THE "SICK" RACIST

Racism and Psychopathology in the Colorblind Era

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Abstract

Since the early 1960s, there has been a movement among activists, scholars, and policymakers to redefine racism as a psychopathological condition, identifiable and treatable through psychotherapeutic and pharmacological interventions. This development reflects, and is reflected by, the popular framing among mass media and ordinary social actors of racism and racist events as individual pathology rather than as a social problem. This shifting perspective on racism, from a social problem and a system to an individual pathology, has increasingly become a part of academic and psychiatric discourse since Jim Crow. In this article, we have two aims: first, to trace the emergence of "psychopathological racism"; second, to illustrate the relationship between "psychopathological racism" and "colorblind racism" in the post-Civil Rights era. We argue that the psychopathological view of racism compliments colorblindness in that larger structural issues are dismissed in favor of individual pathos. Furthermore, psychopathological explanations for racism dismiss socio-political contexts, eschewing the contributions of well over fifty years of social scientific research in the process.

Keywords: Colorblindness, History of Ideas, Prejudice, Psychopathology, Racism

INTRODUCTION

In 2006, while performing at the West Hollywood comedy club, The Laugh Factory, comedian Michael Richards lashed out at hecklers by referring to them as "niggers." Popular among audiences for his portrayal as Kramer on the hit television series, *Seinfeld*, Richards' high profile made for an almost immediate public backlash following the release of hidden video footage. In the weeks following the event, Richards initiated an "apology tour" that included interviews with mainstream press and appearances on radio and late-night talk shows. On the Reverend Jesse Jackson's nationally-syndicated radio show, *Keep Hope Alive*, Richards told Jackson he was "shattered by [the incident]," and, as a result, "was in a place of humiliation." As part of Richards'

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self-professed healing, his publicist informed the media Richards had begun psychiatric counseling (Washington Post 2006).

Richards' incident is hardly the first time a high-profile figure has promised to seek medical or psychiatric treatment following an act of explicit racism. In a story published in the December 1999 issue of *Sports Illustrated*, then-star relief pitcher for the Atlanta Braves, John Rocker, made several racist and homophobic remarks, including referring to a Black teammate as a "fat monkey," mocking Asian women, and comparing taking the subway to the ballpark to "riding through Beirut next to some kid with purple hair, next to some queer with AIDS," (Pearlman 1999). Condemning Rocker's remarks as offending "practically every element of society," the commissioner of Major League Baseball, Bud Selig, ordered mandatory counseling and therapy for Rocker in 2000.

In 2013, video footage surfaced of Philadelphia Eagles wide receiver Riley Cooper at a Kenney Chesney concert threatening to "jump that fence and fight every nigger in here." Following backlash, Cooper issued a statement promising to speak with "a variety of professionals to help me better understand how I could have done something that was so offensive, and how I can start the healing process for everyone," (Farmer 2013).

These incidents and others highlight the increased tendency in contemporary American society for mass media and ordinary social actors to frame racism as an individual sickness in need of treatment. Scholars have argued the post-World War II medicalization of social problems has resulted in the transformation of larger social forces into matters of an individual's own mental constitution (Conrad 2007; Rose 1998). Consequently, protocols for treating conditions previously identified as social in their nature, including racism, are increasingly individualized and absorbed within contemporary medical frameworks (Conrad 2007). It is our contention that the ascription of "illness" upon perpetrators of racism, and the prescriptions for drug and behavioral therapy by clinical practitioners, policymakers, and even employers, aids in reconstructing the societal definition and understanding of racism and racists as an individual pathology. This reconstruction of racism as pathological both buttresses and amends the colorblind paradigm through which sociologists explain the nature and causes of contemporary racism (Bonilla-Silva 2013; Bonilla-Silva et al., 2004).

In this article, then, we consult a variety of historical documents, including mainstream print media and public speeches by Civil Rights activists, as well as conference proceedings, presidential addresses, and debates within the American Psychiatric Association from the period following World War II through the present. Our aim is to describe the shift in the construction of racism as a social problem to one increasingly framed as an individual problem void of most systemic connections and context. We then subject this historical account to the contours of the colorblind racism program to demonstrate its utility in explaining the emergent racism-as-disease model, while providing important additions to the colorblind program.[1]

FROM SCIENTIFIC RACISM TO THE SCIENCE OF RACISM

The rise of scientific racism, particularly within the social sciences, has been well documented. However, as the historian Peggy Pascoe argues, the range and richness of these studies often end during the period between World War I and World War II and imagine the decline of scientific racism as the result of "a vanguard of social scientists led by the cultural anthropologist Franz Boas" (Pascoe 1996, p. 47). This narrative ties the decline of scientific racism to a "trickle-down" theory in which university social

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scientists ride into the debate like war heroes, dismantling scientific racism within the universities—first in the 1920s, then in the courts in the 1940s and 1950s, and finally within government policy in the 1960s and 1970s.

This romantic revisionist account, however, eschews two central facts. First, several scholars, notably James McKee (1993) and Stephen Steinberg (2007), have demonstrated that scientific racism never really went away but rather rearticulated itself through an emergent culturalist perspective. For example, Robert Park and the Chicago School of sociology are often credited with moving the social sciences away from "racialism" as the dominant paradigm of its day. Yet, as McKee (1993) and others show, Park's "race relations" model was still deeply entangled within an evolutionary framework.[2] His oft-cited thesis on the "marginal man" (see Park 1928), as well as his work on "racial hybrids," or "mulattos," theorized multiracial individuals as the product of "divergent racial stocks" as well as "the cultural product of two distinct traditions" (Park 1931, p. 540). Racial hybrids, for Park, were cultural as well as biological products. The conflation of a biological evolutionary model of race relations with that of a cultural evolutionary model is made clear when Park writes that the superior "intellectual and personality traits" of racial hybrids "is not because of his biological inheritance," but instead "because of his more intimate association with the superior cultural group" (Park 1931, p. 547).

The second central fact ignored by revisionist accounts of social scientists' response to scientific racism in the inter-war years is that while the biological fallacy of race was being challenged by social scientific research during this period, a simultaneous need to redefine "racism" as a pathological condition emerged out of the same general "truth regime" of medical and scientific authority, including that of social scientists. Additionally, although social scientists were fundamental to the project of challenging scientific racism, many social scientists, such as Robert Park, simply moved from arguments of biological inferiority toward arguments of cultural inferiority, which contributes to the ongoing belief in racial differences as *inherent* (McKee 1993; Steinberg 2007; Yu 2001). Despite the changes in perspectives of race, difference, and inequality over this time, the residue of biological perspectives of race continue to resonate among the general public (Bobo et al., 2012; Schuman et al., 1997), influencing how racism is located within individual personalities, and buttressing psychopathological perspectives of racism in society.

Though the pathologization of racism gained enormous momentum following the collapse of the Third Reich and the end of World War II, its foundations were firmly established within psychological theories of crowd behavior in the late nineteenth and early twentieth centuries. Gustave Le Bon, for example, argued that anti-Semitism was the result of a "collective mind" which makes the crowd "feel, think, and act in a manner quite different from that in which each individual of them would feel, think, and act were he in a state of isolation" (Le Bon 1896, p. 15). Sigmund Freud, considered the founder of modern psychiatry, similarly saw social proximity as the source of anti-Semitism and other expressions of group prejudice (Freud 2011 [1921]). According to Freud, differences between groups, when conjoined with close physical proximity to those groups, would produce "insuperable repugnance" for members of both groups (Freud 2011 [1921]).

The collapse of the Nazi regime following World War II was followed by an increasing global awareness of Nazi racial extermination practices. This produced among many public intellectuals and scholars at the time a need to *explain* the root of modern racism beyond social-structural explanations that had emerged from the early Chicago School under Albion Small and later Robert Park, as well as the work of W. E. B. Du Bois and his Atlanta Research Center. In the post-World War II era,

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this explanation increasingly became tethered to a medical and mental health framework. One of the most successful attempts to frame racism as a psychopathological problem was *The Authoritarian Personality* (Adorno et al., 1950). Though criticized heavily for its methodology, an "enormous flood of research resulted from the stimulus [it provided]" upon its publication (Jay 1996, p. 250). At the time, along with C. Wright Mills' *The Power Elite* (2000) and the Kinsey Report, few academic publications could boast the level of public notoriety that had been bestowed upon *The Authoritarian Personality*.

In it, Theodor Adorno and his colleagues theorized that Fascism and other forms of extreme bigotry were the result of certain childhood experiences contributing to a "cluster" of personality traits, which they operationalized as the "F" scale. This scale measured a person's position on several items, including: conventionalism, authoritarian submission, authoritarian aggression, anti-intellectualism, anti-intraception, superstition and stereotypy, power and toughness, destructiveness and cynicism, projectivity, and exaggerated concerns over sex. Adorno's central claim was that acceptance of Fascism depended upon whether its ideology was absorbed by specific personality types in ways that projected the subject's own needs. According to Adorno and his colleagues, anti-Semitism was an ideological construct entailing more than just simply negative attitudes toward Jews. Rather, anti-Semitism (and other prejudicial ideological systems, like anti-Black or Fascist systems), entailed the formation of "nuclear ideas," which, when formed, "tend to 'pull in' numerous other opinions and attitudes and thus form a broad ideological spectrum" (Adorno et al., 1950, pp. 119-120). For example, core ideas concerning the biological inferiority of Blacks draw on other opinions and attitudes about Blacks concerning their employability, congeniality, and their ability to positively contribute to any number of social, economic, or political causes. When congealed, these form the broad ideological spectrum of Black inferiority.

