors activists also evaded explicitly medicalizing attacks but faced instead other disempowering factors associated with trying to act politically in an arena generally regarded as apolitical. Notably, we have seen how concepts that enabled activists to politicize their suffering and problems have been co-opted and individualised by governments and the

healthcare system, with disempowering effects. However, the case of the user/survivor movement also highlighted the potential for psychiatric concepts and institutions to enhance political agency with respect to certain healthcare-related matters.

The political implications of medicalization are complex, more so, as we shall see, than some of the critics and defenders of medicalization have suggested. We shall now proceed to the concluding part of the thesis, in which I draw out key insights of the case studies, consider how they bear on recent scholarship on the political effects of medicalization, and reflect on what we have learned about how the medicalization of negative emotions impacts political agency.

Part 4:
Conclusions

13.

Medicalization and political agency:

A comparative analysis

13.1 Introduction

The impetus for this thesis was the worry that the medicalization of negative emotions undermines political agency. Drawing upon Arendt's political thought, I have defined political agency as the capacity of an individual to act in concert with other people to shape or respond to public issues. A range of factors can enhance or diminish this capacity; I have outlined five: affiliations, spaces, things and tools, laws and institutions, and concepts. I have also observed that negative emotions, such as anger, sadness, and fear, can alert us to and drive us to address perceived wrongs. If we are able to articulate emotions in terms of issues that we share with others, they can engender political action; this ability to transform emotions into public issues is constitutive of political agency. Medicalization appears to threaten this ability in particular and political agency in general by interfering with empowering factors or by generating disempowering ones. To investigate whether the medicalization of negative emotions indeed undermines political agency, I have conducted seven historical and contemporary case studies of political action by people whose emotional and mental fitness for public life has been called into question. Each has examined the relationship between political agency, negative emotions, and ideas of mental disorder.

In this chapter, I work through and try to explain key insights of the case studies. After a short summary, I discuss similarities and differences between the contemporary and historical cases. Perhaps the most surprising feature of the contemporary set, given

the apparent medicalization of negative emotions, is that psychiatric concepts have been deployed against political actors only in some instances. I explore three possible explanations for this. I then consider how my approach and findings may inform our understanding of the political impact of medicalization – especially with regard to political agency – and conclude with a brief summary.

13.2 A brief case review

We have seen that, in the nineteenth century, experts theorised a link between political action, negative emotions, and insanity. They warned that the poor, with their wild passions, were especially vulnerable to the detrimental effects of political participation. Yet many people were deeply suspicious of the growing authority of psychiatrists and the influence of their ideas on legal and political arenas. This helps to explain why there were only limited attempts to medicalize the activists involved in two of the principal political events of the 1860s, namely, the reform movement and the launch of the women's suffrage movement. In their struggle for working-class voting rights, the reform movement's members suffered harsh rhetorical attacks. Seeing the hundreds of thousands of workers gathering across the country to demand the vote, their opponents denounced the dangerous passions that were supposedly evident in these actions, but did not accuse them of psychopathology. On the other hand, opponents of women's suffrage proved more willing to resort to such accusations. The Antis, as they were known, warned of the dire effects that political action could have on women's health, with some even asserting that politics would drive women insane. However, here too, attempts to delegitimize the idea of female suffrage and the women campaigning for it generally seemed to be based more on tropes about female emotionality and the danger of inviting unchecked passion into the political arena than ideas about insanity. It, thus,

appears that misplaced and exaggerated emotions rather than mental ill-health were the central concern of opponents of both workers' and women's suffrage.

Since the 1860s, psychiatry – including its concepts, spaces, and tools – as well as its relationship to the broader medical profession, patients, government, and politics generally, have undergone significant changes. The understanding of insanity or mental disorder widened progressively during the nineteenth century to incorporate a greater range of symptoms, including ones that were increasingly difficult to detect. Partly in consequence, care for the insane began to shift from the hospitals to the community in the 1950s. New tools of surveillance and intervention emerged to discover and help those who were or could become mentally disordered. These and other changes have apparently led people to think of and act upon an increasing variety of negative emotional experiences as symptoms of mental disorder. However, alongside these medicalizing changes, we also saw the emergence of new healthcare and welfare institutions, patient groups, concepts highlighting discrimination against and maltreatment of individuals with mental disorder, and, eventually, legal protections addressing some related injustices.

Given the expansion of psychiatry, it is unsurprising that the twenty-first century has furnished clearer examples of the medicalization of negative emotions and political action. But it has also underlined the ongoing political resistance to medicalization. The existence of the user/survivor movement demonstrates that there are factors that motivate and empower individuals to contest the authority of psychiatric concepts and treatments, along with that of psychiatrists themselves. Yet in attempting to act politically against and within a medical field, user/survivor activists face special disempowering factors as well. For example, user/survivor concepts such as 'recovery' have been co-opted and depoliticized by the government and the healthcare system,

removing or at least undermining a hermeneutical resource that activists and others with a diagnosis were able to use to articulate their suffering as a public issue amenable to political action. Outside of medicine, within traditional politics, the relationship between psychiatry, negative emotions, and political action was more complicated than expected. UKIP and its supporters did not suffer many medicalizing attacks, which was surprising given scholarly warnings about the medicalization of racism. UKIP's opponents instead used tactics similar to those used against the reform activists and the suffragists in the 1860s, accusing its supporters of being subject to primitive and irrational emotions. By contrast, in the Occupy movement and the Brexit referendum's aftermath, the deployment of psychiatric concepts against activists and dissenters was more manifest. With respect to Occupy, observers suggested that a significant contingent of the evidently impassioned protesters was mentally disordered, which then became an argument for forcibly dispersing the protests. After the Brexit referendum, expert commentators warned that the powerful negative emotions that people felt about the result could be signs of mental disorder and urged people to manage them carefully. In both cases, public articulations of negative emotions apparently provided grounds for medicalizing citizens and their political actions.

13.3 A diachronic analysis

This section considers notable similarities and differences between the two sets of cases. I highlight shifts in the deployment of psychiatric concepts against political actors and draw out some implications for political agency.

13.3.1 Similarities

In the 1860s as well as in the past decade of the twenty-first century, people have had good reasons to think that there is a worsening epidemic of mental disorder, including

official statistics. As Foucault (1991: 96) famously observed, statistics originally meant ‘the science of government’. Statistical tools give governments and others the capacity to define populations and norms based on standardized information about individuals, such as their mental health.

Of course, statistics have not only been used to develop healthcare services and to control problematic individuals. Even in the 1800s, some framed the proliferation of insanity as a symptom of society’s degeneration, rather than as the weakness of certain individuals or groups. But among those making such claims, few used the epidemic as an argument for reforming or abolishing the social and economic structures apparently fuelling it. Today, the situation is clearly different. In the past few years, several popular books have argued that the rise in mental disorder can be attributed to large-scale structural issues, such as economic inequality, or even capitalism as such. Despite the popularity of these books, the publication of new statistics on mental disorder do not usually draw calls for economic or social reforms and certainly not for workers to revolt. Instead, politicians and pundits generally respond with calls for more and better interventions on individuals (but cf. Monbiot 2016; Watts 2017). While these calls can and sometimes do crystalize into public issues and prompt ordinary citizens to demand improvements to, for example, the NHS through concerted action, they also threaten to diminish the political agency of people who resist or refuse medical concepts – more on this later.

Earlier, I elaborated on what has been called ‘the emancipation of emotion’, pointing to some signs that we, at least in the UK and the US, have relatively recently come to accept, even expect, more explicit expressions of and appeals to positive as well as negative emotions in public discourse (§3.5). For women, workers, and minorities, whose words and actions have long been dismissed as overly emotional, this

development has likely been politically empowering. The case studies offered some corroboration for this. Especially in the context of the Brexit debate, we saw politicians and pundits recognising the role that emotions would play in the referendum and acknowledging publicly that they would have to appeal to these emotions in order to win. Moreover, in the contemporary cases, negative emotions no longer seemed so explicitly associated with a particular gender or class. Still, as mentioned, the reason-emotion dichotomy remains entrenched in liberal-democratic political institutions, practices, and thought. Emotional words and actions in the wrong contexts by the wrong people have long been and continue to be grounds for political marginalization or even exclusion. We saw in the historical case studies that the alleged excess of negative emotions and correlated deficiency of reason among politically active workers and women was used as an argument for denying them voting rights and as a means for undermining their political agency. Citizens from lower socio-economic groups today, or at least those who support UKIP, apparently continue to suffer such charges in public discourse rather than medicalizing attacks, which seem to be reserved mainly for middle-class activists.

We find another striking similarity in the emotionalizing attacks on political leaders and their supporters. Recall that one newspaper described John Bright, a leader of the reform movement, as a ‘camel in the desert’ carrying ‘waters of bitterness’ throughout a country whose inhabitants had nothing to be bitter about (The Spectator 1865). This resonates with characterizations of Farage, UKIP’s former leader, who, among other things, has been called ‘a pustule of resentment on the body politic’ (Moore 2014). Both were represented as something alien, implying not only that their supporters were passive recipients of the negative emotions that these men peddled, but also that their supporters had no rational basis for these feelings, rendering them politically

inadmissible. These implications fit well with other figurative characterizations of the aims of reform activists and UKIP supporters as symptoms of a broader disease. There were also explicit accusations of emotionality and irrationality aimed at each group, representing activists and supporters as subject to primitive and uncontrolled feelings of anger, fear, and sadness. It is noteworthy that both consisted primarily of working-class people, and that the latter-day emancipation of emotions seems not to have dulled the edge of emotionalizing attacks. If anything, the attacks on UKIP supporters were sharper than those on reform activists. Not even Lowe, a fierce opponent of parliamentary reform, resorted to comparing workers to cavemen – or savages as would have been a roughly equivalent idea available in the 1800s – as one twenty-first century newspaper columnist did with regard to UKIP supporters (Sylvester 2013). Neither did Lowe appeal to scientific evidence ostensibly proving that the backwardness of workers was due to the constitution of their brains (cf. Huhne 2014).

The case studies also have in common that they, in various ways, bear out the Arendtian warning of the political dangers of idealising the capacity for either rationality or feeling. I have elaborated on why ideas of insanity and mental disorder may be particularly pernicious in this regard (§2.5.5; §3.5); but we have also seen how reason, good and bad emotions, advanced and primitive brains, and other ‘psychological substitutes, localized in the realm of invisibility’ can be used to disempower and exclude. These kinds of factors are deeply rooted in our political discourse and are likely to confront any ordinary citizens who want to enact change. Yet, we have also seen, most prominently in the case studies on the struggles for suffrage, but also to an extent in the user/survivor movement, that it is sometimes in the act of confronting these disempowering factors on their own terms, that the political agency and power to enact change is to be found.

13.3.2 Differences

So far, I have emphasized similarities between the historical and the contemporary case studies. However, a central reason for constructing two sets of cases was to permit an analysis of how the use of psychiatric concepts in public discourse had changed. And important differences are apparent. The most general is perhaps the shift in the consistency and intensity with which psychiatric concepts have been deployed against certain activists and groups. My accounts of the reform movement and the suffragists both covered several years. Concepts of mental disorder, or insanity rather, were used in multiple instances, especially in relation to women's suffrage activists. Yet these efforts were relatively few and far between, and some were met with significant resistance. By contrast, the contemporary case studies of the Occupy movement and the Brexit referendum covered only a few months. During these relatively brief periods, the use of psychiatric diagnoses and related concepts against activists or opinions seemed sustained and faced little pushback. There are a few possible explanations for this. One is likely changes in the news media and the speed of the contemporary news cycle, which tend to produce more intensive coverage and short-term use of certain ideas. This could be why so many newspapers were writing about Brexit anxiety and related problems after the referendum. Still, this cannot be the whole story.

The notion of Brexit anxiety as a mental problem seems to have originated among mental health professionals, been picked up in news reports, and then exported into political columns and blogs as well as employee manuals. In the case study of Occupy, we saw similar medicalizing attacks on activists, but over a longer period than in the Brexit case, and in two different national contexts. Notably, these efforts took a more concrete form in relation to Occupy, where police, property owners, and the courts used mental disorder as a pretext for removing individual activists and even disrupting entire

protests. The uptake of psychiatric concepts in connection with political issues and action across different contexts – news, politics, mental health, and law – as well as the application of these concepts to regulate employees and prosecute protesters suggests that people in the twenty-first century indeed have a greater inclination to understand negative emotions in political discourse as symptoms of mental disorder. I do not mean to exaggerate this shift, which is less significant than I had expected at the outset. However, a reason why even this relatively small shift is noteworthy is that it does not straightforwardly correspond to the introduction of new and more general diagnoses. Several psychiatric concepts were available in the 1860s – e.g. political excitement – that could have been used to transform negative emotions into symptoms of insanity. Nevertheless, they were seldom invoked either in public discourse or in medical practice. Thus, contrary to what contemporary critics of medicalization suggest, the fact that the description or diagnostic criteria of a mental disorder are general enough to categorize a range of experiences as symptoms of disorder does not mean they have been or will be used in this way.

A psychiatric diagnosis or an expansion of its criteria may still have major political effects. The existence and definition of a diagnosis clearly affect whether and how people are able to use it. Hence it is significant that despite the progressive expansion of diagnostic categories in the DSM and the ICD, these handbooks still do not contain any diagnoses that openly define political action as a symptom or cause of mental disorder. Nor do the leading psychiatric or psychological textbooks today list political reflection or action as a primary cause of mental disorder. As mentioned (§1.2), *DSM-5* explicitly aims to exclude behaviours that are politically motivated or may be deemed deviant for political reasons. That said, neither such stipulations nor the absence of explicit references to politics in contemporary diagnostic criteria means that they

cannot be used to medicalize political action and other experiences anyway. While concepts like political excitement or *Anarchia* are not part of the contemporary psychiatric lexicon, diagnoses without explicit political connotations are evidently present in public discourse.

Relatedly, it is also noteworthy that people no longer believe that madness or mental disorder is something ‘easily recognised’, as many apparently did in the 1860s. People today generally accept that mental disorder is often invisible, detectable and treatable only with the help of highly trained experts and complex medical technologies. As discussed (§2.5.5), one reason psychiatric diagnoses can be both empowering and disempowering politically is that they transform something invisible into something visible by giving it a publicly recognized and professionally endorsed label. The result is less fragile, or more authoritative, than most other names we have for subjective experiences, including emotion terms (§3.5-6). This can be illustrated by the way expert commentators and others frequently dichotomize sadness and depression.⁹⁵ Popular guides for distinguishing between the two lead readers to believe that if someone’s experience could be diagnosed as depression then anyone who called it sadness was always wrong (e.g. Winch 2015). Furthermore, as the efforts of user/survivor activists show, once some experiences have been given a public shape as a psychiatric concept, it is difficult to challenge. This means that while the medicalization of negative emotions has multiple benefits, enabling some people to transform their experiences into something that they can talk about and perhaps even act on politically, it also leaves them vulnerable. At any point, they and others may be told that what they thought was grief, fear, or anger about public issues, was a mental disorder all along.

⁹⁵ E.g. a Google search for “depression vs. sadness” yields nearly 5,9 million results.

13.4 Explaining the role of psychiatry in twenty-first century politics

As noted, the use of psychiatric concepts in contemporary political discourse is less prevalent today than expected. However, some politically active individuals and groups have become targets of medicalizing attacks, whereas others have largely avoided them. This section considers three reasons why medicalization is not more common and why some political actors rather than others have been subjected to it: (1) the authority of psychiatry is waning; (2) there is a general tendency to pathologize protests; (3) psychiatry is a last resort for disempowering middle-class people.

13.4.1 The authority of psychiatry is waning

One possible explanation for why psychiatric concepts are deployed less frequently than expected against activists and others in public discourse could be that their authority is, counterintuitively, decreasing. This may mean that other concepts – e.g. labels pertaining to emotionality or racism – are a more effective means of disempowering problematic individuals. A related argument has recently been made by John Iliopoulos (2012). Drawing on Foucault, Iliopoulos contends that psychiatric authority is ‘being undermined while apparently being ever more closely inscribed in social practices’ (49).⁹⁶ Foucault (2006b) understood the emergence of psychiatric authority as closely linked to the asylum and the confinement of the insane within its walls – though he, notably, credited psychoanalysis with decoupling this authority from the asylum (2006a: 510-511). Developments in psychiatry and mental healthcare across the past century – including deinstitutionalization, the introduction of new diagnostic tools and treatments, an increasing emphasis on early treatment and prevention, and, of course, the medicalization of emotions and other experiences (§8.1-2) – have disseminated and

⁹⁶ For a similar assessment from a different theoretical perspective, see Charland (2013).

created a demand for psychiatric ideas and expertise across society. Iliopoulos notes that psychiatrists today are often called upon to offer judgements about individuals and populations outside the health services, including in schools, workplaces, various government institutions, and courts; He pays particular attention to the role that psychiatrists play in Mental Health Tribunals, in which they act as ‘expert’, ‘witness’, and ‘decision maker’ (2012: 56-57). Iliopoulos argues that although this may ‘seem as an intensification of the psychiatrist’s role in the system of social control and a strengthening of his power’, it is in fact an overextension of psychiatric authority that unavoidably generates failures and reveals its limits: diagnoses sometimes turn out to be wrong, treatments sometimes prove ineffective, risk assessments sometimes fail to detect dangerous people, and so on. For psychiatrists, this has meant submitting to increasingly complex regulations and expectations of accountability, as well as giving patients greater influence over their care. For psychiatry as a whole, this has meant that its authority has become increasingly contestable.

The observation that the development of psychiatry – even if its underlying logic is to produce ever more effective means of managing the mentally disordered – has engendered or revealed weak spots where its authority can be challenged is an important one. My own remarks about the potential for psychiatric concepts to empower people who seek to shape psychiatry and healthcare systems emphasize one way in which psychiatry has armed its own challengers. The case study on the user/survivor movement featured several potential symptoms and causes of the weakening authority of psychiatry, such as user involvement, the public debates about psychiatric diagnosis preceding the publication of *DSM-5*, and the neutral and occasionally positive reporting on the user/survivor movement in the news.

So psychiatric authority does seem to be uneven and have vulnerabilities. But does this really mean that the authority of psychiatry has weakened significantly in recent years? Or even that, as Iliopoulous claims, psychiatric authority ‘seems to be overturned altogether’? The experiences of user/survivor activists suggest otherwise. We have seen, for example, how British psychiatry has been able to absorb user/survivor concepts such as recovery, redefining them as simply another component of the mental healthcare system, while disposing of their critical and political implications. Psychiatric authority might have weakened, but as long as the profession is capable of neutralizing critique with such apparent ease, it is hardly about to be overturned.

13.4.2 There is a tendency to pathologize protests.

Earlier I remarked that a major difference between UKIP and the subjects of the other contemporary case studies is that UKIP participated in the traditional fray of politics, with parties, parliaments, and elections; the user/survivor movement, Occupy, and Remainers post-referendum acted primarily outside the formal political process, especially through grassroots organizing and protests. Dimitrios Theodossopoulos (2014) has argued that there is a general tendency within contemporary liberal-democracies to brand people engaging in these kinds of political action as dangerously abnormal (see also Gould 2010). This is an old phenomenon in the British context, as we saw in the chapters on the Reform movement and the suffragists. Still, the idea that it is abnormal to engage in street protests may be more plausible to people today than a few decades ago. Few obvious legal obstacles exist that prevent individuals – except for minors and prisoners – from voting in elections and referenda. Virtually anyone is permitted to attend and speak at local government meetings, and to write or call their MPs or other government officials to express their views, even if the efficacy of these

forms of action is often questionable. Furthermore, over the past decades, the government has introduced measures to ensure that many proceedings are public and that a range of views are represented in both parliamentary and bureaucratic decision-making processes. Given this, it might seem that something abnormal must be driving certain people to act outside the formal political process. Because of a general medicalization of negative emotions, as well as other experiences and behaviours, a psychiatric diagnosis may appear to be an appropriate label for their abnormality.

This partly explains why Occupy protesters and Remain supporters became targets of medicalization while UKIP did not. But it also raises questions. There is no obvious reason why protests or protesters would appear more abnormal than the arguably racist policies of UKIP. In the case studies, the outrage aimed at UKIP seemed equal to if not greater than that directed at Occupy. Both were targets of what Theodossopoulos (2014) would term, somewhat imprecisely, ‘pathologization’ (§1.4) – i.e. attacks characterizing them as abnormal. So, if psychiatric concepts have become preferred terms for extreme abnormality, why did UKIP mostly avoid medicalizing attacks while Occupy did not? Moreover, why did user/survivor activists, who both engaged in protest and espoused controversial views, also largely avoid medicalizing attacks?

Before proceeding, I also want to caution against subsuming medicalization in politics under more general ideas like pathologization. As I have stressed, medicalization has a different force than for example emotionalization, irrationalization, and other attempts to delegitimize individuals or their experiences. Saying that someone is racist does not imply that they need medical care. Saying that a protest is emotional does not justify its eviction. Saying that someone is eccentric does not mean that they should be forced to take medication. Evidently, these other labels

are disempowering as well; but part of what makes psychiatric and other medical concepts an especially significant disempowering factor is that they enable and justify such interventions.

13.4.3 Psychiatry is a last resort for disempowering middle-class people

The case studies suggest medicalized concepts are invoked primarily against groups and issues whose principal support apparently stems from the middle class. This claim requires some qualification: The groups I have in mind here are the Occupy movement and Remainers post-referendum. Some members and supporters of each doubtlessly came from lower socioeconomic strata. However, polls suggest that one of the strongest correlates of support for each group or issue was a university degree and higher income (Moore 2016; Swales 2016; Quinnipiac University 2011; Zhang 2018). Meanwhile, the same factors correlated negatively with support for UKIP; individuals with a university degree and an annual household income of more than £40,000 were significantly less likely to support the party (Kellner 2013). Categorizing Occupy and Remainers as middle class, thus, seems justifiable, even if it entails some stereotyping.

What makes the middle class a more apt or desirable target for medicalization in public discourse? Firstly, the deployment of psychiatric concepts in political discourse can be resource intensive, partly because it may involve the use of experts. Experts who are ready to say the right thing or make the right diagnosis can be difficult to find. Even if one is found, another may come along who disputes the claims of the first. Other risks are also involved in using psychiatric concepts against one's political opponents. Given that most people know someone with mental disorder or may even have been diagnosed themselves, one might alienate publics and potential allies by claiming that a political opponent is mentally disordered (Harper 2009). Furthermore, if the authority of psychiatry is in fact deteriorating, it might not be worth either the investment or the risk

of attempting to medicalize political opponents if other equally or more effective ways of weakening their political agency are available. As the work of Iris Marion Young (2000: esp. 39-40, 81) shows, working-class individuals are subject to well-established disempowering factors: Certain kinds of affiliations are closed or invisible to them. Formalized political spaces and institutions privilege ways of intervening they cannot use or which do not serve them. They lack access to or proficiency in tools that could allow them to amplify their voices. And, they are vulnerable to numerous disempowering concepts, some of which are integral to the liberal-democratic political vocabulary and have often been used to depoliticize their words, deeds, and concerns. Examples include the reason-emotion dichotomy and related notions about the inherent dangerousness of negative emotions, like anger, fear, and sadness.

