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TREASON TO WHITENESS IS LOYALTY TO HUMANITY

PSYCHIATRY'S WHITE PROBLEM: Racism As Therapy

by PAUL GARON

What race is said to be "so stupid, and so utterly incapable of being taught," and to "never reach maturity," but "are of great stature...? They lack all sharpness of wit and penetration." The first quotes are from Cicero about the British; the second group is from the Moor Said of Toledo, speaking about races North of the Pyrenees in Spain. [1]

In psychiatry as in any other field, an enemy of freedom is an enemy of surrealism. While surrealism has drawn enormous inspiration from the discoveries of Freud and his coworkers, we have no fond feelings for therapy and institutional psychiatry, i.e., those forms of psychoanalytic or psychiatric thinking that the individual citizen is most likely to confront. Recognizing the potential of a greater comprehension of mental processes enabled the surrealists to understand the great revolutionary power of many psychoanalytic insights, especially the notion of unconscious mentation. Psychoanalysis remains important today for precisely this reason: it still provides the most stimulating model of the mind, and still provides a stimulus to surrealist inquiry, as the Czech journal *Analogon* makes clear. But radical analysts have failed to mine surrealism for *their* own inspiration, in spite of the insistence of French psychiatrist Gaston Ferdière, who, in a 1966 lecture, asserted that it was the surrealists "who have led us psychiatrists to profoundly rethink the problem of madness. . . . It is the surrealists who have taught us to rethink psychiatry."[2] The early days of psychoanalysis were marked by the presence of a few other revolutionaries like Wilhelm Reich and Jean-Frois Wittmann, whose proclamations were also ignored, and even the modern era could boast the presence of an Otto Fenichel or a Robert Lindner,[3] in spite of the conservative direction psychoanalysis was following.

Causes célèbres in which the early surrealists publicly came to the support of mental patients caused them to be roundly denounced by the psychiatric press of the day. The denunciation was so vitriolic that a reply was necessary. Speaking of a psychiatrist (M. Clérambault) who had become Physician-in-Chief of the infirmary of the receiving prison, André Breton wrote, "It would be strange if a conscience of this mettle, a mind of this quality, had not found the means of placing

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himself entirely at the disposal of the middle-class police and middle-class justice. May I say, however, that in the eyes of some people such a post is sufficiently compromising for it to be impossible, without insulting science to consider as *scientists* men who. . . are foremost bent on being instruments of social repression."[4] The psychiatrists, in spite of their reputations as "healers," could not resist the opportunities of power and social control that their positions made possible. And like psychiatrists today, their insistence that their discipline was indeed a *science* failed to convince the world at large.

Decades later, the surrealists formally intervened in the Conference on Madness held in Toronto, in February of 1972. I presented a paper there, "Fate of the Obsessive Image," which was included in the pamphlet we prepared for the conference, as were texts by Franklin Rosemont and Conroy Maddox, together with some earlier historically important texts.[5] From the surrealist point of view, much of organized psychiatry remains unchanged from Breton's early days, and in fact has become even more conservative. Surrealism, as an enemy of repression in its various guises, has a special sensitivity to psychiatric and psychoanalytic issues, and it is from this perspective that we'd like to survey the interaction between psychiatry and issues of racism. Let us begin with an historical survey.

The 1840s were an important decade in the attempt to provide a racist foundation for psychiatry. The 1840 census figures indicated that Northern (free) Blacks had a much higher rate of insanity than Southern (slave) Blacks. Could it be that freedom causes insanity, as so many Southerners were eager to believe? The "fact" held that 1 in 14 Negroes of Maine were insane, whereas only 1 of 4310 Louisiana Negroes met the same fate. For years these census figures were used to bolster claims of the mental health of slavery.

Massachusetts physician Dr. Edward Jarvis found the statistics hard to believe, and he began to study them closely. He found gross evidence of fabrication (yes, this was the U.S. Census). Many of the Northern towns reputed to have varying numbers of insane Blacks turned out to actually have no Black population whatsoever. E.g., all white Scarsboro, Maine, was given 6 mentally ill Blacks. Of Ohio's 165 cases of Black insanity, 88 were said to come from towns that reported a total of only 31 Black residents. Worcester, Massachusetts, was said to have 133 Negro lunatic patients, but as it turned out, this figure represented the total number of patients (white) in the Worcester State Hospital.[6]

Early psychiatric opinions on race were, like the 1840 Census, largely attempts to justify the current social and political order with a "scientific" basis. The most blatant attempt, in 1851, was no doubt

Dr. Samuel Cartwright's notion that the desire for freedom among the enslaved was a disease! He gave this disease the name "drapetomania," and he noted that it was often accompanied by "dysaesthesia aethiopis," a related condition symptomized by having no respect for property, breaking tools, and laziness. The cure for this respiratory ailment—that only struck Blacks—was chopping wood and splitting rails.[7]

But Cartwright was by no means the only physician touting this line. Dr. John S. Wilson of Georgia contended that Negro disease was so unique to the Black that it could only be treated by a southern physician. (Talk about putting the fox in charge of the henhouse!) G. Stanley Hall repeated this nonsense in 1905 when he insisted that Negro and white medical treatment were entirely different.[8] Hall, who brought Freud to America for the famous Clark University lectures, had already noted that Indians, Chinese and Blacks were "adolescent" races that had not yet completed growing, and he specified that dark skin and crooked hair, i.e., physical differences, were certain signs of psychological differences between the white and Black races.[9]

The first psychoanalytic journal in English, *The Psychoanalytic Review*, carried a number of racist articles in its early issues (c. 1914). Arrah B. Evarts, in "Dementia Praecox in the Colored Race," wrote that the child should be allowed to develop in synergy with "his race trend," i.e., don't expect too much of the Negro, who has "learned no lessons in emotional control." John E. Lind, in "The Dream as a Simple Wish-Fulfillment in the Negro," states that 84 out of 100 Black subjects had wish-fulfillment dreams of a "juvenile" character. One example consisted of a prisoner dreaming of freedom. Other medical journals contained articles just as ridiculous. Thus we read in the *American Journal of Psychiatry* (1921) that Negro children are intelligent and lively, but that their development stops at puberty; after that it's debauchery in all its forms.