It's important to note, however, that in his reflections upon the history of the volume's development, one of the authors, Nevitt Sanford, contested the misinterpretation that the "authoritarian personality" was a relatively abnormal, or unique, condition. While "a very strict and punitive superego" is a part of the foundation for individuals identified as having the F-syndrome, Sanford writes, the authoritarian personality is "more or less normally distributed" within modern, Western society (Sanford 1956, p. 308). Furthermore, "anyone is capable of having his authoritarianism evoked by sufficiently strong stimuli" (Sanford 1956, p. 312). That is to say, the ability to express an authoritarian personality is *always* possible within advanced societies.

The notion that a sick society produces sick individuals would be a recurrent theme within mental health discourse through the 1950s and, consequently, would find itself within the claims of public officials and activists who drew upon the authority of medical and psychological science to make claims about the nature, and consequences, of extreme racism. From the early 1950s through the peak of the Civil Rights Movement, researchers and public officials slowly shifted their views of how society influences Whites compared to Blacks with regard to anti-Black racism. Importantly, this shift happened *coterminously* among scholars, activists, and policymakers, as each field was interpenetrated by the others.

Civil rights legislation, and the efforts of the movement's participants, created among the general public the perception that racism *could be* overcome. Yet, many of the movement's participants, in conjunction with scholarship of the period, had framed the root cause of racism as individual, attitudinal, and as we show in this article, even psychopathological. The trope of the "sick racist" emerged alongside the trope of

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a "sick society," with both increasingly popularized in scholarship and media. These coterminous developments simultaneously branded individual racists as requiring targeted intervention while also branding the socio-economic conditions of Black Americans and Jews as evidence of the *pathological consequences* of racism.

THE TROPES OF THE SICK RACIST AND THE SICK SOCIETY

Following the publication of *The Authoritarian Personality*, there was a noticeable rise in public anti-Fascist discourse (Jay 1996). In particular, many Civil Rights activists, for whom this work was deeply influential, began to stress the psychopathological characteristics of individual racists. For example, in his address to television reporters following the murder of Emmett Till in 1955, then-NAACP Executive Secretary Roy Wilkins spoke to the pathological characteristics of Till's murderers:

> It was because it was a boy that they went there. They had to prove that they were superior. They had to prove it by taking away a fourteen-year-old boy. *You know it's in the virus, it's in the blood of the Mississippian. He can't help it* (emphasis added).[3]

While Wilkins addressed the psychopathological condition of racism, other prominent members of the movement spoke to the effects racism had on the psychological makeup of its victims. For example, in September 1958, Alfred J. Marrow, then-Chairman of the New York City Commission on Intergroup Relations, delivered his address to the Annual Conference of the National Urban League in Omaha, Nebraska. In his opening remarks, Marrow stated:

> Today we are not civil . . . a majority of the population is considered inferior by a minority . . . . As a result, emotional havoc has been created for both the oppressor and the oppressed. Therefore, *parallel to exploring the mental health effects of segregation on its victims, we must also consider the health impact on the segregators as well.* From the viewpoint of sound mental health, we must concern ourselves with the welfare of all citizens, even those with whom we disagree (Marrow 1958, p. 63, emphasis added).

Marrow was no stranger to the racism-as-psychopathology model put forth in *The Authoritarian Personality*. Marrow had studied under the German-American psychologist Kurt Lewin, one of the most prominent pioneers of social and applied psychology in the modern era. Lewin's views on Jewish self-hatred, published in a widely cited paper in 1941, helped shape many of the debates in the 1930s and 1940s about Jewish predisposition to mental illness. In addition, Lewin argued in this same paper that extreme forms of self-hatred exist among Black Americans, who "distinguish within their group four or five strata according to skin shade—the lighter the skin the higher the strata" (Lewin 1941, p. 189). Lewin's collaborative relations with the Frankfurt School prior to Hitler's ascension to power led to him being asked to help guide the *Studies in Prejudice* series in 1944. While working on commissioning the series with the American Jewish Committee, Lewin was also collaborating with the state of Connecticut's Interracial Commission to set up "change experiment" workshops meant to combat religious and racial prejudices. These "change experiments" are considered the building blocks to what is contemporarily known as "sensitivity training" (Lasch-Quinn 2001).

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The above background on Lewin provides necessary historical context for Marrow's remarks to the Urban League. His comments marked a significant turn regarding how the causes and consequences of racism were framed by those within *and* outside of the academy.

While both Marrow and Wilkins exemplify the developing trope of the "sick racist," the trope of the "sick society" was developing within psychiatry and psychology and amongst mental health practitioners. In 1952, the psychiatrist David Wilson claimed in a highly influential article within *Psychiatric Quarterly* that racial prejudice was part of the 'neuroses of everyday living,' (Wilson 1952). Though racial prejudice was *normal* in U.S. society, Wilson argued, its exaggeration in the form of extreme bigotry causes distortions that have injurious effects on normal individuals (Wilson 1952). Several years later, Wilson found that between 1914 and 1954 mental health hospitalization rates of Blacks in Virginia had more than doubled (Wilson and Lantz, 1957). The cause of this rapid increase, according to Wilson, was the rapid cultural change in the post-Reconstruction period, including: a steady migration from farm to city; a shift from agriculture to industry; the transition from a slave culture to a more democratic one; and the stress Blacks faced from their transition from being predominantly poor, illiterate, and servants, to being better educated and economically independent. The catch: "In spite of all this, [Blacks are] more segregated now than 40 years ago and while then [their] status was fixed, now [they have] no status as [they move] from a culture of [their] own into a White culture," (Wilson and Lantz, 1957, p. 30).

Wilson's conclusion was shared among several of his contemporaries, including noted anthropologist Margaret Mead, psychiatrist Richard L. Jenkins, civil rights attorney Jack Greenberg, and the long-time NAACP Labor Director Herbert Hill. Mead, in 1955, had expressed similar arguments about the instability of changing cultures, writing, "[Under] situations of stress and strain, of rapid changed and consequent disorientation, there is likely to be an increase in manifest mental ill health," (Mead 1955, p. 4). Meanwhile, Greenberg and Hill, in their 1955 book *Citizen's Guide to Desegregation*, had written broadly about the difficult transition Blacks would make into White culture following the movement toward desegregation initiated by the 1954 Supreme Court decision *Brown v Board of Education* (Hilland and Greenberg, 1955). Finally, Jenkins, in his 1954 *Breaking Patterns of Defeat*, wrote that higher incidences of schizophrenia, which Wilson identified, were likely due to "a social or a culture situation which gives rise to insoluble problems and much frustration" (Jenkins 1954, p. 85). Drawing inspiration from Jenkins, Wilson would write that the "loosely constructed family organization" of Blacks "yields psychoses and aggressive crimes" (Wilson and Lanz, 1957, p. 31). High crime rates in Black communities, according to Wilson, were indicators of a frustrated community. That frustration, following his and Jenkins' logic, was the result from crossing over into "White culture," i.e., moving from the rural South to the industrialized North, from an ostensibly "closed society" to a more "open" one, etc.

Also influential in the emergent discourse on the deleterious effects of racism on Black mental health was historian Stanely Elkins' widely cited *Slavery: A Problem in American Institutional and Intellectual Life* (1959). In it, Elkins drew an analogy between the closed system of the plantation and the concentration camps of Nazi Germany in terms of the effects on its population's personality development. Independent reports from psychologists and psychiatrists who survived the concentration camps of Nazi Germany had described prisoners as behaving childishly in front of their captors, many expressing complete acceptance of guards as father-figures. Thus, Elkins argued, any totalitarian environment would prohibit the ability of its population to resist, plan,

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or form positive relationships with one another. Furthermore, Elkins theorized that, over time and without massive upheaval to the totalitarian system, this personality pattern would persist across generations.

Despite the controversy surrounding Elkins's thesis, it mirrored much of the research on racism's impact on mental health published in the major psychological and psychiatric journals of its day. Abram Kardiner and Lionel Ovesey's *The Mark of Oppression* (1951) had already theorized a relationship between the systems of chattel slavery, Jim Crow, and their effects on the personality development of Black Americans, and prior to that, the Clarks' now famous "doll studies" had identified the role of prejudicial attitudes in early child development, theorizing how this then impacted their transitions into adulthood. What became more common among mental health researchers and practitioners, however, was their focus on the effects of racism on the Black family, identifying the family unit as the site of psychopathological formation.