This plausibly explains why UKIP and its mostly working-class supporters largely avoided medicalizing attacks. Its supporters were called many things other than mentally disordered, including racist, primitive, eccentric, and emotional. These labels are both relatively effective and easy to use in public discourse. They constitute the antitheses – asymmetrical counter-concepts (Koselleck 2004: Ch. 10) – to concepts that we generally use within the liberal-democratic tradition to describe competent citizens, such as tolerant, forward-looking, informed, and reasonable. They are also characteristics that are associated with the poorer and lower-educated individuals who constitute UKIP's base. We should remember as well that although the attacks on UKIP appealed to traditional liberal-democratic language and dichotomies, they were occasionally supported by genetic and neuroscientific ideas, which probably amplified the authority and effectiveness of the attacks. After all, the emotionality and the supposedly corresponding lack of reason of a group are likely to seem more dangerous if it proves to be a genetic characteristic and is, hence, impervious to argument. So,

while these labels differ in important ways from medical ones, they too may draw on scientific authority (see also Foucault 2003b: 255-256).

The labels applied to UKIP's supporters may be less effective on middle-class individuals. By definition, members of the middle class possess credentials and resources – a university education, a well-paying job, etc. – that have long been signifiers of autonomous and competent citizenship. They are likely to have better access to empowering factors, including hermeneutical resources that allow them to express concerns in an apparently dispassionate manner or access to spaces where their emotional expressions will be regarded as legitimate. Hence, accusations that they are stupid or ignorant will not work. Attempts to depoliticize the concerns and political actions of the middle class could, therefore, require other disempowering labels.

It may also be that psychiatric concepts are more effective on wealthier and better educated people. Higher socioeconomic status has been correlated with greater knowledge about mental disorder, including awareness of symptoms and treatments (Evans-Lacko et al. 2013). Greater knowledge of mental disorder has, in turn, been linked to greater willingness to discuss and seek professional help for mental health problems (Rüsch et al. 2011). Given this, psychiatric concepts are more likely to play a central role in the hermeneutical resources of middle-class individuals, suggesting that they are also more likely to understand themselves and their negative emotions in these terms. Related factors may amplify the effectiveness of psychiatric concepts in shaping the experiences and actions of middle-class individuals as well. For example, they have better access to better healthcare services (Mercer and Watt 2007). Their family members and friends are more likely to work in healthcare system and able to offer advice on how to use it effectively (Seddon 2007: 86-88). They are also more likely to have good relationships with their doctors and, thus, to have their complaints taken

seriously (Mercer et al. 2016; see also Seddon 2007). These factors probably drive individuals to understand and act on negative emotions as medical problems more often. On the one hand, this enables middle-class people to obtain good mental healthcare when they need it or think they do. On the other, it means that when an issue, experience, or action has been labelled psychiatrically, they may be more likely to accept and use this framing. This not only disempowers middle-class individuals, by steering them away from thinking and acting on a particular issue as political; it also disempowers people who are already acting politically, by turning potential allies into apathetic observers or active opponents.

This may help to explain why psychiatric concepts, despite costs and risks enumerated above, were deployed against Occupy activists and persistent Remainers. The connection between the deployment of psychiatric concepts and socioeconomic class in public discourse is most visible in the Brexit case, because there is significantly more data on the people who supported and continue to support membership in the EU than on Occupy's participants and supporters. As mentioned, several analyses concluded that higher education and income was strongly correlated with support for remaining in the EU. According to a meta-analysis of surveys, 60 percent of respondents identifying as middle class voted to remain; among those identifying as liberal and middle class, this share rose to 92 percent (Swales 2016). Such surveys, widely disseminated through the news media, have probably reinforced the notion that support for EU membership was and remains a middle-class phenomenon. Hence, when the idea of Brexit anxiety circulated in the newspapers and elsewhere in the referendum aftermath, the apparent implication was that this putative disorder was a middle-class problem. Indeed, more recently, in 2018, the news site *Politico* made explicit the relationship between class and Brexit anxiety, declaring the latter a 'middle-class'

disorder. Citing two leading experts, the article in question explained: ‘For Britain’s pro-European middle classes, Brexit is akin to a psychological trauma which has left many unable to behave rationally’ (McTague 2018; see also Clark 2018; Read 2018).⁹⁷ Although such connections remained implicit in relation to Occupy, it was another movement sustained primarily through middle-class participation and support (Roth et al. 2014), which became the target of medicalizing attacks.

Thus, one important reason why psychiatric concepts are used mainly against middle-class individuals in political discourse is that other disempowering concepts are less effective against them. Medicalization seems to be a kind of last resort for undermining undesirable middle-class political action and agency. While this is the most comprehensive explanation of the three, it overlaps with the other two. Weakening authority helps to explain why psychiatric concepts are deployed against middle-class rather than working-class activists. This may further undermine the authority of psychiatry, since middle-class individuals have more political agency and are better able to challenge psychiatric labels used against them. Moreover, working-class individuals are less able to engage in the types of political action, such as protests, that are more likely to be subject to medicalization. In an increasingly precarious labour market, with growing numbers of freelancers and zero-hours contracts, some empowering factors previously available to individuals with lower-paying jobs are deteriorating or disappearing (Standing 2011). In other words, the capacity to initiate and participate in protests is increasingly a middle-class privilege. Middle-class individuals may thus be more likely to suffer medicalization both because of what they have and because of what they do politically.

⁹⁷ As of March 2019, medicalizing ideas of Brexit anxiety were still circulating in news media (e.g. PM 2019).

13.5 Re-assessing the political impact of medicalization

In this section, I discuss how my findings complement and complicate recent scholarship on medicalization and its political implications.

Scholars have long warned about the adverse political effects of medicalization in general and the transformation of ‘problems of living’ – to use Szasz’s (1974) famous phrase – into mental disorders in particular. This thesis has touched on some of their warnings and criticisms. But as we try to unpack how my findings might help us to understand how the medicalization of negative emotions impacts political agency, it will be helpful to reiterate the political dimensions of the medicalization critique.

In his classic essay ‘Medicalization and Social Control’, Conrad (1992) succinctly articulated a worry that underpins most critiques of psychiatry, namely: Medicalization tends to individualize and decontextualize people’s experiences, obscuring their relationship to structural issues and solutions, concentrating attention and effort on medical problems and treatments instead. Differently put, according to Conrad, medicalization tends to depoliticize problems (see also Conrad 2007: 152-153). Neuroscientific aetiologies and pharmacological treatments associated with common mental disorders seemingly exacerbate this tendency. A common and much-maligned example of the former is the neurochemical imbalance theory. It was originally conceived as an explanation for depression, but later extended to other mental disorders as well. The theory underpins the popular metaphor that depression is like diabetes, and that like diabetics need insulin to restore normal levels of the hormone, people with depression need anti-depressants to restore normal levels of serotonin in the brain. Although prominent psychiatrists consider this a discredited theory, the neurochemical imbalance theory continues to circulate in popular and medical discourse. The reason some regard it as politically problematic is straightforward; by attributing deep sadness

and other negative emotions to an error in the individual's brain, it apparently rules out consideration of external causes. And even if the neurochemical imbalance theory might be falling out of fashion, newer neuroscientific aetiologies are picking up the slack of translating human problems into the language of brains and genes (Rose 2007b; Rose and Abi-Rached 2013). Consequently, according to Moncrieff (2008: 249), 'society as a whole is increasingly deaf to social and political critique'. Mark Fisher (2005) has similarly argued that the medicalization of suffering and associated neuroscientific aetiologies contribute to what he calls 'reflexive impotence', whereby individuals 'know things are bad' but also 'know that they can't do anything about it' – at least politically.

Medically, people have several means of addressing negative emotions and other painful or inconvenient experiences, including pharmaceuticals. The increasing prevalence of antidepressants and pharmaceutical treatments for mental disorder is both a result and a cause of medicalization (Conrad 2007: 133-136; see also Abraham 2010). It is also linked to the kinds of neuroscientific aetiologies just mentioned, and, critics argue, reinforces their negative effects. The possibility of easily intervening on individuals' brains and reducing their suffering corroborates the idea that mental disorders are all in the brain, and, relatedly, the notion that antidepressants are to people with depression what insulin is to people with diabetes. Pharmaceuticals also have another consequence, independent of their connections to particular aetiologies. When effective, these medications reduce or even remove negative emotions, or, rather, the symptoms of the individual taking them. This is particularly significant in relation to political agency, since it neutralizes negative emotional experiences that may have driven the individual to reflect on potential wrongs in their world and perhaps even to act against them. Hence, they might continue to tolerate personal abuse, social suffering,

or political oppression that may otherwise have been intolerable (Elliott 2003: esp. 160). Critics, thus, argue that anti-depressants and other psychiatric medications, which are prescribed to a growing number of people, perpetuate injustice.

These far-reaching critiques rightly draw our attention to the subtle effects that the medicalization of negative emotions and other experiences may have, not just among those diagnosed with mental disorder, but on anyone who has internalized psychiatric ideas. Many critics of medicalization seemingly share a worry that it undermines people's hermeneutical resources, especially those that enable people to politicize and address their concerns (see Wardrope 2015); a worry that I have taken seriously in this thesis. If this is the case, some people may never even consider that their problems could be political, much less act on them as such. As with other kinds of false consciousness, however, it is difficult to point directly to current examples of this, particularly among people who have not received a diagnosis, but nevertheless might regulate their lives – or have their lives regulated – in relation to and through psychiatric concepts and tools. Claims about medicalization's depoliticizing impact are usually supported indirectly, through extrapolations from diagnostic criteria, treatments, regulations, laws, and statistics, at the capillaries of power, as Foucault (1980: 96) might say. While this approach has yielded important insights about the risks of medicalization, it has also produced some conceptually and evidentially shaky claims about its political impact, which we shall engage with next.

13.5.1 *Medicalized dissent?*

The most pertinent example is the claim that psychiatry has been and is being used to suppress political dissent and action (e.g. Cohen 2016; Moncrieff 2008; Rimke 2016a; Szasz 1994). We find a recent statement of this and perhaps the most comprehensive attempt to substantiate it in Bruce Cohen's (2016) recent book *Psychiatric Hegemony*.

Like me, Cohen seeks to understand the political impact of psychiatry, albeit from a Marxist perspective. Among his core arguments is that ‘psychiatry and allied disciplines ha[ve] been a useful tool for pathologising collective action and political dissent’ (170), including recent movements like Occupy (193).

Besides pointing to historical examples of psychiatric abuse (e.g. §1.2), Cohen draws evidence for this claim from the *DSM* itself. Cohen analyses the frequency of ‘protest-related’ terms and phrases in each *DSM* edition since 1952, when the first edition was published. This permits him to detect marked shifts in language. For example, he observes that the terms ‘political’, ‘sociopolitical’, and ‘politics’, were not mentioned at all in *DSM-I*, while appearing 13 times in *DSM-5*. However, counting terms like this can lead to mistaken conclusions if we do not pay attention to the context in which they are used; ironically, this is a common critique of the DSM diagnostic criteria. As mentioned, *DSM-5* explicitly excludes behaviours that are politically motivated or that may be regarded as deviant for political reasons (§1.2). Searching *DSM-5* for the terms Cohen mentions, I found that nine of the 13 times the words ‘political’ or ‘sociopolitical’ are used it is to rule out political behaviours. Some of the remaining four uses are possibly more problematic, such as the inclusion of ‘changes ... in political beliefs’ as a symptom of Major or Mild Frontotemporal Neurocognitive Disorder. By contrast, it is difficult to see how dissent is threatened by the statement that the highest rates of PTSD ‘are found among survivors of ... politically motivated internment or genocide’ (APA 2013: 276).

Cohen also singles out specific diagnoses that arguably medicalize dissent, like antisocial personality disorder (ASPD). The ASPD diagnosis includes criteria with apparently or possibly political meanings, such as ‘failure to conform to social norms with respect to lawful behaviours’ and ‘irritability and aggressiveness’. Moreover, its

central feature is ‘a pattern of disregard for, and violation of, the *rights* of others’ (APA 2013: 645; my emphasis). Several of the most powerful and important instances of political action have involved disadvantaged people claiming rights, often by calling into question the exclusive rights of the privileged, through campaigns of civil disobedience and other actions that the privileged perceive as obnoxious (see Rancière 1999). In effect, not only does ASPD, like other diagnoses, contribute to the general medicalization of negative emotions and potentially undermine political agency indirectly; it also seemingly opens the door for direct medicalization of important forms of political action. Some of Cohen’s criticism of ASPD may thus be warranted. But he does not provide evidence that the diagnosis has been used against protesters. Indeed, it appears that if psychiatrists adhere to the general stipulations of DSM-5, they would deliberately avoid diagnosing individuals who motivate their ‘failure to conform to social norms’ politically. Then again, it is noteworthy that unlike the criteria for some other diagnoses, like Pyromania, the ASPD criteria do not include a specific exclusion for behaviours that are politically motivated.

Nonetheless, the rumours of the death of dissent at the hands of psychiatry appear to have been greatly exaggerated. If the political effects of medicalization were as profound and ubiquitous as critics have charged – if medicalization is, as Moncrieff claims, making society ‘deaf to social and political critique’ – then it seems reasonable to expect psychiatric and other medical concepts to be pervasive in public discourse on political action. The case studies have shown that psychiatric diagnoses have been deployed in public discourse in Britain, sometimes to disempower activists and depoliticize their concerns. At other times, however, they have not been invoked, even when there seems to have been plenty of opportunity. In yet other cases, psychiatric concepts have been deployed, but to empower people and raise the profile of their

concerns and suffering rather than to disempower and suppress them. The latter two instances do not lend themselves in any obvious way to the idea that medicalization is deafening us to political critique in general – although it can make some voices more difficult to hear. Hence, by scrutinizing the narrower claim and evidence that psychiatry pathologizes and suppresses dissent, we have also found reason to question some more general claims about the political impact of medicalization. We shall now have a closer look at these.

13.5.2 *On the apolitical*

Critics of medicalization and psychiatry often claim that psychiatric diagnoses are depoliticizing, but seldom define what this means, or, more fundamentally, what it means for something to be political in the first place (e.g. Brinkmann 2014; Fisher 2009; Moncrieff 2008; Parker 2007; Rimke 2016a; 2016b; Scull 1991). It might seem dogmatic to call these critics out for failing to define ‘the political’; after all, people can have productive debates about politics or its ostensive demise without offering such definitions (McNay 2014). Yet the failure to do so in this context has precipitated inconsistencies that obscure the political effects of medicalization, particularly its effects on political agency.

In this regard, Cohen’s book can once again serve as an example. Cohen at times gives us reason to think that he is committed to a political ontology in which only issues and actions that reject capitalism are authentically political. The problem with such a position is that it seemingly entails, on the one hand, denying that many political movements, past and present, have been political, and, on the other, accepting that many, perhaps most, people lack political agency. It means that authentic political issues and actions are almost vanishingly rare. Committing to such a position would not be unusual. Several influential political theorists have done this, including Mouffe,

Rancière, and some would argue – wrongly I think – Arendt. For instance, Mouffe (2005: 8-9, 18) considers those activities that usually fall under the label of ‘politics’ instruments of the hegemonic neoliberal order and, effectively, of depoliticization. This apparently includes elections, party and interest group contests, and many forms of grassroots activism. Truly political activity, to Mouffe, entails recognizing the contingency of the hegemonic order and challenging it or at least some substantive aspect thereof (33-34; see also Beveridge 2017: 594-595). Such a revolutionary, and arguably rarefied, conception of the political does not seem particularly useful in understanding the variegated effects medicalization has on political agency. It is, for example, not clear that this conception would recognize as political contemporary struggles to shape psychiatry or the differences in political agency among the people involved in these struggles.

That said, Mouffe’s theory seems at least to be conceptually consistent. However, most critics of psychiatry do not remain at her level of theoretical abstraction with regard to the political, and neither does Cohen. To be able to talk about the ongoing medicalization of civil disobedience, political protest, and political dissent, as Cohen (2016: 199, 205) does, he apparently accepts that meaningful political actions are fairly common; otherwise, there would be little for psychiatry to medicalize/depoliticize. Recall, for example, that Cohen regards Occupy as an instance of real political action. But then he also indicates that campaigns to frame mental disorder as a shared problem are depoliticizing (85-86), that madness itself is political (170) and psychiatric language is apolitical (74-75). He says as well that psychiatric knowledge is ‘highly politicized’ (84) and that psychiatry is ‘an inherently political institution’ (18). It is difficult to see how the ideas of the political implied in these statements can be reconciled.

As mentioned at the start of the section, other critics of psychiatry and medicalization also under-define and/or over-extend the idea of the political. For example, Moncrieff (2008) seems to suggest that subjective suffering that can be tied to 'inequality' should be regarded as '*political* discontent' (248; my emphasis). (Since inequality arguably shapes everyone's lives, does that mean *all* suffering is political?) Partly for this reason, medicalization critiques often leave the impression that the process is destroying the political agency of all people, regardless of gender, race, and class, or, for that matter, health, expertise, and political aims. This is not to say that commentators are unaware that psychiatric diagnoses have, for instance, tended to medicalize stereotypically female or black traits. However, when time comes to reflect on – which is to say criticize – the political impact of medicalization, some seem ready to unburden themselves of such details to be able to swing a bigger sledgehammer. Marxist critics, like Cohen, can be somewhat better in this regard than others, for they seem to acknowledge that medicalization does not simply destroy political agency across the board; according to them, it diminishes the political power of ordinary people and enhances that of the elite. This is far too simplistic an analysis to be sure. As we have seen, versions of it suffer from the same conceptual weakness that undermines other political critiques of medicalization. Still, it highlights that the effects of medicalization on political agency are not uniform; it may be to the benefit of some and to the detriment of others.

The concern with political agency is one that many critics of psychiatry, including Cohen, seem to share, even if implicitly and inconsistently. This is reflected in the assertion that psychiatric diagnoses are depoliticizing because they individualize suffering, shifting focus from the environment to the individual and her treatment, thereby obscuring the structural injustices that may have caused the suffering and the

possibilities of addressing these injustices collectively (e.g. Cohen 2016: 19). A central reason, then, for why people worry about medicalization in relation to politics might be put as follows: they believe that categorizing some experience as a medical problem entails individual explanations of and solutions to this problem, when the experience itself might be better explained as a public issue requiring political action. While they mistakenly presume that a medicalized problem cannot simultaneously be a public issue, the worry about the individualizing effects of psychiatric diagnoses appears largely justified. For example, many people, including some doctors, still believe that depression is caused by a chemical imbalance in the individual's brain that can be cured or at least managed if she takes antidepressants. There are other explanations of depression. Some frame it as a public issue, for example, by positing that inequality or other structural problems cause depression or the experiences currently labelled as depression (e.g. Ehrenberg 2010; Fisher 2005; Han 2017). It is, therefore, not clear that the medicalization of negative emotions inevitably obscures structural problems; neither does it necessarily diminish the individual's ability to relate her own suffering to public issues and to address such issues in concert with others.

Focusing on political agency as defined in this thesis helps to clarify some critiques of psychiatry and medicalization's political consequences. From this perspective, medicalization can depoliticize an issue or experience for some people or an individual in a particular context; this is how I have aimed to use the term in this thesis. Often, this means that the same or a related issue is politicized for other people, such as psychiatrists, who are, thus, better able to act collectively to shape its definition, treatment, and so on. The term depoliticization, for these and other reasons mentioned earlier (§1.4), may be unhelpful in elucidating the variegated political effects of medicalization. Focusing instead on political agency, and, relatedly, on how

medicalization shapes and creates factors that empower or disempower individuals and groups politically seems a more fruitful approach, as the case studies herein have hopefully shown.

13.5.3 Psychiatric concepts and other dis/empowering factors

Throughout the thesis, I have stressed the importance of concepts as a dis/empowering factor, arguing that concepts are particularly important in helping individuals to transform their negative emotions into public issues that they can act on in concert with others. Psychiatric diagnoses are just one example of a category of concepts that can enable, disable, maintain, and reverse such transformations. But, because of their scientific authority, psychiatric concepts can have particularly profound political effects, regardless of whether people accept or reject them. Svend Brinkmann (2014: 633) rightly observes that the question we should be asking about mental disorders is not whether they are real, but: ‘What kinds of experiences and actions does the vocabulary [of mental disorder] make possible?’. In a recent attempt to provide an answer, Brinkmann proposes a distinction between different languages of suffering, including diagnostic language and political language. Diagnostic language, for Brinkmann, apparently encompasses the diagnostic categories of the DSM, as well as psychiatric aetiologies and treatments. Unlike some critics, he acknowledges that diagnoses may lead to ‘externalizations’ of an individual’s problems. These can, in turn, empower the individual to act politically, through patient groups for example. Yet he insists that the externalizing resources ‘come from outside the diagnostic language itself’, for instance, from political language – whose character remains vague in Brinkmann’s scheme. Although the distinction between diagnostic and political language resonates with my reflections on the effects of psychiatric concepts, it is somewhat overdrawn. It seems to me that psychiatric concepts can indeed be

externalizing and, hence, straddle Brinkmann's categories. This is because psychiatric concepts are enmeshed in a network of affiliations, spaces, tools, laws, institutions, and other concepts. As my brief historical survey of psychiatry in Britain indicated, the connections between psychiatric diagnoses, professional and patient groups, the evolution of modern hospitals, technologies for identifying and treating disorder, laws and institutions guaranteeing access to mental healthcare, are deep and strong, having developed and ossified over more than a century. These and other connections are what give psychiatric concepts their authority; they are the reason psychiatric concepts have such a powerful impact on us.

For individuals who become the target of diagnoses, these connections are in some cases empowering and in others disempowering. In the UK and elsewhere, a diagnosis of depression entitles the individual to services from institutions, which are subject to ongoing political debate and visible political governance. When these institutions fail the individual, she may find the resources for understanding and acting upon this failure as a public issue through the connections that her diagnosis has entangled her in. This includes interest groups, such as MIND, but also factors that are more evidently part of the medical system, such as regulations stipulating care standards, treatment records, medical staff, and so on. Thus, if individuals gather somewhere they will be heard and seen, and state that they have a diagnosed disorder for which they have been denied proper treatment, they have raised an issue of shared concern through institutional channels and collective action (see §9.7). The range of public issues that one can raise in this way is rather narrow, as I will argue shortly. Brinkmann (2014: 642-643) might object that what I have described here entails political language in addition to diagnostic language; he would be right. My point is that some apparently political concepts – like the *right* to healthcare – and other

potentially empowering factors are partly constituted by psychiatric concepts and authority. This means that the same factors that make the act of diagnosis so powerful can make the actions of the diagnosed powerful as well.

My argument here resonates with what Nikolas Rose (2007b: 132) has termed ‘biological citizenship’, referring to forms of citizenship based on biological knowledge about ourselves. As mentioned, medicalization is not a term that Rose (2007a) himself favours due to its arguably negative connotations. However, medicalization – as defined at the outset of the thesis – plays a vital role in the production of this knowledge. According to Rose (2007b), biological citizenship has existed in some form for centuries, linked to biologically informed notions of the individual, family, gender, race, species, etc. He also observes that recent medical and technological developments have produced knowledge and technologies that have vastly expanded the possibilities for thinking about and acting on ourselves and others biologically (140-141). While some of these potentials and actualities are individualizing, Rose emphasizes that they are often collectivizing as well. They enable people to relate to one another and make shared claims using a burgeoning resource of biological concepts (134-135). He rightly observes that people suffering from various diseases and health problems have been able, for example, to fight stigma, claim rights, and support others affected by disease (144).

Yet Rose seems too blithe about the potentially negative political effects of these developments. Though he recognizes that the expanding realms of biological citizenship can be individualizing, he does not appear particularly worried that they might threaten political agency – a term he does not use. Quite the opposite. Rose concludes that ‘[b]iological citizenship requires those with investments in their biology to *become* political’, that is, to engage in various kinds of political action (2007b: 149;

original emphasis). He is surely mistaken. Rose himself observes that the political actions entailed by his conception of biological citizenship ‘often involve quite specialized scientific and medical knowledge of one’s condition’ (134-135). This, as I have sought to underline, is something that many people lack in a politically, or even personally, empowering form. While practically everyone might be able to access the internet and, thus, medical information, it does not mean that they are able to use it for any other purpose than to obtain a doctor’s appointment – and perhaps not even that.