Analytical psychologist Carl Jung, notorious for his controversial statements on Jews and his support for Nazism, attributed American sexual repression to whites living together with "lower races," especially with Negroes,[10] and he felt that the influence of Blacks on the white unconscious was profound, indeed "contagious."[11] Famous Harvard psychologist William MacDougall insisted that Blacks have an "instinctive need" to be pushed around by whites. And Freud's first U.S. translator, A. A. Brill, could conceive of no other role for Blacks in American theatre than that of clown or buffoon, noting that "Everybody likes to laugh at a Black man."[12]

The use of psychiatry as a racist tool wasn't always simple nonsense like C. B. Davenport's (1923) claim that race-mixing increased

the number of "new centers of epilepsy."[13] Sometimes unmistakable evidence of Black superiority was willfully ignored, as in a late 19th century experiment, reported in the *Psychological Review*, comparing the speed of sensory perception of Native Americans, whites, and Blacks. When white scores turned out to be the slowest, this was attributed to white *superiority*: according to the "researchers," the scores actually showed how deliberate and reflective whites were. Similarly, in more modern examples, several prominent sociologists hypothesized that "racist" feeling (on the part of whites) was an "instinct," and as such, quite natural. Worse was Brian Bird's 1957 article, "A Consideration of the Etiology of Prejudice," published in the prestigious *Journal of the American Psychoanalytic Association*. Bird suggested that race prejudice can be an ego defense mechanism against unconscious aggressive impulses, and as such, can be positive for the individual and, therefore, for society as a whole.[14]

Of course "prejudice can be an ego defense mechanism against unconscious aggression," but this example superbly characterizes how even the most "neutral" psychiatrists can find themselves in the service of white supremacy. Most psychiatrists conceive of their work as helping the patient to solve inner conflicts, and they do not consider it their job to change the patient's social attitudes. What do you do with a patient who is severely depressed, but who, when well, actively campaigns against African Americans and Jews and leads the local "white power" party? Psychiatry's answer: Give him an antidepressant.

Racial and social attitudes have improved in the modern era, but we are confronted with new problems, along with some sadly familiar ones. Perhaps the most enduring success of the Civil Rights Movement has been the widespread change it effected in the climate of opinion on race matters; the great majority of the U.S. population soon was convinced of the justice and desirability of desegregation and full equality for Blacks. Consequently, racists have had to turn to ever more subtle actions to carry out discriminatory practices. This, along with current government and media campaigns insisting that prejudice against African Americans is no longer a problem, makes it even more difficult to combat racism.

While oddities like "Drapetomania" do not appear in the *Diagnostic and Statistical Manual of Mental Disorders*, certain diagnostic errors tend to haunt psychiatric characterization of African American patients. A 1969 study of female patients requiring psychiatric hospitalization in Maryland found a distinct tendency to diagnose whites as neurotic and Blacks as psychotic,[15] although the new DSM has made the term "neurosis" obsolete. The most common—and the

most documented—of diagnostic errors involving African American patients is the tendency to diagnose hallucinating and delusional Black patients as schizophrenic,[16] thus missing other diseases also characterized by hallucinations and delusions like mania, psychotic depression, chronic alcoholism, and acute organic brain syndrome.[17] This not only leaves the real condition untreated but the patient may end up permanently damaged by long term treatment with anti-psychotic drugs.[18] These same drugs might even be over-prescribed if the doctor is fearful of the patient, or if prejudice on behalf of the doctor scares the patient and leads to an exacerbation of symptoms.

Over-diagnosing schizophrenia in Blacks, especially paranoid schizophrenia, leads to under-diagnosing major depression in the same group of patients. The notion that Blacks suffer less than whites from depression has a long and depressing history. But a close look at these findings reveals serious problems with the premises of at least one typical study. The paper reported finding a lower rate of depression among Blacks at one southern state hospital, but never approached the questions of 1) whether "depression" was considered sufficient reason to hospitalize Blacks in that area, 2) whether depressed Blacks actually sought (and were able to find) medical help, and 3) whether such help was actually available. A later study that set out to confirm the above analysis ended up proving the opposite: more Blacks than whites suffered from depression in the same state (North Carolina).[19]

As late as 1957, one prominent psychiatrist blamed the end of slavery, as well as communists and agitators, for the increase in the Negro population of Virginia's asylums, an increase that led to more Blacks than whites among the Virginia insane.[20] Not surprisingly, a closer look at the figures tells a different story: The author used state hospital statistics which reflected a much higher Black population since Blacks usually could not afford the private hospitals that treated so many whites; in fact, there were not more Black mental patients than whites in Virginia, but only more in state hospitals. Further, Blacks often received the least therapy in such institutions, thus prolonging their incarceration (and raising their statistical presence).

The fact that Black patients tend to have lower incomes and thus tend to be treated by state and public hospitals has many ramifications. Blacks are over-represented in public mental health facilities where patient populations are often used for large-sample studies, so the findings are probably skewed in that direction. Black people are also less likely to be given psychotherapy (and other treatments) and are discharged sooner. They are more likely to be seen only briefly for medication.[21] The non-white poor are often given substance abuse disorder diagnoses[22] as a primary diagnosis instead of as a secondary

one. In one case, Black psychiatry residents reported that many Black patients were not referred to their clinic as they were selected out as not being good candidates for psychotherapy. By the same token, even those Black patients admitted for treatment were unlikely to be given the same course of psychotherapy as white patients. Blacks received briefer therapy or therapy from less experienced therapists.

Another important consideration in race-biased diagnosis is the role of the police. Often, the police play a role in screening patients, and they frequently route white patients to clinics and Black patients to jail. One study has shown that Black subjects need to show greater symptomology than white subjects before the police route them to treatment. Once there, the Black patient will be treated for a shorter time.

Certain diagnoses seem never to be given to Blacks: Multiple Personality Disorder (MPD, now called Dissociative Identity Disorder) is one. Significantly, this diagnosis seems to be awarded only to upper-class patients, perhaps because the only treatment recommended by those who countenance this disease is long, drawn-out and expensive. There are few MPD case reports of African Americans and few that are drawn from lower class milieus. Even more blatant is the diagnosis of so-called kleptomania, reserved exclusively for rich white women whose families can buy them out of jail. Blacks who are kleptomaniacs—i.e., who compulsively steal items they do not need, who feel tension before the act and pleasure or relief during the act, and who do this repeatedly while not having a Conduct Disorder, according to DSM-IV—are sent to jail, without diagnoses. A Black kleptomaniac is diagnosed as a thief.