Though, at the time, few studies had been conducted on African-Americans specifically, the effects of the absence of the father in shaping personality had received considerable research attention among psychologists and psychiatrists from the mid 1940s through the early 1960s. Research suggested that boys whose fathers were absent were markedly more submissive and dependent and had strong primary identifications with their usually overprotective mothers. Consequently, father-absent boys, within what researchers identified as the patriarchal structure of American culture, develop conflicting and secondary identification with men. In the few studies centered on Black Americans, researchers claimed a prevalence of pseudo-masculine defenses among neurotic Black male patients, arguing that the broken home situation for Black male children produces among them, as adults, unusually high needs for power and dominance (Bach 1946; Kardiner and Ovesey, 1951; Sclare 1953; Sears et al., 1946). Foreshadowing Moynihan's controversial thesis that the disorganization of the Black family was to blame for Black pathology, then, these studies asserted that how Blacks bear under the severe emotional stress caused by racial discrimination was a function of the degree of ego-strength they developed in their early, family-centered years: "[Crippled] by weak ego development from earlier family disorganization," it was argued, Blacks were "more likely to fall prey to mental illness, drug addition, or crime," and segregation had its most fundamental influence on Black personality development through the manner in which it affected Black family functioning (Pettigrew 1964, p. 13).

Such arguments about the Black family structure and its role in the promotion of mental illness within Black communities were crystallized as a foregone conclusion within some of the most influential and prominent circles of the academy by the early 1960s. For example, Thomas Pettigrew wrote that the prevalence of schizophrenia and criminal behaviors among poor and working class Black communities had its "personality roots in the matriarchal situation" of Black families, which, he argued, was "related to schizophrenia," while patriarchal societies, like American society, "which separate young boys from their fathers tend to have higher rates of crime against persons" (Pettigrew 1964, p. 18). The focus on the Black family structure as the locus of Black psychopathology consequently constructed the Black family as the target of intervention for policymakers and would reach a fever pitch in 1965 with the leaking of the Moynihan Report and its subsequent rapid circulation among the American mainstream.

Of course, many epidemiologists of this period were also suggesting the importance of socioeconomic factors in the origins and treatment of mental illness, and several scholars began acknowledging the structural and institutional aspects of racial

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disparities and racism in everyday life. However, a significant number actively published important work that located racial and ethnic tensions within a "sick society" epidemiological framework (Rochefort 1984, p. 11). This scholarship was deeply influential among many mental health workers working within the communities of the working poor and racial and ethnic minorities, who adopted the "sick society" framework to generate claims that racism was responsible for the creation and sustainment of racial disparities in mental and community health. Charles Hersch summarized this shift, writing:

> The mental health worker legitimated his involvement in social reform by simply declaring that such issues as poverty, racism, and oppression were indeed matters of mental health and that he could appropriately engage them within the framework of his professional functioning (1972, p. 749).

During this shift, Civil Rights activists escalated demands for increases in the funding, scale, and scope of community-based mental health centers in urban areas with high concentrations of racial and ethnic minorities due, in no small part, to their higher rates of mental illness. A joint statement released by the American Hospital Association and the American Psychiatric Association in 1963, for example, referred to mental illness as the biggest health problem in America, potentially afflicting as many as 10% of urban dwellers (Rochefort 1984). Policymakers and activists alike drew upon decades of sociological and social-psychological theorizing on the negative impact of urbanization on social cohesion to make the case for why community health centers were so important for preventing the spread of mental illnesses, particularly among already disadvantaged groups. The representative for the National Association of Mental Health, Charles H. Frazier, for example, explained to the U.S. House of Representatives' Subcommittee of the Committee on Interstate and Foreign Commerce in 1963:

> Separation and isolation of the patient from his relatives and friends, from his place of worship, from his normal human contacts in the community actually serve to intensify his illness and to make chronic patients out of patients who might be treated and discharged in a matter of days in a community setting (Rochefort 1984, p. 23).

The claims by mental health advocates culminated with the development, passage, and implementation of the Community Mental Health Centers Act (CMHCA) in October of 1963. Among Civil Rights activists and the public alike, the passage of the CMHCA reflected a position that mental illness was both a *cause and effect* of racism. The passage of the CMHCA, in many ways then, legitimated the demands of mental health and Civil Rights activists, both of whom employed a psychopathological model of racism to advocate an increase in support for community mental-health centers intended to treat the consequences of this social "illness."

Nevertheless, the dangers of Black pathology outlined in the Moynihan report would exert great influence on social policies toward Black communities for decades to come. As the historian Kevin Mumford writes, the report "outlined in broad strokes the dangers to society of uncontrolled Black pathology: the loss of social control over the ghetto, leading to "collective unrest" and the products of broken families and broken societies' filling the prison system, as well as deviance in "sex life,'" (Mumford 2012, p. 56). Moynihan, in his research and theorizing, had drawn heavily from a number of scholars: of course, E. Franklin Frazier, who had been a student of Robert Park, but

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also Harvard psychiatrist Robert Coles, famed psychologist and psychoanalyst Erik Erickson, and historian Stanley Elkins, whose aforementioned thesis on the impact of slavery on the personality structure of Blacks would inspire Moynihan's use of the term "tangle of pathology" in his description of the Black matriarchal family structure.

As Mumford notes, however, more important to Moynihan's report than these scholars was the work of Kenneth Clark, whom Moynihan met during the writing of the report. At the time, Clark's *The Dark Ghetto* had just been published. In it, Clark discussed at length the negative impact violent behavior and sexual promiscuity were having on the inhabitants of Harlem's Black residents. In characterizing his observations of Black life in Harlem, Clark had used the term "pathology," arguing that the ghetto itself was what fueled a pathology among Blacks signaled by their lack of sexual repressions (Clark 1965; Mumford 2012). Despite Clark's damning criticism of Black social life, and his use of the term "pathology," it would be Moynihan's use of "tangle of pathology" that would generate far more criticism and currency after its publication.

In addition to Clark, Moynihan also drew from the collective works of Thomas Pettigrew, including his aforementioned conclusions that the personality structure of Black Americans had its roots in the matriarchal family structure of Black urban communities, where segregation had produced patterns of absentee fathers. In consulting Moynihan's personal digest and papers, Mumford finds that Moynihan noted Pettigrew's observation that "the effects of father absent families are to be seen in homicide, schizophrenia, and homosexuality," (Mumford 2012, p. 59). Citing Pettigrew, Moynihan would write of the personality development of Blacks, "The inability to delay gratification is a critical factor in immature, criminal, and neurotic behavior," (Mumford 2012, p. 60).

Without question, Moynihan's report, once made public, was highly influential in how policymakers and civil rights activists alike thought about the "Negro problem" in America. Yet, even before it was leaked to the press, in his now famous 1965 commencement speech in front of the graduating class of Howard University, one of the most prominent historically Black universities in U.S. history, then-President Lyndon B. Johnson referred to the Moynihan Report when he mentioned the family as one of the number of problems that the government must address if the nation was to move beyond the civil rights movement (Mumford 2012). It was in August of that same year, while the Moynihan Report was leaked to the press, that riots broke out in the Watts section of Los Angeles, California. *Newsweek* ran articles on the rioting and the report with the headline, "New Crisis: The Negro Family." In *The New Republic*, another discussion of the report emerged. In those cases and others, the press "accepted the basic tenets of the report, referring to the black community as 'broken humanity,' recapitulating the tenets of matriarchy, emasculation, and pathology" (Mumford 2012, p. 62). Though controversy would surround the report over the several months after its release to the press, this controversy was met with much affirmation within mainstream media. Moynihan himself continued to receive headline attention, promoting his policy recommendations through vehicles like the *New York Times*, while *Newsweek* would revisit the report in 1965 through the headline, "A Mother Can't Do a Man's Job."

Among Civil Rights activists, the report reverberated in similar fashions. Bayard Rustin, considered one of the architects of the American Civil Rights Movement, accepted Moynihan's thesis when he opined that the Black family will only be intact when the Black male is permitted to be the economic and psychological head of the family (Rustin 1966). Rustin's comments were not unlike other Civil Rights leaders who echoed Moynihan's claim that a "tangled pathology" produced among Black

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youth a condition of psychosocial alienation. For example, in his 1967 speech at the annual meeting of the American Psychiatric Association, Dr. Martin Luther King, Jr. declared that psychosocial alienation among Blacks was responsible for the recent wave of urban riots:

> Urban riots are a special form of violence. They are not insurrections . . . . Often the Negro does not even want what he takes . . . . [A]lienated from society and knowing that this society cherishes property above people, he is shocking it by abusing property rights. *There are thus elements of emotional catharsis in the violent act* (King 1968, p. 3, emphasis added).

By the end of the 1960s, then, the "sick society" model, popular among scholars and activists alike, had laid the foundation for a psychopathological framework within which to situate "new racism."

FROM A SOCIAL PROBLEM TO A PATHOLOGICAL ILLNESS

While the above illuminates how the "sick society" model aided in shifting public attention toward the effects of racism upon its victims' mental health, a simultaneous shift was underway regarding the nature of racism itself, from a social problem to a psychopathological one. In 1969, still reeling from Dr. King's murder just one year prior, the psychiatrist Alvin Poussaint, along with at least eight other Black psychiatrists, petitioned the American Psychiatric Association (APA) to include extreme bigotry as a mental disorder within the *Diagnostics and Statistics Manual* (DSM). Poussaint had previously served as field director for the Southern branch of the Medical Committee for Human Rights (MCHR), a network of medical doctors, nurses, and mental health practitioners who provided emergency care, including counseling, to community members throughout the Deep South, advocating the position that the conditions of Jim Crow, including the effect of combating it through Civil Rights Movement activities, increased the likelihood of psychological trauma and ill effects among Blacks.