Non-medical concepts that enable individuals to perceive and describe their suffering and problems as public issues are by no means easy for everyone to access or use either. As Arendt (1961) highlights, concepts that we traditionally think of as political – e.g. freedom as a right to non-interference – can also be disempowering if they prevent individuals from perceiving the need and opportunities for concerted action. But for all their flaws and ambiguities, concepts that are widely recognized as political, like freedom, equality, justice, democracy, citizenship, and many others, by virtue of their traditional role in political thought and practice, maintain deep, diverse, and direct connections to a range of empowering factors (but cf. Brown 2015: 208). While diagnoses are also tied to some empowering factors, these are comparatively obscure and difficult to find and use.

To clarify: I recognize, with Rose, that medicalization and psychiatric concepts are not intrinsically disempowering politically. Through its connections to affiliations, spaces, laws, etc., a diagnosis of mental disorder can provide access to empowering factors, which may enable individuals to transform negative emotions into public issues and political action that are taken seriously by others. However, what critiques of medicalization and psychiatric diagnoses such as Brinkmann’s underscore is that some connections are more easily and often taken up by various groups, and those closest at

hand may be the most disempowering. For instance, the link between the concept of depression and a neurochemical aetiology seems to be stronger than the connection between depression and structural explanations. Consequently, an individual diagnosed with depression and others around her are more likely to think of and act on her suffering as a personal trouble rather than a public issue. And because of the aforementioned connections between psychiatric concepts and psychiatrists, hospitals, medications, and so on, this individual is also more likely to think and act as though her suffering can only be addressed by psychiatrists, working in a hospital or a clinic, using medication. This enables the individual to make personal claims on the healthcare system, and, if this system fails her and others, possibly empowers her to make political demands for improvement. Yet, in other circumstances, these connections are likely to be disempowering. We have, for example, seen that people with mental disorder who act or try to act politically against psychiatric interpretations of their suffering face disempowering factors. These factors undermine both their ability to articulate their suffering as public issues and their credibility *vis-à-vis* external publics. Similarly, we have seen that in some instances psychiatric concepts have been deployed in political discourse, apparently to delegitimize activists and others who feel strongly about certain public issues, by suggesting that what they need is mental healthcare, not political change. Thereby, factors that were previously empowering may become disempowering: concepts that previously granted you credibility are now marks of ignorance; spaces that were previously open to you are now closed; tools that previously reinforced your position now undermine it; laws that previously protected you now open you up to intervention; and affiliations that previously called on you to act on the world to make it better now urge you to let doctors act on you to make yourself better.

13.6 Conclusion

In this chapter, I have explored key findings of the case studies. Several similarities and differences between the two sets of cases have emerged. In various ways, the case studies affirmed Arendt's caution of the political dangers in idealising either reason or emotion. Meanwhile, an important difference was that medicalizing attacks in discourse seem to have become somewhat more common in the twenty-first century. Yet the most interesting feature of the cases was found in the contemporary set, i.e. that psychiatric concepts have been deployed against political actors only in some instances. I explored three possible and possibly interrelated explanations for this: (1) the authority of psychiatry is waning; (2) there is a broader tendency to abnormalize protests; and (3) psychiatric concepts are a last resort for disempowering middle-class individuals. I then considered how the approach and insights of this thesis can inform our understanding of the political impact of medicalization, especially with regard to political agency. Engaging critically with scholars and critics of psychiatry and medicalization, I singled out some weaknesses in the literature and claims that should be revised in light of my findings.

The case studies have offered a more complicated picture of the political impact of the medicalization of negative emotions than have many past critiques. This suggests that there is no simple answer to the question driving this thesis. Nevertheless, in the next and final chapter, I shall try to explain how the medicalization of negative emotions impacts political agency.

14.

Concluding reflections

This thesis has investigated how the medicalization of negative emotions impacts political agency, through historical and contemporary case studies of political action by people whose emotional and mental fitness for public life has been called into question. In so doing, it has aimed to fill an interdisciplinary research gap. Critical historians, sociologists, and philosophers have long warned of the adverse political effects of medicalization. Yet their criticism has often been sweeping and seldom attended directly to political action or agency. Among the few analyses that address how medicalization affects individuals' capacity to act politically, several have been based on scant evidence of the deployment of medical concepts against political actors and opaque ideas of what it means for something or someone to be political. To provide a better tool for understanding the political effects of medicalization, I have constructed a theoretical framework explicating the relationship between political agency, its sources, and negative emotions. Within this framework, which draws on the political thought of Hannah Arendt, political agency is defined as the individual's capacity to act in concert with other people to shape or respond to public issues. I outlined five factors that can enhance or diminish political agency: affiliations; spaces; things and tools; laws and institutions; and concepts. While these factors are interrelated and medicalization affects all five, the case studies have focused on concepts or hermeneutical resources. Concepts are particularly important in relation to negative emotions and mental disorder. Some concepts help individuals to transform their negative emotions into public issues, which they can and should address in concert with other people. Others prompt individuals to understand such experiences as private troubles, which they

address by changing themselves. Many critiques of medicalization wrongly imply that psychiatric concepts, including and especially diagnoses, function only in the latter way, depoliticizing issues and experiences to which they are applied.

The case studies have given us further reasons to worry about how political agency has been impacted by the medicalization of negative emotions, but also reasons to be hopeful. I have noted that some of the historical case studies affirm the Arendtian idea that political action can emerge in the most unfriendly and unlikely of places (§2.4). To contemporary political theorists, such as Chantal Mouffe, who see our current age as one of profound depoliticization (§13.5.2), any of the contemporary cases of political action perhaps appears unlikely as well. To many others, however, the most unexpected instance of political action is probably the user/survivor movement's struggle with psychiatry – despite the long history of activist challenges to the profession and its practices (§8.1). Since mental disorder is widely regarded as 'a disease like any other' (TNS BRMB 2015: 4), it is reasonable for people to think that psychiatry and mental healthcare are like any other area of medicine. They might agree with the indignant observation of a former president of the American Psychiatric Association that 'being "against" psychiatry' is no different and no less absurd 'than being "against" cardiology or orthopedics or gynecology' (Lieberman 2013). Early in the thesis (§2.5.5), I observed via Arendt that to act politically, individuals must renounce 'the comfortable protection of nature', which leads them to believe that particular problems are beyond the scope of ordinary people. We usually think of medical issues as such problems, that is, as matters that must be left to certified experts and kept out of the hands of ordinary people. This idea is as old as the Western political tradition itself, with Plato famously using the authority of the physician over medical issues as a template for the authority of the statesman over matters of government (e.g. 2004: 389b-c; see also Stalley 1980). Arendt

is thus on the right track when she states that scientists ‘move in a world where speech has lost its power’ (1998: 4; see also Dallmayr 2009: 88-89). But I would modify her statement as follows: doctors, including psychiatrists, move in a world where the speech of ordinary people has lost its power. We have seen that in practice, some of this power appears to have been recovered in the form of user involvement and experts-by-experience. However, most people probably still hold to the idea that psychiatry is a domain that should be free from politics. Therefore, the user/survivor movement may not only *appear* unexpected to ordinary people, but, in a more substantive sense, *is* unexpected. It did not emerge and persist in a political desert, but in what is – relative to other ages and places – a liberal democracy that safeguards a wide range of rights for most citizens. Nevertheless, the movement’s existence despite the disempowering factors its members face – most saliently in the form of concepts, relationships, and spaces that have medicalized their experiences and actions – evinces some of the unpredictability and unexpected power potential that Arendt attributes to political action.

All this pertains to the challenges of acting politically from an individual position that has already been medicalized. Among the subjects of the case studies, the user/survivor activists were alone in facing this challenge; though female suffragists in the 1860s arguably suffered similar problems by virtue of belonging to a partly medicalized gender, they seemingly avoided being personally and formally medicalized. As I have suggested, the political agency of users/survivors and the factors modulating it are relevant to the question of how the medicalization of negative emotions impact political agency for at least two reasons. Firstly, it elucidates the obstacles to political action facing the growing number of people diagnosed with mental disorders, such as anxiety, depression, and borderline personality disorder. Second, and

more broadly, it suggests what a future in which politics is increasingly fought out in medical terms, along the lines of Peter Sedgwick's psycho politics (§9.7), portends for the political agency of citizens in general and the kinds of disparities in political agency that may result. In particular, it is worth reiterating the worry that some people can for various reasons be unable to raise their issues in medical terms – such as a shared diagnosis – something which may be severely disempowering and become increasingly common.

These observations enrich our understanding of how the increasing tendency to think about suffering in medical terms affects political agency. However, since user/survivors have already been medicalized, the medicalization of negative emotions and associated public issues and political actions were largely background factors in that case. These matters were more prevalent in the other case studies, which highlighted how activists drew upon empowering factors to transform their emotional experiences into public issues and take concerted action, but also how their political opponents could undermine their political agency, sometimes through medicalizing attacks. As discussed (§3.1), negative emotions, such as anger, fear, and sadness, are relevant to political agency for several reasons, although their basic significance is obvious: we often decide to act because we perceive some wrong in the world that evokes negative emotions in us. To this, the Arendtian perspective contributed one central insight: emotions are not inherently political; they need to be transformed into something political, that is, articulated as public issues. Recalling Arendt's (1998: 50) own words, before emotions have been 'transformed, deprivatized and deindividualized' they 'lead an uncertain shadowy kind of existence'. We have seen activists for both female and working-class male suffrage in the 1860s explicitly grapple with the difficulties of transforming negative emotions into public issues. In the

contemporary cases, such struggles were usually more implicit. What the historical and contemporary actors shared more clearly was the problem of maintaining the public shape they had given their emotions. A related Arendtian insight, which I developed with the help of feminist theorists like Sue Campbell, is that the public shape of emotions is fragile; even after an individual has articulated her negative emotion as a public issue, she and others may easily begin to doubt the connection between the two (§3.5-6). I have tried to show throughout the case studies how empowering factors can facilitate and maintain such articulations, whereas disempowering factors prevent and undermine them. Psychiatric concepts when deployed in public discourse tend to, but do not always, function as the latter, delegitimizing both actors and issues.

How, then, is political agency impacted by the medicalization of negative emotions? It is possible to give a straightforward if unsurprising answer to this question: I have shown that it *does* impact political agency and *is* sometimes used for disempowering purposes or with disempowering effects. However, like me, readers might have expected to learn if the medicalization of negative emotions undermines political agency. Any answer to this question emerging from this thesis will be far less straightforward. Whether medicalization is disempowering to people does not simply depend on the availability of psychiatric concepts that can be used to frame negative emotions or other experiences as symptoms or causes of mental disorder. The case studies have demonstrated that even where and when such concepts exist, they may not be deployed against political actors and actions. This was especially notable in the historical case studies, in which some psychiatric ideas – e.g. political excitement – targeted political action and emotion directly, but were seldom used in public discourse, despite ample opportunities. Other factors seem to influence whether psychiatric concepts are deployed against activists and others who act or may act politically. The

contemporary case studies indicated that affiliations, specifically class affiliation, are especially important. It is often claimed that women, minorities, and working-class people are disproportionately affected by medicalization. My findings do not contradict these claims but indicate that working-class political action at least may not be most vulnerable to medicalizing attacks, while middle-class political actors seem more exposed to them. I have suggested several possible reasons for this, including that middle-class individuals are more resilient to the types of disempowering attacks – e.g. emotionalization – that have long been deployed against the working class (§13.4.3). Hence, in addition to being bivalent, the effects of the medicalization of negative emotions upon political agency also appear to be socially uneven.

The Arendtian framework of this thesis has permitted me to draw out and explain the bivalence and unevenness of medicalization's impact on political agency. This has revealed some promising avenues for further research. My analysis is unavoidably a function partly of case selection. Notably, I have not examined cases related to ethnicity or, in the contemporary set, to gender. It would therefore be relevant to conduct similar studies of recent movements like Black Lives Matter and Me Too. Participants and observers of both have stated that these movements are driven by negative emotions. Moreover, as with UKIP, there is reason to believe that both black people and women are particularly vulnerable to medicalizing attacks (see Metzl 2010; Potter 2004). A case study of Me Too would also provide a significant and potentially rich point of comparison for the treatment of the early suffragists.⁹⁸ As I observed at the outset, this thesis does not attempt to quantify the impact of the medicalization of negative emotions upon political agency. Yet it has exposed suitable targets for quantitative investigation. It would, for instance, be interesting to examine whether the tendency to

⁹⁸ Me Too started too late to serve as a case study in this thesis.

medicalize middle-class political agents but not working-class ones can be observed in public discourse more generally and, if so, how common it is. Quantitative comparisons of this kind could of course be conducted with different groups, and in various geographical regions and time-periods.

The findings of this thesis might also fruitfully be taken forward in the research on how neoliberalism shapes the conditions for political agency. While some critical theorists of neoliberalism dismiss the idea of political agency as naïve, Judith Butler (2015) and Wendy Brown (2015) have in recent works focused precisely on the possibilities for and obstacles to political action. Despite engaging closely with Foucault, neither of the two has paid much attention to the political impact of psychiatry or medicine, much less to the medicalization of negative emotions.⁹⁹ This omission is especially striking in Wendy Brown's *Undoing the Demos* (2015), in which she aims to expose how neoliberalism undermines or destroys the conditions for substantive, participatory democracy. Brown defines neoliberalism as an 'order of normative reason' within which all aspects of human life are understood as economic markets and humans themselves are conceived as entrepreneurs who seek to maximize their own value in these markets (30). This produces a subject that 'approaches everything as a market and knows only market conduct' and 'cannot think public purposes or common problems' (39). Following Foucault, Brown calls this subject *homo oeconomicus*. She warns that, as neoliberal reason spreads and becomes ascendant, the *homo oeconomicus* replaces the 'already anemic' *homo politicus* (35), which rules with others through deliberation, collaboration, and contest (79, 221-222). My analysis might both complicate and complement such stories of democratic decay. On the one hand, my

⁹⁹ Judith Butler has on occasion spoken briefly and generally about pathologization in public discourse, by which she seemingly means any effort to characterize some individuals or groups as abnormal and, thereby, individualize their experiences and actions (e.g. 2003: 5, 45; 2015: 54).

claim that psychiatric concepts can be empowering suggests that the medicalization of emotions produces ways of resisting neoliberalism through political action. On the other, if it is the case that the middle class – often described as the foundation of liberal democracy – is more likely to be targeted by medicalization in public discourse, then the medicalization of negative emotions may indeed be contributing toward the undoing of democracy.

This thesis is neither the first nor the final word on how the medicalization of negative emotions impacts political agency. Hopefully, my analysis has provided insights that will be useful for academics, policy makers, activists, as well as other citizens acting in a world where psychiatric language and mental disorder is apparently becoming increasingly pervasive. But it is incumbent on us to continue to explore how our political agency is shaped by the development of psychiatry and allied sciences, which always seem to be several steps ahead of our political thought. If we do not pay attention, we might find ourselves the contented – or deeply unhappy – inhabitants of an apolitical desert.

Bibliography

- Abraham, A., 2016. Remembering Mad Pride, the movement that celebrated mental illness, *Vice*, 18 November. Accessed 16 April 2018. Available at: https://www.vice.com/en_uk/article/mad-pride-remembering-the-uks-mental-health-pride-movement.
- Abraham, J., 2010. Pharmaceuticalization of society in context: Theoretical, empirical and health dimensions. *Sociology*, 44(4), pp. 603-622.
- Adams, W. L., 2015. The enemy within. *The Independent*, 26 January, p. 31.
- Adorno, T. W., Frenkel-Brunswik, E., Levinson, D. J. and Sanford, N., 1950. *The Authoritarian Personality*. New York: Harper & Row.
- Afonso, A., 2015. To explain voting intentions, income is more important for the Conservatives than for Labour. *British Politics and Policy*, 25 April. Accessed 7 December 2018. Available at: <http://blogs.lse.ac.uk/politicsandpolicy/to-explain-voting-intentions-income-is-more-important-for-the-conservatives-than-for-labour/>.
- Ahmed, S., 2014. *The cultural politics of emotion*. 2nd ed. Edinburgh: Edinburgh University Press.
- Ahuja, A., 2006. Listen to your inner voices. *The Times*, 19 September, p. 2.
- Akrich, M., 2010. From communities of practice to epistemic communities: Health mobilizations on the internet. *Sociological Research Online*, 15 (2).
- Allan, C., 2006. Society: Misplaced pride: Mental ill health indiscriminately affects the great and the good, as well as the less well known. But as Clare Allan can testify, its destructiveness is not something to celebrate. *The Guardian*, 27 September, p. 1.
- Allan, C., 2007. Society: It's my life: Loose-talking psychophobes show nothing but contempt. *The Guardian*, 5 December, p. 6.
- Allen, A., 1999. *The power of feminist theory*. Boulder, CO: Westview Press.
- Allen, A., 2002. Power, subjectivity, and agency: Between Arendt and Foucault. *International Journal of Philosophical Studies*, 10 (2), 131–149.
- Alleyne, R., Hall, J., and Burton, L., 2011. St Paul's Cathedral announces closure due to "Occupy" protesters. *The Daily Telegraph*, 4 November. Accessed 7 January 2017 Available at: <http://www.telegraph.co.uk/news/religion/8841430/St-Pauls-Cathedral-announces-closure-due-to-Occupy-protesters.html>.
- Altemeyer, B., 1988. *Enemies of freedom: Understanding right-wing authoritarianism*. London: Josey-Bass Publishers.

- American Psychiatric Association [APA], 1980. *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*, 3rd ed. Washington, DC: American Psychiatric Association.
- American Psychiatric Association [APA], 1994. *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, 4th ed. Washington, DC: American Psychiatric Association.
- American Psychiatric Association [APA], 2013. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, 5th ed. Washington, DC: American Psychiatric Association.
- Anon., 1859. *Reform – Look Before You Leap*. London: James Ridgeway.
- Anon., 1862b The legal doctrine of ‘fact’ in lunacy, and the case of George Clark, *The Medical Critic and Psychological Journal*, 2 (6), pp. 304-330.
- Anon., 1864. *The danger of democratic re-action*. Liverpool: D. Marples.
- Anon., 1865. *Reform: The debate on Mr. Baines’ Bill in the House of Commons on May 3rd, and May 8th, 1865*. London: Bradbury & Evans.
- Anon., 1867. *Philosophical reform – A political argument*. London: William Skeffington.
- Anon., 2013. *We Are the 99 percent*. Accessed 12 April 2017. Available at: <http://wearethe99percent.tumblr.com>.
- Arendt, H., 1958a. Totalitarian imperialism: Reflections on the Hungarian Revolution. *The Journal of Politics*, 20 (1), pp. 5-43.
- Arendt, H., 1958b. *The origins of totalitarianism*, 2nd ed. New York: Meridian Books.
- Arendt, H., 1961. *Between past and future*. New York: Viking Press.
- Arendt, H., 1972. *Crises of the republic*. New York: Harcourt Brace Jovanovich.
- Arendt, H., 1977. Public rights and private interests. In: M. Mooney and F. Stuber, eds. *Small comforts for hard times: Humanists on public policy*. New York: Columbia University Press, pp. 103-108.
- Arendt, H., 1978. *The life of the mind*, vol I. New York: Harcourt Brace Jovanovich.
- Arendt, H., 1982. *Lectures on Kant’s political philosophy*. Chicago, IL: University of Chicago Press.
- Arendt, H., 1992 [1964]. *Eichmann in Jerusalem: A report on the banality of evil*. New York: Penguin.
- Arendt, H., 1995 [1968]. *Men in dark times*. New York: Harcourt, Brace & World.
- Arendt, H., 1996 [1929]. *Love and Saint Augustine*. Chicago, IL: University of Chicago Press.

- Arendt, H., 1997 [1957]. *Rahel Varnhagen: The life of a Jewess*. Winston, R., and Winston, C., trans. Baltimore, MD: Johns Hopkins University Press.
- Arendt, H., 1998 [1958]. *The human condition*. Chicago, IL: University of Chicago Press.
- Arendt, H., 2003a [1959]. Reflections on Little Rock. In: Kohn, J., ed. *Responsibility and judgement*. New York: Schocken Books.
- Arendt, H., 2003b [1964]. Personal responsibility under dictatorship. In: Kohn, J., ed. *Responsibility and judgement*. New York: Schocken Books.
- Arendt, H., 2005a [1956-1959]. Introduction into politics. In: Kohn, J., ed. *The promise of politics*. New York: Schocken Books, pp. 93-200.
- Arendt, H., 2005b [1955]. Epilogue. In: Kohn, J., ed., *The promise of politics*. New York: Schocken Books, pp. 201-204.
- Arendt, H., 2005c [1964]. What remains? Language remains. In: Kohn, J., ed., *Essays in Understanding: 1930 - 1954: Formation, Exile, Totalitarianism*. New York: Schocken Books, pp. 1-23.
- Arendt, H., 2005d [1954]. On the nature of totalitarianism. In: Kohn, J., ed., *Essays in Understanding: 1930 - 1954: Formation, Exile, Totalitarianism*. New York: Schocken Books, pp. 328-360.
- Arendt, H., 2006 [1963]. *On revolution*. New York: Penguin Books.
- Arendt, H., 2007 [1944]. The Jew as pariah: A hidden tradition. In: Kohn, J. and Feldman, R. H., eds., *The Jewish Writings*. New York: Schocken Books, pp. 275-297.
- Arendt, H., 2018 [1963]. Nation-state and democracy. In: Kohn, J., ed., *Thinking without a banister: Essays in understanding 1953-1975*. New York: Schocken Books.
- Aristotle, 2004. *Nicomachean ethics*. Crisp, R., trans. Cambridge: Cambridge University Press.
- Asthana, A., and Mason, R., 2017. Theresa May claims she has ‘no regrets’ about calling snap election. *The Guardian*, 7 July. Accessed 6 January 2018. Available at: <https://www.theguardian.com/politics/2017/jul/07/theresa-may-claims-she-has-no-regrets-about-calling-snap-election/>.
- Assinder, N., 2006. UKIP and Cameron’s war of words. *BBC News*, 4 April. Accessed 30 January 2017. Available at: http://news.bbc.co.uk/1/hi/uk_politics/4875502.stm.
- Atanasova, D., Koteyko, N., Brown, B., and Crawford, P., 2019. Mental health and the media: From illness to wellbeing. *Sociology Compass*, 19 (11), e12678.