In a recent paper, Harold W. Neighbors has summarized many of the studies of misdiagnosis of African Americans.[23] Noting that whites tend to be diagnosed with mood disorders and Blacks with schizophrenia, he also points out that Blacks are more likely to be misdiagnosed, period. One study found that Black patients that appear with symptoms of agoraphobia and panic disorder were either hospitalized unnecessarily or, as in another study, the diagnosis was missed entirely! For those interested in the question of misdiagnosis, Neighbors has included an excellent bibliography, and his paper is available on the World Wide Web.[24]

Published in 1951, *The Mark of Oppression*, by Abram Kardiner and Lionel Ovesey[25] exerted a considerable influence. Their view, briefly, is that the Negro has been irreparably damaged by oppression, and this disfigurement partially explains the alleged Black failure to advance. This book helped establish the trend, also promoted by sociologists, of pathologizing the entire African American popula-

tion by superficially examining a highly selective "cross section" and superficially misevaluating the data. This trend, currently enjoying a revival among the "racism has ended" set, has been subject to merciless and convincing criticism in Robin D. G. Kelley's *Yo' Mama's Disfunktional*.[26] This pathologization of social problems is dehumanizing and abusively negative, creating new subjects of victimization, as it sees people totally in terms of their deficits. While the overwhelming majority of Blacks see themselves positively, you wouldn't know it from Kardiner and Ovesey, nor would you realize the scope and diversity of Black personality functions.[27] In effect, Kardiner and Ovesey are the "good cop" to *The Bell Curve*'s "bad cop." At best, their view exemplifies the pitiable inadequacy of even the best-intentioned and ostensibly sympathetic white liberal researchers who refuse to come to grips with the systemic racism embedded in their social *and scientific* presuppositions.

Interestingly, even as *The Mark of Oppression* was criticized by Black writers for failing to see anything strong and healthy in Black life, the wrongheadedness of the Kardiner/Ovesey view was being demonstrated by the Black liberation movement, a movement founded precisely on the strength and health of a people. Yet in their 1962 preface to the reissue of the book, the authors only emphasized the fact that time had proved them correct! They wrote with a smugness rarely equaled, that using the American white man as their model, or "control," was sufficient to guarantee the validity of their findings.

The Kardiner and Ovesey approach characterizes an article entitled "Cultural Determinants in the Neurotic Negro."[28] This essay used only three case studies that were said to nonetheless represent "a large class" of problems in African American males. The three cases are typified by unconscious feminine trends and pseudomasculine defenses (alcoholism, etc.), but what, we may ask, are "feminine trends"? A classic test instrument, the MMPI, gives a high feminine rating to subjects who give a postive reaction to the statement, "I would like to be a singer." The California Personality Inventory gives low femininity ratings to girls who don't fear thunder and don't want to be librarians. Low masculinity ratings are given to boys who have no desire to drive racing cars or read *Popular Mechanics*.

While Kardiner and Ovesey needlessly pathologize the Black experience, others take the opposite road and assume that the Black experience in the U.S. has given African Americans no special stressors. Yet the effect is the same: both methods ultimately pathologize. While Kardiner and Ovesey assume Blacks have been mentally damaged by oppression, the opposing view fails to see the normality in Black suspicions of white motives and calls such suspicion paranoia.

(Remember, paranoid schizophrenia was the diagnosis most often given to Black males in one study. One wonders if the overdiagnosis of paranoid schizophrenia reflects a white analytic attitude about Blacks that is itself a form of paranoid thinking.)

The pivot upon which the whole psychiatry:race opposition turns is white supremacy itself, a cause rarely considered in clinical settings. Indeed, this is a primary weakness of psychiatry in general and psychoanalysis in particular.

Psychopathology is clearly associated with poverty and powerlessness, but these relationships are not acknowledged by DSM-type diagnostic schemes and very little by most psychiatrists. The DSM doesn't provide sufficient information to distinguish behaviors with economic, social and political causes from those behaviors caused by "mental disorders." Yet one must accurately assess the impact of such social factors as segregation, poverty and hunger on Black psyches; indeed, involuntary unemployment can cause a rise in mental hospital and clinic admissions.[29]

Whether treating African Americans or white racists, Freudian analysts treat dream references to race as if they were "really" about something else, i.e., mother, father, birth, death, etc. and not really about race. The emphasis on intrapsychic conflict overpowers the possible social meanings. Analysts must treat race as a significant issue and not just a symbolic one.[30]

This is especially important when treating white supremacists. Treating racists as if oedipal (or similar) conflicts lie at the core of their problems removes the social problem of racism from the social structure and recasts it in terms of individual responsibility, or in the structure of the nuclear family, where little can be done.

There are other ways in which analysts can support the white power structure instead of social change. Psychoanalyst Helen V. McLean once wrote that Blacks who call others Uncle Toms were themselves intensely envious of the white acceptance achieved by the latter and were denouncing them for their success in typical "sour grapes" fashion.[31] It is possible that McLean did not consider herself a racist in the ordinary sense of the word, yet she was willing to use psychoanalysis to support those Blacks who conformed to the status quo and were more tolerated by the dominant group (whites in power), while Blacks who were more interested in freedom were assigned a pathological status: jealous and envious. This attitude on the part of the analyst suggests an unresolved fear of Blacks, compensated for by an intense identification with the white bourgeoisie.

One of the most infamous examples of emphasizing the psychological over the social was the influential Moynihan Report

(1965) which described the Black family as a "tangle of pathology," characterized by "maternal domination." Thus while the Joint Commission on Mental Health of Children (1970) found that the most significant factor associated with family breakdown was poverty, Moynihan focused attention on so-called Black pathology instead of the "sick" society that caused the problem.

