

Mad World

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‘An urgent introduction to a new radical politics of mental health which embraces the messy, unruly nature of our collective vulnerability and interdependence. Frazer-Carroll exposes the underlying truth that capitalism is fundamentally incompatible with our wellbeing. *Mad World* teaches us how to transform the ways we understand madness, illness, and disability to build a better world.’

—Beatrice Adler-Bolton, co-author of *Health Communism*

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Mad World

The Politics of Mental Health

Micha Frazer-Carroll

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Introduction

One morning, in the summer of 2016, my mind split in half. As I opened my eyes to bring the day into focus, the same way I had done every single day of my life so far, I couldn't quite make things sharp enough. It was as if I hadn't fully awoken to 'reality', but was stuck in some liminal purgatory between the dreaming and waking worlds. Everything looked as if it was taking place on a television screen – myself, an audience member watching my own life play out from afar. As the days, weeks and months dragged on, I couldn't shake this dizzy, detached and anxious feeling, and began to spiral into panic attacks multiple times a day. I found myself in a living nightmare, feeling not-quite-dead but not alive either, resigned to the idea that I would either have to relinquish life or accept this new waking death. This experience, which lifted after a number of months, was in retrospect one of the most destabilising yet significant periods of my life. It was a time in which I went mad.

There is a clinical name for what I was experiencing: 'depersonalisation disorder', a state of 'dissociation' that is linked to extreme anxiety levels. People who experience depersonalisation for a long period, like I did, often express relief upon this realisation that they have not 'gone mad'. But to me, it was undoubtedly madness; I could feel it in my mind and I could see it in the way that people looked at me when I tried to explain my predicament. Lacking a strong community around me, and conscious of my 'unpalatable' form of distress, I intuitively swallowed my madness. I only dared to utter it in interactions

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with various professionals, while treading precariously around the scripted questions that determine whether a person will be sectioned. For so many others like myself, madness and mental distress is an overwhelmingly isolating endeavour under our current conditions. It can cut us off from our communities, make us feel trapped, take over our lives, and see us further secluded within the system – both physically and metaphorically. It can pile on shame, disgust and trauma, turning our days into a struggle to simply stay alive. How, then, do we take such alienating and debilitating experiences and turn them outwards to politicise them?

This is the central concern that this book attempts to tackle. In recent decades, we have seen an explosion of liberal ‘mental health awareness’ campaigns, demanding that we ‘speak out’ and ‘break the stigma’ around mental health. A slew of memoirs and confessional mental health writing has also followed, dissecting the personal dimensions of distress and providing many of us with narratives that we can ‘relate’ to. Others have begun to interrogate the link between oppression and mental health – for example, the relationship between race, gender and distress. Most of these discussions, however, are yet to make political, historical and economic analyses that are truly radical and grasp problems at the root. While currents in mental health conversations may have shifted and swirled about on the surface, the deep, murky water beneath largely remains the same. We are yet to sufficiently grapple with questions like: how does my experience link to yours? What shared structures and material conditions dictate how we all understand and experience what we call madness or mental illness? What even is madness/mental illness, and should we take these constructs at face value?

This book mobilises anti-capitalist, ‘mad’, disability justice and anti-racist thinking in particular to carve out a radical

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political approach to mental health. It names the capitalist economic system, specifically, as a significant producer of suffering in contemporary life. Capitalism, a system characterised by private ownership, wage labour, competition and the pursuit of profit, harms each and every one of us. It separates us – workers – from our work; forces us to choose between inhumane working conditions or death; pushes people into dangerous living conditions and houselessness; destroys our environment; sanctions and normalises all kinds of death; forces the unemployed into murderous benefits systems and social institutions; and allows a limited few to accumulate more wealth than they could ever need. Around 10% of the world lives in extreme poverty.¹ These conditions are largely inflicted on women, young people, children and people living in the ‘Global South’.² One hundred million people are estimated to be homeless worldwide, and as many as 1.6 billion lack adequate housing.³ More than 60% of workers worldwide are in temporary, part-time or short-term jobs in which wages are falling.⁴ Neoliberal austerity has seen healthcare, youth centres, housing budgets and benefits slashed, depriving us from access to bodily autonomy, community, safety, dignity and joy. This is the context in which depression has become the leading global cause of disability.⁵ Under these conditions, life is not only unfulfilling for many, but also unliveable.

1 <https://worldbank.org/en/topic/poverty/overview> (last accessed January 2023).

2 <https://worldvision.org/sponsorship-news-stories/global-poverty-facts> (last accessed January 2023).

3 <https://homelessworldcup.org/homelessness-statistics> (last accessed January 2023).

4 <https://www.solidaritycenter.org/ilo-precarious-work-rises-incomes-fall-around-the-world/> (last accessed January 2023)

5 <https://who.int/news-room/fact-sheets/detail/depression> (last accessed January 2023).