- The Athenaeum, 1866. The higher education of women. *The Athenaeum*, 11 August, pp. 169-170.
- The Athenaeum, 1869. The subjection of women. *The Athenaeum*, 19 June, pp. 819-820.
- Badia, E., and Schapiro, R., 2011. A day in the (weired) [sic] life at Zucotti Park, *Daily News*, 23 October, p. 8.
- Bacon, P., 2010. Language lessons for Democrats, from the political brain of Drew Westen, *Washington Post*, 18 May. Accessed 24 April 2018. Available at: <http://www.washingtonpost.com/wp-dyn/content/article/2010/05/17/AR2010051703823.html>.
- Bagehot, W., 1867. *The British Constitution*. London: Chapman and Hall.
- Baker, B., 2006. Response laughter can help make sense of mental health: My comedy communicates serious ideas on a subject that society finds it hard to discuss, says Bobby Baker. *The Guardian*, 4 October, p. 31.
- Barnett, S., 2008. Bonkersfest. *New Statesman*, 8 July. Accessed 10 May 2017. Available at: <http://www.newstatesman.com/health/2008/07/became-bonkersfest-mental>.
- Bates, S., 2011. Church of England split over St Paul's handling of Occupy London protest, *The Guardian*, 27 October. Accessed 7 January 2017. Available at: <https://www.theguardian.com/uk/2011/oct/27/church-st-pauls-occupy-london>.
- The Bath Chronicle, 2010. Mad Hatters group feel reclaiming language of madness 'empowering'. *The Chronicle*, 14 October 2010, p. 36.
- Baumann, Z., 2001. *The Individualized Society*. Cambridge: Polity.
- BBC News, 2014. I respect Nigel Farage, says George Osborne. *BBC News*, 24 May. Accessed 27 September 2018. Available at: <http://www.bbc.co.uk/news/uk-politics-27554556>.
- Beales, E., 1865. *Speech of Edmund Beales, president of the Reform League – at the meeting at St. Martin's Hall, in support of the League, May 13, 1865: with notes*. London: James George Taylor.
- Becker, L., 1867. Female suffrage. *The Contemporary Review*, 1 January 1867, pp. 308-316.
- Bedford, C., 2011. 'Batman takes on his darkest villain yet: Occupy protesters', *Daily Caller*, 20 December. Accessed 12 January 2017. Available at: <http://dailycaller.com/2011/12/20/batman-takes-on-his-darkest-villain-yet-occupy-protesters-video/>.
- Behindert und Verrückt Feiern, 2018. About. Accessed 10 May 2017. Available at: <http://www.pride-parade.de/about>.

- Bell, I., 2013. Ukip's emergence from the fringe is no laughing matter. *The Herald*, 1 May, p. 13.
- Bell's Life in London, 1864, 1 October. Social science – Insanity, *Bell's Life in London*.
- Benhabib, S., 2003. *The reluctant modernism of Hannah Arendt*. Revised ed. Oxford: Rowman & Littlefield Publishers.
- Bennett, J., 2010. *Vibrant matter: A political ecology of things*. London: Duke University Press.
- Beresford, P., 2011. Society: Second thoughts: The 'hidden' have found their protesting voice. *The Guardian*, 5 January, p. 4.
- Beresford, P., 2015. Distress and disability: not you, not me, but us? In: Spandler, H. and Anderson, J., eds. *Madness, Distress and the politics of disablement*. Bristol, UK: Policy Press, pp. 245-259.
- Berezin, M., 2009. Exploring emotions and the economy: New contributions from sociological theory. *Theory & Society*, 38 (4), pp. 335-346.
- Berlant, L., 2005. Unfeeling Kerry. *Theory & Event*, 8 (2). Accessed 14 January 2018. Available at: <https://muse.jhu.edu/article/187843>.
- Beveridge, R., 2017. The (ontological) politics in depoliticisation debates: Three lenses on the decline of the political. *Political Studies Review*, 15 (4), pp. 589-600.
- Billington, R., 1982. Ideology and feminism: Why the suffragettes were 'wild women'. *Women's Studies International Forum*, 5 (6), pp. 663-674.
- Birmingham Daily Post, 1865. Insanity in the Midlands, *Birmingham Daily Post*, 13 November, p. 5.
- Blackburn Standard, 1867. Madhouse statistics, *Blackburn Standard*, 23 January.
- Blackburn Standard, 1868. The proposed enfranchisement of women. *Blackburn Standard*, 23 September.
- Blackie, J. S., 1867. *On democracy*. 5 ed. Edinburgh: Edmonston & Douglas.
- Blackwood's Magazine, 1867a. Who are the reformers, and what do they want? *Blackwood's Magazine*, January, pp. 115-132.
- Blackwood's Magazine, 1867b. Blackie and Jones – Democracy in America. *Blackwood's Magazine*, February, pp. 230-240.
- Blair, L., 2006. Private lives: My friend hears voices: He suffers from paranoia and is miserable, but doesn't want medical help. Should I go behind his back to get it? *The Guardian*, 3 August, p. 28.

- Blandford, G. F., 1866. Notes of lectures on insanity. Delivered at St. George's Hospital. *Journal of Mental Science*, 12, 410–414.
- Blencowe, C., 2010. Foucault's and Arendt's 'insider view' of biopolitics: a critique of Agamben. *History of the Human Sciences*, 23 (5), pp. 113-130.
- Bloch, S., 1989. Soviet psychiatry and Snezhnevskyism. In: van Voren, R., ed., *Soviet psychiatric abuse in the Gorbachev era*. Amsterdam: IAPUP, pp. 55-61.
- Boardman, J., Craig, T., Goddard, C., Henderson, C., McCarthy, J., McInerney, T., Cohen, A., Potter, M., Rinaldi, M., Whicher, E., 2010. *Recovery is for all. hope, agency and opportunity in psychiatry. A position statement by consultant psychiatrists*. London: South London and Maudsley NHS Foundation Trust and South West London and St George's Mental Health NHS Trust.
- Board of Trustees, 2016. *APA financial statement, disclosure of affiliations and conflict of interest policy*. Washington, DC: American Psychiatric Association.
- Boffey, D., 2013. The party that came in from the fringe: Why Ukip scares Tories. *The Observer*, 25 April, p. 8.
- Bolt, C., 2000. The ideas of British suffragism. In: Purvis, J. and Stanley, S., eds. *Votes for Women*. London: Routledge, pp. 34-56.
- Boltanski, L., and Chiapello, E., 2005. *The new spirit of capitalism*. London: Verso.
- Bonnie, R. J., 2002. Political abuse of psychiatry in the Soviet Union and in China: Complexities and controversies. *The Journal of the American Academy of Psychiatry and the Law*, 30, pp. 136-144.
- Bourguignon, F., and Morrisson, C., 2002. Inequality among world citizens: 1820-1992. *The American Economic Review*, 92 (4), pp. 727-744.
- Bossewitch, J., 2016. *Dangerous gifts: towards a new wave of mad resistance*. PhD thesis, Columbia University, New York.
- Bostick, T., 1980. The press and the launching of the women's suffrage movement, 1866-1867. *Victorian Periodicals Review* 13 (4), pp. 125-131.
- Bradford Observer, 1868a. Startling increase in lunacy in the west riding: New asylums. *Bradford Observer*, 8 October, p. 8.
- Bradford Observer, 1868b. Woman is not man. *Bradford Observer*, 17 November, p. 2.
- Bradshaw, L., 2008. Emotions, reasons, and judgments. In: Ferry, L., and Kingston, R., eds. *Bringing the passions back in: The emotions in political philosophy*. Vancouver, BC, Canada: UBC Press, pp. 172-188.
- Brand, J., 2007. G2: Glad to be 'mad'? People with mental illness have long been the targets of offensive and disrespectful language. But are official medical terms

- such as ‘bipolar’ really any better than ‘bonkers’ or ‘bananas’, asks former psychiatric nurse Jo Brand. *The Guardian*, 8 May, p. 14.
- Breen, K., 2012. *Under Weber’s shadow: Modernity, subjectivity and politics in Habermas, Arendt and Macintyre*. London: Routledge.
- Breen, K., 2019. Arendt, Republicanism, and Political Freedom. In: Hiruta, K., ed. *Arendt on Freedom, Liberation, and Revolution*. Cham, CH: Palgrave Macmillan. pp. 47–78.
- Brigham, A., 1833. Appendix. In: Spurzheim, J. G., *Observations on the deranged manifestations of the mind, or insanity*. Boston: Marsh, Capen, and Lyon, pp. 233-256.
- Brinkmann, S., 2014. Languages of suffering. *Theory & Psychology*, 24 (5), pp. 630-648.
- The British Medical Journal, 1880a. Deaths from political excitement. *The British Medical Journal*, 1 (1007), 596.
- The British Medical Journal, 1880b. Another death from political excitement, 1880. Another death from political excitement. *The British Medical Journal*, 1 (1008), p. 633.
- Brockes, E., 2013. Review: Book of the week: The unexpected children: Emma Brockes on a moving study of challenging parent-child relationships; Far from the tree: A dozen kinds of love by Andrew Solomon. *The Guardian*, 9 February, p. 6.
- Brodrick, G. C., 1867. The utilitarian argument against reform, as stated by Mr Lowe. In: *Essays on Reform*. London: Macmillan and Co, pp. 1-25.
- Brolin, M., 2016. When Europhiles start parading their “experts” you know they’ve lost the argument. *The Daily Telegraph*, 28 March. Accessed 7 April 2017. Available at: <https://www.telegraph.co.uk/news/2016/03/28/when-europhiles-start-parading-their-experts-you-know-theyve-los/>.
- Brooks, D., 2007. Stop making sense. *The New York Times*, 27 August. Accessed 2 October 2018. Available at: <https://www.nytimes.com/2007/08/26/books/review/Brooks-t.html>.
- Brown, W., 2015. *Undoing the demos: Neoliberalism’s stealth revolution*. New York: Zone Books.
- Browne, H., 2011. The best new year resolution is to ignore politicians. *Sunday Times*, 2 January, p. 11.
- Bryce, J., 1867. The historical aspect of democracy. In: *Essays on reform*. London: Macmillan and Co, pp. 239-277.
- Bucknill, J. C., and Tuke, D. H., 1862. *A manual of psychological medicine*. London: John Churchill.

- Burgess, M., 2016. Brexit anxiety. *Hypnotherapy Directory*, 25 June. Accessed 9 December 2016. Available at: <http://www.hypnotherapy-directory.org.uk/hypnotherapist-articles/brexit-anxiety>.
- Burke, H., 2016. Post-Brexit shame: What therapy clients are feeling. *Welldoing*, 1 July. Accessed 9 December 2016. Available at: <https://welldoing.org/article/post-brexit-shame-what-therapist-clients-are-feeling>.
- Burling, S., 2012. Former patients protest psychiatrist convention. *The Philadelphia Inquirer*, 6 May. Accessed 7 June 2017. Available at: https://www.philly.com/philly/health/20120506_Former_patients_protest_psychiatrist_convention.html.
- The Bury Times, 1866. The great reform meeting in Hyde Park, London. *The Bury Times*, 28 July 1866, p. 3.
- Bury and Norwich Post, 1868. Lunacy in Essex. *The Bury and Norwich Post*, 14 January, p. 7.
- Bury and Norwich Post, 1882. Mr. Bright & Mr. Chamberlain at Birmingham. *Bury and Norwich Post*, 10 January, p. 3.
- Busfield, J., 1986. *Managing madness: Changing ideas and practice*. London: Hutchinson.
- Busfield, J., 2011. *Mental illness*. Cambridge: Polity.
- Busfield, J., 2017. The concept of medicalisation reassessed. *Sociology of Health & Illness*, 44 (4), pp. 603-16.
- Bush, J. 2007. *Women against the vote*. London: Oxford University Press.
- Bushnell, H., 1869. *Women's suffrage: The reform against nature*. New York: Charles Scribner and Company.
- Butler, J., 1997. *The psychic life of power*. Stanford, CA: Stanford University Press.
- Butler, J., 2003. *Precarious life: The power of mourning and violence*. London: Verso.
- Butler, J., 2015. *Notes toward a theory of performative theory of assembly*. London: Harvard University Press.
- Butt, R., Malik, S., and Davies, L., 2011. St Paul's Cathedral canon resigns, *The Guardian*, 27 October. Accessed 7 January 2017. Available at: <https://www.theguardian.com/uk/2011/oct/27/st-pauls-cathedral-canon-resigns>.
- C. M., 1868. Women's suffrage. *The Manchester Guardian*, 22 April, p. 6.

- The Caledonian Mercury, 1862. Dr Laycock on law and medicine in insanity. *Caledonian Mercury*, 8 May, p. 3.
- Caledonian Mercury, 1864. Summary. *Caledonian Mercury*, 15 February.
- Calhoun, C., 1997. Plurality, promises, and public spaces. In: Calhoun, C., and McGowan, J., eds., *Hannah Arendt and the meaning of politics*. Minneapolis, MN: University of Minnesota Press, 232-262.
- Campbell, S., 1994. Being dismissed: The politics of emotional expression. *Hypatia*, 9 (3), pp. 46-65.
- Cape Town Mad Pride, 2010. About. *MadPrideCT.wordpress.com*. Accessed 20 April 2018. Available at: <https://madpridect.wordpress.com/>
- Care Quality Commission [CQC], 2018. *Mental Health Act: The rise in the use of the MHA to detain people in England*. London: CQC.
- Carel, H., and Kidd, I. J., 2014. Epistemic injustice in healthcare: A philosophical analysis. *Medical Health Care and Philosophy*, 17 (4), pp. 529-540.
- Carlisle, J. 2012. *Picturing reform in Britain*. Cambridge: Cambridge University Press.
- Castel, R., 1988. *The regulation of madness: The origins of incarceration in France*. Halls, W. D., trans. Berkeley, CA: University of California Press.
- Catherwood, C., 2014. Letter: Racism, austerity and the political response. *The Guardian*, 3 June, p. 33.
- Cave, S., 1864. *Two speeches on moving the previous question to Mr. Baines' Bill for reducing the borough franchise to six pounds*. Edinburgh: William Blackwood and Sons.
- Chamberlain, W., 1867. *A public remonstrance, with a review of his speeches in 1866, addressed to John Bright, Esq., M.P.* Bolton: The Chronicle Office. p. 29.
- Charland, L. C., 2013. Why psychiatry should fear medicalization. In: Fulford, K. W. M., Davies, M., Gipps, R. G. T., Graham, J. Z., Stanghellini, G., and Thornton, T., eds. *The Oxford Handbook of Philosophy and Psychiatry*. Oxford: Oxford University Press, 159–175.
- Chase, M., 2017. The popular movement for parliamentary reform in provincial Britain during the 1860s. *Parliamentary History*, 36 (1), pp. 14-30.
- Cheong, I. M., 2017. Scientology-backed anti-psychiatry scholarship raises fears at University of Toronto, *Heat Street*, 13 January. Accessed 20 April 2018. Available at: <https://whyweprotest.net/threads/scientology-backed-%E2%80%98anti-psychiatry%E2%80%99-scholarship-raises-fears-at-university-of-toronto.132525/>.

- Chung, J., 2011. Cops arrest OWS protester who said he'd "burn NYC to the f---ing ground", *Gothamist*, 17 November. Accessed 10 January 2017. Available at: http://gothamist.com/2011/11/16/cops_arrest_ows_protester_who_promi.php.
- City of London Corp v Samede* [2012] EWHC 34 (QB).
- Clark, L. A., Cuthbert, B., Lewis-Fernández, R., Narrow, W. E., and Reed, G. M., 2017. Three approaches to understanding and classifying mental disorder: ICD-11, DSM-5, and the National Institute of Mental Health's Research Domain Criteria (RDoC). *Psychological Science in the Public Interest*, 18 (2), pp. 72-145.
- Clark, N., 2018. REMAINIACS: Middle-class Remoaners 'so upset by Brexit they've developed a psychological disorder', top doctors warn. *The Sun*, 20 August. Accessed 10 October 2018. Available at: <https://www.thesun.co.uk/news/7055100/middle-class-remoaners-so-upset-by-brexit-theyve-developed-a-psychological-disorder-top-doctors-warn/>
- Clark, T., 2014. Analysis: Age of anxiety may be here to stay. *The Guardian*, 17 June, p. 7.
- Clarke, A. E., Shim, J. K., Mamo, L., Fosket, J. R., and Fishman, J. R., 2003. Biomedicalization: Technoscientific transformations of health, illness, and U.S. biomedicine. *American Sociological Review*, 68 (2), pp. 161-194.
- Clifford Simplican, S., 2015. *The capacity contract: Intellectual disability and the question of citizenship*. Minneapolis, MN: University of Minnesota Press.
- Cohen, B. M. Z., 2016. *Psychiatric hegemony: A Marxist theory of mental illness*. London: Routledge.
- Cohen, N., 2015. The purple revolution: The year that changed everything review – self-pitying Nigel Farage. *The Observer*, 29 March. Accessed 23 April 2018. Available at: <https://www.theguardian.com/politics/2015/mar/29/purple-revolution-nigel-farage-self-pity-nick-cohen>.
- Cooke, A., ed., 2014. *Understanding psychosis and schizophrenia*. Leicester, UK: British Psychological Society.
- Cole, H. W., 1866. *The middle classes and the borough franchise*. London: Longmans, Green, Reader, and Dyer.
- Coleman, E. G., 2008. The politics of rationality: Psychiatric survivors' challenge to psychiatry. In: da Costa, B. and Philip, K., eds. *Tactical biopolitics art, activism, and technoscience*. London: MIT Press.
- Coningsby, R., 1864. A working-man's view of reform. *The Times*, 3 June 1864, p. 14.
- Conley, K., 2011. OWS protester busted for allegedly threatening to hurl Molotov cocktails at Macy's. *New York Post*, 17 November. Accessed 10 January 2017.

Available at: <http://nypost.com/2011/11/17/ows-protester-busted-for-allegedly-threatening-to-hurl-molotov-cocktails-at-macys/>.

- Conrad, P., 1992. Medicalization and social control. *Annual Review of Sociology*, 18, pp. 209-232.
- Conrad, P., 2007. *The medicalization of society: On the transformation of human conditions into treatable disorders*. Baltimore, MD: The Johns Hopkins University Press.
- Conrad, P., Bandini, J., and Vasquez, A., 2016. Illness and the internet: From private to public Experience. *Health*, 20 (1), pp. 22-32.
- The Conservative Woman. 2016. Lefty lunacy: Precious dons get Brexit counselling. *The Conservative Woman*, 5 December. Accessed 14 April 2017. Available at: <http://www.conservativewoman.co.uk/lefty-lunacy-precious-dons-get-brexit-counselling/>.
- Cooper, D., 1980. *The language of madness*. Harmondsworth, UK: Penguin.
- Cooper, K., 2015. The psychology of voting: an emotional matter? *BBC News*, 6 May. Accessed 7 February 2017. Available at: <http://www.bbc.co.uk/news/election-2015-32537661>.
- Cooper, R., 2014. *Diagnosing the Diagnostic and Statistical Manual of Mental Disorders*. London: Karnac.
- Cooper, R. J., 1866. *A letter to Earl Russell and Earl Grey on the new reform bill, the Irish Church ... and the extreme danger of further innovations on the British constitution*. London: Rivingtons.
- Cormack and Semple, 1852. The hospitals of London. No. III. *London Journal of Medicine*, s2-3, pp. 271-277.
- A Countrywoman, 1867. Female suffrage. *The Spectator*, 23 February 1867, p. 214.
- Court, E., 2016. The real Brexit winners? British therapists. *MarketWatch*. Accessed 8 December 2016. Available at: <http://www.marketwatch.com/story/the-real-brexit-winners-british-therapists-2016-07-06/print>.
- Craig, J., 1864. *The universal English dictionary, comprising the etymology, definition, and pronunciation of all known words in the language, as well as technical terms used in art, science, literature, commerce, and law*. London: Routledge, Warne and Routledge.
- Cresswell, M., and Spandler, H., 2016. Solidarities and tensions in mental health politics: Mad studies and psychopolitics. *Critical and Radical Social Work*, 4 (3), 357–373.
- Crichton, P., Carel, H., and Kidd, I. J., 2016. Epistemic injustice in psychiatry. *BJPsych Bulletin*, 41 (2), pp. 1-6.

- Crossley, N., 2006. *Contesting psychiatry: Social movements in mental health*. New York: Routledge.
- Cullen, M., 2016a. Coping with Brexit. *YouTube.com*, 5 July. Accessed 12 December 2016. Available at: <https://www.youtube.com/watch?v=gXvUBu4UUKI>.
- Cullen, M., 2016b. How it works. *Unchain Your Mind*. Accessed 12 December 2016. Available at: <http://unchainyourmind.co.uk/how-it-works/>.
- Cvetkovich, A., 2012. *Depression: A public feeling*. London: Duke University Press.
- Dahl, R., 1957. The concept of power. *Behavioral Science* 2 (3), pp. 201-15.
- Daily Express. 2016. Poor lambs! After trigger warnings and safe spaces students now depressed over Brexit. *Daily Express*, 29 June. Accessed 7 December 2016. Available at: <https://www.express.co.uk/news/uk/684590/Brexit-student-depression-young-people-protest-Remain-free-movement-immigration-Twitter>.
- Daily Mail, 2013. 26 cases of attempted suicide here every day. *Daily Mail*, 6 September, p. 17.
- Dallmayr, F., *The promise of democracy*. New York: State University of New York Press.
- Daly, G., 2013. Savouring the secret ingredient. *Sunday Times*, 14 July, p. 6.
- d'Ancona, M., 2016. Even if Cameron seals the deal, Tories will be divided over Europe. *The London Evening Standard*, 17 February, p. 14.
- Darton, K., 2012. A history of MIND, *Mind.org.uk*. Accessed 2 May 2018. Available at: <https://www.mind.org.uk/about-us/what-we-do/our-mission/a-history-of-mind/>.
- Davies, C., 2011. Occupy London protest continues into second day. *The Guardian*, 16 October. Accessed 7 December 2016. Available at: <https://www.theguardian.com/uk/2011/oct/16/occupy-london-protest-second-day>.
- Davies, J., 2012. 'Label jars, not people': Lobbying against the shrinks. *New Scientist*, 16 May. Accessed 26 September 2018. Available at: <https://www.newscientist.com/article/mg21428653.700-label-jars-not-people-lobbying-against-the-shrinks/>.
- Davis, J. E., 2010. Medicalization, social control, and the relief of suffering. In: Cockerham, W. C., ed. *The new Blackwell companion to medical sociology*. Oxford: Wiley-Blackwell, pp. 211-241.
- Deacon, L., 2016. Students "depressed" and "traumatised" by Brexit say they will fail exams. *Breitbart*, 1 July. Accessed 9 December 2016. Available at: <http://www.breitbart.com/london/2016/07/01/students-depressed-traumatised-brexit-say-will-fail-exams/>.

- Dean, J., 2014. Tales of the apolitical. *Political Studies*, 62 (2), pp. 452-467.
- Deegan, G., 2003. Discovering recovery. *Psychiatric Rehabilitation Journal*, 26 (4), pp. 368-376.
- Degerman, D., 2018a. Anger and forgiveness: resentment, generosity, and justice. *Contemporary Political Theory*, 17 (Suppl. 1), pp. 9-12.
- Degerman, D., 2018b. Brexit Anxiety: A case study in the medicalization of dissent. *Critical Review of Social and Political Philosophy*. Published online first 15 February 2018. DOI: 10.1080/13698230.2018.1438334.
- Degerman, D., 2019. Within the heart's darkness: The role of emotions in Arendt's political thought. *European Journal of Political Theory*, 18 (2), pp. 153-173.
- Degerman, D., forthcoming. 'Am I mad?': The Windham case and Victorian resistance to psychiatry. *History of Psychiatry*.
- Delingpole, J., 2016. Why do the vicious Remain campaigners value emotion over reason? *The Spectator*, 21 May. Accessed 13 April 2017. Available at: <https://www.spectator.co.uk/2016/05/why-are-remain-campaigners-so-vicious-and-rude/>.
- Department for Business, Energy and Strategy, 2017. *Trade union membership 2016*. London: Department for Business, Energy and Strategy.
- Department of Health, 1999. *National service framework for mental health: modern standards and service models*. London: HMSO.
- Department of Health, 2011. *No health without mental health: A cross-government mental health outcomes strategy for people of all ages*. London: HMSO.
- Department of Health, 2012. *Liberating the NHS: No decision about me, without me*. London: HMSO.
- Devereaux, R., 2012. Minnesota police under fire over claims they got Occupy protesters high. *The Guardian*, 12 May. Accessed 20 January 2017. Available at: <https://www.theguardian.com/world/2012/may/11/minnesota-police-occupy-officers-marijuana>.
- Dingsdale, A., 1995. 'Generous and lofty sympathies': The Kensington Society, the 1866 women's suffrage petition and the development of mid-Victorian feminism. PhD Thesis. London: University of Greenwich Library.
- Dingsdale, A., 2007. Kensington Society (act. 1865–1868). In: *Oxford Dictionary of National Biography*, London: Oxford University Press.
- Dixon, T., 2003. *From passions to emotions: The creation of a secular psychological category*. Cambridge: Cambridge University Press.
- Dixon, T., 2015. *Weeping Britannia*. Oxford: Oxford University Press.

