I was looking at the December issue of *Clinical Psychiatry News* the other day and came across an article claiming that by "unanimous opinion: Racism is not a mental illness". The article goes on to say that some of my esteemed psychiatric colleagues were “appalled that this newspaper asked such a question” about whether or not extreme racist behavior can be labeled as mental illness because clearly it is not. Evil maybe, but not illness (Talk Back, 1999).

Two days later, an article in the *New York Times* caught my eye. The lead line of the article asked, “Is making racist and xenophobic remarks a sign of mental illness?” and went on to comment on a prominent baseball player for the Atlanta Braves who is being required to undergo psychological testing after he made racist comments to a magazine writer (McKinley, 2000). Today, I opened up the arts page of the newspaper only to see a larger-than-life picture of a postcard – but not just any postcard. This one, vintage 1920, shows a group of smiling white men and boys standing beneath a tree and hanging from the tree is the dead body of a 16-year old black man, the victim of a Texas lynching. The article goes on to describe a current gallery exhibit of sixty photographs taken by professional photographers immediately after or during hangings held between 1883 and 1960. The photographs were often produced as postcards sent to friends, or were used as scare tactics to intimidate black families. The photographs document the social aspects of these ritual-like killings, often held in a “carnival atmosphere . . . announced in advance and [drawing] thousands of people from the surrounding area” (Smith, 2000).

Now, I can’t exactly put my finger on why the question of whether or not this is sickness bothered me so much except that it strikes me that there is something wrong with a mental health system that focuses exclusively on the individual and doesn’t look at the way societies can be sick, the ways that societal institutions can make people sick, just the way people can make institutions crazy.

If you were in America today you could tune in anywhere in the country for three and a half hours a day, five days a week on radio and television – and listen to the likes of Rush Limbaugh and hear him blame the “feminazis”, the blacks, the liberals, the victim-lovers for everything that is wrong with you and with the country. If you were lucky, you might catch one of his famous lines such as his response to a work of art entitled “The Homeless Trap” that employed a large mousaraplike device and a bedroll as bait: “I’ve got this idea. Instead of one of these, have 1,000 of them. And use them as a solution – not as a piece of art. Just put these things all over the city and if they trap homeless people, use them”. Or maybe hear him tell his listeners that “The poorest people in America are better off than the mainstream families of Europe” (Rendell, Naureckas, Cohen, 1995). Social and political discourse here has become downright mean. As writer Molly Ivins points out, “I haven’t seen so much hatred in politics since the heyday of the John Birch Society in the early 1960s” (Ivins, 2000).

What does it mean about our culture that we do not see this kind of behavior – and the attitudes that motivate that behavior – as crazy or sick, even though it causes far more palpable and quantifiable damage than a delusional but harmless hobo? Why is it more bizarre for someone to run naked in the streets than for someone to voice sentiments of hatred for another person – a complete stranger – because his skin color is different or she follows a different religion? Isn’t the absence of compassion a pathological outcome of insecure attachment and disordered parenting? Xenophobia is justifiably recognized as having its roots in our personal and social evolutionary fear of strangers – a normal reaction for any year old baby. But then, it may be normal for an infant to play with his feces, yet when we see an adult continuing such behavior, we call it “regressed” and “psychotic”. So why isn’t chronic, undifferentiated hatred viewed as regressed, psychotic and worthy of thorough evaluation and treatment – regardless of whether it appears in a young skinhead, a popular radio talk show host, a CEO or a high government official?

A culture doesn’t call a behavior crazy if a significant proportion of the culture demonstrates or sympathizes with the behavior. In a recent study of boys in inner-city, suburban and rural schools, a third of very popular children were extremely aggressive and antisocial. As the authors point out “society effectively says that some kinds of aggression and rebelliousness are legitimate to express and are culturally rewarded” (Rodkin, et al. 2000).

It all has a great deal to do with what is defined by the culture as acceptable, condoned, even encouraged behavior, particularly when the standard for that behavior is set by our leaders. America’s involvement in the “dirty” wars in Latin America during the 1980’s has become notorious as countries like Guatemala struggle to address issues of truth and reconciliation.
Previously secret documents released in the last few years clearly demonstrate that President Reagan and other high government officials knew what was happening in Latin America. And not only did they know, but they supported the wars with guns, money, military assistance and equipment – and a consistent pattern of lying to the American public (Parry, 1999).

