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This "#@#!" is Crazy! White Privilege and Sanity

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Abstract

Mab Segrest presented "'This #@#!" is CRAZY'! White Privilege and Sanity" as a keynote address at the 2015 White Privilege Conference (WPC).

Keywords: Black Lives Matter; Psychiatry; Institutionalization; Mental illness; Psychotherapy; Racism; DuBois

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Introduction

Good morning to you all. I am so honored to be speaking to all of you today at this White Privilege Conference 16 with such a strong and long tradition. Thanks so much to the vision of Dr. Eddie Moore Jr., Carrie Romo, and Liz for getting me here with the right information, to all the organizers and presenters, and to our Louisville hosts.

Keynote Address

The printed title of this morning's talk has a "#@#!." That translates as, "This *shit* is *crazy*!!"

Perhaps you know what I mean? Those moments when, thinking you had seen everything (which is different from just being *old*), something else comes along that is both the same-old same-old but has this new wrinkle to it, kind of like Martians landing on a plantation. And you just have to stop dead in your tracks, or pull your car over to the side of the road, and say it out loud: "*This shit is crazy*."

Or you write on a sign, "*The police just executed my son*." Or you rally your neighbors because a friend's dead body is just lying in the street. I didn't know how, but I did it, you later explain: You organized with such courage and clarity in the flashpoint of Ferguson that illuminated the tightening grid of coercion and police and vigilante violence that also produced the angry, loving cry: "*Black Lives Matter*."

In the first weeks of Ferguson, I went over the line into "crazy" when all of a sudden pictures on my TV seemed like you were in *Baghdad*: Missouri and Ferguson's 53-person mostly White police force was, fingers on the triggers, pointing new M-16s at the town's mostly African American citizenry. I soon read that they were armed by a program to dispose of "surplus" military equipment called 1033 that during Obama's time alone has distributed "tens of thousands of machine guns; nearly 200,000 ammunition magazines; thousands of pieces of camouflage and night-vision equipment; and hundreds of silencers, armored cars and aircraft." I also read that Homeland Security has distributed $34 billion through "terrorism grants, and the 1033 program *requires* that local communities use this equipment within a year. The effect: escalating militarization in communities of Color. Surely, surely I came to think, St Louis County could have spent the $6.9 million they used since 2003 to buy armaments like BearCat armored vehicles aimed at demonstrators, on the county's schools, or job programs, or health care? [1]

This shit is crazy.

When we are working to do the right thing in a culture whose power structure

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[1] Apuzzo, M. (2014, June 8). War gear flows to police departments," *New York Times*.

seems to be deliberately doing everything wrong, we can feel crazy. But *we* are not the ones detached from reality, the reality of "race" as a horror fiction, the reality of climate change, the reality that if we stop paying for infrastructure our bridges will fall down, the reality that gross inequality in a culture makes us all less functional—*that* reality.

That shit is crazy. But, of course, it's *technically* not.

Nowhere in the DSM-5, the latest edition of the American Psychiatric Association's *Diagnostic and Statistical Manual*, is there a diagnosis of "*trigger-happy policeamania,*" the symptoms of which are shooting at will. There isn't a diagnosis of "*budgetary dysphoria syndrome*," where officials spend huge amounts of money on exactly the wrong things even while saying they cannot spend it on actual human needs because *that* is wasteful, like the $4 trillion spent for the Iraq war whose "surpluses" from military contractors are being recycled on streets like Ferguson's to assist the "*murderous police syndrome*."[2]

Basically, when the state gets to call the question on who is sane and how, it gets to define what is real, and that process reinforces the privilege of either being, or being perceived to be, sane. When people are tagged as being crazy, it's much easier to shoot them, and to justify it. In the Ferguson to Home workshop yesterday, Michael Hassle told his story of taking a video of police shooting a young person folks called "crazy boy," over two Coca-Colas. In Chamblee, Georgia, last week police shot a man who clearly had not concealed a weapon because he was naked.[3]

This question of who gets to say who is crazy and what happens as a consequence necessarily involves a discussion of psychiatry, because that's the official discourse about the mind in this culture. That's what I want my study of this particular mental hospital in Georgia to do. "I want to write to the widest possible audience to explain the effects of White supremacy and settler colonialism on the always unsettled American mind." I want to write a kind of people's history of psychiatry.