- Dobell, S., 1866. *Of parliamentary reform: A letter to a politician*. 2nd ed. London: Chapman and Hall.
- Dolan, F. M., 2005. The paradoxical liberty of bio-power: Hannah Arendt and Michel Foucault on modern politics. *Philosophy & Social Criticism*, 31 (3), pp. 369-380.
- Doughty, S., Andrews, E., and Pierce, A., 2011. Archbishop turns on the City as the St Paul's protesters win an eviction reprieve. *Daily Mail*, 2 November. Accessed 7 January 2017. Available at: <http://www.dailymail.co.uk/news/article-2056368/Occupy-London-St-Pauls-protesters-win-eviction-reprieve.html>.
- Duffy, F., 2013. I hear voices in my head: How a mental health nurse helps others live with the condition. *Daily Express*, 31 December. Accessed 8 June 2017. Available at: <https://www.express.co.uk/life-style/health/451252/I-hear-voices-in-my-head-How-a-mental-health-nurse-helps-others-live-with-the-condition>.
- Dundee Courier, 1861a. Dr Lowe on the increase of insanity. *Dundee Courier*, 1 July.
- Dundee Courier, 1861b. The causes of madness. *Dundee Courier*, 2 July.
- Dundee Courier, 1861c. Lunacy in civilised communities. *Dundee Courier*, 15 November.
- Dundee Courier, 1862. Danger from the lunacy doctors. *Dundee Courier*, 24 January.
- Dundee Courier, 1868. Women and the franchise. *Dundee Courier*, 17 September.
- Dundee Courier, 1869. Women and political equality. *Dundee Courier*, 28 June.
- Earl Grey, 1864. *Parliamentary government considered with reference to reform*. London: John Murray.
- The East London Parliamentary Reform Association, 1863. *Ought working-men to be fined for claiming the franchise*. London: Job Caudwell.
- The Economist, 2016. Schumpeter: Their eyes on Albion. *The Economist*, 11 June. Accessed 13 April 2017. Available at: <http://www.economist.com/news/business/21700382-most-european-bosses-are-twitchy-about-brexite-few-spy-opportunity-their-eyes-albion>.
- Ehrenberg, A., 2010. *Weariness of the self: Diagnosing the history of depression in the contemporary age*. London: McGill-Queen's University Press.
- Ehrenreich, B., 2009. *Smile or die: How positive thinking fooled America and the world*. London: Granta.
- Ekman, P., 1999. Basic emotions. In: Dalglish, T., and Power, M., *Handbook of cognition and emotion*. London: John Wiley & Sons.
- Electoral Administration Act 2006*. (c. 22). London: HMSO.

- Elliott, C., 2003. *Better than well: American medicine meets the American dream*. New York: W. W. Norton.
- Elliott, M. 2016. Why Britain will choose the safer option and Vote Leave. *Open Democracy*, 8 March. Accessed 13 April 2017. Available at: <https://www.opendemocracy.net/brexitdivisions/matthew-elliott/why-britain-will-choose-safer-option-and-vote-leave>.
- Eng, D. L. and Kazanjian, D., eds., 2003. *Loss: The politics of mourning*. London: University of California Press.
- Esquirol, E., 1845. *Mental maladies: A treatise on insanity*. Hunt, E. K., trans. Philadelphia: Lee and Blanchard.
- Evans-Lacko, S., Henderson, C. and Thornicroft, G., 2013. Public knowledge, attitudes and behaviour regarding people with mental illness in England 2009-2012. *British Journal of Psychiatry*, 202 (s55), pp. s51-s57
- Evanspritchard, A., 2016. Irritation and anger may lead to hasty choice. *The Daily Telegraph*, 6 June, p. 1.
- Evening Standard. 2011. Church rift widens as aide attacks bishop over handling of St Paul's protest. *Evening Standard*, 7 November. Accessed 7 January 2017. Available at: <http://www.standard.co.uk/news/church-rift-widens-as-aide-attacks-bishop-over-handling-of-st-pauls-protest-6365451.html>.
- The Examiner, 1867. The physiology and pathology of mind. *The Examiner*, 6 April, p. 214.
- The Examiner, 1869. The Literary Examiner: A memoir of John Conolly, M.D., D.C.L. Comprising a Sketch of the Treatment of the Insane in Europe and America. by Sir James Clark, Bart, M.D., & C. John Murray. *The Examiner*, 28 August, p. 549.
- Fasick, K., 2011. Deranged homeless man goes on violent rampage in Zuccotti Park. *The New York Post*, 4 November. Accessed 5 January 2017. Available at: <http://nypost.com/2011/11/04/deranged-homeless-man-goes-on-violent-rampage-in-zuccotti-park/>.
- Feldman, R. H., 2007. Introduction. In: Kohn, J., and Feldman, R. H., eds., *The Jewish Writings*. New York: Schocken Books.
- Ferry, L., and Kingston, R., eds., 2008. *Bringing the passions back in: The emotions in political philosophy*. Vancouver, BC: UBC Press.
- Fiedler, T., 2011. Occupy Wall Street: How should it be covered now? *The New York Times*, 4 November. Accessed 12 April 2017. Available at: <https://publiceditor.blogs.nytimes.com/2011/11/04/occupy-wall-street-how-should-it-be-covered-now/>.
- Finlay W. M. L., 2010. Pathologizing dissent: Identity politics, Zionism and the 'self-hating' Jew. *British Journal of Social Psychology*, 44 (2), pp. 201-222.

- Fisher, M., 2009. *Capitalist realism*. Winchester, UK: Zero Books.
- Fisher, P., 2002. *The vehement passions*. Princeton, NJ: Princeton University Press.
- Fitzpatrick, M., 2016. Why you can make your GP feel dizzy. *The Daily Telegraph*, 27 July, p. 18.
- Foot, P., 2005. *The vote: How it was won and how it was undermined*. London: Penguin.
- Ford, M., 2014. A dictator's guide to urban design. *The Atlantic*, 21 February. Accessed 10 April 2018. Available at: <https://www.theatlantic.com/international/archive/2014/02/a-dictators-guide-to-urban-design/283953/>.
- Ford, R, and M. Goodwin, 2014. *Revolt on the right: Explaining the support for the radical right in Britain*. London: Routledge.
- Foster, E. A., Kerr, P., Byrne, C., 2014. Rolling back to roll forward: Depoliticisation and the extension of government. *Policy & Politics*, 42 (2), pp. 225-241.
- Foucault, M., 1977. *Discipline and Punish: The Birth of the Prison*. Sheridan, A., trans. New York: Vintage Books.
- Foucault, M., 1988. *Madness and civilization: A history of insanity in the age of reason*. New York: Vintage Books.
- Foucault, M., 1991. Governmentality. In: G. Burchell, C. Gordon & P. Miller, eds., *The Foucault Effect: Studies in governmentality*. Chicago, IL: University of Chicago Press, 87-104.
- Foucault, M., 2000 [1976]. Truth and power. In: Faubion, J. D., ed., *Power: Essential works of Foucault 1954-1984*, vol. 3. Lazzeri, C., trans. London: Penguin.
- Foucault, M., 1980 [1976]. Two lectures. In: Gordon, C., ed., *Power/knowledge: Selected interviews and other writings 1972-1977*. Gordon, C., trans. New York: Pantheon Books.
- Foucault, M., 2003a [1973]. *The birth of the clinic*. Sheridan, A., trans. London: Routledge.
- Foucault, M., 2003b. 'Society must be defended': *Lectures at the Collège de France 1975-1976*. Bertani, M., and Fontana, A., eds. Macey, D., trans. New York: Picador.
- Foucault, M., 2006a [1961]. *History of madness*. Murphy, J., and Khalfa, J., trans. London: Routledge.
- Foucault, M., 2006b. *Psychiatric power: Lectures at the Collège de France, 1973-1974*. Burchell, G., trans. New York: Palgrave Macmillan.

- Frances, A., 2010. Good grief. *The New York Times*, 14 August. Accessed 2 October 2018. Available at:
<https://www.nytimes.com/2010/08/15/opinion/15frances.html>.
- Frances, A., 2011. Petition against DSM-5 gets off to racing start: A game changer? *Psychiatric Times*, 27 October. Accessed 2 October 2018. Available at:
<http://www.psychiatrictimes.com/dsm-5/petition-against-dsm-5-gets-racing-start-game-changer>.
- Frances, A., 2013. *Saving Normal: An insider's revolt against out-of-control psychiatric diagnosis, DSM-5, Big Pharma, and the medicalization of ordinary life*. New York: HarperCollins.
- Franklin, P., 2014. UKIP Derangement Disorder – Time for a second opinion. *Conservative Home*, 5 May. Accessed 7 February 2017. Available at:
<https://www.conservativehome.com/the-deep-end/2014/05/ukip-derangement-disorder-time-for-a-second-opinion.html>.
- Fraser, G., 2012. Before we decide to write off the Occupy movement, let's consider the legacy of the Chartists. *The Guardian*, 5 October. Accessed 10 January 2017. Available at:
<https://www.theguardian.com/commentisfree/belief/2012/oct/05/occupy-movement-legacy-chartism>.
- Fraser, N., 1981. Foucault on modern power: Empirical insights and normative confusions. *PRAXIS International*, (3), pp. 272-287.
- Fraser, N., 1990. Rethinking the public sphere: A contribution to the critique of actually existing democracy. *Social Text*, 25/26, pp. 560-80.
- Freeman, J., 1973. The origins of the women's liberation movement. *American Journal of Sociology*, 78 (4), 792–811.
- The Freeman's Journal, 1867. Madhouse statistics. *The Freeman's Journal*, 22 January.
- Fricker, M., 2007. *Epistemic injustice: Power and the ethics of knowing*. Oxford: Oxford University Press.
- Friedman, M., 2012. Creativity and madness: Are they inherently linked? *Huffpost*, 5 April. Accessed 20 April 2018. Available at:
<https://huffpost.com/us/entry/1463887>.
- Friel, J., 2011. John McCarthy was told he had motor neurone disease just after doctors removed a cancer. But here he explains why he has too much to cherish to ever feel bitter. *Daily Mail*, 17 September, p. 22.
- Fulford, R., 1957. *Votes for women: The story of a struggle*. London: Faber and Faber.
- Fulford K. W. M., and Sartorius, N., 2009. The secret history of ICD and the hidden future of DSM. In: Broome, M., and Bortolotti, L., eds., *Psychiatry as*

cognitive neuroscience: Philosophical perspectives. Oxford: Oxford University Press, pp. 29-48.

- Gandhi, M., 1999 [1920]. Speech on non-co-operation resolution, Calcutta Congress. *In: The collected works of Mahatma Gandhi*, vol. 21. New Delhi: Publications Division Government of India. Accessed 20 August 2018. Available at: <http://gandhiashramsevagram.org/Gandhi-literature/mahatma-gandhi-collected-works-volume-21.pdf/>.
- Gartner, J., and Buser, S., 2018. *Rocket Man: Nuclear Madness and the Mind of Donald Trump*. Ashville, NC: Chiron Publications
- Gilbert, P. K., 2007. *The citizen's body: Desire, health, and the social in Victorian England*. Columbus, OH: The Ohio State University Press.
- Gilman, S. L., and Thomas, J. M., 2016. *Are racists crazy?: How prejudice, racism, and antisemitism became markers of insanity*. New York: New York University Press
- Gilroy, P., 2005. Comment & analysis: Why Harry's disoriented about empire: The chronic pain of loss feeds our melancholic attachment. *The Guardian*, 18 January, p. 20.
- Glasgow Daily Herald, 1868. The female suffrage craze. *Glasgow Daily Herald*, 2 September, p. 4.
- Glaser, G., 2008. 'Mad Pride' fights a stigma. *The New York Times*, 11 May, p. ST1.
- Gleadle, K., 2017. Masculinity, age and life cycle in the age of reform. *Parliamentary History*, 36 (1), pp. 31-45.
- Gledhill, R., 2011. "Jesus might not be on the protesters" side, Archbishop suggests. *The Times*, 6 December, p. 14.
- Goldman, L., 2002. *Science, reform, and politics in Victorian Britain: The Social Science Association 1857-1886*. Cambridge: Cambridge University Press.
- Goodwin, J., Jasper, J. M., and Poletta, F., 2001. Introduction: Why emotions matter. *In: Goodwin, J., Jasper, J. M., and Poletta, F., eds., Passionate politics: Emotions and social movements*. Chicago: University of Chicago Press, pp. 1-25.
- Goodwin, M., 2014. Comment: This time there'll be no collapse in Ukip support: Farage identified crucially that many people's anxieties are as rooted in identity as economics. He is now reaping the reward. *The Guardian*, 27 May, p. 28.
- Gould, D., 2001. Rock the boat, don't rock the boat, baby: Ambivalence and the emergence of militant AIDS activism. *In: Goodwin, J., Jasper, J. M., and Poletta, F., eds., Passionate politics: Emotions and social movements*. Chicago, IL: University of Chicago Press, pp. 135-157.

- Gould, D., 2010. On affect and protest. *In: Staiger, J., Cvetkovich, A., Reynolds, A., eds., Political emotions*. London: Routledge, pp. 18-34.
- Gould, D., 2012. Political despair. *In: Thompson, S., and Hoggett, P., eds. Politics and the emotions: The affective turn in contemporary political studies*. London: Bloomsbury, pp. 95-112.
- Grace, M., and Kemp, J., 2011a. Molotov madman is out He vowed to burn store but is free & in Zuccotti. *Daily News*, 23 November, p. 6.
- Grace, M., and Kemp, J., 2011b. OWS bails out one of their own Charged with swiping cop hat, sprung by pals. *Daily News*, 24 November, p. 14.
- Greif, M., 2011. Drumming in circles. *In: Taylor, A., Gessen, K., et al., eds., Occupy! Scenes from Occupied America*. London: Verso, pp. 55-62.
- Griesinger, W., 1867. *Mental pathology and therapeutics*. Lockhart Robertson, C., and Rutherford, J., trans. London: The New Sydenham Society.
- Griffin, B., 2011. *The politics of gender in Victorian Britain*. Cambridge: Cambridge University Press.
- H. A. P., 1869. Notices of books: Women's suffrage – The reform against nature. By Horace Bushnell, D.D. New York: Scribner and Co. *The Contemporary Review*, October, pp. 306-311.
- Hacking, I., 1986. Making up people. *In: Heller, T., Sosna, M., and Wellbery, D., eds., Reconstructing individualism: Autonomy, individuality, and the self in Western Thought*. Stanford, CA: Stanford University Press, 222-236.
- Haidt, J., 2012. *The righteous mind: Why good people are divided by politics and religion*. London: Penguin.
- Hall, C., 2005. *The trouble with passion: political theory beyond the reign of reason*. New York: Routledge.
- Hall, W., 2013. Keynote Speech at Alternatives 2012 Conference: Remembering Our History, Thinking About our Future, *Mad in America*, 23 February. Accessed 16 April. Available at: <https://www.madinamerica.com/2013/02/transcript-of-will-hall-keynote-speech-at-alternatives-2012/>.
- Hall, C., McClelland, K., and Rendall, J., 2000. Introduction. *In: Hall, C., McClelland, K., and Rendall, J., eds., Defining the Victorian nation: Class, race, gender and the Reform Act of 1867*. Cambridge: Cambridge University Press, pp. 1-70.
- Hamer, H. P., Kidd, J., Clarke, S., Butler, R., and Lampshire, D., 2017. Citizens uninterrupted: Practices of inclusion by mental health service users. *Journal of Occupational Science*, 24 (1), pp. 76-87.
- Hampshire Telegraph and Sussex Chronicle 1867. Curious phases of insanity. *Hampshire Telegraph and Sussex Chronicle*, 23 January, p. 4.

- Hampson, R., 2011. "Occupiers" not cut from the same cloth. *USA Today*, 28 November. Accessed 10 January 2017. Available at: <http://usatoday30.usatoday.com/news/nation/story/2011-11-27/occupy-wall-street-protesters-defy-simple-description/51429518/1>.
- Han, B.-C., 2017. *Psychopolitics: Neoliberalism and new technologies of power*. London: Verso.
- Hannan, D., 2011. "March for the Alternative"? WHAT alternative? *The Daily Telegraph*, 26 March. Accessed 12 January 2017. Available at: <https://bucf.wordpress.com/2011/03/26/a-word-from-mr-hannan/>.
- Harcourt, B. E. 2013a. Political disobedience. In: *Occupy: Three inquiries in disobedience*. Chicago, IL: University of Chicago Press, pp. 45-92.
- Harcourt, B. E. 2013b. Introduction. In: *Occupy: Three inquiries in disobedience*. Chicago, IL: University of Chicago Press, pp. vii-xv.
- Harper, C., 2015. More than just a protest vote? – The psychology of UKIP support. *Dr. Craig Harper, Social and Political Psychologist*. Accessed 2 February 2017. Available at: <https://craigaharper.wordpress.com/2015/04/09/more-than-just-a-protest-vote-the-psychology-of-ukip-support/>.
- Harper, S., 2009. *Madness, power and the media: Class, gender and race in popular representations of mental distress*. New York: Palgrave MacMillan.
- Harper, D. and Speed, E., 2012. Uncovering recovery: The resistible rise of recovery and resilience. *Studies in Social Justice*, 6 (1), pp. 9-25.
- Harrington, T., and Dreier, H., 2011. Occupy Oakland protesters to join Occupy Cal action Tuesday. *Oakland Tribune*, 14 November. Accessed 10 January 2017. Available at: <http://search.proquest.com/docview/903801689?accountid=11979>.
- Harris, J., 2012. Occupy London: What went wrong? *The Guardian*, 13 February. Accessed 7 December 2016. Available at: <https://www.theguardian.com/commentisfree/2012/feb/13/occupy-london-what-went-wrong>.
- Harris, J., 2014. Comment: Forget about the money: It's time to follow Ukip's lead - confront market tyranny and address issues people care about. *The Guardian*, 11 January, p. 30.
- Harrison, B., 1978. *Separate spheres: The opposition to women's suffrage in Britain*. New York: Holmes & Meier Publishers.
- Harrison, R., 1965. *Before the socialists: Studies in labour and politics*. London: Routledge and Keegan Paul.
- Hawkins, R., 2016. MPs to be surveyed about depression. *BBC News*, 2 December. Accessed 26 September 2018. Available at: <http://www.bbc.co.uk/news/uk-politics-38172510>.

- Hayward, R., 2014. *Transformation of the psyche in British Primary Care, 1870-1970*. London: Bloomsbury.
- HC Deb 16 December 1831, vol. 9, col. 385-388.
- HC Deb 19 March 1832, vol. 11, col. 480.
- HC Deb 26 April 1860, vol. 158, col. 150-152.
- HC Deb 11 April 1867, vol. 186, col. 1569-1574.
- HC Deb 16 April, 1866a, vol. 182, col. 1390.
- HC Deb 16 April, 1866b, vol. 182, col. 1423.
- HC Deb 19 April 1866, vol. 182, col. 1682.
- HC Deb 23 April 1866, vol. 182, col. 1944.
- HC Deb 18 March 1867, vol. 186, col. 7.
- HC Deb 11 April 1867, vol. 186, col. 1486-1576.
- HC Deb 20 May 1867a, vol. 187, col. 823-826.
- HC Deb 20 May 1867b, vol. 187, col. 833.
- HC Deb 20 May 1867c, vol. 187, col. 839.
- HC Deb 15 July 1867, vol. 188, col. 1542.
- Heffer, G., 2016. Now even top Labour MP Andy Burnham admits: I'm betting on Brexit. *Daily Express*, 14 March.
- Heins, V., 2007. Reasons of the heart: Weber and Arendt on emotion in politics. *The European Legacy*, 12, pp. 715-728.
- Henderson, M., 2008. Trust me, I'm sincere. *The Times*, 5 November, p. 28.
- Herrick, F. H., 1948. The Second Reform movement in Britain 1850-1865. *Journal of the History of Ideas*, 9 (2), pp. 174-192.
- Hervey, N., 1986. Advocacy or folly: The Alleged Lunatics' Friend Society, 1845-63. *Medical History*, 30 (3), pp. 245-275.
- Heyes, C., 2016. Identity politics. In: Zalta, E. N., ed., *Stanford Encyclopedia of Philosophy*.
- Hilpern, K., 2007. How I tamed the voices in my head; When Eleanor Longden began hearing things, she soon found herself drugged, sectioned and labelled schizophrenic. Then a psychiatrist taught her how to talk back. *The Independent*, 6 March, p.8.

- Himmelfarb, G., 1966. The politics of democracy: the English Reform Act of 1867. *Journal of British Studies*, 6 (1), pp. 97-138.
- Hirschman, A. O., 1977. *The passions and the interests: Political arguments for capitalism before its triumph*. Princeton, NJ: Princeton University Press.
- Holehouse, M., 2012. “Exhausted” St Paul’s protesters plead for back-up. *The Daily Telegraph*, 13 February, p. 13.
- Holland, H., 1852. *Chapters on mental physiology*. London: Longman, Green, and Longman.
- Holmes, M., 2004. Feeling beyond rules: Politicizing the sociology of emotion and anger in feminist politics. *European Journal of Social Theory*, 7 (2), 209–227.
- Holmes, M., 2012. Building on a firm foundation of tolerance and love?’ Emotional reflexivity in feminist political processes. In: Thompson, S., and Hoggett, P., eds., *Politics and the emotions: The affective turn in contemporary political studies*. London: Bloomsbury, pp. 115-138.
- Holyoake, G., 1865. *The liberal situation: Necessity for a qualified franchise. A letter to Joseph Cowen*. London: London Book Store.
- Honig, B., 1995. Towards an agonistic feminism: Hannah Arendt and the politics of identity. In: Honig, B., ed., *Feminist interpretations of Hannah Arendt*. University Park, PA: Penn State University Press, pp. 135-166.
- Honig, B., 2017. *Public things: Democracy in disrepair*. New York: Fordham University Press.
- Honohan, I., 2002. *Civic republicanism*. London: Routledge.
- Honneth, A., 1996. Pathologies of the social: The past and present of social philosophy. Swindal, J., trans. In: Rasmussen, D., ed., *The handbook of critical theory*. Oxford: Blackwell, pp. 369-398.
- Hookway, D., 2015. ‘A feminine philosopher’: John Stuart Mill in Parliament. *The Cultural History of Philosophy Blog*, 6 May. Accessed 4 May 2018. Available at: <https://blogs.history.qmul.ac.uk/philosophy/2015/05/06/a-feminine-philosopher-john-stuart-mill-in-parliament/>.
- Hope, C., 2012. Some Tories are “loonies, fruitcakes and closet racists,” says Michael Fabricant MP. *The Daily Telegraph*, 26 November. Accessed 30 January 2017. Available at: <http://www.telegraph.co.uk/news/politics/conservative/9703847/Some-Tories-are-loonies-fruitcakes-and-closet-racists-says-Michael-Fabricant-MP.html>.
- Horwitz, A. V., 2015. How did everyone get diagnosed with Major Depressive Disorder? *Perspectives in Biology and Medicine*, 58 (1), pp. 105-119.