Yet there are mulitiple institutions within the social structure itself that are failing to serve African Americans. Poor and Black communities are not only served by underfunded government clinics and state hospitals, but have few Black psychiatrists in practice in the neighborhood. Improving service in these neighborhoods would be an important first step; affirmative action in hiring and recruiting Black psychiatric residents is another important task; and an improved rate of white doctors referring patients to Black psychiatrists would also be a significant and welcome change.

Regarding referrals, one study showed that many white doctors felt that Black psychiatrists were better at treating children, adolescents, and counter-culture types. The same doctors worried that Black psychiatrists might not be able to handle the racist attitudes of some of their patients, and felt Black psychiatrists would probably be more comfortable treating working-class patients. In other words, white psychiatrists would generously keep the high-paying patients and send the poorer ones to their Black colleagues.[32]

Most psychoanalysts are white and they see very few Black patients, no doubt partially due to the expense of psychoanalytic treatment.[33] There are few Blacks practicing psychoanalysis or analytical psychology, although now that their ranks are open to PhD's and social workers, the number of Black practitioners is increasing. There are certainly more Black psychiatrists than Black analysts.

It is easy—almost inevitable, given the prevailing values of white society—for white clinicians' preconceptions to lead them to errors in assessment. If the therapist thinks Blacks are normally impulsive and emotional, he may regard psychiatric symptoms as "natural" and thereby miss a real illness. On the other hand, if he does not consider environmental factors that affect Black patients, the therapist may determine that what is in fact normal (justifiable) hostility and suspiciousness is a symptom of paranoia, a disease the person may not have. There are also many possiblities for counter-transference errors in the white psychoanalytic treatment of a Black patient. Michael Vannoy Adams' analysis of how Carl Jung feared being taken over by the Black psyche of a patient, or "going Black," is a glaring example.[34] All the negative stereotypical associations that so many whites have about Blacks, e.g., dirt, anality, night, darkness, etc.[35] both

consciously and unconsciously, are bound to interfere with any therapeutic effort. Too often whites project onto Blacks their own primitive fears and desires. The Black man easily symbolizes the evil, the phallus, sexuality—or what Fanon calls the dark side of the soul, the lower emotions, "sin, wretchedness, death, war, famine."[36] Even some progressive doctors who are cognizant of the social causes of mental illness may feel that it is useless to treat a patient who will return to a pathogenic environment. Yet we are justified in asking why so few radicals who are familiar with psychoanalytic thinking have used it to further Black liberation. No work attempts to link Black liberation and psychoanalysis the way Juliet Mitchell has linked psychoanalysis and feminism.

Many doctors are not progressive, of course, and these practitioners do not hesitate to use IQ scores to diagnose mental retardation in African American children, in spite of the well-known impossibility of bias-free IQ testing. Alas, this practice is not confined to self-declared reactionaries. In many cases, the social and coping skills of Blacks are ignored because they seem rough, hostile, streetwise, and obscure to white assessors, even though they reflect the same level of accomplishment and intelligence that more docile whites display. Many aspects of Black culture that can be considered oral culture, like blues, gospel, rap, the dozens, and more, reflect a stance, which, if it is not understood, will always undercut white comprehension of Black psychology.

While recent controversy over race and IQ make it seem a new issue, it is not. Lewis Terman, in *The Measurement of Intelligence* (1916), and Dr. Robert M. Yerkes (1921), both examined results from standard intelligence tests and drew the conclusion that the lower scores attained by Blacks and hispanics were signs of racial "dullness" (Terman) and "inferiority" (Yerkes). Less known is the fact that Princeton psychologist Carl Brigham endorsed these findings in 1923 only to repudiate them totally in 1930 in the *Psychological Review*.[37] Brigham's repudiation gets far less press than his earlier endorsement.

The Bell Curve: Intelligence and Class Structure in American Life by Richard Herrnstein and Charles Murray is perhaps the best known of many right-wing diatribes disguised as academic studies; published in 1994, it actually reached the best-seller list. It suggested that low intelligence was a principal contributor to everything from poor child-rearing to unemployment and poverty. IQ was presumed to be an easily quantifiable measure that was largely inherited, rather than a complex and controversial measure that is difficult to quantify. The authors do not overtly belabor the notion that Blacks inherit low intelligence, but through innuendo and implication they draw a pic-

ture of society's structure that equates lower classes with underachievement and both with African Americans. And according to *The Bell Curve*, low IQ scores are what draws one into the lower classes. Thus, it's easy for the reader to draw the same conclusion that Herrnstein and Murray have spent their lives proclaiming, that Blacks are inferior. To avoid being called racists, however, they smite themselves repeatedly for having to be the bearers of such bad tidings. But the true motivation behind their "study" is clear: Their "research" was partially financed by The Pioneer Fund, a white supremacist crank organization that gives grants only to "researchers" of white ancestry![38]

Criticism of *The Bell Curve* has been extensive and devastating. Stephen Jay Gould was one of the first to point out that *The Bell Curve* was neither an academic essay nor a scientific work but a racist neo-conservative manifesto disguised as science. As many critics have shown, the statistical claims of *The Bell Curve* are extremely weak—correlation coefficients [R^2], or measures of confidence as to the relationship between variables, are as low as .1 or .2 in most cases. When one combines Herrnstein and Smith's pseudo-science with the dull itemization of the usual conservative demands—reduce welfare, eliminate school help programs, drop affirmative action—one sees that the work is no more than a right-wing political platform with a "scientific" coat of white paint.[39]

For right-wing and racist readers, one of the most attractive features of *The Bell Curve* was the claim that low IQ members of the population (read "Blacks") were those most likely to commit crimes. This notion appealed deeply to the law 'n' order, lock-em-up members of (white) society, since it appeared that *The Bell Curve* was actually offering scientific evidence of the criminal propensities of Blacks. However, the *Corporate Crime Reporter* notes that "white collar and corporate crime injures society far more than all street crimes combined." How many street crimes would it take to add up to the billions looted by white yuppies from savings and loan associations?[40]

IQ testing isn't the only aspect of the testing process that carries racial bias. Just as such prejudices are often built into IQ testing, there are other ways in which psychology accepts white performance as the norm. In research on topics unrelated to race (e.g., perception or memory), non-white subjects only appear in research contexts where they are being scrutinized or their taken-for-granted pathology is being subjected to analysis. Their absence from study thus becomes the norm.[41]

Surveys and survey technique are also vulnerable to racial dis-

crimination. One of the most important contemporary data-gathering initiatives was the Epidemiological Catchment Area study, and many subsequent studies have used ECA data which included many African American respondents. But as one researcher has noted, African American males have low response rates on such surveys, and the degree to which they are truly represented is debatable.[42] Nonetheless, the ECA has provided an important data set. Unfortunately, the first study on African American mental health to grow out of the ECA study was carried out by a biased research team. They found that there was an increased risk of alcohol abuse among the sample of rural Black men at the North Carolina study site. While acknowledging that the data offered no way to determine *why* this was so, they speculated that it was because of intermarriage and genetics, not because of poverty, economics, and social pressures resulting from racism.[43] A modern version of "drapetomania"!