Upon leaving the South in 1966 for a position with Tufts University, and, later, Harvard, Poussaint began writing editorials for popular presses, including *Ebony Magazine*, *The New York Times*, and *The Boston Globe*. Drawing upon his experience with the MCHR, Poussaint opined that racism was an effect of a sick society, even as it worked to produce a sick society. Writing in *The New York Times* in 1967, Poussaint declared racism had rendered African Americans unable to express appropriate rage for fear of the threat of violence. As a result of repressing their anger, Poussaint argued, African Americans had developed a core form of psychological self-hatred.

The APA's public response expressed gratitude for the presentation by the group of Black psychiatrists, endorsing its "general spirit of reform and redress of racial inequities in American psychiatry, (*The Milwaukee Journal* 1969). However, in a move that would repeat itself over the course of the next several decades and subsequent decisions on what was to be included in later editions of the DSM, the APA rejected the motion of the Black psychiatrists on the grounds that in order for extreme bigotry, including racism, to be included as a mental illness, it must be shown that extreme bigotry deviates from normative behavior (Shenker 1969). In their rejection, the APA cited a series of studies conducted by Thomas Pettigrew. Interviewing residents of eight small towns in the North and South in the late 1950s, Pettigrew tested, among other things, whether Southerners exhibited a stronger

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authoritarian personality than Northerners. Pettigrew concluded that, while Southerners exhibited a higher level of prejudice toward Blacks than their Northern counterparts, the level of authoritarianism among Northerners and Southerners was virtually identical. In sum, racism was *normal* behavior, and thus could not constitute a mental illness. The APA's ruling highlighted the incongruence between psychological theories of racism and group-based prejudice: rather than existing among the fringe of society, racism is a trait characteristic of modern society. Normative behavior and attitudes *include* racism.

Nevertheless, the APA's position on racism remained highly contentious and divisive within its own ranks. In 1970, then-Vice President of Association, Charles Prudhomme, wrote an editorial for *The American Journal of Psychiatry* claiming racism "parallels and is an analog of psychosocial development," (Prudhomme 1970, p. 815). At the APA's 1978 annual meeting, Carl Bell gave a hotly debated paper, later published in the *Journal of The National Medical Association*, entitled "Racism, Narcissism, and Integrity." Linking his diagnosis to *The Authoritarian Personality* (Adorno et al., 1950), Bell claimed "covert racism is a psychological attitude and as such it should fall under the scrutiny of psychiatry, as a psychopathological symptom of a type of personality disturbance" (Bell 1978, p. 89). Racists, Bell argued, suffered from "a psychopathological defect of developmental processes involving narcissism, which precludes the subsequent development of such qualities as creativity, empathy, wisdom, and integrity"—or, *narcissistic personality disorder* (Bell 1978, p. 89). Victims, Bell wrote, sought constant praise from authority figures as a means of sustaining their self-esteem, and would go to extreme lengths to achieve this praise.

Finally, in his presidential address at the 1980 annual meeting, Alan Stone spoke toward the APA's internal debate over whether to recognize racism as a psychiatric problem, a social problem, or both. Stone proclaimed it was the APA's professional obligation "to confront this conflict openly," (Stone 1980, p. 5). The efforts to classify racism as a mental illness within the *DSM* would repeat themselves in 1980, 1987, and 1994, with no success. However, this did not stop clinical workers and researchers from making claims toward the mental health consequences of racism (Akbar 1991; Clark et al., 1999; Dobbins and Skillings, 2000; Landrine and Klonoff, 1996).

Judith Skillings and James Dobbins (1991), for example, claim that racism can be diagnosed through identifying four manifest symptoms: a belief that one's heritage is superior to another; a lack of any conscious sense of antipathy by the person who is the host; distorted or confused perceptions; and by identifying racism as a "silent killer" that robs its hosts and targets of their mental and emotional well-being. Dobbins and Skillings go as far as to suggest that individual racists, through the habitual access to power that racism affords, become psychologically dependent upon that source of power. Racism is *addictive*!

Consequently, Dobbins and Skillings (2000, pp. 22-23) warn us of the signs of this addiction: rationalization ("I know we need to increase diversity, in general, but why do *I* have to play a part?"); selective comparison ("I can't be racist, because I've never called any Mexican a wetback"); protecting the source of addiction ("I know I have White privilege, but what do you want me to do, give it up?"); and minimization ("I'm not being racist, I'm just telling it like it is"). Others have pointed to the harmful effects of internalized racism among communities of color, including their physical and mental health, as well as their identity development (Cokley 2002; Neville et al., 2005; Taylor et al., 1991). Whether addicted to or internalizing racism, in these cases, all people are greatly influenced by racism's effects—mentally and physically.

Likewise, psychologist Mary Guindon and colleagues (2003) claim that not only is racism a psychopathological disorder, but that it manifests itself in ways similar to

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sexism and homophobia. They suggest *intolerant personality disorder* as a way to account for the rigid beliefs and attitudes a person holds that then lead them to suppress the quality of life of another person or group, inflicting pain and suffering upon them (Guindon et al., 2003). In fairness, Guindon and colleagues claim it is not their intent to medicalize intolerance, nor to contribute to a model of mental health intervention for racism that constructs it as a disease; rather, they claim that by naming extreme intolerance as a psychopathological disorder, intolerance will be taken seriously in future treatment protocol development efforts. In the mid-1990s Edward Dunbar, a psychologist at UCLA, began developing a "prejudice scale" for measuring what he termed "prejudiced personality." Individuals with high scores on Dunbar's scale included those who distrusted financial advice from racial and ethnic minorities, experienced job loss due to inappropriate interactions with customers of color, and one who expressed support for the Oklahoma City bombing. By the early 2000s, among psychiatrists and psychologists, racism had several clinical names, though no official diagnosis within the *DSM*. These clinical names included: prejudice personality, intolerant personality disorder, and pathological bias, which was considered for admission in the 2013 *DSM-V* under a rubric that would have included racism, sexism, and heterosexism. Although pathological bias was not included in the *DSM-V*, an entire chapter of the 2012 *Oxford Handbook of Personality Disorders* was devoted to its assessment.

Though brief, the above review of the development of clinical diagnoses of racism within the psychological sciences in the post-World War II era demonstrates the increasing reliance of researchers and public figures upon an individualized medical model as an explanatory framework. At the same time, however, scholars within the social sciences have referred to post-Civil Rights America as the era of "colorblind" racism, defined in part through the active avoidance of discussions of racial inequalities. What, then, is the relationship between the formation of "new racism"—specifically colorblind racism—and the formation of the psychopathological model of racism? In the next section, we turn our attention toward describing how the pathological model both produces, and is sustained by, colorblind racism.

COLORBLINDNESS AND THE PSYCHOPATHOLOGY OF RACISM

The history of American race and racism is often distinguished by laypersons as BCR and ACR: before civil rights legislation, and after civil rights legislation. Here, the dominant narrative insists that the era preceding the modern-day Civil Rights Movement was marred by overt, physical violence and institutional practices of segregation targeting non-Whites. Following the "triumphs" of the modern day Civil Rights Movement, the narrative continues, is the contemporary, "post-racial," period in which the significance of race is an historical artifact. A wide range of scholarship discusses the implications of this narrative (see, e.g., Bobo et al., 1997; Bonilla-Silva 2001; Feagin 2010), and though we do not attempt to provide an exhaustive discussion, a general overview aids in framing how the post-racial narrative many Americans abide by influences emergent psychopathological perspectives of the problem of racism.

From approximately the end of Reconstruction (1870-1877) until the pinnacle of the Civil Rights Movement during the mid-twentieth century (1960s), Jim Crow racism was defined by overt actions and perspectives of White supremacy and Black inferiority. This period included legal segregation of public and private space—from schools and hotels to water fountains and storefronts—and included whole townships that barred Black entry, what James Loewen (2005) identifies as "sundown towns."

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Racial slurs were common and were used without fear of retribution, White supremacy was on prominent public display in schools and court houses, and the existence and popularity of the Ku Klux Klan was a dominant symbol of American race relations. Overt White supremacy and Black subservience were the prevailing norms of racial order for this period; the *de jure* characteristics were not seriously changed until the mid-1950s through early 1970s, in response to the emergence of a mass social movement for civil and human rights.

From the police states of the South to the institutional discriminatory policies enforcing segregation in the North, this modern day Civil Rights Movement confronted legal and overt racism across the nation. With numerous triumphs in the court system and in local, state, and federal legislatures, legal segregation was dismantled and federal support for an equal opportunity society was at least ostensible, though the degree to which such a society was actually achieved across social institutions is highly debatable (Alexander 2010; Bonilla-Silva 2013; Feagin 2010; Orfield and Frankenberg, 2013; Washington 2008). As partial integration proliferated across the nation, the racial norms justifying segregation, beliefs of racial superiority, and the use of racial slurs gave way to cultural expectations facilitating interactions and discussions predicated on appropriate presentations of self (Goffman 1959; Picca and Feagin, 2007), which lent power toward practices of socially desirable and "colorblind" perspectives.

Discussions of race and racial inequality in the post-Civil Rights era are most often marked by individualistic perspectives focused on a person's characteristics and efforts, rather than on formal discussions of group-based stereotypes. In the contemporary period, individuals frequently engage in "colorblind" race-talk when discussing communities of color in more public spaces, and in private conversations with members of similar and different racial and ethnic groups (Bonilla-Silva 2013; Myers 2005; Picca and Feagin, 2007). This "colorblind" race talk includes actively avoiding mentioning racial differences and experiences, while still insisting that race matters by deploying abstract racialized speech acts, which include insisting that certain racial and ethnic minorities constitute "diversity hires," or that men and women in "urban cities" are lazy and welfare leeches.