- Horwitz, A. V., and Wakefield, J. C., 2007. *The loss of sadness: How psychiatry transformed normal sorrow into depressive disorder*. Oxford: Oxford University Press.
- Horwitz, A. V., and Wakefield, J. C., 2012. *All we have to fear: Psychiatry's transformation of natural anxieties into mental disorders*. New York: Oxford University Press.
- Howell, A. and Voronka, J., 2012. Introduction: The politics of resilience and recovery in mental health care. *Studies in Social Justice*, 6 (1), pp. 1-7.
- The Huddersfield Chronicle, 1869. The 'woman's rights' movement. *The Huddersfield Chronicle*, 16 October, p. 5.
- Hudson, A., 2011. Defeated by violence and silence. *Times Higher Education*, 20 January. Accessed 10 April 2018. Available at: <https://www.timeshighereducation.com/features/defeated-by-violence-and-silence/414866.article?storycode=414866>.
- Hughes, K., 2016. Kathryn Hughes Psychology. *Mail on Sunday*, 1 May, p. 38.
- Huhne, C., 2014. Comment: A vision of a better yesterday won't give Farage the future: Ukip could do well in European elections but better times will chip away at its bedrock of insecurity and nostalgia. *The Guardian*, 31 March, p. 28.
- Hutton, R. H., 1867. The political character of the working class. In: *Essays on reform*. London: Macmillan and Co, pp. 27-44.
- Hyland, I., 2015. Meet the Ukipers reveals a circus full of the freaks of casual racism. *Mirror*, 23 February. Accessed 1 July 2017. Available at: <https://www.mirror.co.uk/tv/tv-news/meet-ukippers-reveals-circus-full-5218695/>.
- Hyvönen, A.-E., 2016. Political action beyond resistance: Arendt and 'revolutionary spirit' in Egypt. *Redescriptions: Political Thought, Conceptual History and Feminist Theory*, 19 (2), pp. 191-213.
- Iliopoulos, J., 2012. Foucault's notion of power and current psychiatric practice. *Philosophy, Psychiatry, & Psychology*, 19 (1), pp. 49-58.
- Institute for Health Metrics and Evaluation, 2017. GBD compare data visualization. Seattle, WA: IHME, University of Washington. Accessed 25 May 2018. Available from: <http://vizhub.healthdata.org/gbd-compare/>.
- Ipsos MORI, 2006. *Issues Index: 1997-2006*. Accessed 7 July 2017. Available at: <https://www.ipsos.com/ipsos-mori/en-uk/issues-index-1997-2006/>.
- Isaac, J., 2006. Oases in the desert: Hannah Arendt on democratic politics. In: Williams, G., ed., *Hannah Arendt: Critical assessments*, Vol. II. London: Routledge, pp. 130-154.

- Jackson, C., 2008. Society: Mad pride and prejudices: The radical service user groups that sprung up in the 1970s helped change attitudes to mental health. Now their history is being written. *The Guardian*, 3 September, p. 7.
- Jackson, J., 2017. Patronizing depression: Epistemic injustice, stigmatizing attitudes, and the need for empathy. *Journal of Social Philosophy*, 48 (3), pp. 359-376.
- Jacobs, E., 2016. Brexit anxiety spreads from the City to homes and schools. *The Financial Times*, 22 June. Accessed 9 December 2016. Available at: <https://www.ft.com/content/ba3aa5f2-386b-11e6-a780-b48ed7b6126f>.
- Jenkins, S., 2016. On Brexit, gender, age and political party are no guide as to how we'll vote. *The Guardian*, 31 March, p. 33.
- Johnson, B., 2016. Don't be taken in by Project Fear – staying in the EU is the risky choice. *The Daily Telegraph*, 29 February, p. 16.
- Johnson, S., 2011. Occupy Oakland Blog: Another long night at the tent city. *Oakland Tribune*, 19 October. Accessed 23 January 2018. Available at: <https://www.mercurynews.com/2011/10/19/occupy-oakland-blog-another-long-night-at-the-tent-city/>
- Jones, E., 1867. *Democracy vindicated – A lecture delivered to the Edinburgh Working Men's Institute ... 1867, in reply to Professor Blackie's lecture on democracy*. Edinburgh: Andrew Elliott.
- Jones, K., 1960. *Mental health and social policy, 1845-1959*. London: Routledge and Kegan Paul.
- Jost, J., Glaser, J., Kruglanski, A., and Sullaway, F., 2003. Political conservatism as motivated social cognition. *Psychological Bulletin*, 129 (3), pp. 339-375.
- Journal of Mental Science, 1900. Obituary. *Journal of Mental Science*, 46 (195), p. 829.
- Jowit, J., 2012. Mental health problems no longer a bar to becoming an MP. *The Guardian*, 14 June. Accessed 26 September 2018. Available at: <https://www.theguardian.com/society/2012/jun/14/mental-health-bars-mp-removed?INTCMP=SRCH>.
- Kateb, G., 1984. *Hannah Arendt: Politics, conscience, evil*. Totowa, NJ: Rowman & Allanheld.
- Kauffman, L. A., 2017. *Direct action: Protest and the reinvention of american radicalism*. London: Verso.
- Kellner, P., 2013. How UKIP voters compare. *YouGov*. Accessed 6 December 2018. Available at: <https://yougov.co.uk/topics/politics/articles-reports/2013/03/05/analysis-ukip-voters>.
- Kelly, T., 2011. Cathedral camp “is a magnet for criminals.” *Daily Mail*, 19 December.

- Kemp, J., Parascandola, R., and Burke, K., 2011. Zuccotti Park protester Nkrumah Tinsley arrested after threatening to burn down city. *Daily News*, 16 November. Accessed 10 January 2017. Available at: <http://www.nydailynews.com/new-york/zuccotti-park-protester-nkrumah-tinsley-arrested-threatening-burn-city-article-1.978770>.
- Kidd, I. J., and Carel, H., 2017. Epistemic injustice and illness. *Journal of Applied Philosophy*, 34, pp. 172-190.
- King, M. L. 1997 [1956]. The 'new negro' of the South: Behind the Montgomery Story. In: Carson, C., Burns, S., Carson, S., Powell, D., and Holloran, P., eds., *The papers of Martin Luther King, Jr.*, Vol. III. Berkeley: University of California Press, 280-286.
- King, M. L., 2005 [1960]. Suffering and faith. In: Carson, C., Armstrong, T., Carson, S., Clay, A., and Taylor, K., eds., *The papers of Martin Luther King, Jr.*, Vol. V. Los Angeles: University of California Press, 443-444.
- Kingsley Kent, S., 1990. *Sex and suffrage in Britain, 1860-1914*. Princeton, NJ: Princeton University Press.
- Kingston, R., 2011. *Public Passion: Rethinking the Grounds for Political Justice*. London: McGill-Queen's University Press.
- Kinnear, J. B., 1865. *Principles of reform: Political and legal*. London: Smith, Elder and Co.
- Kirk, S. A., and Kutchins, H., 1994. The myth of the reliability of DSM. *The Journal of Mind and Behavior*, 15 (1/2), 71-86.
- Kirsch, M., 2007. Voices in your head? You may not be crazy. *The Times*, 23 January, p. 6.
- Klein, S., 2014. 'Fit to enter the world': Hannah Arendt on politics, economics, and the welfare state. *American Political Science Review*, 108 (4), 856-859.
- Knight, C., 1867. *Arts and sciences or fourth division of "The English encyclopaedia."* London: Bradbury, Evans, and Co.
- Kohn, M., 2013. Privatization and protest: Occupy Wall Street, Occupy Toronto, and the occupation of public space in a democracy. *Perspectives on Politics*, 11 (1), pp. 99-110.
- Koselleck, R., 2004. *Futures past: On the semantics of historical time*. Tribe, K., trans. New York: Columbia University Press.
- Krause, S., 2008. *Civil passions: Moral sentiment and democratic deliberation*. Princeton, NJ: Princeton University Press.
- Krause, S., 2011. Bodies in action: Corporeal agency and democratic politics. *Political Theory*, 39 (3), pp. 299-324.

- Krause, S., 2013. Beyond non-domination. *Philosophy & Social Criticism*, 39 (2), pp. 187-208.
- Krause, S., 2016. Agency. *Political Concepts*, 3. Accessed 28 October 2018. Available at: <http://www.politicalconcepts.org/agency-sharon-krause/>.
- Kristof, N., 2011a. America's "primal scream". *The New York Times*, 15 October. Accessed 12 April 2017. Available at: <http://www.nytimes.com/2011/10/16/opinion/sunday/kristof-americas-primal-scream.html>.
- Kristof, N., 2011b. The bankers and the revolutionaries. *The New York Times*, 1 October. Accessed 12 April 2017. Available at: <http://www.nytimes.com/2011/10/02/opinion/sunday/kristof-the-bankers-and-the-revolutionaries.html>.
- Krystal, J. H., 2012. Dr Marcia Angell and the Illusions of Anti-Psychiatry. *Psychiatric Times*, 13 August 2012. Available at: <http://www.psychiatrictimes.com/articles/dr-marcia-angell-and-illusions-anti-psychiatry>.
- Kurs, R. and Grinshpoon, A., 2017. Vulnerability of individuals with mental disorders to epistemic injustice in both clinical and social domains. *Ethics & Behavior*, 28 (4), 336–346.
- Kurz, E., 2016. Will I become an outsider? Brexit Anxiety. *Welldoing*, 20 July. Accessed 12 December 2016. Available at: <https://welldoing.org/article/will-become-outsider-brexit-anxiety>.
- Kymlicka, W. and Donaldson, S., 2017. Inclusive citizenship beyond the capacity contract. In: Shachar, A., Bauböck, R., Bloemraad, I., and Vink, Maarten, eds., *The Oxford handbook of citizenship*, pp. 839-860.
- Kyratsous, M., and Sanati, A., 2017. Epistemic injustice and responsibility in borderline personality disorder. *Journal of Evaluation in Clinical Practice*, 23 (5), pp. 974-980.
- L., 1866. *Queries on the franchise*. Norwich: Fletcher and Son.
- Lakeman, R., 2010. Epistemic injustice and the mental health service user. *International Journal of Mental Health Nursing*, 19 (3), 151–153.
- Lancaster Gazette, 1867. Lancaster Lunatic Asylum. *Lancaster Gazette*, 6 July, p. 6.
- Lasch, C., 1991 *The true and only heaven: Progress and its critics* New York: W. W. Norton & Company.
- Latour, B., 2005. *Reassembling the social: An introduction to actor-network-theory*. Oxford: Oxford University Press.
- Le Bon, G., 1909. *The crowd: A study of the popular mind*. London: T. Fisher Unwin.

- LeBon, T., 2016. Brexit: 5 Stoic strategies to help you cope. Socrates satisfied. *Wise living with Tim LeBon, London CBT psychotherapist and life coach*, 26 June. Available at: <http://blog.timlebon.com/2016/06/brexit-5-stoic-strategies-to-help-you.html>.
- Lee, B. X., ed., 2017. *The dangerous case of Donald Trump*. New York: St. Martin's Press.
- Leeds Mercury, 1863. Murder and insanity. *Leeds Mercury*, 28 December, p. 2.
- Leeds Mercury, 1866. Treatment of the insane. *Leeds Mercury*, 19 January, p. 4.
- Leeds Mercury, 1868. Increase of insanity of among the poor. *Leeds Mercury*, 25 August, p. 6.
- Leno, J. B., 1868. *Drury Lane Lyrics: And Other Poems*. 4th ed. London: Published by the Author.
- Leventhal, F. M., 1971. *Respectable Radical: George Howell and Victorian Working Class Politics*. London: Weidfeld and Nicholson.
- Levine, B., 2013. The Systemic Crushing of Young Nonconformists and Anti-Authoritarians, *Mad in America*, 11 March. Accessed 16 April. Available at: <https://www.madinamerica.com/2013/03/the-systemic-crushing-of-young-nonconformists-and-anti-authoritarians/>.
- Lewis, B., 2006. A mad fight: Psychiatry and disability activism. In: Davis, L. J., ed., *The Disability Studies Reader*. New York: Routledge, pp. 339-352.
- Lewis, B., 2012. Reflections on the 2012 radical caucus meeting. *Mad in America*, 8 May. Accessed 26 September 2018. Available at: <https://www.madinamerica.com/2012/05/op-ed-5/>.
- Lewis, E., 2008. Society: Letters: Weary resignation. *The Guardian*, 12 March, p. 4.
- Leys, R., 2017. *The ascent of affect: Genealogy and critique*. London: University of Chicago Press.
- Lieberman, J. A., 2013. DSM-5: caught between mental illness stigma and anti-psychiatry prejudice. *Scientific American*, 20 May. Accessed 16 April. Available at: <https://blogs.scientificamerican.com/mind-guest-blog/dsm-5-caught-between-mental-illness-stigma-and-anti-psychiatry-prejudice/>.
- Lieberman, J. A., 2015. What does the New York Times have against psychiatry? *MedScape*, 18 February. Accessed 26 September 2018. Available at: <https://www.medscape.com/viewarticle/838764>.
- Linklater, A., 2007. Weekend: Mind: The woman who ignores her voices. *The Guardian*, 8 September, p. 85.
- Linton, E. L., 1884 [1869]. Emancipated women. In: *Ourselves: Essays on Women*. London: Chatto and Windus, pp. 40-60.

- Linton, E. L., 1891. The wild women: As politicians. *The Nineteenth Century*, 30, pp. 79-89.
- Liverpool Mercury, 1865. A visit to a French lunatic asylum. *Liverpool Mercury*, 15 April, p. 5.
- Lock, M., 2004. Medicalization and the naturalization of social control. In: Ember, C. R. and Ember, M., eds., *Encyclopedia of medical anthropology: Health and illness in the world's cultures*, Vol. 1. New York: Springer Science+Business, pp. 116-124.
- Lockett, J., 2016. Driven to despair: Psychiatrists reveal alarming rise in number of patients seeking help for “Brexit anxiety”. *The Sun*, 11 July. Accessed 12 December 2016. Available at: <https://www.thesun.co.uk/news/1426878/psychiatrists-reveal-alarming-rise-in-number-of-patients-seeking-help-for-brexit-anxiety>.
- Loidolt, S., 2015. Hannah Arendt's conception of actualized plurality. In: Szanto, T., and Moran, D., eds., *Phenomenology of Sociality: Discovering the 'We'*. London: Routledge, pp. 42-55.
- The London Review, 1860. Increase in insanity. *The London Review*, 7 July, pp. 17-18.
- López-Muñoz, F., García-García, P., Sáiz-Ruiz, J., Mezzich, J. E., Rubio, G., Vieta, E., and Alamo, C., 2008. A bibliometric study of the use of the classification and diagnostic systems in psychiatry over the last 25 years. *Psychopathology*, 41 (4), pp. 214-225.
- Lord Ashcroft, 2012. *“They're thinking what we're thinking” Understanding the UKIP temptation*. London: Lord Ashcroft.
- Lorde, A., 1984. *Sister outsider: Essays and speeches*. Trumansburg, NY: Crossing Press.
- Lowe, R., 1867. *Speeches and letters on reform*. London: Robert John Bush.
- Ludlow, J. M. and Jones, L., 1867. The progress of the working classes. In: *Questions for a reformed Parliament*. London: Macmillan, 277-328.
- Luhrmann, T. M., 2000. *Of two minds: An anthropologist looks at american psychiatry*. New York: Vintage Books.
- Luhrmann, T. M., 2015. Redefining Mental Illness. *The New York Times*, 17 January. Accessed 27 September 2018. Available at: <https://www.nytimes.com/2015/01/18/opinion/sunday/t-m-luhrmann-redefining-mental-illness.html>.
- Lupton, D., 1997. Foucault and the medicalisation critique. In: Petersen, A. and Bunton, R., eds., *Foucault, health and medicine*. London, 94–110.

- Lushington, G., 1867. Workmen and trade unions. *In: Questions for a reformed Parliament*. London, 37-64.
- Machin, G. I. T., 2001. *The rise of democracy in Britain, 1830-1918*. London: Macmillan Press.
- Mackay, K., 2011. Compounding conditional citizenship: To what extent does Scottish and English mental health law increase or diminish citizenship? *British Journal of Social Work*, 41 (5), pp. 931-948.
- Mackenzie, M. 2016. Switching to equities offers rewards in face of summer shocks. *The Financial Times*, 4 June, p. 18.
- Maddock, J., 2012. Ban cruel 'cure' that damages the brain. *Sunday Times*, 15 April, p. 16.
- Mad Pride India, 2018. About. *Mad Pride India Facebook*. Accessed 6 June 2017. Available at: <https://www.facebook.com/groups/madprideindia/about/>.
- Magee, D. 2016. How to Recover from Brexit Anxiety. *Welldoing*, 1 July. Accessed 12 December 2016. Available at: <https://welldoing.org/article/how-recover-brexit-anxiety>.
- Maharawal, M., 2011. Standing Up. *In: Taylor, A., Gessen, K., et al., eds., Occupy! Scenes from Occupied America*. London: Verso, pp. 34-41.
- Mail on Sunday, 2016. If Brexit does happen, EU is to blame too. *Mail on Sunday*, 19 June, p. 21.
- Mansbridge, J., 1996. Using power/fighting power: The polity. *In: Benhabib, S., ed., Democracy and difference: Contesting the boundaries of the political*. Princeton, NJ: Princeton University Press, pp. 46-66.
- Mansbridge, J., 2002. The making of oppositional consciousness. *In: Mansbridge, J. and Morris, A., eds. Oppositional consciousness*. Chicago, IL: University of Chicago Press, pp. 1-19.
- Marcus, G. E., 2002. *The sentimental citizen: Emotion in democratic politics*. University Park, PA: The Pennsylvania State University Press.
- Mars, B., Heron, J., Kessler, D., Davies, N. M., Martin, R. M., Thomas, K. H., and Gunnell, D., 2017. Influences on antidepressant prescribing trends in the UK: 1995–2011. *Social Psychiatry and Psychiatric Epidemiology*, 52 (2), pp. 193-200.
- Markell, P., 2012. The rule of the people: Arendt, archê, and democracy. *In: Benhabib, S., ed., Politics in dark times*. Cambridge: Cambridge University Press, pp. 58-82.
- Markell, P., 2014. The moment has passed: Power after Arendt. *In: Coles, R., Reinhardt, M., and Shulman, G., eds., Radical future pasts: Untimely essays in political theory*. Louisville, KY: University Press of Kentucky, pp. 113-143.

- Marx, K., 1976 [1867]. *Capital: A Critique of Political Economy*, Vol. 1. Fowkes, B., trans. New York: Penguin Books.
- Materfamilias, 1868. A woman's opinion of female suffrage. *Sheffield and Rotherham Independent*, 22 September, p. 6.
- Maudsley, H., 1867. *The physiology and pathology of mind*. London: Macmillan and Co.
- Mayhall, L. E., 2003. *The militant suffrage movement: Citizenship and resistance in Britain, 1860-1930*. Oxford: Oxford University Press.
- McAfee, N., 2015. Acting politically in a digital age. In: Allen, D. and Light, J. S., eds., *From voice to influence: Understanding citizenship in a digital age*. London, pp. 273-292.
- McClelland, K., 2000. 'England's greatness, the working man'. In: Hall, C., McClelland, K., and Rendall, J., eds., *Defining the Victorian nation: Class, race, gender and the Reform Act of 1867*. Cambridge: Cambridge University Press, pp. 71-118.
- McDaid, S., 2010. Redefining empowerment in mental health: An analysis using Hannah Arendt's power concept. *Journal of Power*, 3 (2), pp. 209-225.
- McIntosh, L., 2015. Cameron will appeal to 'hearts and minds' on EU. *The Times*, 30 May. Accessed 29 October 2018. Available at: <https://www.thetimes.co.uk/article/cameron-will-appeal-to-hearts-and-minds-on-eu-065jrklbwnr>.
- McManus, S., Bebbington, P., Jenkins, R., and Brugha, T. eds., 2016. *Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014*. Leeds: NHS Digital.
- McNay, L., 2009. Self as enterprise: Dilemmas of control and resistance in Foucault's The birth of biopolitics. *Theory, Culture & Society*, 26 (6), pp. 55-77.
- McNay, L., 2014. *The misguided search for the political*. Cambridge: Polity.
- McNay, L., 2016. Agency. In: Disch, L. and Hawkesworth, M., eds., *The Oxford handbook of feminist theory*. Oxford: Oxford University Press, pp. 39-60.
- McNerthney, C., 2011a. Occupy Seattle protesters square off with police. *Seattle Post Intelligencer*, 11 November. Accessed 5 January 2017. Available at: <http://www.seattlepi.com/local/article/Occpy-Seattle-costs-city-more-than-half-million-2264896.php>.
- McNerthney, C., 2011b. Occupy protester with miscarriage claim investigated earlier. *Seattle Post Intelligencer*, 25 November. Accessed 6 January 2017. Available at: <http://www.seattlepi.com/local/article/Occupy-protester-with-miscarriage-claim-2293379.php>.

- McTague, T., 2018. Britain's middle-class Brexit Anxiety Disorder. *Politico.eu*, 17 August. Available at: <https://www.politico.eu/article/brexit-anxiety-disorder-britain-middle-class/>.
- McWade, B., 2016. Recovery-as-policy as a form of neoliberal state making. *Intersectionalities*, 5 (3), pp. 62-81.
- Meet the Ukipers*, 2015. [television documentary] Directed by Hull, K. BBC Two, 21 February.
- Meltzer, T., 2013. G2: 20 online talks to change your life: Once, the privilege of seeing great thinkers explain their ideas in person was confined to city dwellers with time and money. Now, thanks to sites such as TED talks, any of us with an internet connection has access to an extraordinary body of philosophy, economics, psychology and more. Tom Meltzer picks the most inspiring. *The Guardian*, 28 August, p. 6.
- Mental Health Foundation, 2017. *Surviving or thriving?* London: Mental Health Foundation.
- Mercer, S. W. and Watt, G. C. M., 2007. The inverse care law: Clinical primary care encounters in deprived and affluent areas of Scotland. *The Annals of Family Medicine*, 5 (6), 503–510.
- Mercer, S. W., Higgins, M., Bikker, A. M., Fitzpatrick, B., McConnachie, A., Lloyd, S. M., Little, P., and Watt, G. C. M., 2016. General practitioners empathy and health outcomes: A prospective observational study of consultations in areas of high and low deprivation. *The Annals of Family Medicine*, 14 (2), pp. 117-124.
- Metzl, J., 2010. *The protest psychosis: How schizophrenia became a black disease*. Boston, MA: Beacon Press.
- Mikelionis, L., 2016. NHS trust offers crybaby staff post-Brexit counselling. *Heatstreet*, 29 June. Accessed 12 December 2016. Available at: <http://heatst.com/world/nhs-trust-offers-crybaby-staff-post-brexit-counseling/>.
- Mill, J. S., 1977 [1861]. Considerations on representative government. In: Robson, J. M., ed., *The collected works of John Stuart Mill, Volume XIX – Essays on politics and society part II*. London: Routledge and Kegan Paul.
- Mill, J. S., 1984 [1869]. The subjection of women. In: Robson, J. M., ed., *The collected works of John Stuart Mill, Volume XXI – Essays on equality, law, and education*. London: Routledge and Kegan Paul.
- Mills, C. W., 1959. *The sociological imagination*. New York: Oxford University Press.
- Minton, A., 2012. *Ground control: Fear and happiness in the twenty-first century*. London: Penguin.
- Mishra, P., 2017. *Age of anger: A history of the present*. London: Allen Lane.