I want to understand why, over the past half century, after revolutionary changes in medicine and billions of dollars put into research on mental illness, still each year in the United States 60 million adults suffer from a diagnosable mental disorder affecting 1 in 4 Americans. Why the

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[2] Trotta, D. (2013, March 14). Iraq war costs U.S. more than $2 trillion: study. Reuters. Retrieved from 12:53EDT, http://www.reuters.com/article/us-iraq-war-anniversary-idUSBRE92D0PG20130314. According to his article, some estimates of its cost go as high as $6 trillion over the next four decades.

[3] Fausset, R. (2015, March 10). Police killing of unarmed Georgia man leaves another town in disbelief. *New York Times*. Retrieved from http://thinkprogress.org/justice/2016/01/21/3741508/grand-jury-anthony-hill/http://www.nytimes.com/2015/03/11/us/chamblee-georgia-police-shooting-anthony-hill.html. See also, Ollstein, A. (2016, January 21). Police officer who killed unarmed, naked veteran charged with murder. *Think Progress*.

severely and persistently mentally ill within this system lose 25 years of life expectancy. Why every 16 minutes in the United States someone dies by suicide. And why globally today depression is the leading cause of disability, registering not only as individual misery but as lost productive years for families, nations, and continents.[4] The myriad tragic effects of the power relations in which symptoms and treatments occur are as current as our morning's paper. These failures have everything to do with how racism and classism function in U.S. history and culture. I also want to explore: If that shit is crazy, how do we be "*in* sanity"? They think we are insane anyway, so how do we be in sanity?

Origins of Psychiatry

I am convinced that the view from Milledgeville, Georgia, of an institution founded in 1842 in the state's antebellum capital with Baldwin County's 17 plantations in a state that Orlando Patterson in *Slavery and Social Death* (1982) called, with Virginia, two of the most elaborate slave cultures since the Roman Empire might have much to teach.[5] By 1949 an article in *Ebony* explained that for African Americans conditions there were similar to

Nazi concentration camps and the lower levels of Dante's Inferno.[6]

Psychiatry began in the European asylums of the 1700s when their superintendents began to believe that the institutions themselves could provide healing environments for mentally ill people often severely mistreated in their families and communities. This "new therapeutic optimism engulfed the world of medicine in the second half of the eighteenth century." What came to be known as the "moral therapy" turned on two elements: "The setting itself with its orderly routines and communal spirit, and the doctor-patient relationship."[7] The study of these asylums-cum-state hospitals washed over from Europe, then trickled down from the northeast to the south. In the process U.S. psychiatric historians failed to take into account the influence of racism on psychiatry and White supremacy on the settler colonial mind. In one of the first issues of the new *American Journal of Insanity* in 1845, a report from South Carolina summarized how their work proceeded: "From reasons to which it is not necessary here to allude, the white and colored subjects cannot be associated, and any provision for this latter class will

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[4] Statistics come from Rosalynn Carter with Susan K. Golant and Kathry E. Cade, *Within Our Reach: Ending the Mental Health Crisis* (New York: Rodale Books, 2010), 17, 35, 37. See also Carter and Golant's *Helping Someone With Mental Illness* (New York: Three Rivers Press, 1999).

[5] Patterson, O. (1982). *Slavery and social death: A comparative study.* Cambridge, MA: Harvard University Press, 76.

[6] (1949, April). Insanity: Mental illness among Negroes exceeds whites, overcrowds already jammed "Snake Pits." *Ebony*, 19–23, quoted in Metzl, J. (2009). *Protest psychosis: How schizophrenia became a black disease.* Boston: Beacon, 40.