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On a psychological and interpersonal level, capitalism affects all of us. It infiltrates and corrupts how we fundamentally think about one another. The insidious logics of extraction, exploitation, scarcity and competition impact on how we talk, befriend, date and otherwise interact with each other. Capitalism birthed even the most commonplace social structures in which we distribute care, abuse and resources. It is no coincidence that the Western capitalist nuclear family unit is the institution that psychoanalysts have long located at the epicentre of our neuroses. Intimate relationships and marriages – another normalised economic unit – often produce trauma. In this sense, and many others, capitalism fractures community, laying the foundations for isolation and abuse. Its allied systems, for example, white supremacy and ableism, also trap and harm us on a psychic level. It is only years following my experience of depersonalisation that I can look back and see that it was connected to intergenerational trauma, racism, ableism, abuse, work, and my lack of a caring community. The Diagnostic and Statistical Manual of Mental Disorders (DSM), psychiatry's age-old manual of 'mental disorders' says of depersonalisation: 'The individual may feel detached from his or her entire being (e.g., "I am no one," "I have no self").'⁶ I have come to believe that my own identity collapse was a response to my untenable personal and political conditions at the time. My consciousness 'split off' as some form of escape.

The bodyworker Lisa Fannen describes capitalism itself as a dissociative state: 'Many of us were made to sit still for long periods of time at school, engaging predominantly with our rational "minds", when we might have had strong impulses

6 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition, 2013.

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to run/move/dream.⁷ As Fannen observes, we all have to find internal survival mechanisms to escape our harmful conditions from an early age. Few of us know how it feels to genuinely be free, to be self-directed, to live without fear of punishment or violence, and to really flourish. We must all ‘dissociate’ to some extent – smiling for our employers and crying about it in therapy; tolerating daily microaggressions and venting about it within our communities; exhaling when we arrive home and feel able to finally remove our mask. Few of us can safely and fully exist in this world, and the mental toll catches up with us.

This book does not, however, only chart how oppressive systems harm our mental health. It also aims to push us further, to interrogate how ‘mental health’ is constructed in itself. A truly political approach cannot only look at *causes* of what we call madness or mental illness. It must also be ‘constructivist’ – interrogating the very concepts of madness and mental illness themselves, prizing them apart, questioning their function. We have no shortage of conflicting messages dictating what mental illness is: it is discussed as a chemical imbalance in the brain, as something that doesn’t exist, as a product of capitalism alone, as akin to a broken leg, as a social construct, as something that is physical and real. To address these contradictions, we must ask: Where did the concepts of madness and mental illness come from? Who do they serve? In a different world, how might these categories be transformed? Looking at mental illness as a ‘social construct’ does not mean that these experiences are not ‘real’ but rather that they do not constitute a fixed or objective category across time and space. Like race, like gender, like all illness and other forms of deviance from the norm,⁸ the concepts

7 L. Fannen, *Warp And Weft: Psycho-Emotional Health, Politics And Experiences*, (N.P.: Active Distribution, 2021).

8 P. Sedgwick, *PsychoPolitics* (London: Pluto Press, 1982, 2022).

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of madness and mental illness have been moulded in a particular social, political and economic context, and would look different in a liberated future.

Taking a radical approach to mental health also means drawing on a long history of political agitation in this area. Throughout the mid-late twentieth century, there was a groundswell of activism and contestation around mental health – in the form of the ‘anti-psychiatry’ and ‘psychiatric survivor’ movements, which shared some overlap with other liberation movements of the time. Both movements challenged psychiatry (the dominant medical approach to mental health), arguing that suffering should be seen as a social and political concern rather than an individual one. They also resisted psychiatric power and control, which had allowed for the mass incarceration of mad or mentally ill people in giant ‘insane asylums’ or ‘mental hospitals’. From a present-day perspective, it is curious that the histories of these political movements have been erased, while the movements have left little imprint on the ways that mental health is approached and understood today. In the current climate, we still largely discuss mental health in terms of individual identity (something we *are*) and property ownership (something we *have*) – rather than as a form of collective oppression (something that is done to us). Even in political spaces that are suspicious of state authority, deference to psychiatric ideas is very much the norm. We are scared to touch mental health, usually out of fear of getting the ‘science’ wrong. I have noticed some of the most vocal and political people I know confess that they lack ‘expertise’ or ‘authority’ on mental health, despite the fact that suffering surrounds us in our communities.

This fear and avoidance, however, reinforces madness and mental illness as a private matter that we must outsource to other institutions. This is the capitalist approach to mental

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health in disguise; the force that pushed people out of communities and into asylums, disappearing them from public view. Many commonplace utterances around mental health are also distinctly neoliberal – for example, it is standard and even sometimes considered humorous to urge people to ‘get therapy’ or even to ‘take their meds’ when they are understood to be causing harm or disruption. This echoes the gradual shift in mental health provision towards private for-profit entities over the last half a century. When we frame mental health in such a way, we bolster the idea that it is each person’s individual responsibility to stay well by seeking out therapists, psychiatrists, psychologists, doctors, self-help books, crisis lines and more recently apps and self-care gurus, many of which are becoming increasingly ubiquitous and profitable in the neoliberal era. While these things may help many survive or conform to the construct of ‘mental health’, they will never address the root causes of suffering or harm. They also cannot provide us with the tools to transform the world that drives so many of us mad.