We have seen that from nearly every perspective, racism has the opportunity to enter psychiatric practice. From a revolutionary perspective, many of the works we've cited can also be faulted for emphasizing therapy and accomodation instead of social change. We are not suggesting that every mental health practitioner is a racist, however, and books like Elaine Pinderhughes' *Understanding Race, Ethnicity, and Power: The Key to Efficacy in Clinical Practice*[44] are no longer alone in trying to fight racism from within the psychological sciences. In fact most of the critical works cited here have this as their aim. Especially valuable are Thomas and Sillen's *Racism and Psychiatry*, Gaw's *Culture, Ethnicity, and Mental Illness*, and McGoldrick's *Ethnicity and Family Therapy*. A recent article from the *American Journal of Psychiatry* reveals how much current perspectives are undergoing change:

The hypothesis behind this study—"Eating Attitudes and Behaviors in 1,435 South African Caucasian and Non-Causasian College Students,"—was that more whites than Blacks would show symptoms of anorexia and bulimia since these disorders have been thought to be a disease of Western civilization largely effecting white women who feel pressure to be thin. Blacks have been thought to be "protected" from this disorder by a tolerance for weight in African American culture. Examining a group of South African college students, the researchers were surprised to find that "Black subjects demonstrated significantly greater eating disorder psychopathology. . . than Caucasian, mixed race, and Asian subjects."[45]

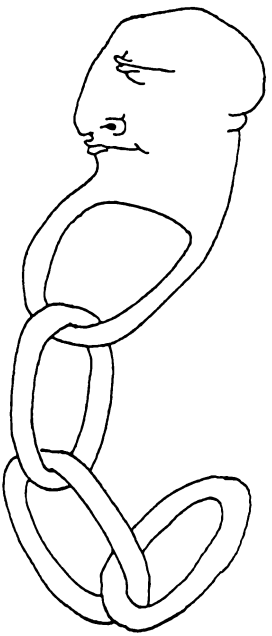
Of course, these results may reflect the fact that the worst tendencies of white, Western civilization are increasing their impact on the rest of the world, but we see a positive sign in the very undoing of an

old stereotype. As revolutionaries, however, we must remember that the psychological is never removed from the social, and that as Fanon has written, inducing a patient to live in oppressive surroundings is itself a social illness. It is the structure of society that must be changed, and locating the problem within the province of each individual's symptoms will never illuminate the social source of the symptoms as the true cause of our current despair.

NOTES:

1. The quotes are taken from Alexander Thomas and Samuel Sillen, *Racism & Psychiatry* (Secaucus: Citadel, 1974), 23. I will note here that I have borrowed liberally from this book in the paragraphs that follow, and not every instance is cited; I kindly thank the authors for their unknowing generosity. **2**. Quoted by Franklin Rosemont in the Preface to *Surrealism and Madness* (Chicago: The Surrealist Group, 1972). **3**. Russell Jacoby, *The Repression of Psychoanalysis. Otto Fenichel and the Political Freudians* (New York: Basic Books, 1983). **4**. André Breton, et al., "Surrealism and Madness," *This Quarter* V, no. I (September 1932): 114. **5**. "Fate of the Obsessive Image" is available in a collection of automatic texts, Paul Garon, *Rana Mozelle* (Cambridge: *Radical America* and the Surrealist Group, 1972). Other important contemporary surrealist writings on madness are contained in the exhibition catalog, *Surrealism in 1978. 100th Anniversary of Hysteria.* Introduction by Franklin Rosemont (Cedarburg, WI: Ozaukee Art Center, 1978) and in *Surrealism and Madness.* **6**. Thomas and Sillen, 17-18. **7**. Samuel A. Cartwright, "Report on the Diseases and Physical Peculiarities of the Negro Race," *New Orleans Medical and Surgical Journal* 7 (1851), 707. **8**. Thomas and Sillen, 3. **9**. Michael Vannoy Adams, *The Multicultural Imagination* (London, NY: Routledge, 1996), 81. **10**. Herb Kutchins, and Stuart A. Kirk, *Making Us Crazy* (New York: Free Press, 1997), 218. **11**. Adams, 113. **12**. Ralph Matthews, "The Negro Theatre," in *Negro*, edited by Nancy Cunard (New York: Frederick Ungar, 1970), 194. **13**. Thomas and Sillen, 109. **14**. Thomas and Sillen, 29; 15-16; 117. **15**. Thomas and Sillen, 64. **16**. M. Loring, and B Powell, "Gender, Race and DSM-III. A Study of the Objectivity of Psychiatric Diagnostic Behavior," *Journal of Health and Social Behavior*, no. 29 (March 1988): 14-19. **17**. Ezra E. H. Griffith, and F. M. Baker, "Psychiatric Care of African Americans," in *Culture, Ethnicity, and Mental Illness* (Washington, DC: American Psychiatric Press, 1993), 160. **18**. Griffith and Baker, 157. **19**. Thomas and Sillen, 131-132 **20**. D. C. Wilson, and E. M. Lantz, "The Effect of Culture Change on the Negro Race in Virginia as Indicated by a Study of State Hospital Admissions," *American Journal of Psychiatry* 114 (1957): 25-32. **21**. Monica McGoldrick, et al., *Ethnicity and Family Therapy* (New York: Guilford, 1982), 101. **22**. Paula Caplan, *They Say You're Crazy* (Reading: Addison-Wesley, 1996), 280. **23**. Harold W. Neighbors, "The (Mis)Diagnosis of Mental Disorder in African Americans," *African American Research Perspectives*, Winter 1997. **24**. www.isr.umich.edu/rcgd/prba/persp/win97/win97.html **25**. Abram Kardiner, and Lionel Ovesey, *The Mark of Oppression* (New York: Norton, 1951). **26**. Robin D. G. Kelley, *Yo' Mama's Disfunktional.* (Boston: Beacon, 1997). **27**. The Black psychiatrists Grier and Cobb, in *Black Rage*, while propounding a more accurate thesis than Kardiner and Ovesey, nonetheless make the same mistake of generalizing about Blacks based on a small sample, and a sample of psychiatric patients at that. **28**. Cited by Thomas and Sillen, 95. **29**. Esther D. Rothman, Laura J. Solomon, and George W. Albee, "A Sociopolitical Perspective of DSM-