- Mitchell, W. J. T., 2013. Image, space, revolution. *In: Occupy: Three inquiries in disobedience*. Chicago, IL: University of Chicago Press, pp. 93-130.
- Moffic, S., 2012. Psychism: Defining discrimination of psychiatry. *Psychiatric Times*, 4 June. Accessed 20 April 2018. Available at: <http://www.psychiatrictimes.com/blogs/couch-crisis/psychism-defining-discrimination-psychiatry>.
- Monbiot, G., 2016. Neoliberalism is creating loneliness. That's what's wrenching society apart. *The Guardian*, 12 October. Available at: <https://www.theguardian.com/commentisfree/2016/oct/12/neoliberalism-creating-loneliness-wrenching-society-apart>
- Moncrieff, J., 2008. Neoliberalism and biopsychiatry: A marriage of convenience. *In: Cohen, C. I., and Timimi, S., eds., Liberatory psychiatry: Philosophy, politics, and mental health*. Cambridge: Cambridge University Press, pp. 235-255.
- Moncrieff, J., 2010. Psychiatric diagnosis as a political device. *Social Theory & Health*, 8 (4), pp. 370–382.
- Montgomerie, T., 2012. UKIP is a magnet for unhappy Tory voters but it's much, much more than Europe that's driving the dissatisfaction. *Conservative Home*, 18 December. Accessed 30 January 2017. Available at: <https://www.conservativehome.com/thetorydiary/2012/12/ukipmagnet.html>.
- Mooney, C., 2012. *The Republican brain*. New York: Wiley.
- Moore, P., 2016. How Britain voted. *YouGov*, 27 June. Accessed 28 August 2018. Available at: <https://yougov.co.uk/news/2016/06/27/how-britain-voted/>
- Moore, S., 2014. Nigel Farage: A pustule of resentment on the body politic. *The Guardian*, 23 April. Accessed 3 February 2017. Available at: <https://www.theguardian.com/commentisfree/2014/apr/23/nigel-farage-ukip-pustule-resentment-body-politic>.
- Moore-Bridger, B. 2016. More City staff seek help since EU vote. *The London Evening Standard*, 29 September, p. 4.
- Moran, R., 2011. Canadian at OWS scales 70 foot sculpture; calls for Bloomberg resignation. *American Thinker*, 23 October. Accessed 12 January 2017. Available at: http://www.americanthinker.com/blog/2011/10/canadian_at_ows_scales_70_foot_sculpture_calls_for_bloomberg_resignation.html.
- Morning Chronicle, 1861. The treatment of insanity concerns everybody. *Morning Chronicle*, 17 July, p. 4.
- Morning Post, 1860. Multiple News Items. *Morning Post*, 14 April, p. 4.
- Morning Post, 1861. The tragedy of life. *Morning Post*, 2 April, p. 2.

- Morris, A., 2018. What Happens When the Walls Finally Close in on Trump? *Rolling Stone*, 12 November. Accessed 7 January 2019. Available at: <https://www.rollingstone.com/politics/politics-features/donald-trump-mental-health-754139/>.
- Morrow, M., 2013. Recovery: Progressive paradigm or neoliberal smoke screen. In: LeFrancois, B. A., Menzies, R., and Reaume G., eds., *Mad matters: A critical reader in Canadian mad studies*. Toronto: Canadian Scholars' Press, pp. 323-333.
- Morrow, M. and Weisser, J., 2012. Towards a social justice framework of mental health recovery. *Studies in Social Justice*, 6 (1), pp. 27-43.
- Mouffe, C., 2005. *On the political*. London: Routledge.
- Mountain, D., and Shah, P. J., 2008. Recovery and the medical model. *Advances in Psychiatric Treatment*, 14 (4), pp. 241-244.
- Murat, L., 2014. *The man who thought he was Napoleon: Toward a political history of madness*. Dusinberre, D., trans. Chicago: University of Chicago Press.
- Myers, E., 2008. Resisting Foucauldian ethics: associative politics and the limits of the care of the self. *Contemporary Political Theory*, 7 (2), pp. 125-146.
- Nagourney, A., 2011. Dissenting, or seeking shelter? Homeless stake a claim at protests. *The New York Times*, 1 November. Accessed 6 January 2017. Available at: <http://www.nytimes.com/2011/11/01/us/dissenting-or-seeking-shelter-homeless-stake-a-claim-at-protests.html>.
- NBC New York. 2011. Protester arrested after threatening to attack Macy's with molotov cocktail. *NBC New York*, 16 November. Accessed 10 January 2017. Available at: <http://www.nbcnewyork.com/news/local/Protester-Threatens-Macys-Molotov-Cocktail-Arrest-Occupy-Wall-Street-Nkrumah-Tinsley-134006948.html>.
- Nelson, D., 2006. The virtues of heartlessness: Mary McCarthy, Hannah Arendt, and the anesthetics of empathy. *American Literary History*, 18 (1), pp. 86-101.
- New York Post. 2011. Occupy Wall Street Protester scales statue, says he won't come down until Bloomberg quits. *Fox News*, 22 October. Accessed 10 January 2017. Available at: <http://www.foxnews.com/us/2011/10/22/occupy-wall-street-protester-scales-statue-says-wont-come-down-until-bloomberg.html>.
- The New York Times, 1870. Will women go crazy in politics? *The New York Times*, 9 March, p. 4.
- The New York Times, 2011. Man arrested after video surfaces of Macy's bomb threat. *The New York Times*, 16 November. Accessed 10 January 2017. Available at: <http://www.nytimes.com/2011/11/17/nyregion/man-arrested-after-video-surfaces-of-macys-bomb-threat.html>.

- Newcastle Courant, 1866. Newcastle Borough Pauper Lunatic Asylum. *Newcastle Courant*, 26 January, p. 2.
- Newcomb, A., 2011. Occupy Wall Street Protester scales 70-foot statue. *ABC News*, 22 October. Accessed 10 January 2017. Available at: <http://abcnews.go.com/Business/protester-scales-sculpture-occupy-wall-street-york/story?id=14792961>.
- Newcomb, M. J., 2007. Totalized compassion: The (im)possibilities for acting out of compassion in the rhetoric of Hannah Arendt. *JAC*, 27, pp. 105-133.
- Newshour, 2012. [Radio programme] *BBC World Service*, 5 May. Available at: <http://www.bbc.co.uk/programmes/p00r49fy> [14 minutes in].
- Newsweek Staff, 2009. The growing push for ‘mad pride’. *Newsweek*, 1 May. Accessed 7 May 2017. Available at: <https://www.newsweek.com/growing-push-mad-pride-79919>.
- Noorani, T., 2013. Service user involvement, authority and the ‘expert-by-experience’ in mental health. *Journal of Political Power*, 6 (1), 49–68.
- Norberg, J., 2010. The political theory of the cliché: Hannah Arendt reading Adolf Eichmann. *Cultural Critique*, 76, 74–97.
- Nottinghamshire Guardian, 1863. The United Lunatic Asylum. *Nottinghamshire Guardian*, 24 March, p. 1.
- Nunes, R., 2015. Pack of leaders: Thinking organization and spontaneity with Deleuze and Guattari. In: Andrew Conio, eds., *Occupy: A people yet to come*. London: Open Humanities Press, pp. 97-124.
- Nussbaum, M., 2001a. *Women and human development: The capabilities approach*. Cambridge: Cambridge University Press.
- Nussbaum, M., 2001b. *Upheavals of thought: The intelligence of emotions*. Cambridge: Cambridge University Press.
- Nussbaum, M., 2014. *Political emotions: Why love matters for justice*. Cambridge, MA: Harvard University Press.
- Nussbaum, M., 2016. *Anger and forgiveness: Resentment, generosity, and justice*. Oxford: Oxford University Press.
- Nussbaum, M., 2018. *The monarchy of fear: A philosopher looks at our political crisis*. Oxford: Oxford University Press.
- Oaks, D., 2006. The evolution of the consumer movement. *Psychiatric Services*, 57 (8), 1212.
- Oaks, D., 2016. Hello World! An American Nut Challenges Trump About Status of “Bull Goose Loony.” We Are #Nuts4 Global Revolution! *Mad in America*, 1 February. Accessed 16 April 2018. Available

at:<https://www.madinamerica.com/2016/02/hello-world-an-american-nut-challenges-trump-about-status-of-bull-goose-loony-we-are-nuts4-global-revolution/>.

The Observer, 1867. Insanity in England. *The Observer*, 13 July.

Occupy London, 2011. Initial statement. *Occupy London*, 19 November. Accessed 28 September 2018. Available at:
<https://occupylondon.org.uk/about/statements/initial-statement/>.

Office for National Statistics [ONS], 2016. *Measuring national well-being: Life in the UK: 2016*. London: Office for National Statistics.

Office for National Statistics [ONS], 2017. *Changes in the value and division of unpaid volunteering in the UK: 2000 to 2015*. London: Office for National Statistics.

O'Hara, M., 2009. Society: Out of the cuckoo's nest: A radical US advocate for psychiatric patients' rights brings to the UK his first-hand message that a diagnosis of mental illness is not a life sentence. *The Guardian*, 18 November, p. 1.

O'Hara, M., 2011. Society: Off Diary: Opening the box on schizophrenia. *The Guardian*, 6 July, p. 2.

O'Neill, B., 2012. Occupy London is now basically a holding camp for the mentally ill. It's time to call it a day. *The Daily Telegraph: Blogs*, 23 February.

Orbach, S. 2016. In therapy, everyone wants to talk about Brexit. *The Guardian*, 1 July. Accessed 12 December 2016. Available at:
<https://www.theguardian.com/global/2016/jul/01/susie-orbach-in-therapy-everyone-wants-to-talk-about-brexite>.

O'Reilly, B., 2011a. Failure of "Occupy Wall Street" movement. *The O'Reilly Factor*, Fox News, 16 November. Available at:
<http://video.foxnews.com/v/1219138288001/?#sp=show-clips>.

O'Reilly, B., 2011b. Psychological makeup of Occupy Wall Street protestors. *The O'Reilly Factor*, Fox News, 18 October. Accessed 10 January 2017. Available at: <https://www.youtube.com/watch?v=e4wUKu2G8w0>.

Pagan, J. M., 1840. *The medical jurisprudence of insanity*. London: Ball, Arnold, and Co.

Pall Mall Gazette, 1868a. Mr Mill's retirement. *Pall Mall Gazette*, 23 December, p. 1.

Pall Mall Gazette, 1868b. Female voters. *Pall Mall Gazette*, 10 November, p. 2.

Pall Mall Gazette, 1870a. The subjection of women. *Pall Mall Gazette*, 3 February, p. 6.

- Pall Mall Gazette, 1870b. The electoral disabilities of women. *Pall Mall Gazette*, 17 February, p. 6.
- Parens, E., 2011. On good and bad forms of medicalization. *Bioethics*, 27 (1), pp. 28–35.
- Parker, 2007. *Revolution in psychology: Alienation to emancipation*. London: Pluto Press.
- Parker, I., Harper, D., and Webster, G., 2008. Obituary: Other lives: Terence McLaughlin: Norman Webster. *The Guardian*, 25 January, p. 42.
- Parris, M., 2014. The voters are angry. But they're also wrong. *The Daily Telegraph*, 24 May, p. 17.
- Pedlar, V., 2006. *'The most dreadful visitation': Male madness in Victorian Fiction*. Liverpool: Liverpool University Press.
- Perlin, M. L., 2006. International human rights and comparative mental disability law: The Role of institutional psychiatry in the suppression of political dissent. *Israel Law Review*, 39 (3), pp. 69–97.
- Pescosolido, B. A., Martin, J. K., Long, J. S., Medina, T. R., Phelan, J. C., & Link, B. G., 2010. "A disease like any other"? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. *The American Journal of Psychiatry*, 167, pp. 1321–1330.
- Pickerill, J., and Krinsky, J., 2012. Why does Occupy matter? *Social Movement Studies*, 11 (3-4), pp. 279–287.
- Pierre, J., 2015. Psychosis sucks! Antipsychiatry and the romanticization of mental illness. *Psychology Today*, 5 March. Accessed 15 May 2018. Available at: <https://www.psychologytoday.com/blog/psych-unseen/201503/psychosis-sucks>.
- Pies, R., 2015. The war on psychiatric diagnosis. *Psychiatric Times*, 32 (4). Available at: <http://www.psychiatristimes.com/couch-crisis/war-psychiatric-diagnosis>.
- Pilgrim, D., 2005. Protest and co-option – The voice of mental health service users. In: Bell, A., and Lindley, P., eds., *Beyond the water towers: The unfinished revolution in mental health services 1985-2005*. London: The Sainsbury Centre for Mental Health.
- Pilgrim, D., 2008. 'Recovery' and current mental health policy. *Chronic Illness*, 4 (4), pp. 295–304.
- Pitkin, H. F., 1998. *The attack of the blob: Hannah Arendt's concept of the social*. Chicago, IL: University of Chicago Press.
- Pitkin, H. F., 2006. Justice: On relating private and public. In: Williams, G., ed., *Hannah Arendt: Critical assessments*, Vol. III. London: Routledge, 214–236.

- Piven, F. F., and Clive, L. C., 2016. Poor people's politics. In: Brady, D. and Burton, L. M., eds., *The Oxford handbook of the social science of poverty*. Oxford: Oxford University Press, 751–773.
- Plato, 2004. *Republic*. Reeve, C. D. C., trans. Cambridge: Hackett Publishing Company.
- PM, 2019. [Radio programme] *BBC Radio 4*, 28 April. Accessed on 29 April. Available at: <https://www.bbc.co.uk/sounds/play/m0003jrh>.
- Porter, R., 1992. Foucault's great confinement. In: Still, A., and Velody, I., eds., *Rewriting the history of madness: Studies in Foucault's Histoire de la folie*. London: Routledge, 119-125.
- Post Staff Report. 2011. "Occupy" goes big-tent. *The New York Post*, 8 November. Accessed 5 January 2017. Available at: <http://nypost.com/2011/11/08/occupy-goes-big-tent/>.
- Potter, N., 2004. Gender. In: Radden, J., ed., *The philosophy of psychiatry: A companion*. Oxford: Oxford University Press, 237–244.
- Potter, N., 2009. *Mapping the edges and the in-between: A critical analysis of borderline personality disorder*. Oxford: Oxford University Press.
- Power Cobbe, F., 1868. Criminals, idiots, women, and minors. *Fraser's Magazine for Town and Country*, December, p. 777.
- The Preston Chronicle and Lancaster Advertiser, 1869. Madness and its cost in Lancashire. *The Preston Chronicle and Lancaster Advertiser*, 1 May, p. 5.
- Private Psychiatry, 2016. Brexit and your mental health. *Private Psychiatry*, 23 August. Accessed 16 December 2016. Available at: <http://www.privatepsychiatry.co.uk/news/brexit-and-your-mental-health/>.
- Prynn, J. 2016. "Brexit anxiety" brings queue of patients for psychiatrists. *The London Evening Standard*, pp. 8–9.
- Pugh, M., 2002. *The march of the women*. London: Oxford University Press.
- Punch, 1867. The mad-doctor. *Punch, or the London Charivari*, 8 June.
- Quinnipiac University, 2011. U.S. voters say super committee will fail to cut debt, Quinnipiac University National Poll finds; Occupy Wall Street less unpopular than Tea Party. *Quinnipiac University Poll*, 3 November. Available at: <https://poll.qu.edu/national/release-detail?ReleaseID=1670>
- Rahtz, M., 2014. Reply: Letter: It's not just adult mental health services that are hurting from cuts. *The Guardian*, 28 January, p. 29.
- Rancière, J., 1999. *Disagreement and philosophy*. Rose, J., trans. London: University of Minnesota Press.

- Rashed, M. A., 2019. *Madness and the demand for recognition: A philosophical inquiry into identity and mental health activism*. Oxford: Oxford University Press.
- Rawlinson, K., Shabi, R., Moseley, T., Cooper, C., and Dugan, E., 2011. A peaceful protest. The inevitable aftermath. *The Independent*, 27 March. Accessed 6 December 2018. Available at: <https://www.independent.co.uk/news/uk/politics/a-peaceful-protest-the-inevitable-aftermath-2254167.html>.
- Rawnsley, A., 2014. Comment: All three main parties are jittery. Which one can hold its nerve?: With dissent and angst in all their ranks, the leader who can stop his MPs from losing their heads may prevail. *The Observer*, 26 January, p. 41.
- Read, C., 2018. Brexit Anxiety Disorder: Obsessed Remainers suffering from extreme psychological disorder. *The Express*, 20 August. Accessed 3 October 2018. Available at: <https://www.express.co.uk/news/politics/1005949/brexit-news-remain-EU-anxiety-disorder-philip-corr-simon-stuart>.
- Reade, B. 2016. Don't let shower of con artists win. *The Daily Mirror*, 18 June, p. 17.
- Reid, S., Hinchliffe, S., and Waterton, J., 2014. *Attitudes to mental health in Scotland: Scottish social attitudes survey 2013*. Edinburgh: Scottish Government Social Research.
- Rendall, J., 2000. The citizenship of women and the Reform Act of 1867. In: Hall, C., McClelland, K., and Rendall, J., eds., *Defining the Victorian nation: Class, race, gender and the Reform Act of 1867*. Cambridge: Cambridge University Press, pp. 71-118.
- Representation of the People (Equal Franchise) Act 1928*. (18 & 19 George 5, c.12).
- Reynolds's Newspaper, 1870. Science and crime. *Reynolds's Newspaper*, 24 April, p. 8.
- Richards, B., 2008. The emotional deficit in political communication. In: Greco, M., and Stenner, P., eds., *Emotions: A social science reader*. Abingdon, UK: Routledge, pp. 361-367.
- Riley, J., 2005. Estimates of regional and global life expectancy, 1800-2001. *Population and Development Review*, 31 (3), pp. 537-543.
- Rimke, H., 2016a. Pathologizing resistance and promoting anthropophobia: The violent extremism risk assessment (VERA) as case study. In: Ramadan, H., and Shantz, J., eds., *Manufacturing phobias: The political production of fear in theory and practice*. Toronto: University of Toronto Press, pp. 17-27.
- Rimke, H., 2016b. Introduction – Mental and emotional distress as a social justice issue: Beyond psychocentrism. *Studies in Social Justice*, 10 (1), 4–17.

- Risssmiller, D. J. and Risssmiller, J. H., 2006. Evolution of the antipsychiatry movement into mental health consumerism. *Psychiatric Services*, 57 (6), 864–866.
- Robin, C., 2004. *Fear: The History of a Political Idea*. New York: Oxford University Press.
- Rojas, J.-P., and Ross, T., 2011. “Occupy” protests: St Paul’s invaded but canon asks the police to move on. *The Daily Telegraph*, 17 October. Accessed 10 January 2017. Available at: <http://www.telegraph.co.uk/news/uknews/8830568/Occupy-protests-St-Pauls-invaded-but-canon-asks-the-police-to-move-on.html/>.
- Rose, D., 2014. The mainstreaming of recovery. *Journal of Mental Health*, 23 (5), pp. 217-218.
- Rose, D., 2015. The contemporary state of service-user-led research. *The Lancet Psychiatry*, 2, pp. 959-960.
- Rose, N., 1996. Psychiatry as a political science: advanced liberalism and the administration of risk. *History of the Human Sciences*, 9 (2), pp. 1-23.
- Rose, N., 1999a [1989]. *Governing the soul: The shaping of the private self*. 2nd ed. London: Free Association Books.
- Rose, N., 1999b. *Powers of freedom*. Cambridge: Cambridge University Press.
- Rose, N., 2006. *The politics of life itself: Biomedicine, power, and subjectivity in the twenty-first century*. Princeton, NJ: Princeton University Press.
- Rose, N., 2007a. Beyond medicalisation. *The Lancet*, 369 (9562), pp. 700-702.
- Rose, N., and Abi-Rached, J., 2013. *Neuro: The new brain sciences and the management of the mind*. Oxford: Princeton University Press.
- Rose, N. and Miller, P., 1992. Political power beyond the state: Problematics of government. *The British Journal of Sociology*, 43 (2), pp. 173-205.
- Rosen, A., 1979. Emily Davies and the women’s movement, 1862-1867. *Journal of British Studies*, 19 (1), pp. 101-121.
- Rosenhan, D. L., 1973. On being sane in insane places. *Science*, 179 (4070), pp. 250-258.
- Rossi, N., 2014. ‘Desperate times call for desperate measures?’: the ‘Politics of anxiety’ and the rise of European ‘far right’ parties. *OpenDemocracy*, 2 June. Accessed 30 January 2017. Available at: <https://www.opendemocracy.net/europe-make-it/norma-rossi/%E2%80%9Cdesperate-times-call-for-desperate-measures%E2%80%9D-%E2%80%98politics-of-anxiety%E2%80%99-a?/>.

- Roth, S., Saunders, C., Olcese, C., 2014. Occupy as a Free Space - Mobilization Processes and Outcomes. *Sociological Research Online*, 19 (1). Available at: <http://www.socresonline.org.uk/19/1/1.html/>.
- Rowland, M. 2016. Coping with post Brexit anxiety. *Mental Health Foundation*, 29 June. Accessed 16 December 2016. Available at: <https://www.mentalhealth.org.uk/blog/coping-post-brexite-anxiety/>.
- Rowson, J., 2014. The UKIP paradox: Why the party that needs to get serious will suffer when it does. *The RSA*. Accessed 30 January 2017. Available at: <https://www.thersa.org/discover/publications-and-articles/rsa-blogs/2014/03/the-ukip-paradox-why-the-party-that-needs-to-get-serious-will-suffer-when-it-does/>.
- Rüsch, N., Evans-Lacko, S. E., Henderson, C., Flach, C., and Thornicroft, G., 2011. Knowledge and attitudes as predictors of intentions to seek help for and disclose a mental illness. *Psychiatric Services*, 62 (6), 675–678.
- Rush, B., 1947 [1788]. Influence of the American Revolution. In: Runes, D. D, eds., *The selected writings of Benjamin Rush*. New York: Philosophical Library, pp. 325-333.
- S. D. C., 1867a. Female suffrage [To the editor of the "Spectator"]. *The Spectator*, 2 February, pp. 126–127.
- S. D. C., 1867b. Female suffrage [To the editor of the "Spectator"]. *The Spectator*, 30 March, pp. 254–255.
- Sanders, D., 2016. Dear Deidre I THINK my... *The Sun*, 7 January, p. 38.
- Sanderson, R., 2016. Brexit Anxiety – How to stop feeling anxious. *The Mindset Clinic*, 27 June. Accessed 12 December 2016. Available at: <http://themindsetclinic.co.uk/brexit-anxiety/>.
- Saturday Review, 1861a. The year. *Saturday Review*, 28 December, pp. 658-661.
- Saturday Review, 1861b. Another reform agitation. *Saturday Review*, 12 October, pp. 368-369.
- Saturday Review, 1861c. Mill on representative government. *Saturday Review*, 27 April, pp. 424-425.
- Saturday Review, 1865, Moral insanity. *Saturday Review*, 25 February, pp. 216-218.
- Saturday Review, 1866a. Mr Bright at Manchester. *Saturday Review*, 29 September, pp. 379-380.
- Saturday Review, 1866b. Mr. Mill and the ladies. *Saturday Review*, 21 July, pp. 73-74.
- Saturday Review, 1867a. Reform run mad. *Saturday Review*, 9 March, pp. 294-296.