[7] Shorter, E. (1997). *A history of psychiatry from the era of the asylum to the age of Prozac.* New York: John Wiley and Sons, 7-8.

necessarily involve the erection of another building."[8] Such euphemisms and marked indirections characterized most of the journal's subsequent discussions about slavery and African Americans.

In this regard their approach was no different from that of noted reformer Dorothea Dix, who after 1845 worked for 15 years mainly with Southern legislators because they welcomed her position that the condition of the insane was worse than that of slaves. Comments her biographer, David Gollaher, "She turned her back on the prejudice, hate, and violence of the slave system. . . . For her, the black slaves seem barely to have existed."[9]

The editors of the *American Journal of Insanity* also do not critically engage the debates over slavery and mental health from the sixth U.S. Census in 1840, which for the first time asked for a count of "insane and idiots," the term of the day for people with cognitive disabilities. Its results showed greater numbers of these categories among free Blacks outside the South than enslaved Blacks within.[10] Slave apologists

immediately jumped on this data to laud the beneficial effects on enslaved people of the slave system. Two eminent statisticians of the time, Edward Jarvis of Massachusetts, a White physician and recent founder of the American Statistical Association, and Dr. James McCune Smith, an African American doctor at Harvard and also a member of the American Statistical Association, independently found the census to be—in Jarvis's words—a "fallacious and self-condemning document." But Secretary of State John C. Calhoun blocked John Quincy Adams's House resolution to reexamine the census data and its conclusions.[11] Southern psychiatrists, such as those in Milledgeville, would claim race as their regional "specialty," an expertise honored by the national profession.

Psychiatric historian Gerald Grob comments that, while the nineteenth-century scientific community debated "scientific racism" and the "relative mental capabilities and the unity or separate origins of the different races" within psychiatry, "superintendents rarely discussed the issue in theoretical terms" and left such

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[8] Lunatic asylums of the United States. *American Journal of Insanity*, *1*(1844), 256; *2*(1845), 160-161.

[9] Gollaher, D. *Voice for the mad: The life of Dorothea Dix.* New York: The Free Press, 1995, 265.

[10] Washington, H. (2006). *Medical apartheid: The dark history of medical experimentation on black Americans from colonial times to the present.* New York: Harlem Moon, 146. See also Deutsch, A. (1944). The first U.S. census of the insane (1840) and its use as proslavery propaganda. *Bulletin of the History of Medicine, 15*, 469-283; Dublin, L. (1937). The problem of Negro health as revealed by vital

statistics. *Journal of Negro Education, 6*, 266-275; Cramer, C. E. (2003). Black demographic data, 1790-1860: A sourcebook. Retrieved from http://www.claytoncramer.com/black.htm

[11] Quoted in Washington, 149–150; see Jarvis, E. (1844). Insanity among the coloured population of the free states. *American Journal of Medical Sciences, 7*, 74–75; (1843). Preliminary report. *Boston Medical and Surgical Journal, 27*, 126–132, 281–282.

discussions for Southern superintendents. "Outside of the South the issue of mental illness among blacks did not arouse any sense of urgency among hospital or welfare officials, if only because the proportion of blacks in the general population was low."[12] Grob explains that asylums outside of the South had similar policies to Southern ones: Blacks were at the bottom, either denied admission or segregated within an existing institution with inferior care. The New York City Almshouse in 1837 provided a separate building, described as "a scene of neglect, and filth, and putrefaction, and vermin … a scene the recollection of which are too sickening to describe."[13]

Freed people entered the Georgia Lunatic Asylum officially in 1867 from Freedmen's Bureau hospitals, written up in entry ledgers with remarkably sparse descriptions that belied the levels of trauma from slavery, war, and the failures of Reconstruction. Within and outside these institutions, pro-slavery ideologies about the Black mind persisted and would shape post–Reconstruction thinking by psychiatrists such as T. O. Powell at the Georgia Lunatic