While writing this book, I never found the perfect language to describe its subject matter. At the time of writing, ‘mental health problems’ is perhaps the dominant term – simultaneously shirking and embracing the language of ‘illness’. Some prefer ‘mental illness’, and feel that it accurately describes their experiences. In the pages that follow, we will also look at movements that deplored the concept of mental illness, arguing that it is either oppressive or unscientific. This book offers autonomy to the reader in making sense of these contentions. It shows that, while the state currently favours ‘illness’ as an explanation for some forms of suffering and nonconformity, it is not the only way of thinking about these experiences. Simultaneously, it acknowledges that illness can be a site of political analysis and solidarity. I want to hold space for lots of differ-

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ent conceptualisations and possibilities. I also want to honour the different language used to describe these experiences across time – for example, for much of history, the term ‘madness’ had a specific and historically significant meaning. To reflect these competing demands, and for the purposes of brevity, I choose to refer to ‘Madness/Mental Illness’ throughout this book. I understand that both of these terms carry loaded and personal connotations for many of us, and that their implications will change across time. From here onwards, I also choose to capitalise the first letter of these words – to ensure we never lose sight of the fact that these are highly political and constructed categories, which have been birthed and named by people. In instances where I utilise diagnostic terminology, for example, ‘depression’ or ‘bipolar’, I also carry an awareness that these categories are constructed and contested, and try, where possible, to do justice to this. Ultimately, I ask that we sit with the imperfect and ever-changing nature of language, and also take stock of what it tells us about this highly political subject.

Many of the arguments in the pages that follow are guided by my commitment to the disability justice movement, a movement pioneered by disabled people of colour, which takes a radical and intersectional approach to the liberation of disabled people.⁹ Some of the more unconventional arguments I make – which simultaneously resist psychiatric control, but also challenge historical ‘anti-psychiatry’ movements – are unique precisely because they are grounded in disability justice. This approach also informs my language choices. For example, there is a tendency in mental health discourses to cleave a hard line between mental and physical, and mind from body. In line

9 See ‘10 Principles of Disability Justice’ by Sins Invalid for a more detailed account: <https://sinsinvalid.org/blog/10-principles-of-disability-justice> (last accessed January 2023).

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with other disabled thinkers, I want to contest Western mind-body dualism; and so throughout this book, I generally refer to complete 'bodyminds'.

Each sentence contained within the following pages relates to a set of concerns that may cease to exist in a world that was transformed. This book grapples with issues like the incarceration and punishment of Mad/Mentally Ill people; the emergence of these approaches under the capitalist system; the push to understand Madness/Mental Illness in one, restricted way; the maddening nature of racism, transphobia and wage labour; and the pathologisation of marginalised people. All of these issues are tied to what are sometimes called the psychiatric and medical industrial complexes – systems that emerged under capitalism to largely serve capitalist ends. In a different world, our conditions could be transformed beyond recognition, and so it follows that our approaches to mental health would also be unrecognisable. We could be in control of our own labour, our own healthcare, our own healing, we could choose how we name ourselves rather than having labels enforced on us. We could ensure that everyone had the resources, infrastructure and support to live in the community. Resources could be reallocated in such a way that health would flood out of closed spaces and into everyday life. Our living and labouring conditions could lead far fewer people to suffering and sickness in the first place. Our conception of mental health could be transformed too.

This book is an offering, not a comprehensive instruction manual. Throughout the writing process, I have grappled with its limits as a commodity that demands I, the *writer*, speak to you, the *reader*. I want to resist this relationship in the same way that I resist the concepts of knowledgeable expert versus ignorant layperson or doctor versus patient. While this is not a personal piece of writing, my experiences weave their way throughout

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this linear form, to challenge the role of omniscient writer and locate the subjective position that I speak from. This book has also led me to grapple with the bounds of the current mental health conversation, and therefore all that will be left unsaid in this concise exploration. This is only exacerbated by my position as someone writing from a limited British Global North perspective. Regardless, I hope that this book will be a jumping off point. I offer it with humility. There will be holes in it,¹⁰ contradictions, cycles and repetitions, things that in the future are discovered to be inaccurate, incomplete, blinkered or a product of their time. This reflects the spirit of Madness, but that is okay, because this project demands a sort of Mad thinking. After all, what is the utility of ‘sanity’ or ‘rationality’, in a world in which ‘sanity’ means the death of oppressed people and the planet,¹¹ and ‘rationality’ means the logic of the market? In this climate, it is Madness that will help us burst beyond the ‘rational’ confines of the asylum, of the prison, of capitalism and individualism. As the world drives us increasingly Mad, it is crucial that we take Mad knowledge seriously, and acknowledge its imaginative potential. This journey began when I woke up in a dissociative dream. I believe various forms of dissociation, dreaming and escape from this world are the only way to transform it.

¹⁰ <https://gutsmagazine.ca/in/> (last accessed January 2023).

¹¹ I borrow this suggestion from the psychiatric survivor David Oaks: <https://davidwoaks.com/july-mad-pride-and-disability-pride-month> (last accessed January 2023).