- Saturday Review, 1867b. Female suffrage. *Saturday Review*, 30 March, pp. 385-386.
- Saturday Review, 1867c. Female suffrage. *Saturday Review*, 25 May, pp. 647-648.
- Saturday Review, 1868a. The goose and the gander. *Saturday Review*, 11 January, pp. 42-43.
- Saturday Review, 1868b. Is a woman a human being and immortal. *Saturday Review*, 7 November, pp. 616-617.
- Saturday Review, 1868c. Female suffrage. *Saturday Review*, 11 April, pp. 484-485.
- Saturday Review, 1869. American literature. *Saturday Review*, 24 July, p. 131.
- Saturday Review, 1870. American literature. *Saturday Review*, 25 June, p. 848.
- Saunders, R., 2007. The politics of reform and the making of the Second Reform Act, 1848-1867. *The Historical Journal*, 50 (3), pp. 571-591.
- Saunders, R., 2017. Introduction: 'Shooting Niagara – and after?'. *Parliamentary History*, 36 (1), pp. 1-13.
- Saville, J., 1987. *1848: The British state and the Chartist movement*. New York: Cambridge University Press.
- Schaap, A., in press. Democracy. In: Gratton, P., and Sari, Y., eds., *The Bloomsbury companion to Hannah Arendt*. London: Bloomsbury.
- Schama, S. 2016. Let us write our own history and vote to remain a beacon of tolerance. *The Financial Times*, 18 June, p. 11.
- Schlesinger, F., 2011. Protest camp is harming the homeless, say charities. *The Times*, 11 November. Accessed 10 January 2017. Available at: <http://www.thetimes.co.uk/tto/news/uk/article3223150.ece>.
- Schmitt, E., and Taylor, A., 2011. Scenes from an occupation. In: Taylor, A., Gessen, K., et al., eds., *Occupy! Scenes from occupied America*. London: Verso, pp. 83-86.
- Scull, A., 1991. Psychiatry and social control in the nineteenth and twentieth centuries. *History of Psychiatry*, 2, pp. 149-169.
- Scull, A., 1992. A failure to communicate? On the reception of Foucault's *Histoire de la folie* by Anglo-American historians. In: Still, A. and Velody, I., eds., *Rewriting the history of madness: Studies in Foucault's Histoire de la folie*. London: Routledge, pp. 150-163.
- Scull, A., 1993. *The most solitary of afflictions*. New Haven, CT: Yale University Press.

- Scull, A., 2015. *Madness in civilization: A cultural history of insanity from the Bible to Freud, from the madhouse to modern medicine*. Princeton, NJ: Princeton University Press.
- Seddon, N., 2007. *Quite like heaven? Options for the NHS in a consumer age*. London: Civitas. Available at: <http://www.civitas.org.uk/pdf/QuiteLikeHeaven.pdf>.
- Sedgwick, P., 1982. *Psycho politics*. London: Pluto Press.
- Segalov, M., 2015. We went to the UKIP spring conference and it was even more insane than you'd imagine. *Vice*. Accessed 3 February 2017. Available at: https://www.vice.com/en_uk/article/the-ukip-conference-was-more-insane-than-we-imagined-189.
- Shah, A., 2009. Eight years of controversy: Has it made any difference? will the amendments contained in the Mental Health Act 2007 (UK) result in more patients being subject to compulsion? *Psychiatry, Psychology and Law*, 16 (1), 60–68.
- Sharfstein, S., 2006. Presidential address: Advocacy as leadership. *The American Journal of Psychiatry*, 163 (10), pp. 1711-1715.
- The Sheffield Independent, 1830. Lunatic asylums. *The Sheffield Independent*, 16 January, p. 1.
- Shipman, T., 2014. Ukip chief: I'm always sifting out "lunatics." *The Sunday Times*, 14 December. Accessed 3 February 2017. Available at: <http://www.thesundaytimes.co.uk/sto/news/Politics/article1496047.ece>.
- Sholl, J., 2017. The muddle of medicalization: pathologizing or medicalizing? *Theoretical Medicine and Bioethics*, 38 (4), pp. 265-278.
- Shortall, E., 2009. Angry undercurrent. *Sunday Times*, 13 December, p. 16.
- Shorter, E., 2009. *Before Prozac: The troubled history of mood disorders in psychiatry*. Oxford: Oxford University Press.
- Sieger, K. 2016. Coping with Brexit Anxiety. *Between Self and Doubt*, 24 June. Accessed 9 December 2016. Available at: <https://betweenselfanddoubt.com/brexit-anxiety>.
- Simon, L., 2008. Letters to the editor – Mad pride. *The New York Times*, 18 May, p. ST10.
- Singh, A., 2015. Meet the Ukipers: 9 slightly terrifying things we learned. *The Daily Telegraph*, 23 February. Available at: <https://www.telegraph.co.uk/news/politics/ukip/11429785/Meet-the-Ukipers-9-slightly-terrifying-things-we-learned.html/>.
- Skey, M., 2013. Older, anxious and white: why UKIP are the English Tea Party. *OpenDemocracy*, 17 July. Accessed 30 January 2017. Available at:

<https://www.opendemocracy.net/ourkingdom/michael-skey/older-anxious-and-white-why-ukip-are-english-tea-party>.

- Slack, J., and Gerri, P., 2016. 'Now Cameron warns Brexit would lead to war and genocide: PM's extraordinary intervention – but Out camp accuses him of desperation as Downing St ramps up Project Fear'. *Daily Mail*, 10 May. Available at: <http://www.dailymail.co.uk/news/article-3580060/Now-Cameron-warns-Brexit-lead-war-genocide-PM-s-extraordinary-intervention-leads-campaigners-accuse-Downing-Street-desperation.html>.
- Slovenko, R., 2011. The DSM in litigation and legislation. *Journal of the American Academy of Psychiatry and the Law*, 39 (6), pp. 6-11.
- Smith, D., 2009. I talk back to the voices in my head. *The Guardian*, 4 April. Accessed 26 September 2018. Available at: <https://www.theguardian.com/lifeandstyle/2009/apr/04/mental-health-health-and-wellbeing>.
- Smith, R., 1981. The boundary between insanity and criminal responsibility in nineteenth-century England. In: Andrew Scull, ed., *Madhouses, mad-doctors, and madmen: The social history of psychiatry in the Victorian era*. London: Athlone Press, pp. 363-384.
- Smith, V., 2010. Dissent in dark times: Hannah Arendt on civil disobedience and constitutional patriotism. In: Berkowitz, R., Keenan, T., and Katz, J., eds. *Thinking in dark times*. New York: Fordham University Press, pp. 105-114.
- Smyth, S., 2016. The fear factor fuelling Trump and Brexiteers. *Mail on Sunday*, 12 June, p. 20.
- Solnit, R., 2016. *Hope in the dark: Untold histories, wild possibilities*. Canons ed. Edinburgh: Canongate Books.
- Solomon, R., 1995 [1990]. *A passion for justice: Emotions and the origins of the social contract*. Lanham, MD: Rowman and Littlefield.
- The Speakmans, 2016. Brexit Anxiety. *The Speakmans*, 25 June. Accessed 14 December 2016. Available at: <http://www.speakman.tv/brexit-anxiety/>.
- The Spectator, 1863. Mr Bright and the trades' unionists. *The Spectator*, 28 March, p. 1800.
- The Spectator, 1865. Mr Bright's democracy. *The Spectator*, 21 January, pp. 60-61.
- The Spectator, 1866a. Tory democracy. *The Spectator*, 20 October, pp. 1159-1160.
- The Spectator, 1866b. The women's petition and congress. *The Spectator*, 9 June, pp. 628-630.
- The Spectator, 1869. The women and the state. *The Spectator*, 24 July, pp. 867-868.

- The Spectator, 1870. The physiology of political women. *The Spectator*, 19 February, pp. 232-233.
- Spelman, E. V., 1989. Anger and insubordination. In: Garry, A., and Pearsall, M., eds., *Women, knowledge and reality: Explorations in feminist philosophy*. Boston: Unwin Hyman, pp. 129-156.
- The Sphinx, 1869. Miss Lydia Becker and Mrs. Cassidy. *The Sphinx*, 24 April, pp. 37-39.
- Spiro, L., 2013. Where there is no word for “Alone”, *Mad in America*, 18 November. Accessed 16 April 2018. Available at: <https://www.madinamerica.com/2013/11/dream-guiding-light-life/>.
- St. James’s Magazine, 1868. Womanhood suffrage. *St. James’s Magazine*, April, pp. 288-296.
- Staff and agencies. 2011. Anti-cuts march swells to 400,000. *The Guardian*, 26 March. Accessed 5 January 2017. Available at: <https://www.theguardian.com/world/2011/mar/26/anti-cuts-march-swells-400000>.
- Staff Counselling and Psychological Support Service, 2016. *Strategies and tools to help work with change and uncertainty, Leeds: The University of Leeds*. Accessed 13 April 2017. Available at: http://www.leeds.ac.uk/forstaff/download/downloads/id/1373/coping_with_change_and_uncertainty.
- Staiger, J., Cvetkovich, A., Reynolds, A., eds., *Political emotions*. London: Routledge.
- Stalley, R. F., 1980. The role of the doctor: technician or statesman? *Journal of Medical Ethics*, 6 (1), pp. 19-22.
- The Standard, 1868. Multiple news items. *The Standard*, 15 July, p. 4.
- Standing, G., 2011. *The precariat: The new dangerous class*. London: Bloomsbury.
- Stephens, P. 2016. Brexit – Hard interests battle potent emotion. *The Financial Times*, 22 January, p. 9.
- Stevens, J., 2011. Occupy Wall Street protester scales 70ft art sculpture demanding Mayor Bloomberg’s resignation... and a pack of cigarettes. *Daily Mail*, 23 October. Accessed 6 January 2017. Available at: <http://www.dailymail.co.uk/news/article-2052387/Occupy-Wall-Street-protester-scales-sculpture-demanding-Mayor-Bloombergs-resignation.html>.
- Stevens, J. 2016. NHS trust offers nurses and mental health carers free counselling to get over the referendum vote. *Daily Mail*, 28 June. Accessed 17 December 2016. Available at: <http://www.dailymail.co.uk/news/article-3664762/NHS-trust-offers-nurses-mental-health-carers-free-counselling-referendum-vote.html>.

- Stone, M., 1985. Shellshock and the psychologists. *In: Bynum, W. F., Porter, R., and Shepherd, M., eds., The anatomy of madness: essays in the history of psychiatry*, vol 2. London: Tavistock.
- Sunday Times, 2012a. John McCarthy. *Sunday Times*, 15 January, p. 10.
- Sunday Times, 2012b. Shock Therapy. *Sunday Times*, 8 April, p. 12.
- Sunderland, R. 2016. After the pantomime over moving their HQ to Hong Kong, HSBC now say Brexit would force them to quit for Paris... cue the world's smallest violin. *Daily Mail*, 19 February. Accessed 13 April 2017. Available at: <http://www.dailymail.co.uk/money/comment/article-3455127/RUTH-SUNDERLAND-pantomime-moving-HQ-Hong-Kong-HSBC-say-Brexit-force-quit-Paris-cue-world-s-smallest-violin.html>.
- Swales, K., 2016. *Understanding the Leave vote*. London: NatCen Social Research.
- Swift, S., 2011. Hannah Arendt's tactlessness: Reading Eichmann in Jerusalem. *New Formations*, 71, pp. 79-94.
- Sylvester, R., 2007. Clever, detailed and confident, but where was the sparkle? *The Daily Telegraph*, 25 September, p. 22.
- Sylvester, R., 2013. Governments manage change. UKIP fears it. *The Times*, 7 May, p. 23.
- Szasz, T., 1984 [1965]. Toward the therapeutic state. *In: The therapeutic state: Psychiatry in the mirror of current events*. Buffalo, NY: Prometheus Books.
- Szasz, T., 1994. *Cruel Compassion: Psychiatric Control of Society's Unwanted*. Syracuse, NY: Syracuse University Press.
- Tappolet, C., Teroni, F., and Konzelmann Ziv, A., eds., 2018. *Shadows of the soul: Philosophical perspectives on negative emotions*. London: Routledge.
- Taussig, M., 2013. I'm so angry I made a sign. *In: Occupy: Three inquiries in disobedience*. Chicago, IL: University of Chicago Press, pp. 3-44.
- Temerlin, M. K., 1968. Suggestion effects in psychiatric diagnosis. *The Journal of Nervous and Mental Disease*, 147 (4), pp. 349-353.
- Tevenar, von, G., 2014. Invisibility in Arendt's public space. *In: Ure, M. and Frost, M., eds. The politics of compassion*. London: Routledge, pp. 37-50.
- Theodossopoulos, D., 2014. On De-Pathologizing Resistance. *History and Anthropology*, 25 (4), pp. 415-430.
- Thoburn, N., 2015. Minor politics, territory, and occupy. *In: Andrew Conio, ed., Occupy: A people yet to come*. London: Open Humanities Press, pp. 172-190.
- Thomas, J. M., 2014a. Medicalizing racism. *Contexts*, 13 (4), pp. 24-29.

- Thomas, S., 2014b. Our political masters are horrified by Ukip. Trouble is, the voters aren't. *The Daily Telegraph*, 17 May. Accessed 30 January 2017. Available at: <https://search.proquest.com/docview/1525546983?accountid=11979>.
- The Times, 1861a. Increase of insanity. *The Times*, 19 June, p. 7.
- The Times, 1861b. Lunacy. *The Times*, 11 November, p. 10.
- The Times, 1864a. Novels in season. *The Times*, 2 January, p. 6.
- The Times, 1864b. Report on lunacy. *The Times*, 30 June, p. 12.
- The Times, 1866a. The insane. *The Times*, 18 January, p. 7.
- The Times, 1867a. In our hands the doctrine of non-intervention has been developed into that of non-resistance. *The Times*, 6 May, p. 8.
- The Times, 1867b. The change of a single word in four clauses of the new Reform Bill is the lever whereby Mr. Mill invites us to effect a grand social revolution. *The Times*, 23 March, p. 9.
- The Times, 1869. Statistics of insanity in England. *The Times*, 2 August, p. 4.
- TNS BRMB, 2015. *Attitudes to mental illness 2014*. London: TNS BRMB.
- De Tocqueville, A., 1862a. *Democracy in America*, Vol I. New Ed. Reeve, H., trans. London: Longman, Green, Longman, and Roberts.
- De Tocqueville, A., 1862b. *Democracy in America*, Vol II. New Ed. Reeve, H., trans. London: Longman, Green, Longman, and Roberts.
- De Tocqueville, A., 1896. *The recollections of Alexis De Tocqueville*. Teixeira de Mattos, A., trans. London: H. Henry and Co.
- Toms, J., 2010. Mind the gap: MIND, The mental hygiene movement and the trapdoor in measurements of intellect. *Journal of Intellectual Disability Research*, 54 (1), pp. 16-27.
- Toronto Mad Pride, 2018. History. *TorontoMadPride.com*. Accessed 2 October 2018. Available at: <http://www.torontomadpride.com/history>.
- Trivedi, P., 2010. A Recovery Approach in Mental Health Services: Transformation, Tokenism or Tyranny? In: Basset, T. and Stickle, T., eds. *Voices of Experience: Narratives of Mental Health Survivors*. London: John Wiley & Sons, pp. 152–164.
- Tuke, D. H., 1877. On the prevalence of the causes of insanity among the ancients. *Journal of Mental Science*, pp. 515-537.
- Tully, J., 2008. *Public philosophy in a new key*, Vol. 1. Cambridge: Cambridge University Press.

- Turner, J., Hayward, R., Angel, K., Fulford, B., Hall, J., Millard, C., and Thomson, M., 2015. The History of Mental Health Services in Modern England: Practitioner Memories and the Direction of Future Research. *Medical history*, 59 (4), pp. 599-624.
- Tyler, I., 2013. *Revolting subjects: Social abjection and revolt in neoliberal Britain*. London: Zed Books.
- Tyrer, P., 2014. A comparison of DSM and ICD classifications of mental disorder. *Advances in Psychiatric Treatment*, 20 (4), pp. 280-285.
- University of Nottingham. 2016. Responding to uncertainty: Skills for well-being. *Nottingham.ac.uk*. Accessed 13 April 2017. Available at: <https://training.nottingham.ac.uk/cbs-notts/Guests/GuestCourse.aspx?CourseRef=RESPUNC>.
- Ure, M. and Frost, M., 2014. Introduction. In: Ure, M. and Frost, M., eds., *The politics of compassion*. London: Routledge, pp. 1-17.
- van Voren, R. and Keukens, R., 2015. Political abuse of psychiatry. In: Sadler, J. Z., Fulford, K. W. M., and van Staden, W. C. W., eds., *The Oxford Handbook of Psychiatric Ethics*. Oxford: Oxford University Press.
- Vasilopoulou, S., and Markus W., 2016. Emotions to shape debates and decisions in the upcoming referendum. *LSE BrexitVote Blog*, 25 February. Accessed 7 December 2016. Available at: <http://blogs.lse.ac.uk/brexit/2016/02/25/emotions-to-shape-debates-and-decisions-in-the-upcoming-referendum/>.
- Vidal, A., ed., 2015. *Madness and oppression: Paths to personal and collective liberation*. New York: The Icarus Project.
- Vlamis, B., 2012. Does the DSM-5 stigmatize human behaviors and emotions (again)? *WBEZ 91.5 Chicago*. Accessed 23 April 2018. Available at: <https://www.wbez.org/shows/wbez-news/does-the-dsm-5-stigmatize-human-behaviors-and-emotions-again/b6a9cbe7-0d38-4257-b19a-b494d949830b>.
- Von Hirsch, A., and Shearing, C., 2001. Exclusion from public space. In: Von Hirsch, A., Garland, D. and Wakefield, A. eds., *Ethical perspectives in situational crime prevention*. Oxford: Hart, pp. 77-96.
- Villa, D., 2008. *Public freedom*. Oxford: Princeton University Press.
- Vigil, 1866. *Parliamentary reform – Letters, etc*. London: Simpkin, Marshall, & Co.
- Waldron, J., 2000. Arendt's constitutional politics. In: Villa, D., ed. *The Cambridge Companion to Hannah Arendt*. Cambridge: Cambridge University Press, pp. 201-219.
- Wall Street Journal. 2011. Revolting the masses: Occupy vs. the Tea Party. *Wall Street Journal*, 21 November. Accessed 5 January 2017. Available at:

<https://www.wsj.com/articles/SB10001424052970203699404577044583038468266>.

- Wall Street Journal, 2014. The definition of insanity. *Wall Street Journal*, 1 April, p. 14.
- Walker, P., 2012. Occupy protesters at London's Finsbury Square site face eviction. *The Guardian*, 11 May. Accessed 5 January 2017. Available at: <https://www.theguardian.com/uk/2012/may/11/occupy-london-finsbury-square-eviction>.
- Walters, J., 2011. Occupy London: eviction bid cites desecration, defecation and drugs. *The Guardian*, 21 November. Accessed 18 January 2017. Available at: <https://www.theguardian.com/uk/2011/nov/21/occupy-london-camp-eviction-bid>.
- Ward, V., 2011a. St Paul's Cathedral to reopen on Friday despite Occupy London protest camp. *The Daily Telegraph*, 26 October. Accessed 7 January 2017. Available at: <http://www.telegraph.co.uk/news/religion/8851415/St-Pauls-Cathedral-to-reopen-on-Friday-despite-Occupy-London-protest-camp.html>.
- Ward, V., 2011b. St Paul's loses money as supporters donate £1,000 a day to Occupy London camp. *The Daily Telegraph*, 4 November. Accessed 7 December 2016. Available at: <http://www.telegraph.co.uk/news/religion/8868015/St-Pauls-loses-money-as-supporters-donate-1000-a-day-to-Occupy-London-camp.html>.
- Wardrope, A., 2015. Medicalization and epistemic injustice. *Medicine, Health Care and Philosophy*, 18 (3), pp. 341-352.
- Wardrope, A., 2017. Mistaking the map for the territory: What society does with medicine. *International Journal of Health Policy and Management*, 6 (10), pp. 605-607.
- Watts, J., 2016. The EU referendum has caused a mental health crisis. *The Guardian*, 29 June. Accessed 7 December 2016. Available at: <https://www.theguardian.com/commentisfree/2016/jun/29/eu-referendum-mental-health-vote>.
- Watts, J., 2017. As a psychologist I see the fantasy of neoliberal values having a devastating effect on mental health treatment. *The Independent*, 4 November. Available at: <https://www.independent.co.uk/voices/mental-health-treatment-tory-government-nhs-funding-access-work-benefits-a8037331.html>
- Westen, D., 2008. *The political brain*. New York: PublicAffairs.
- Wilkie, J., Nisbet, Watson, J., Lorimer, G., MacKenzie, A. D., Iverach, Wilson, W., and Young, T., 1865. *Report of speeches delivered at the great meeting of the working classes held in the Music Hall, Edinburgh*. Edinburgh: T. Nelson & Sons.

- Wilkinson, R., and Pickett, K., 2011. *The spirit level: Why greater equality makes societies stronger*. London: Bloomsbury.
- Wilkinson, I., and Kleinman, A., 2016. *A passion for society*. Oakland, CA: University of California Press.
- Williams, G., 1998. Love and responsibility: a political ethic for Hannah Arendt. *Political Studies*, 45 (5), pp. 937-950.
- Williams, R., 2011. Rioting is the choice of young people with nothing to lose. *The Guardian*, 5 December. Accessed 16 January 2017. Available at: <https://www.theguardian.com/commentisfree/2011/dec/05/reading-riots-nothing-to-lose>.
- Williams, Z. 2016. 'Is Trump a psychopath? I'd call him a narcissist'. *The Guardian*, 23 August. Accessed 20 April 2018. Available at: <https://www.theguardian.com/science/shortcuts/2016/aug/23/donald-trump-psychopath-hitler>.
- Wilson, G., 1865. *Parliamentary reform – Report of the proceedings at the National Reform Conference, held in the Free Trade Hall, Manchester, May 15th and 16th, 1865*. Manchester: The National Reform Union.
- Winch, G., 2014. The important difference between sadness and depression. *Psychology Today*, 2 October. Accessed 12 December 2018. Available at: <https://www.psychologytoday.com/gb/blog/the-squeaky-wheel/201510/the-important-difference-between-sadness-and-depression>.
- Winslow, F., 1864. *Lettsomian lectures on insanity*. London: John Churchill.
- World Bank, 2018a. Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population). *World Bank*. Accessed 15 January 2019. Available at: <https://data.worldbank.org/indicator/SI.POV.DDAY>
- World Bank, 2018b. Life expectancy at birth, total (years). *World Bank*. Accessed 15 January 2019. Available at: <https://data.worldbank.org/indicator/SP.DYN.LE00.IN>
- World Health Organization, 2013. *Mental health action plan 2013-2020*. Geneva: WHO Press
- Wouters, C., 2012. The slippery slope and the emancipation of emotions. In: Thompson, S. and Hoggett, P., eds., *Politics and the emotions: The affective turn in contemporary political studies*. New York: Bloomsbury, pp. 199-216.
- WPF Therapy, 2016. Brexit: Depression in more ways than one. *WPF Therapy*, 28 June. Accessed 8 December 2016. Available at: <http://wpf.org.uk/4406-2/>.
- Young, I. M., 2000. *Inclusion and democracy*. Oxford: Oxford University Press.
- Young, I. M., 2001. Activist challenges to deliberative democracy. *Political Theory*, 29 (5), pp. 670-690.

- Young-Bruehl, E., 1982. *Hannah Arendt: For the love of the world*. New Haven, CT: Yale University Press.
- Zachar, P., 2014. *A metaphysics of psychopathology*. Cambridge, MA: MIT Press.
- Zerilli, L., 2005. *Feminism and the abyss of freedom*. New ed. Chicago, IL: University of Chicago Press.
- Tufekci, Z., 2017. *Twitter and tear gas: The power and fragility of networked protest*. New Haven, CT: Yale University Press.
- Zhang, A., 2018. New findings on key factors influencing the UK's referendum on leaving the EU. *World Development*, 102, pp. 304-314.
- Zola, I., 1972. Medicine as an institution of social control. *The Sociological Review*, 20 (4), pp. 487-504.