Asylum/State Sanitarium. Superintendent Powell became president of the American Medico-Psychological Association in 1898, explaining in his inaugural address that the rise of insanity among Blacks was the result of the removal of slavery's hygienic effects, what he termed "the healthful restraints that surrounded them from childhood through life" in "environments that all tended to health."[14] For a similar rise in insanity among Georgia's White citizens he attributes to "losses sustained in commercial speculation [and] … increased tension of the brain by any of the business callings of modern life," causes that might afflict the Negro mind in the future should it become "more refined and cultivated, and more highly sensitive and delicately organized."[15] Primitive-minded Whites rampaged through Georgia, lynching 451 people in 371 separate acts from 1880 to 1930.[16]

It was from Georgia that W. E. B. DuBois would talk in *Souls of Black Folks* (1903) about divided consciousness, an analysis that worked both at the individual/psychic level for African Americans in a racist culture, and for the

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[12] Grob, G. (2008). Introduction to the Transaction Edition. In *Mental institutions in America: Social policy   to 1875* (pp. 243–244). New Brunswick, NJ: Transaction.

[13] Grob, 244, cites *Maryland Hospital for the Insane, Annual Report,* 1851, 7-8; *Kentucky Western Lunatic Asylum, Annual Report*, 1865, 14; *Kentucky Eastern Lunatic Asylum, Annual Report* XXXIII/XXXIV (1856/1857), 24; *Virginia Eastern Asylum, Annual Report*, 1846, 4, 1848, 23-29, 1849, 5-6, 17; Dain, N. (1971). *Disordered minds: The first century of Eastern State Hospital in Williamsburg, Virginia 1766-1866* Williamsburg, 19, 105, 109-113; *Virginia Western Lunatic Asylum, Annual Report*, XVIII

(1856) 7-8, 29-31, XXI (1848), 4-5, 32-23, AR, 1867/1868/1869, 6-7.

[14] Powell, T. O. (1897). A sketch of psychiatry in the southern states. *American Journal of Insanity, 54*, 21–36.

[15] Powell, Increase in insanity, 13–14.

[16] Brundage, W. F. (1993). Lynching victims in Georgia, 1880-1930. In *Lynching in the new south: Georgia and Virginia, 1880-1930* (pp. 270-280). Urbana, IL: University of Chicago Press.

culture itself. DuBois would see that the problem of the twentieth century would be the color line. In Georgia it was written in blood. But not in the language of psychiatric diagnosis, even as the same county governments that sent some of their citizens off to what became the Georgia Sanitarium also sentenced Black men on bogus charges to chain gangs and refused to prosecute White people for lynchings, even though the mobs flagrantly posed for photographs with their victims.

Why wasn't *that* shit crazy?

I think it was in part because the new psychiatric regimes floating over from Munich, Germany, in an imperialist Europe that would control 80% of the globe by 1912, individualized pathologies in an era when imperialist, caste, and racial structures were lethally resurgent. This new diagnostic system replaced former descriptions for "cause of insanity" ranging from loss of relatives, domestic abuse, religious excitement, onanism (masturbation), or drinking too much Coca-Cola with manic depression, dementia praecox/schizophrenia, and a range of attendant categories familiar to us today through their inclusion in successive diagnostic and statistical manuals ("DSMs") since the first in 1952.[17]

By the turn of the twentieth century, the Enlightenment idea of the restorative public asylum failed. Over the next half century these conditions would worsen to

become the fear of most citizens that they be "dragged to Milledgeville"—or Jackson, or Bryce's, or … fill in the blank for your state.

Across races, the emergent modern psyche internalized this fear of being perceived as insane and committed to a state hospital—for electroshock, lobotomy, overmedication, experimentation. The fear of the asylum constructed the contours of the modern unconscious in its warnings of what we should not allow ourselves to think, to do, to know. As one of William Faulkner's poor White and young characters would slowly figure out of the Mississippi terrain, "Jackson is farther than crazy."