III," in *Contemporary Directions in Psychopathology: Toward the DSM-IV*, eds Theodore Millon and Gerald L. Klerman (New York: Guilford Press, 1986), 168; 171. **30**. Adams, 209. **31**. Cited in Thomas and Sillen, 63. **32**. Cited in Thomas and Sillen, 152. **33**. Exceptions to this are analysts like Neil Altman whose *The Analyst in the Inner City* (Hillsdale: Analytic Press, 1995) attempts to overcome many of the obstacles confronting the white analyst who treats Black patients. **34**. Adams, 74-76. **35**. Joel Kovel, *White Racism* (New York: Pantheon, 1970). **36**. Franz Fanon, *Black Skin, White Masks* (New York: Grove Press, 1967), 190-91. **37**. Thomas and Sillen, 35; 36. **38**. Gregg Easterbrook, "Blacktop Basketball and *The Bell Curve*," in *The Bell Curve Debate*, edited by Russell Jacoby and Naomi Glauberman. (New York: Times Books, 1995), 40. **39**. Stephen Jay Gould, "Curveball," *The Bell Curve Wars*, edited by Steven Fraser. (New York: Basic Books, 1995), 20-21. **40**. Andrew Hacker, "Caste, Crime and Precosity," in *The Bell Curve Wars*, edited by Steven Fraser. (New York: Basic Books, 1995), 102. **41**. Graham Richards, *"Race," Racism, and Psychology. Toward a Reflexive History.* (London and New York: Routledge, 1997). 300 (quoting A. Phoenix). **42**. David R. Williams, "African American Mental Healh: Persisting Questions and Paradoxical Findings," *African American Research Perspectives*, Spring 1995. **43**. Kutchins and Kirk, 226. **44**. Elaine Pinderhughes. *Understanding Race, Ethnicity, and Power. The Key to Efficacy in Clinical Practice.* (New York: Free Press, 1989). **45**. Daniel le Grange; Christy F Telch; Jason Tibbs, "Eating Attitudes and Behaviors in 1,435 South African Caucasian and Non-Causasian College Students," in *The American Journal of Psychiatry* 155:2 (February, 1998), 250-252.



Drawing by RIBITCH

MISERABILISM & THE NEW EUGENICS
A Critical Look at the Human Genome Project

by ERIC BRAGG

At each turn of its thought, society will find us waiting.
—Paris Surrealist Group, 27 January 1925

The Human Genome Project (HGP), when completed, will provide a map of all human genes, in sequential order, within the human chromosomes. Although many of the actual protein-coding sequences of these genes (not to mention their purposes) will for the time being remain unknown, their general locations, in relation to neighboring genes within the chromosomes will have been determined. As David Shenk writes: the HGP is "this generation's race to the moon, but we're not quite sure what we'll do when we get there."[1]

What would one do with a complete map of all human genes? For health purposes, such a map could be beneficial in the diagnoses of genetic diseases such as Duchenne muscular dystrophy, sickle-cell anemia and diabetes. For instance, the map could enable doctors to search the genome of a fetus for any fatal or deleterious mutations in particularly sensitive genes which might later cause either sickness or death. There is no doubt that a thorough knowledge of the genome could be used to cure, prevent or at least keep a genetic disease in remission. The problem is that, in the existing state of society, this knowledge will be used unfairly and dishonestly, especially in terms of race, gender and class. The sorry historical record leaves no room for doubt in this regard. Science and technology, despite their apologists' pretensions to objectivity, are never "neutral," and genetic science is certainly no exception.

Toward the end of the nineteenth century, the eugenics movement advocated the idea that different races had unique hereditary characteristics, and that these characteristics should be augmented and intensified through "selective breeding," for the purposes of what eugenists called "bettering" society—*i.e.*, "weeding out" the influence of allegedly "inferior" races. As Linda Gordon points out in her classic history of birth control, *Woman's Body, Woman's Right*, the eugenics movement supported immigration restriction as well as the enactment of antimiscegenation laws, and the KKK and other racists "used the respectability of eugenics to further the development of segregation."[2] This movement was in fact an attempt to distort the scientific principles of heredity to justify a campaign of racial slavery, and as such contributed to the formation of Nazi ideology. A particu-

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larly grisly offshoot of the eugenists' program of dehumanization was the notorious Tuskegee Syphilis Experiment, in which more than 400 Black syphilis patients were deliberately untreated for decades (1932-1972), so that white medical researchers could "observe" the course of the disease.[3] Although public awareness of the dangers of rationalist-inspired racism is much greater today, we are now confronted by what can be called a "new eugenics," which is at once more subtle and potentially more dangerous than its predecessor.

But what is this new eugenics? How could the HGP be used for anything other than socially beneficial purposes? Consider the people who would be denied employment because they have been classified as "predisposed" to genetic disease—a new version of the old problem of employers who would rather not pay for the "maintenance" of "their" employees. Consider also the scenario in which an unborn child is predicted to develop a genetic disease at a young age. Should the parents decide to abort the child or carry it to term? Better yet, perhaps there is a new gene therapy which could improve the condition of the child. But can the parents *afford* this gene therapy? Will their insurance cover the costs? Inversely, perhaps genetic techniques will be developed to augment a child's chances of survival. In the case of "intelligence," as ill-defined as that trait is, genetic neurological research might yield secrets which could ensure "normal" mental development or even "improve" one's mental abilities. The question is: *Who* will have access to these new augmentative treatments? How will these services be regulated, and by whom?