Similarly, the colorblind era is marked by the subtlety of racial discrimination in more covert forms, such as "microaggressions" and slight changes in behaviors to mark differential treatment or avoidance, like a White man crossing the street when a Black man is walking towards him on the same sidewalk (Feagin 2010; Feagin and Sykes, 1994; O'Brien 2008; Solorzano et al., 2000; Sue 2010). These less ostensible forms of discrimination permeate the everyday experiences of racial minorities, most of whom remain unprotected even in improved socioeconomic positions (Feagin and Sykes, 1994).

Additionally, the continued racial inequality resulting from institutional and public policies indicate that individuals are not needed for the maintenance of racism. It can now function without identifiable "racists" (Bonilla-Silva 2013). The recent election of Barack Obama as president has only increased calls to dismiss race and racism as important factors influencing the lives of racial minorities today, as Obama's election is viewed as a signal that we are now in an era of "post-racism," despite all evidence to the contrary (Bonilla-Silva 2013; Parks and Hughey, 2011; Pettigrew 2009; Tesler and Sears, 2010). The shift toward a "colorblind" framework has resulted in attributing overt acts of racism, including racist speech, to fringe elements of society. Explicit racists are frequently framed by mass media outlets as "bad apples," and we are encouraged to not let them spoil the "bunch."

For example, following the vandalism of the James Meredith monument on the University of Mississippi campus in February of 2014, including the placement of

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a noose around the neck of the statue, Chancellor Dan Jones issued an "open letter" to students, faculty, and staff. In it, Jones distanced the University from the students who committed this act, proclaiming:

> Our most visible statement of commitment to diversity and open doors is the James Meredith monument. Not surprisingly, it was chosen by vandals as the most visible symbol to strike back at our commitment to change. Why would these people lash out? We cannot know with certainty what is in their hearts. But those who would vandalize this symbol of inclusion and diversity may be frustrated by our unswerving commitment to progress (Jones 2014).

Here, the vandals are depicted as lone racists, striking out at the institution the chancellor positions as an agent of social change. How can racism be institutional if institutions define it as an individual phenomenon? In the era of colorblind racism, where psychopathological explanations for racist behavior endure and expand, racism is not *just* a matter of poor judgment; poor judgment itself can also be indicative of mental illness. Not surprisingly, then, the University of Mississippi and other institutions similar to it have taken to recommending sensitivity training and counseling for perpetrators of these acts. At San Jose State University this past May, while three White students were expelled for their role in bullying a Black student, including fastening a bike lock around his neck and calling him "nigger," the fourth student was required to attend counseling as part of his probationary terms.

In another prominent example, following explicitly racist comments from estranged owner of the Los Angeles Clippers, Donald Sterling, several media sources began questioning his mental health, insinuating that as an elderly person Sterling was senile. In a simultaneous unfolding, Sterling's comments (not his discriminatory housing practices) were identified as the real racist culprit, and then excused away as a matter of potential mental illness. In both the example of Sterling and the aftermath of the San Jose State University incident, racism is constructed as a treatable disease for those supposedly on the fringe of society.

Accompanying societal changes in the construction of *racism* from a social problem to a medical one are the closely aligned changes to constructions of racial *prejudice*. The coterminous evolution of racial prejudice and racism has resulted in the conflation of these two phenomena despite their distinctions (Byrd 2011). This blurring and conflating of prejudice and racism (and, we might add discrimination) contributes to the growing support for diagnosing prejudicial behaviors and attitudes as indicative of racism as a personal affliction. Allan Horwitz and Jerome Wakefield (2007) note that the *DSM-III*, published in 1980, marked a significant turning point within the discipline of psychiatry toward a diagnostic framework. Here, causes of mental illnesses shifted away from life events or personal history, adopting a medical model that assigned conditions based upon the observance of specific sets of symptoms. It is no surprise, then, that tools and instruments for diagnosing racism as a mental illness increased exponentially in this period. What is relevant to the discussion of colorblind racism, however, is that racial prejudices and attitudes during this period were overwhelmingly positioned as the indicators of the racism-as-disease model, further conflating racial attitudes with racism.

Racial prejudice has notably changed from group-based to more individual-based perspectives during the period between the Jim Crow era and today. Prejudice in earlier eras emphasized group-based stereotypes of biological inferiority in relation to such items as mental and physical capabilities. However, following the Civil Rights Movement and the push for an equal opportunity society, racial prejudice transformed

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to focus on individualistic perspectives that emphasized cultural values closely aligned with the Protestant ethic and the "American Dream," such as work ethic (Bobo et al., 1997, 2012; Bonilla-Silva 2001, 2013; Kinder and Sanders, 1996; Meertens and Pettigrew, 1997; Pettigrew and Meertens, 1995; Sears and Henry, 2003). Therefore, given the structural changes of society and the belief in the "end of racism" with the establishment of legal barriers to discrimination, it is often suggested that racial inequality is not a result of biological inferiority of a racial group, but rather that members of the group simply do not adequately embody particular cultural values or sufficiently participate in important social institutions such as education. Further, if someone does not achieve a particular position in society, it is a direct result of their efforts and values and is not related to structural aspects of society since society is viewed as a "level playing field."

The emphasis on individual accountability and dismissal of race-related structural and cultural realities reinforces the belief that racism is a relic of the Jim Crow era and places blinders not only on the eyes of the general public, but also onto scholars and practitioners as well (Byrd 2011). For example, an in-depth discussion of cultural and social considerations relating to psychiatric diagnoses illustrates how this individual perspective makes racism an individual ailment and reinforces the need to examine only individuals, not institutions and policies as well. Renato Alarcon and colleagues (2002) discuss the importance of societal factors that can influence how we understand a variety of psychiatric diagnoses and the mental well-being of people. Throughout their discussion, they describe the importance of contextualizing mental disorders and screening for them. However, when they specifically describe racism they rely on an individual-based approach, which counters a specific point they raise concerning the need to re-evaluate categories and approaches to psychiatric diagnoses. Alarcon and colleagues (2002), relying on the work of Theodore Adorno and colleagues (1950), Gordon Allport (1954), and Charles Pinderhughes (1972, 1979), define racism as "the practice of racial discrimination, segregation, persecution, and domination based on a feeling of racial differences or antagonisms, particularly referred to supposed racial superiority, inferiority, or purity. It is related to the universal human phenomena of prejudice and stereotyping" (p. 255). In this example, Alarcon and colleagues counter their own suggestion of challenging currently held assumptions and methods for identifying delusional disorders that are based on Eurocentric perspectives by relying on such perspectives of racism as an individual affliction, rather than a systemic reality. Returning to the work of scholars that examined institutional-level policies and issues that perpetuate racial discrimination, which are anchored in the experiences and perspectives of communities of color, Alarcon and colleagues (2002) limit themselves to the same perspectives they aim to critique by dismissing the perspective that racism is larger than what occurs by intentional individuals. Thus, what is "normal" and "abnormal" ultimately remains unchanged.

Continuing with the example above, Alarcon and colleagues (2002) outline the existence of two types of "racists": 1) a delusional person that relies on traditional racial superiority-inferiority, and possibly narcissistic, beliefs; and 2) a person that has learned behavior through socialization and without a particular psychopathology. Here, the pathologization of racism is in full view through these researchers' characterization of these two general types of individuals as having a psychopathological disorder like "racism." Further, such diagnoses support the belief that racism is a fringe personality disorder of Klan members and neo-Nazis, not of "normal" people. Such a perspective dismisses the importance of the context they emphasize as vital for changing how we understand psychiatric and psychological disorders. Importantly, such perspectives dismiss the influence of group position and experience, which do not rely

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on irrational mindsets to influence prejudice towards a group but on rational group interests (Bobo 1999, 2000; Bobo and Tuan, 2006). Thus, racial prejudice is arguably a rational norm of society, not an irrational fringe aspect given socio-historical context. Turning back to the two types of "racists," one could aptly receive the diagnosis of "Jim Crow Personality Disorder" given their reliance on older forms of prejudice, while the second type could be identified as the "accidental racist," taking from the misinformed song recently released by country music star Brad Paisley and hip-hop artist LL Cool J, which dismisses the socio-historical context of race and racism in the United States.

In all, such individualistic perspectives of racism hide a more insidious issue that must be considered when discussing the possibility of diagnosing people with racism. These perspectives do not dissuade the fact that race as a biological entity does not exist or that there is more difference among than between population groups (Bliss 2012; Graves 2001; Wailoo et al., 2012), but actually lends credence to such arguments by racial realists and similar ideological encampments of people such as Arthur Jensen, Charles Murray and Richard Herrnstein, David Duke, James Watson, Jason Richwine, and those in the National Policy Institute. Thus, by suggesting that people could be diagnosed with "racism," scholars and practitioners give merit to the positions of the "racists" by leaving them unchallenged. That is to say that racial difference is continually framed as reflecting real group differences in relation to positions and capabilities, rather than being than being understood through a systemic analysis of society which can point to meso- and macro-level processes and outcomes that are out of the hands of individuals.

