

# Lecture 6 – Race, Ethnicity, and Mental Health

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## Race as Construct

- We use phenotypic features to determine race, has no meaning within whole of an organism.
  - Biological differences within racial groups are greater than those between racial groups.
  - Physical features imagined as indicative of race are found across racial groups.
- No such thing as a pure race, nor are there “pure” people.
- Immeasurable – a category assigned by others.
- But race is still meaningful!
  - Race is constructed in a relational sense, privileging some and degrading others.

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## Race and Mental Health

- Western psychology and psychiatry largely structured along lines that reflect society's privileging of certain notions:
  - Individualism: self-centeredness, self-consciousness. Reductionism.
  - Mental health as individual variable, disconnected from social setting.
  - Those who define wellbeing in other terms – collectively, community-focused – do not necessarily fit into this system.
- Despite assumptions about universality, many argue that knowledge about mental health is primarily Euro-American in orientation.
  - Lack of objectivity facilitates cultural bias.
- Some suggest that the psy-ences have had (and continue to have) problems when dealing w/ race.

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## Samuel Cartwright, Psy-ences, and Slavery

- Drapetomania
  - “The cause in most cases that induces the Negro to run away from service is as much a disease of the mind as any other species of mental alienation, and much more curable as a general rule.”
  - Good food and clothing, limited social interaction as the “cure.”
- Dysaesthesia Aethiopica
  - Those who didn't work well, “deliberately” destroying farm equipment or slacking.
  - “They are apt to do much mischief, which appears as if intentional, but is mostly owing to the stupidity of mind and insensibility of the nerves induced by the disease.”

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## Colonialism and the Psy-ences

- The “limits of the African mind.”
  - Until 1960s, reflects psy-ences’ understanding of race as a biological category.
  - Research “demonstrated” lower intelligence, limited capacity for growth, submissiveness.
- Those who disrupted economic order (kitchens, mines, farms) subject to attention and treatment. Swartz: less about cure, more about control.
- Differential treatments, inadequate accommodation of black insane in asylums.
- White insane had “gone native” – failing to uphold white civility in giving in to alcoholism, STIs, etc.

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## The Psy-ences and Canadian Colonialism

- Helped perpetuate “noble savage,” – primitive, wild, uncorrupted by civilization.
  - “Civilization” a precipitating cause of mental illness.
  - Asylum records demonstrate individuals institutionalized primarily for resistance to colonization, cited as madness.
    - Arctic hysteria.
  - Within institutions, indigenous individuals sterilized under eugenics laws at substantially higher rate.
    - Case of Leilani Muir.
- Where are services amidst current suicide epidemic?

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## The “Protest Psychosis”

- Until early 1960s, schizophrenia primarily diagnosed in nonviolent, white, petty criminals, ‘women from rural Michigan’.
- By 1970s, it was one of “masculinized black belligerence” Why?
  - 1960s civil rights movement, Black Panthers, etc.
  - Changes in pharmaceutical marketing, played on social fears.

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## Racism as Challenge to Mental Health

- Could racism act as a social determinant?
- May impact sense of well-being, self-esteem, self-confidence, overall stress.
- Psychological exhaustion – “like living in a constant state of danger.”
- Where police practice stop and frisk, men (but not women) report much higher rates of psychological distress, feelings of worthlessness, and nervousness.
- First Nations’ experience in Canada.

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## Unequal Treatment in the Modern Day – Myth or Major Problem?

- In British mental hospitals, black individuals made up 21% of patient pop, despite only 7% of total pop. Echoed in North America.
  - Same trend found in many prison systems.
- Black individuals more likely to be forcibly detained in psychiatric hospitals . Up to 40% more likely to be sectioned than white population in UK.
- Less likely to be referred for psychotherapy.
- Black children are more likely to be diagnosed with conduct disorder than white children.
- Compared to white children, Hispanic children less likely to receive diagnosis of ASD.
  - Perhaps discrimination, but other factors such as access to diagnostic services and education of parents (themselves perhaps a result of systemic discrimination).

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## Why cultural/racial inequalities? Explanations

- Not about institutional racism itself.
  - Real increases in psychopathology - migration, discrimination, poverty.
  - Lower rates of some diagnoses might be about resilience.
  - Forcible confinement more often b/c black individuals often referred by police services, rather than medical services.
    - Why? Cultural stigma against mental illness?
    - Moreover, people detained by psychiatry only when refusing voluntary help. Why refuse?
      - Institutionalized distrust of public services in general.
  - Barriers to service use: lack of info, economic constraints, communication.

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## Explanations II – Cultural Disconnect

- Stigma within some cultural groups limits likelihood disclosure – campaigns to change these attitudes.
  - On what basis do we assume that Western conceptions are universally correct?
- Re: Canadian Caribbean population - religious experiences may involve spells, demons, spirits, etc. Could be mistaken for psychosis.
  - One study found that a black, Jamaican psychiatrist was less likely than his white peers to diagnose psychosis, why?

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## Explanations III – Racism and Psychiatry “speak the same language.”

- Both schizophrenia and blackness understood as ‘otherness,’ separated from ‘norm.’
  - Both have effect of dehumanizing the individual, focusing on imagined or assumed biological criteria (race and/or brain status).
- In the same way that we essentialize race, we do w/ mental illness. We treat diagnoses as concretely existing things, despite lack of validity.
- Psychiatry and racism both in business of establishing normalcy, who belongs, and who is in need of changing.
- In public imagination, both blackness and schizophrenia are (unfairly) associated with ‘dangerousness.’
  - Solution: sectioning & incarcerating.
- Alternate solution to both is the same – assimilate.

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## Explanations V – Others

- Assumptions about objective nature of medical diagnosis, failure to recognize practice as embedded in social context.
- Refusal to recognize possibility that racial bias plays a role in practice.
- Psych assessment, in Fernando's words "a meeting between two people."
  - The speech, feelings, and tensions that might exist between two people, drawing upon broader social phenomena, become basis for making a diagnosis.
  - Process involves a moral judgment from the practitioners. Often, "bad" thoughts or "incorrect" responses become the basis for making a judgment on sanity.
- Justifiable anger over racism misinterpreted and written off as "hostility" and "aggression" – proof of illness.

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## Institutional Response

- "Institutional racism is that which, covertly or overtly, resides in the policies, procedures, operations and culture of public or private institutions – reinforcing individual prejudices and being reinforced by them in turn."
- When accused of institutional racism, organizations tend to respond in four ways:
  - "Shooting the messenger" – stating that claims are overblown.
  - People assume that they're being accused of personally being racists, rather than the system.
  - Obsessing about intent, as if proving that it is unintentional racism would prove that it doesn't exist.
  - Ignore the findings, suggest that "more research is needed."

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## Conclusions

- There is an assumption that the knowledge about racial minorities is “specific” to those groups, whereas “general knowledge” is derived from research on white people.
  - Difficult to find information on “white” mental illnesses.
- The norms of psychology and psychiatry have been, by and large, designed by Euro-American people and based upon particular worldview.