The HGP has created its own Ethical, Legal, and Social Implications (ELSI) Program, designed to examine the effects and relationship that the HGP has to society. This committee has stated that "reproductive genetic services should not be used to pursue eugenic goals, but should be aimed at increasing individual control over reproductive options," and that a "broad public understanding of the role of genetics (and its limits) is essential to avoid genetic reductionism and a 'new eugenics.'"[4] The committee also stresses, in regard to genetic testing and treatments, its belief in "autonomy, privacy, confidentiality, and equity."[5] Although this *sounds* good, long experience with the promises of politicians leaves us unconvinced.

What is crucial is the social context in which the HGP research is being conducted. All science in capitalist society suffers from the deterministic presupposition that knowledge evolves according to the metaphysical timetable of "progress," as if scientific discoveries somehow evolve by themselves, without human intervention. "Progress," however, is truly just a myth and not an inherent blueprint for the elaboration of scientific inquiry, much less of social betterment. In

practical terms, science is not only carried out under the direction of well-meaning and curious minds, but is also heavily influenced by politics, economics, the military, the CIA, and—by no means least—the ideology of race. Although this situation rarely manages to raise more than a few squeaks of protest from the scientific community, who prefer to think of themselves as "apolitical," the *fact* itself is always acknowledged, however reluctantly.

And it is here where the new eugenics can be found: rather than verbally advocating the isolation and differential treatment of certain racial groups, present-day white supremacist society lets its economics do the talking. We all know that so-called "white" people are more likely to benefit from this society's technologies and services than people of color. Since scientific research today is controlled by capitalist economics and since capitalist economics ensure the profits of the white exploiters, then it follows that scientific thought and accomplishments are used to sustain the privileges of whiteness.

Throughout history, capitalism has ruthlessly exploited anyone and anything capable of generating profit. In a society such as that of the U.S. today, which condones the degradation of humankind and the entire biological environment, there is absolutely no reason to expect that corporations and their government henchmen cannot and will not use genetic technologies for purposes of exploitation and genocide. If genetic services come to be used eugenically only by those who can afford them, then "genetic privacy" will be of no advantage to anyone but the white ruling class. And since the public will not have legal access to the genetic records of those in power (who may be "improving the chances of survival" of their own children), genetic manipulation can be easily concealed.

Needless to say, insurance companies would be delighted to have genetically "superior" clients, and they too could uphold the democratic ideal of "genetic privacy." Thus the very concept of "genetic privacy," seemingly so beneficial to the underprivileged, could backfire. Legislation to protect workers and minorities against eugenic discrimination cannot be counted on, because such laws can simply go unenforced (as has so often happened in the past), ultimately allowing those in power to do whatever they like. As for those who maintain that the needs of democracy can be met by making genetic treatments available *on a lottery system*,[6] the proposal itself exemplifies the New World Order's all-pervasive inequality. "Biocapitalism" is a great money-making and power-reinforcing prospect for U.S. corporations, and as long as capitalism exists and the oppressive ruling minority can make money from genetic services and products, we have every reason to expect the worst.

The HGP and other advances in genetic research also have specific

implications for surrealism. Of all known genetic diseases roughly twenty-five percent are diseases of the brain; it is therefore speculated that a corresponding portion of our genome also serves the brain. It will be several decades before the complex interactions of brain genes are identified, but as these interactions begin to be unraveled, and as ideologists of the system of domination attempt to interpret the data in such a way as to serve that system, and therefore to attempte to devise new ways to obstruct the free imagination, surrealism will have yet another showdown with biological science.

The contemporary scientific establishment tends to take a reductionist approach toward biology, likening human beings to walking bags of chemical reactions. This approach in effect denies all possibility of justice or freedom, for to regard people as biochemical throwaway items is to regard them as objects of absolute degradation. Such degradation in turn defines the essence of the ideology of late capitalism known as *miserabilism*: the systematic depreciation of reality instead of its exaltation—*i.e.*, the rationalization of the unlivable. In the struggle against miserabilism our task as surrealists is to show that we—that is, all of humankind—are *more than the sum of our parts*, and that it is poetry and the Marvelous which most clearly point the way to freedom and a better life for all of us. As surrealists, too, we must lay special emphasis on the fact that miserabilism today is inextricably intertwined with the cult of whiteness—that the struggle against miserabilism is therefore, in science as in everything else, at all times a struggle against whiteness.

Biologically, surrealism aims at the dialectical resolution of the arbitrary and socially-enforced contradiction between mind and body, and in broader terms, the contradiction between the human and natural worlds. Just how much a deeper knowledge of the molecular basis of human thought will induce humanity to reevaluate its prejudice against its own subjectivity remains to be seen. Meanwhile, the only to way assure that genetic or any other scientific research will benefit all humankind and the Earth itself is to *abolish white supremacy in all its forms*.

NOTES:

1. Shenk, David. 1997. "Biocapitalism: What Price the Genetic Revolution?" *Harper's* 294 (1771):37-43. **2.** Gordon, Linda. 1977. *Woman's Body, Woman's Right: Birth Control in America.* New York: Penguin, 278. **3.** Jones, James, H. 1981. *Bad Blood: The Tuskegee Syphilis Experiment—A Tragedy of Race and Medicine.* New York: The Free Press. **4.** Andrews, Lori B., Jane E. Fullarton, Neil A. Holtzman, and Arno G. Motulsky, eds. 1994. *Assessing Genetic Risks: Implications for Health and Social Policy.* Washington D.C.: National Academy Press, 8, 17. **5.** Ibid., p. 21. **6.** Mehlman, M. J., and J. R. Botkin. 1998. *Access to the Genome: The Challenge to Equality.* Washington, D.C.: Georgetown University Press.