THE ENDURING SOCIAL PROBLEM OF RACISM

Of particular concern for sociologists and anti-racist activists is the ongoing construction of racism as a matter of individual deficiency and the potential treatment protocols for racism that solely target the individual, including behavioral and drug therapy. These protocols ignore the overwhelming structural evidence of racism's nature and causes, to the detriment of anti-racist efforts. Consider, for example, the recent controversy and public backlash involving *The Food Network's* Paula Deen. Testimony by former Deen employees identify multiple instances in which Deen and her brother made racially insensitive remarks toward their employees at Deen's popular restaurant chain, as well as discriminatory practices involving the hiring and firing of staff who are racial and ethnic minorities. A number of public intellectuals spoke out against the larger structural forces that the controversy highlighted, such as the disproportionate number of non-White, female, and poor individuals working minimum wage jobs in the food service industry. But the general public, fueled to a large degree by popular media, seemed more willing to place blame on Deen, the individual. Including Deen: her own proposed solution was to seek individual counsel from Reverend Jesse Jackson, rather than address the racist environment perpetuated by her chain of restaurants (Chumley 2013). As racism has become subsumed by the expansive authority of the psychological sciences, treatment protocols have become grounded within an individualized, therapeutic framework. Deen, and other offenders with less public profiles, not only seek private counseling for their racist actions, but the public appears to accept these efforts as well.

Craig Venter and Daniel Cohen (2004) have referred to the twenty-first century as the "century of biology." Similarly, Paul Rabinow and Nikolas Rose have argued that the increasing concentration of authority among the institutions of medicine and

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science since World War II has produced several new explanations for human behavior that now reside within the scope of the psy-sciences (Rabinow and Rose, 2006; Rose 2013). Ongoing developments in genomics and neuroscience, for example, now produce new understandings of human social behaviors, including new insights on behavioral intervention and treatment (Rose 2013). The increasing capacity and willingness of individuals to intervene on behalf of themselves, coupled with a lucrative global health care model, now provides many individuals with the language, technology, products, and social norms necessary to modulate, reform, and fix themselves.[4] The increase in the total number of mental health care workers, including clinical practitioners, the rapid expansion of the *DSM*, and the overall growth of Big Pharma in recent decades should all be considered in light of these statements. That contemporary racism, including the colorblind perspective, is becoming subsumed by these developments, refashioned into a matter of individual deficiency, and requiring professional care and treatment, should come as no surprise given the expansion of the psy-disciplines authority within contemporary American society.

Consider, for example, the expansion of the *Diagnostics and Statistics Manual* (DSM). The first edition of the *DSM*, released in 1952, was 130 pages in length, and listed a total of 106 mental disorders. The second edition, released in 1968, increased the number of disorders to 182. The fifth edition, released in May of 2013, proposes almost 400 different mental illnesses. When this expansion is considered alongside the rapid growth of the global health industry, the larger cultural context responsible for the increasing pathologization of racism in the mid-twentieth century through the present becomes clearer. The relationship between the public and the psy-sciences has become increasingly defined through the language of treatment and disorder. Meanwhile, the ongoing expansion of mental health care in the United States with regard to diagnoses, treatment protocols, and the number of licensed practitioners has aided in transforming social problems into individual shortcomings. The individual is now the site where these problems occur—and where they are to be treated.

Public outrage following the aforementioned incidents at San Jose State University and by estranged Los Angeles Clippers owner Donald Sterling provide clear examples of how racism is a systemic reality not limited to statements or actions by a small group of individuals. Buried in the discussions of these incidents are two important points. First, racial and ethnic minority students and faculty consistently raised their ongoing concern of a racially hostile climate at San Jose State University before the incident noted above, challenging the claim that racism is either a fixture of the past or part of a fringe—an abnormal group of people that afflicted the four students victims. Instead, this points to racism as a social problem that seeped into university positions, practices, spaces, and views that influence individual actions on campus. The question then shifts from "What made these White students discriminate against a fellow Black student?" to "Why did these White students think it was acceptable, and possibly without retribution, to discriminate against a fellow Black student?" Only on a campus and within a society that pathologizes racism can such actions become disconnected from the long-lasting and structural nature of racism as a system. This reality limits any possible systemic change of programs such as "sensitivity training," which aim to change individuals and not campus cultures or structures that perpetuate racial inequality.

Second, the outrage over comments made by former Los Angeles Clippers owner Donald Sterling that his girlfriend should not publicly interact with Black men rarely contextualized his comments given his previous housing discrimination lawsuit. His abhorrent comments are another strike against a man who harassed racial and ethnic residents living in the properties he owned and managed, and who refused to rent

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properties to prospective tenants who were racial and ethnic minorities. Although Sterling settled the housing discrimination lawsuit for a few million dollars, such actions are not simply the result of a man "sick with racism" but evidence of a long-standing set of policies of racial discrimination in the United States that target and oppress racial and ethnic minorities in such areas as financial well-being and housing (Feagin 2010; Massey and Denton, 1994; Oliver and Shaprio, 2005). That is, the structure of racism allowed Sterling to continually discriminate against racial and ethnic minorities because the housing policies allowed for such actions through weak enforcement of anti-discrimination laws and past precedents providing examples of how to continue with racially discriminatory actions in the era of colorblindness. These two examples, in addition to the others mentioned throughout this article, demonstrate the continuing need for scholars to avoid pathologizing social problems such as racism. The increasingly individualistic perspective applied to racism has buoyed a public belief that racism is abnormal and only afflicts the few fringe groups associated with yester-year's Jim Crow era, and that society has truly reached the colorblind and post-racism era. Without explicit identification of how racism exists beyond individual acts and thoughts, future research and policy may only reify and support continued racial discrimination and inequality in society.

To illustrate the potential rabbit hole alluded to above, consider an experimental study conducted by researchers at Oxford University in 2012. Dividing subjects into two groups, researchers administered a common beta-blocker medication used to treat heart disease to one group, while giving the other a placebo. Researchers then subjected both groups to a standard implicit association test (IAT), recording each group's scores on an implicit bias scale. The group receiving the beta-blocker scored significantly lower than the control group, which led the researchers to conclude that their study demonstrated the "tantalizing possibility" of a medical treatment for racism and prejudice.

The Oxford University study quickly gained mass media attention, with its results, comments from the researchers, and editorials about the clinical trial published in *The Huffington Post*, *Time* magazine, and the London-based *The Daily Telegraph*. With the exception of one editorial in *Time* magazine (Rooks 2012), mass media framed the topic as a question of when and how a medical "cure" for racism would be available, rather than if this was even an appropriate conceptualization of racism's scope and scale. The lack of critical interrogation within mass media outlets reflects our broader point that the psy-disciplines, and medical governmentality, have seeped so deeply into how ordinary social actors make sense of the phenomenon of racism that we no longer even debate whether racism is a mental illness. Instead, we are now considering not only how to treat this "deadly disease" (Thomas 2014), but also whether this disease is grounds for excusing what, under ordinary circumstances, would be criminal behavior. As early as 2005, for example, inmates within the California State prison system were being administered antipsychotic drugs to combat what Shama Chaiken, the divisional chief psychologist for the California Department of Corrections, identified as the "delusional disorders" of racism and homophobia (Vedantam 2005), *despite no existing diagnosis recognized by the American Psychiatric Association*. Furthermore, the U.S. criminal justice system already has precedent for recognizing racism as a delusional disorder, allowing for perpetrators of racially-targeted violence to evade punitive justice for their actions. For example, in May of 1981, an elderly White man, Anthony Simon, shot his Chinese American neighbor, Steffen Wong, as Wong was entering his own home. Claiming he was afraid of Wong due to the perception that Wong knew martial arts and fearful that more "Orientals" were moving into the neighborhood, Simon was ultimately acquitted on two accounts of

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aggravated assault due in no small part to the testimony of a clinical psychologist who stated that Simon's mental condition "permitted him to misjudge reality and see himself under attack"—or, put differently, it was claimed that Simon suffered from "anxiety neurosis." Later, the Kansas Supreme Court, in *State v Simon*, while acknowledging the trial court's instruction to the jury was improper, denied a challenge to the acquittal on the grounds of double jeopardy (Lee 2005; Tesner 1991).

From the above examples, it takes little effort to imagine the policy implications of this reformation of a social problem into a medical one. Was Glenn Miller—the ex-Klansman responsible for the shooting spree that left three individuals dead at a synagogue in Overland Park, Kansas, in 2013—simply suffering from an extreme form of mental illness? Is the recent finding by sociologists at Portland State University that Portland drivers show racial bias against pedestrians of color now a mental health matter (Goddard et al., 2014)? Or, perhaps more importantly, are the regressing trends toward segregated public schools throughout the American South indicative of a deeper psycho-epidemiological plague? These questions are not meant to be facetious, but for our readers, well adapted to the sociological imagination, these are the very questions that may be asked. As such, sociologists need to speak loudest in this conversation, lest these hypotheticals become our reality.