If 1910 brought the advent of recognizably "modern" psychiatric categories, the 1930s brought debates over social welfare and the role of the state recognizable to us today. Franklin Roosevelt's treatments for polio at Warm Springs, Georgia, gave him early a more intimate view of rural poverty and gave Georgia's White Democrats links to emerging New Deal programs. The virulent racism and hatred of Roosevelt's give-away programs by three-term Democratic governor Eugene Talmadge was perhaps the first such opposition to the New Deal's social welfare programs. This schism eventually would realign Southern Whites into an increasingly conservative Republican Party, leaving behind both Lincoln and FDR.

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[17] The DSM contains the American Psychiatric Association's most current listing of psychiatric diagnoses, increasingly necessary for treatment, medication, and insurance coverage. As such it has a huge influence over the definition and treatment of mental/emotional distress.

Today, social geographers talk about three forms of psychiatric space: institutionalization, deinstitutionalization, and trans-institutionalization. Deinstitutionalization began in the 1950s and 1960s, as hospitals released psychiatric patients on new medications such as chlorpromazine (Thorazine). At Georgia's Central State Hospital, this process took 50 years, in other places it went much faster. Trans-institutionalization is the process we have today of shuttling people with mental health needs between and among prisons and jails, homeless shelters, hospitals, and the street. Trans-institutionalization happened because patients were turned out without sufficient provision and budgeting for "community care" closer to home. Three kinds of processes converged to create the current mental health crisis of trans-institutionalization. First, the civil rights struggles in the 1950s coincided with the advent of chlorpromazine. Second, huge pharmaceutical companies emerged as the drivers of research and treatment on mental illness. Finally, "deinstitutionalization" of the mentally ill came at the same time as the backlash to civil rights, slashes in social spending, and reconfigurations of racial caste systems to an age of mass incarceration.

In this increasingly conservative climate, many White voters were persuaded to believe that the problem with the economy was "welfare queens." But sending plants and jobs overseas and capital flight emptied out industrial and unionized jobs to Mexico or automated them, saving the companies $20,000 per worker per year. For Reagan and neoliberals, government was the enemy: Social spending was slashed and eliminated, corporate and other taxes dropped, corporate profits and CEO salaries escalated. Social spending, which the mentally ill released from state hospitals desperately needed, was slashed. One notable result of these economic changes: The 2010 census showed that the top 400 wealthiest people in the United States made more than the bottom 156 million put together.

That shit is crazy.

The result? In 2014, a joint report of the Treatment Advocacy Center and the National Sheriffs' Association reported: "Because the majority of patients being discharged from the hospitals were not given follow-up psychiatric care and relapsed into psychosis, some inevitably committed misdemeanor or felony acts, usually associated with untreated mental illness, and were arrested." They concluded with alarm: "Prisons and jails have become America's 'new asylums.' The number of individuals with serious mental illness in prisons and jails now exceeds the number in state psychiatric hospitals tenfold." By 2012 it is estimated that 356,268 inmates with severe mental illness were in jails and hospitals, with approximately 35,000 patients in state hospitals. The population of state psychiatric hospitals in the 1950s was an estimated 500,000. The report concludes: "The fact that we have readopted this practice [of incarcerating the mentally ill] in the United States in recent years is incomprehensible. . . . This misguided public policy has no equal

in the United States." [18] They think it's crazy too! One thing the sheriffs do not say: This is where racism got us.

If the sheriffs are alarmed, so are a whole lot of psychiatrists and psychologists. A large faction within the American Psychiatric Association is in open revolt against the latest DSM (5) released in May 2013 ("Open Letter to the DSM-5 Task Force and the American Psychiatric Association" from the DSM Task Force of the Society for Humanistic Psychology).[19] This remarkable array of psychiatrists and psychologists launched a concise but blistering critique of the DSM's updated classification system. In the introduction, its authors summarize their assessment of its flaws: lowering of diagnostic thresholds, introduction of disorders that may lead to inappropriate treatment, definitions that deemphasize sociocultural context and

variations, and proposals that lack empirical grounding; all of which "pose substantial risks to patients/clients, practitioners, and the mental health professions in general." They elaborate:

The neurobiological revolution has been incredibly useful in conceptualizing the conditions with which we work. *Yet, even after the "decade of the brain" not one biological marker ("Biomarker") can reliably substantiate a DSM diagnostic category.* . . . Despite this fact, proposed changes to certain DSM-5 disorder categories and to the general definition of mental disorder subtly accentuate biological theory. In the absence of compelling evidence, we are concerned that these re-conceptualizations of mental disorder as primarily medical

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[18] Treatment Advocacy Center and the National Sheriffs' Association. (2014, April 8). *The treatment of persons with mental illness in prisons and jails: A state survey*, pp. 6, 14, 17, 22. Retrieved from http://www.tacreports.org/treatment-behind-bars.

[19] Society for Humanistic Psychology, Division 32 of the American Psychiatric Association, "Open Letter to the DS-5 Task Force and the American Psychiatric Association,"
http://www.ipetitions.com/petition/dsm5/. Its co-signers include Divisions of the APA (Division 6, Behavioral Neuroscience and Comparative Psychology; 7, Developmental Psychology; 12, Clinical Psychology; 17 Society of Counseling Psychology; 27 Division of Community Psychology; 29 Division of Psychotherapy; Division 35, Society for the Psychology of Women; 39, Division of Psychoanalysis; 42, Psychologists in Independent Practice; 44, Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues; 45, Society for the Psychological Study of Ethnic

Minority Issues; 48, Peace Psychology; 49, Group Psychology and Psychotherapy; 51, Society for the Psychological Study of Men & Masculinity; 52 Division of International Psychology), seven divisions of the American Counseling Association (e.g., Counselor Education and Supervision, Humanistic Counseling, Creativity in Counseling, Adult Development and Aging, Specialists in Group Work, Social Justice); the American Psychoanalytic Association, the American Family Therapy Academy, the Association of Black Psychologists, the Association for Women in Psychology, the Association for LGBT Issues in Counseling, the Society of Indian Psychologists, the National Latina/o Psychological Association, the Society for Personal Assessment, the Association of Counseling Center Training Agencies Psychologists for Social Responsibility, Constructivist Psychology Network, among those signed on to this petition as of July 4, 2014.

phenomena may have scientific, socioeconomic, and forensic consequences. [emphasis added]

Its authors call for sweeping changes:

As stated in the conclusion of this letter, we believe that it is time for psychiatry and psychology collaboratively *to explore the possibility of developing an alternative approach to the conceptualization of emotional distress*. We believe that the risks posed by DSM-5, as outlined below, only highlight the need for a *descriptive and empirical approach that is unencumbered by previous deductive and theoretical models.* [emphases added]

I think that what the sheriffs and the shrinks are saying is that neither law nor psychiatry in the current circumstances are reality based—which is what I have been saying (in a cruder form).

Being *In* Sanity

Given all of that craziness, what are *we* to do. In the face of all of that insanity about insanity, how do we be *in* sanity?
We need to keep reminding ourselves that our struggles for justice are not just over material resources, not just over human rights and dignities, not just against tightening grids of coercion: They are a struggle over reality itself. By defining what is legal and sane, they are claiming what is real. Whatever else they can steal or buy, they cannot have reality. And they sure can't have ours! Those of us here who have committed ourselves in a range of ways to struggles, movements, and hopes for justice know that however exhausting, or conflicted, or risky those situations can be, they are a hell of a lot more interesting than what we were doing before.

In Georgia, I think of this as the "Georgia Surreal"—but you can have a "Kentucky Surreal" or a "New York Surreal" or an "Iowa Surreal": It's basically the "American Surreal." *In short, the surreal is all that's left over of reality after they finish messing with it*. It's energetic, it's expansive, it's dynamic, it's simple but complicated, it's anger, it's sadness and love, it's compassion, it's intellect, it's freedom.

When we are willing to stand with each other, and with our communities, in that energy, then we can stay sane, and "in sanity" with ourselves and with each other.

That's the final reason why I am very proud and happy to be in sanity with you here this weekend.

Thanks so much.