ARE YOU CRAZY?
Mental Illness & The Belief in Whiteness

by DANIEL C. BOYER

"I have grown to womanhood in a world where the saner you are, the madder you are made to appear."
—Hannah Nelson,
in John Langston Gwaltney, *Drylongso* (1980)

"Way out people know the way out."
—Bob Kaufman

The ideological fabrication known as the "white race" is a device to enforce social and economic privilege based on so-called "racial" distinctions. But it is also the framework and model for other means of degrading, silencing and destroying those who challenge dominant values and behavior. Its method is arbitrary exclusion—exclusion of certain people, their identification as the "Other," and their forcible subordination.

The juggernaut of the white power Establishment, which oozes blood as it progresses, relies on a basic complicity—on *trust*. It *trusts* that the great majority will on some level continue to play its game: not only those who are behind it and pushing it, but also those it runs over. So-called criminals must sit quietly through the sadistic rituals called "trials." African Americans must keep silent about *de jure* "equality" and factual segregation, repression and violence. Workers must participate in company-union joint initiatives which obscure the irreconcilable struggle between wage-earner and boss. Students must submit to a boring, irrelevant curriculum that trains them to perpetuate the existing system of inequality. Those who play the game (and participation is mandatory) must show sufficient reverence for the awesome power of the white miserabilist bourgeoisie and its state. The excluded and oppressed are not allowed to partake of the elite's privileges, but their silence buys their survival.

There are always those, however, who refuse to make even minimal concessions to whiteness, law'n'order, puritanism, capital, or other authoritarian hypocrisies. I am thinking here not so much of the conscious rebel, revolutionist, or race traitor, but rather of a certain type of declassed or lumpenproletarian eccentric, or "lowlife" drifter: those who, as Fenton Johnson put it in a wonderful poem, are "tired of work . . . tired of building up somebody else's civilization." These are people who have gone off to live "in their own world," "on the

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edge," "outside." Some live wholly in their thoughts and manage to get by without anyone knowing what they really think about anything. Others—"outsider" artists, for example—find creative outlets which, as long as they behave themselves otherwise, allow them to live without too much persecution.

Many, however, especially those whose refusal to sustain the ruling ideology reaches what are considered to be unacceptable "excesses" of imaginative extravagance, are commonly called "insane." Pushed by varying desperate situations, they sometimes become dangerous persons: those who have nothing left to lose. Anyone who dreams too fervently, or practices poetry too fanatically, or is "carried away" by enthusiasms that have not won the white-housekeeping seal of approval, can get into this kind of trouble. Most want simply to be left alone, to follow their inner lights, to elaborate or realize the imaginary solutions they have worked out to their very real problems. But white society's bureaucrats can't leave anybody alone, least of all those officially certified as "insane." Drastic, extralegal methods are used against such people: commitment to institutions, forced medication, electroshock.

Some resist this psychiatric slavery. Most of their names are unknown. We may never know, for example, the identity of a middle-aged man in downstate Michigan who is supposed to have done "hundreds of thousands of dollars in damage" to mental hospitals before his arrest and disappearance in the summer of 1993. Some of their names are notorious. In the fall of 1997, a middle-aged widow named Shirley Allen, shotgun in hand, held off a large Illinois police force for over a month as she tried to prevent her "concerned" children's attempt to have her locked up.

Needless to say, people who really *do* have serious mental disturbances, and truly are dangerous to their communities—police, the military, prison officials, politicians, and a large number of university administrators—tend to be successful in eluding psychiatric observation because they are almost always uncomplaining players of the "white" game.

And then there are those who are labeled "insane" only for reasons of political expedience. In Jamaica on the eve of World War II Rastafarian Leonard Howell organized a movement to support the Ethiopian struggle against fascist Italy, which was then a British ally. For this gesture of solidarity, as Horace Campbell explains in *Rasta and Resistance* (1987), "Howell was placed in a mental asylum . . . for in the eyes of the colonial State any Black man who told Black people to turn their back on the white imperial king of England must have been a *madman*."

In the U.S., the MOVE massacre in Philadelphia, and the military annihilation of an interracial religious sect in Waco, Texas, were prepared and officially "justified" by propaganda designating these

nonconformists as dangerous "cranks."

Thus the white capitalist state can easily see to it that any recalcitrant or rebellious individual—the "uppity" Black, "bad" girl, sexual dissident, high-school dropout, class-conscious worker, army deserter, drug-user, tax-refuser, animal-rights activist, Earth First!er, race traitor, and all those who, for whatever reason, refuse to stay in "their place"—are branded "mentally ill." Of course the media are only too willing to repeat the slander and whip up hostility against them.

The fact that all rebels against the *status quo* are likely to be declared "insane" by someone, sometime, does not mean that everyone confined to a mental institution can be counted on as a revolutionary ally. But it does mean that conscious seekers of revolutionary social change should start thinking about what André Breton in 1928 called "the well-known lack of frontiers between non-madness and madness." As race traitors, we must begin to look critically at just what "mental health" is in a white supremacist society. We must challenge the conventional wisdom according to which the current quasi-fascist way of dealing with "mental illness" is the only possible way. After all, many so-called "primitive" societies provided a valuable role (as did Charles Fourier in his utopia) for the very same kinds of people "our" society straitjackets and shoots full of Thorazine.

People who are confined to mental institutions may not all be comrades in our struggle, but certainly they are not our enemies, and when they are subjected to state terror they deserve our sympathy and our solidarity. In many cases—I would not be surprised to find that it is a great majority—the real source of their problems lies in the widespread form of socially acceptable and legally-enforced insanity known as *whiteness*.

For there is every reason to believe that whiteness itself—with all its built-in hypocrisy, double standards, and sickly mysticism—is a major, probably *the* major, fomenter of mental disequilibrium today. Indeed, I do not think it would be an exaggeration to say that "white" society drives *everybody* crazy. Surely the belief in "whiteness" is sicker, more dangerous, and deadlier, than any psychosis.

Hannah Nelson points out that when white society is weakest, Blacks (and no doubt all oppressed minorities) suffer least. Our task, then, is clear: *to do all we can to weaken and smash the machinery of whiteness*.

To defect from the "white race" is to escape from the worst loony-bin of all.

Nine out of ten doctors agree (or *should* agree): The best prescription for mental health is: *Abolish whiteness*!

In the cry of the "lunatics" breaking free from the asylums we shall hear some of the most thrilling music with which we shall greet the long-awaited dawn of marvelous freedom.