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NOTES

1. We use "program" here to indicate that colorblind racism is much more than a theoretical position on race relations. Instead, it consists of a unifying set of principles that not only explains contemporary race relations in the United States, but also establishes a method of inquiry into contemporary U.S. race relations.
2. Drawing upon the work of Graham Richards, our use of "racialism" here refers to a "theoretical or ideological belief in the reality of races and the scientific validity of analyzing human affairs and human diversity in terms of racial differences" (Richards 2011, p. xiv).
3. Wilkins' television interview is featured in "Awakenings" (1954-1956), the first program from *Eyes on the Prize: America's Civil Rights Movement 1954-1985*, an award winning fourteen-hour television series that premiered on PBS in 1987.
4. The world pharmaceutical market was worth an estimated $857.8 billion in 2012 alone (see "The Pharmaceutical Industry in Figures: Key Data 2013," *European Federation of Pharmaceutical Industries and Associations*, from http://www.efpia.eu/uploads/Figures_Key_Data_2013.pdf).

REFERENCES

Adorno, Theodore W., Else Frenkel-Brunswik, Daniel J. Levinson, and R. Nevitt Sanford (1950). *The Authoritarian Personality*. New York, NY: Harper.

Akbar, Na'im (1991). Mental Disorder among African-Americans. In Reginald Jones (ed.), *Black Psychology*, 3rd Edition, pp. 339–352. Berkeley, CA: Cobb and Henry Publishers.

Alarcon, Renato D., Margarita Alegria, Carl C. Bell, Cheryl Boyce, Laurence J. Kirmayer, Key-Ming Lin, Steven Lopez, Bedirhan Ustun, and Katherine L. Wisner (2002). Beyond the Funhouse Mirrors: Research Agenda on Culture and Psychiatric Diagnosis. In D. J. Kupfer, M. B. First, and D. A. Regier (eds.), *A Research Agenda for DSM V*, pp. 219–281. Arlignton, VA: American Psychiatric Publishing.

Alexander, Michelle (2010). *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. New York, NY: New Press.

Allport, Gordon (1954). *The Nature of Prejudice*. Reading, MA: Addison-Wesley.

Bach, George R. (1946). Father-Fantasies and Father-Typing in Father-Separated Children. *Child Development*, 17(1/2): 63–80.

https://doi.org/10.1017/S1742058X16000023 Published online by Cambridge University Press

Bell, Carl C. (1978). Racism, Narcissism, and Integrity. *Journal of the National Medical Association*, 70(2): 89–92.
Bliss, Catherine (2012). *Race Decoded: The Genomic Fight for Social Justice*. Stanford, CA: Stanford University Press.
Bobo, Lawrence D. (1999). Prejudice as Group Position: Microfoundations of a Sociological Approach to Racism and Race Relations. *Journal of Social Issues*, 55(3): 445–472.
Bobo, Lawrence D. (2000). Reclaiming a Du Boisian Perspective on Racial Attitudes. *Annals of the American Academy of Political and Social Sciences*, 568: 186–202.
Bobo, Lawrence D., Camille Z. Charles, Maria Krysan, and Alicia D. Simmons (2012). The Real Record on Racial Attitudes. In Peter V. Marsden (ed.), *Social Trends in American Life: Findings from the General Social Survey since 1972*, pp. 38–83. Princeton, NJ: Princeton University Press.
Bobo, Lawrence D., James R. Kluegel, and Ryan A. Smith (1997). Laissez-Faire Racism: The Crystallization of a Kinder, Gentler, Antiblack Ideology. In Steven A. Tuch and Jack K. Martin (eds.), *Racial Attitudes in the 1990s: Continuity and Change*, pp. 15–42. Westport, CT: Praeger.
Bobo, Lawrence D., and Mia Tuan (2006). *Prejudice in Politics: Group Position, Public Opinion, and the Wisconsin Treaty Rights Dispute*. Cambridge, MA: Harvard University Press.
Bonilla-Silva, Eduardo (2013). *Racism without Racists: Color-blind Racism and the Persistence of Racial Inequality in the United States*. Fourth Edition. Lanham, MD: Rowman & Littlefield.
Bonilla-Silva, Eduardo (2001). *White Supremacy and Racism in the Post Civil Rights Era*. Boulder, CO: Lynne Rienner.
Bonilla-Silva, Eduardo, Amanda E. Lewis, and David G. Embrick (2004). "I Didn't Get That Job Because of a Black Man...": The Storylines and Testimonies of Color-Blind Racism. *Sociological Forum*, 19(4): 555–581.
Byrd, W. Carson. (2011). "Conflating Apples and Oranges: Understanding Modern Forms of Racism." Sociology Compass, 5(11): 1005–1017.
Chumley, Cheryl (2013). Jesse Jackson to Help Paula Deen: She's Worthy of Redemption. *The Washington Times*, June 27. <http://www.washingtontimes.com/news/2013/jun/27/jesse-jackson-help-paula-deen-shes-worthy-redempti/> (accessed August 5, 2014).
Clark, Kenneth B. (1965). *The Dark Ghetto: Dilemmas of Social Power*. New York: Harper and Row.
Clark, Rodney, Norman B. Anderson, Vernessa R. Clark, and David R. Williams (1999). Racism as a Stressor for African Americans. *American Psychologist*, 54(10): 805–816.
Cokley, Kevin O. (2002). Testing Cross's Revised Racial Identity Model: An Examination of the Relationship Between Racial Identity and Internalized Racism. *Journal of Counseling Pyschology*, 49(4): 476–483.
Conrad, Peter (2007). *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*. Baltimore, MD: The Johns Hopkins University Press.
Dobbins, James E., and Judith H. Skillings (2000). Racism as a Clinical Syndrome. *American Journal of Orthopsychiatry*, 70(1): 14–27.
Elkins, Stanley (1959). *Slavery*. Chicago, IL: University of Chicago Press.
Farmer, Sam (2013). Eagles Receiver Riley Cooper Stepping Away from Football. *Los Angeles Times* August 2. <http://articles.latimes.com/2013/aug/02/sports/la-sp-sn-cooper-hiatus-20130802> (accessed September 21, 2015).
Feagin, Joe R. (2010). *Racist America: Roots, Current Realities, and Future Reparations*. New York: Routledge.
Feagin, Joe R., and Melvin P. Sykes (1994). *Living with Racism: The Black Middle-Class Experience*. Boston, MA: Beacon Press.
Freud, Sigmund (2011 [1921]). *Group Psychology and the Analysis of the Ego*. New York: Empire.
Goddard, Tara, Kimberly Barsamian Kahn, and Arlie Adkins (2014). Racial Bias in Driver Yielding Behavior at Crosswalks. Report published by *Oregon Transportation Research and Education Consortium*. Portland, Oregon.
Goffman, Erving (1959). *The Presentation of Self in Everyday Life*. Garden City, NY: Doubleday.
Graves, Joseph L. (2001). *The Emperor's New Clothes: Biological Theories of Race at the Millennium*. New Brunswick, NJ: Rutgers University Press.
Guindon, Mary H., Alan G. Green, and Fred J. Hanna (2003). Intolerance and Psychopathology: Toward a General Diagnosis for Racism, Sexism, and Homophobia. *American Journal of Orthopsychiatry*, 73(2): 167–176.
Hersch, Charles (1972). Social History, Mental Health, and Community Control. *American Psychologist*, 27(8): 749–754.

https://doi.org/10.1017/S1742058X16000023 Published online by Cambridge University Press