We now know that the CIA has been involved in institutional aggression for several decades including secret human radiation experiments, various assassination plots, illegal drug operations, the mass murder of civilians, the use of torture, the attempted genocide of Mayan tribes, and the publication and distribution of instruction manuals for assassination and for torture (Whitaker, 1999).

Ask any African American or Native American – in America, racism is as much a part of our culture as apple pie, baseball, and violence. Racism cannot be crazy in America because one of the founding concepts of America is racism, originating even before the African American enslavement became institutionalized, targeted at the original “reds”, the native peoples of America:

- “Hunting redskins became for the time being a popular sport in New England, especially since prisoners were worth good money, and the personal danger to the hunters was now very slight” (Leach, 1958).
- www.twchildren.org/redskinhatel3.htm “You will do well to inoculate the Indians (with smallpox) by means of blankets, as well as to try every other method that can serve to extirpate this execrable race. I should be very glad your scheme for hunting them down by dogs could take effect” – General Amherst to Colonel Henry Bouquet, July 1763 (Richter, 2000).
- “…every redskin must be killed from off the face of the plains before we can be free from their molestation. They are of no earthly good and the sooner they are swept from the land the better for civilization... I do not think they can be turned and made good law abiding citizens any more than coyotes can be used for shepherd dogs” – 1866, Major John Vance Lauderdale, surgeon US Army and attending physician at Wounded Knee Massacre.
- “We should have exterminated your kind when we had the justice and the law on our side. Now it’s too late, so we’ll just have to let you sorry S.O.B.s self-destruct” – letter received at a Native American website, 1996 (Richter, 2000).

Like individual perpetrators who cannot bear to see their victims as real humans who they have harmed, no more than they can bear to view themselves as the real perpetrators, America cannot bear to look at either the distant or the recent past. And the mental health profession quietly colludes in aiding this denial by turning away from the social connections between wrongful deeds that are done to people who then go on to commit wrongful deeds themselves. Not only is their little heed given to the impact of groups and institutions on families and individuals, but there is increasingly little attention paid even to the mind of the individual. As sociologist Gallagher points out, “Earlier in this century, mental health was viewed as a state of mind. Today it is viewed as a state of brain – a shift from ‘brainless’ psychiatry to ‘mindless’ psychiatry.” In this shift, American psychiatry avoids having to take committed stands on social problems and instead can focus entirely on brain biology and the distant hope that someday, somehow, genetic engineering will provide us with the cures for mental disorder.

Meanwhile, hate crimes in the U.S. are on the rise. There are 527 active white supremacist groups identified in the United States, claiming an estimated 200,000 members. Many people perceive hate crimes perpetrators as crazed, hate-filled neo-Nazis or “skinheads” but research by Dr. Edward Dunbar at the University of California reveals that 1,459 hate crimes committed in the Los Angeles area between 1994 and 1995, fewer than 5% of the offenders were members of organized hate groups. Most hate crimes are carried out by otherwise law-abiding young people who see little wrong with their actions (APA, 1998).

Federal law enforcement officials have only been compiling nationwide hate crime statistics since 1991 after Congress passed the Hate Crimes Statistics Act. Before the passage of the act, hate crimes were lumped together with such offenses as homicide, assault, rape, robbery and arson (APA, 1998). Hate crimes are “message crimes” according to Dr. Jack McDevitt, a criminologist at Northeastern University in Boston. They are different from other crimes in that they offender is sending a message to members of a certain group that they are unwelcome in a particular neighborhood, community, school or workplace. By far the largest determinant of hate crimes is racial bias with African Americans the group at greatest risk. In 1996, 60% of the hate crimes reported to the FBI were promulgated against African Americans (APA, 1998).

Porter has pointed out that “the delusions of the mad, the myths of psychiatry and the ideologies of society at large form part of a common ideological fabric” (Porter, 1987, p. 5). For America and for modern American psychiatry, this ideological framework is built upon the rock-solid foundation of individualism and for Americans, to paraphrase Mrs. Thatcher, there is no society, only a collection of individuals. This continuing denial of the intimate connection between the personal, and the political prevents the mental health professions from having to make a concerted commitment to the only thing that is going to bring about substantial change in the lives of individuals, the only real hope for the prevention of interpersonal violence – the development of a truly nonviolent society.

References