Hilland, H. and J. Greenberg (1955). *Citizen's Guide to Desegregation*. Boston, MA: Beacon Press.
Horwitz, Allan, and Jerome Wakefield (2007). *The Loss of Sadness: How Pysychiatry Transformed Normal Sorrow into Depressive Disorder*. New York: Oxford University Press.
Jay, Martin (1996). *The Dialectical Imagination: A History of the Frankfurt School and the Institute of Social Research, 1923-1950*. Berkeley, CA: University of California Press.
Jenkins, Richard L. (1954). *Breaking Patterns of Defeat*. Philadelphia, PA: J.B. Lippincott Co.
Jones, Dan (2014). Chancellor Releases Action Plan for Consultant Diversity Reports. *The Daily Mississippian*, August 1.
Kardiner, A., and L. Ovesey (1951). *The Mark of Oppression: A Psychosocial Study of the American Negro*. New York: Norton.
Kinder, Donald R., and Lynn M. Sanders (1996). *Divided by Color: Racial Politics and Democratic Ideals*. Chicago, IL: University of Chicago Press.
King, Jr., Martin Luther (1968). The Role of the Behavioral Scientist in the Civil Rights Movement. *Journal of Social Issues*, 24(1): 1–12.
Landrine, Hope, and Elizabeth Klonoff (1996). *African American Acculturation: Deconstructing Race and Reviving Culture*. Thousand Oaks, CA: Sage.
Lasch-Quinn, Elisabeth (2001). *Race Experts: How Racial Etiquette, Sensitivity Training, and New Age Therapy Hijacked the Civil Rights Revolution*. New York: W.W. Norton and Co.
Le Bon, Gustave (1896). *The Crowd: A Study of the Popular Mind*. New York: Macmillan.
Lee, Cynthia (2005). "Murder and the Reasonable Man" Revisited: A Response to Victoria Nourse. *Ohio State Journal of Criminal Law*, 3: 301–306.
Lewin, Kurt (1941). Self Hatred Among Jews. In Gertrud Weiss Lewin (Ed.), *Resolving Social Conflicts: Selected Papers on Group Dynamics*, pp. 186–200. New York: Harper and Row.
Loewen, James W. (2005). *Sundown Towns: A Hidden Dimension of American Racism*. New York: Touchstone.
Marrow, Alfred J. (1958). Psychology of Racial Prejudice: An Aspect of Mental Health. *Annual Conference of the National Urban League*, pp.163–168. New York: Commission on Intergroup Relations.
Massey, Douglass S., and Nancy F. Denton (1994). *American Apartheid: Segregation and the Making of the Underclass*. Cambridge, MA: Harvard University Press.
McKee, James B. (1993). *Sociology and the Race Problem: The Failure of Perspective*. Champaign, IL: University of Illinois Press.
Mead, Margaret (1955). *Cultural Patterns and Technical Change*. New York: New American Library.
Meertens, Roel W., and Thomas F. Pettigrew (1997). Is Subtle Prejudice Really Prejudice? *Public Opinion Quarterly*, 61(1): 54–71.
Mills, C. Wright (2000). *The Power Elite*. Oxford, UK: Oxford University press.
Mumford, Kevin J. (2012). Untangling Pathology: The Moynihan Report and Homosexual Damage. *The Journal of Policy History*, 24(1) 53–73.
Myers, Kristen A. (2005). *Racetalk: Racism Hiding in Plain Sight*. Lanham, MD: Rowman & Littlefield.
Neville, Helen A., M. Nikki Coleman, Jameca W. Falconer, and Deadre Holmes (2005). Colorblind Racial Ideology and Psychological False Consciousness among African Americans. *Journal of Black Psychology*, 31(1): 27–45
O'Brien, Eileen (2008). *The Racial Middle: Latinos and Asian Americans Living beyond the Racial Divide*. New York: New York University Press.
Oliver, Thomas M., and Melvin L. Shapiro (2005). *Black Wealth-White Wealth: A New Perspective on Racial Inequality*. New York: Routledge.
Orfield, Gary, and Ericka Frankenberg (eds.) (2013). *Educational Delusions? Why Choice Can Deepen Inequality and How to Make Schools Fair*. Berkeley, CA: University of California Press.
Park, Robert E. (1928). Human Migration and the Marginal Man. *The American Journal of Sociology*, 23(6): 881–893.
Park, Robert E. (1931). Mentality of Racial Hybrids. *The American Journal of Sociology*, 36(4): 534–551.
Parks, Gregory, and Matthew W. Hughey (2011). *The Obamas and a (Post) Racial America?* New York: Oxford University Press.
Pascoe, Peggy (1996). Miscegenation Law, Court Cases, and Ideologies of "Race" in Twentieth-Century America. *The Journal of American History*, 83(1): 44–69.
Pearlman, Jeff (1999). At Full Blast. *Sports Illustrated*, 91(25): 60–64.
Pettigrew, Thomas F. (1964). The Negro American Personality: Why Isn't More Known?, *Journal of Social Issues*, 20(2): 4–23.

https://doi.org/10.1017/S1742058X16000023 Published online by Cambridge University Press

Pettigrew, Thomas F. (2009). Post Racism? Putting President Obama's Victory in Perspective. *Du Bois Review*, 6(2): 279–292.
Pettigrew, Thomas F., and Roel W. Meertens (1995). Subtle and Blatant Prejudice in Western Europe. *European Journal of Social Psychology*, 25(1): 57–75.
Picca, Leslie. H., and Joe R. Feagin (2007). *Two-faced Racism: Whites in the Backstage and Frontstage*. New York: Routledge.
Pinderhughes, Charles A. (1979). Differential Bonding: Toward a Psychophysiological Theory of Stereotyping. *American Journal of Psychiatry*, 136(1): 33–37.
Pinderhughes, Charles A. (1972). Managing Paranoia in Violent Relationships. In G. Usdin (ed.), *Perspectives on Violence*, pp. 131–138. New York: Brunner/Mazel.
Prudhomme, Charles (1970). Reflections on Racism. *The American Journal of Psychiatry*, 127(6): 815–817.
Rabinow, Paul, and Nikolas Rose (2006). Biopower Today. *Biosocieties*, 1(2): 195–217.
Richards, Graham (2011). *Race, Racism, and Psychology: Towards a Reflective History*, 2nd edition. New York: Routledge.
Rochefort, David (1984). Origins of the "Third Psychiatric Revolution": The Community Mental Health Centers Act of 1963. *Journal of Health Politics, Policy, and Law*, 9(1): 1–30.
Rooks, Noliwe M. (2012). Is Racism an Illness? *Time Magazine*, May 4. http://ideas.time.com/2012/05/04/is-racism-an-illness/ (accessed August 5, 2014).
Rose, Nikolas (2013). The Human Sciences in the Biological Age. *Theory, Culture, and Society*, 30(1): 3–34.
Rose, Nikolas (1998). *Inventing Our Selves: Psychology, Power, and Personhood*. Cambridge, UK: Cambridge University Press.
Rustin, Bayard (1966). Why Don't Negroes . . . . *America*, June 4, pp. 796–799.
Sanford, Nevitt (1956). The Approach of the Authoritarian Personality. In J. L. McCary (ed.), *Psychology of Personality: Six Modern Approaches*, pp. 253–319. New York: Logos.
Schuman, Howard, Charlotte Steeh, Lawrence Bobo, and Maria Krysan (1997). *Racial Attitudes in America: Trends and Interpretations*. Cambridge, MA: Harvard University Press.
Sclare, A. B. (1953). Cultural Determinants in the Neurotic Negro. *British Journal of Medical Psychology*, 26(3–4): 278-288.
Sears, David O., and P. J. Henry (2003). The Origins of Symbolic Racism. *Journal of Personality and Social Psychology*, 85(2): 259–275.
Sears, R. R., Eleanor Pintler, and Pauline S. Sears (1946). Effects of Father-Separation on Preschool Children's Doll Play Aggression. *Child Development*, 17(4): 219–243.
Shenker, Israel (1969). Racism is Called a Health Problem. *The New York Times*, May 9, p. 12.
Shiff, Ofer (2005). *Survival Through Integration: American Reform Jewish Universalism and the Holocaust*. New York: Brill.
Skillings, Judith H., and James E. Dobbins (1991). Racism as a Disease: Etiology and Treatment Implications. *Journal of Counseling and Development*, 70(1): 206–212.
Solorzano, Daniel, Miguel Ceja, and Tara Yosso (2000). Critical Race Theory, Racial Microaggressions, and Campus Racial Climate: The Experiences of African American College Students. *Journal of Negro Education*, 69(1-2): 60–73.
Steinberg, Stephen (2007). *Race Relations: A Critique*. Stanford, CA: Stanford University Press.
Stone, Alan A. (1980). Presidential Address: Conceptual Ambiguity and Morality in Modern Psychiatry. In Patricia P. Reiker and Elaine Harmen (Eds.), *The Gender Gap in Psychotherapy*, pp. 5–14. New York: Springer.
Sue, Derald W. (2010). *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. New York: Wiley and Sons.
Taylor, Jerome, Delores Henderson, and Beryl B. Jackson (1991). A Holistic Model for Understanding and Predicting Depressive Symptoms in African-American Women. *Journal of Community Psychology*, 19(4): 306–320.
Tesler, Michael, and David O. Sears (2010). *Obama's Race: The 2008 Election and the Dream of a Post-Racial America*. Chicago, IL: University of Chicago Press.
Tesner, Michael A. (1991). Racial Paranoia as a Defense to Crimes of Violence: An Emerging Theory of Self Defense or Insanity? *Boston College Third World Law Journal*, 11(2): 307–334.
Thomas, James M. (2014). Medicalizing Racism. *Contexts*, 13(4): 24-29.
The Milwaukee Journal (1969). Black Group Upbraids U.S. Psychiatrists. May 14, p. 6.
Vedantam, Shankar (2005). Psychiatry Ponders Whether Extreme Bias Can Be an Illness. *The Washington Post*, December 10. <http://www.washingtonpost.com/wp-dyn/content/article/2005/12/09/AR2005120901938.html> (accessed August 4, 2015).

https://doi.org/10.1017/S1742058X16000023 Published online by Cambridge University Press

Venter, Craig, and Daniel Cohen (2004). The Century of Biology. *New Perspectives Quarterly*, 21(4): 73–77.
Wailoo, Keith, Alondra Nelson, and Cathernie Lee (eds.) (2012). *Genetics and the Unsettled Past: The Collision of DNA, Race, and History*. Piscataway, NJ: Rutgers University Press.
Washington, Harriet A. (2008). *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York: Anchor.
Washington Post (2006). On Radio, Comic Apologizes for Tirade. November 26. <http://www.washingtonpost.com/wp-dyn/content/article/2006/11/26/AR2006112600231.html> (accessed August 4, 2015).
Wilson, David C. (1952). The Neuroses of Everyday Living. *Psychiatric Quarterly*, 26(3): 387–398.
Wilson, David C. and Edna M. Lantz (1957). The Effect of Culture Change on the Negro Race in Virginia, as Indicated by a Study of State Hospital Admissions. *The American Journal of Psychiatry*, 114(1): 25–32.
Yu, Henry (2001). *Thinking Orientals: Migration, Contact, and Exoticism in Modern America*. New York: Oxford University Press.

https://doi.org/10.1017/S1742058X16000023 Published online by Cambridge University Press