

Ideologies of mental illness

Race, Gender, & Schizophrenia

Interview Questions

- First, some preliminaries about your fascinating book.... How did you come to unearth such a trove of important documents at Ionia State Hospital?
- When did you first suspect that diagnostic patterns with schizophrenia had become heavily racialized?
- Did the second edition of the DSM, released in 1968, have a significant influence on that shift in emphasis?
- How would you explain that shift? Was it just coincidence that the DSM-II language enabled the diagnosis of schizophrenia among increasing numbers of African Americans?
- How did the psychiatric profession characterize schizophrenia before the first and second editions of the DSM?
- To what extent can one extrapolate from that large psychiatric hospital broader trends across the country?
- I don't know if you're following DSM-5 developments closely, but there's been an enormous amount of controversy over "psychosis risk syndrome,... are there likely to be unintended consequences if it's included in DSM-5?
- The Root: How did this study of race and schizophrenia come about?
- TR: Most of the book is centered on research that you did in the archives of Ionia State Hospital. How did you choose this facility?
- R: One of the manifestations of that anxiety was "protest psychosis." Can you talk about how this term came about and how it plays a role in the conversation about schizophrenia and black men?
- TR: How did leaders like MLK Jr. and Malcolm X use psychological language to advance their agendas and transform the protest psychosis to a protest identity?
- TR: Beyond the disproportionate amount of black men that are diagnosed with schizophrenia today, what are some of the other lingering effects of schizophrenia's troubled past?
- TR: What about black women? There was a very low admittance of them to Ionia. Where are they in this history?
- TR: What are your recommendations going forward regarding how schizophrenia is viewed and diagnosed?

The Root

About Us



BY: THE ROOT STAFF

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The Root is the premier news, opinion and culture site for African-American influencers. Founded in 2008, under the leadership of Dr. Henry Louis Gates Jr., The Root provides smart, timely coverage of breaking news, thought-provoking commentary and gives voice to a changing, more diverse America. The Root is a subsidiary of The Slate Group which is owned by The Graham Holdings Company. Visit us at www.theroot.com, on Twitter [@TheRoot247](#) and on [Facebook](#).

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Psychiatry Today

Psychology Today



“People have a hard time noticing your internal feelings; they are focusing on their own concerns.”

Robert L. Leahy, Ph.D.

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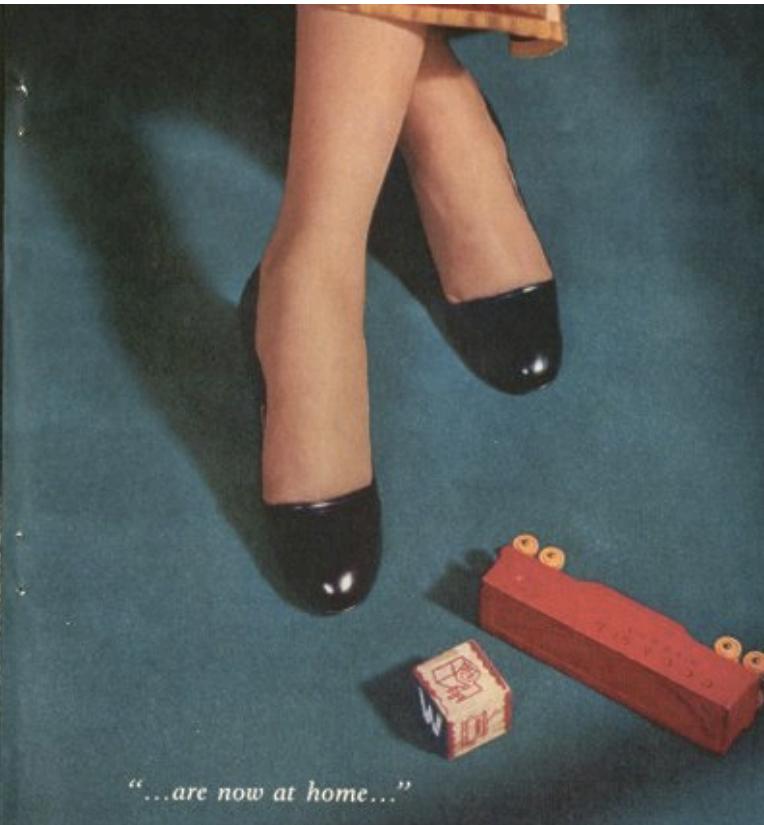
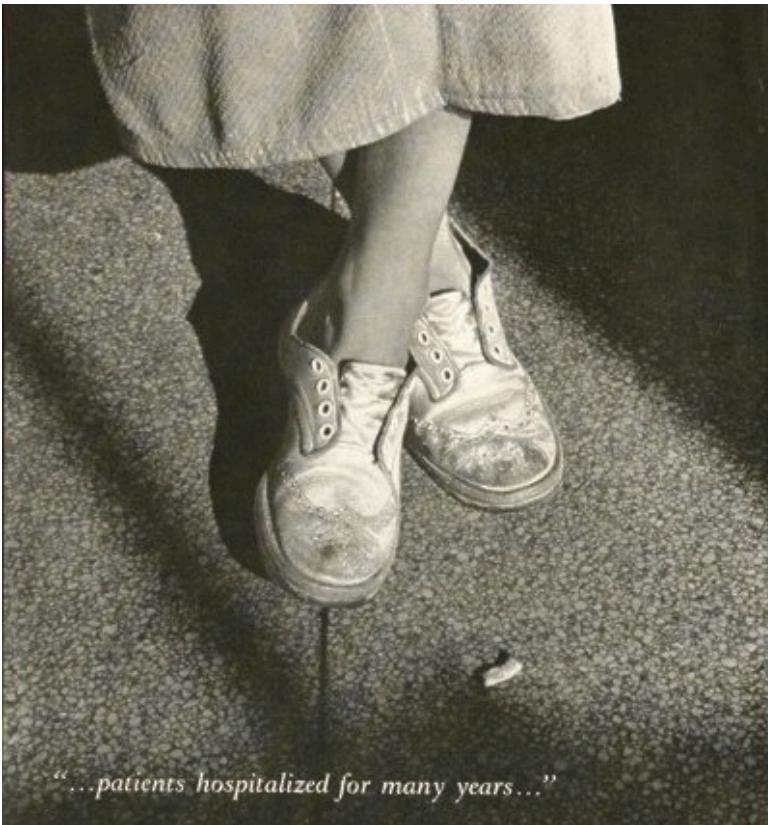
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Antipsychotics, 1950s



www.bonkersinstitute.org/medshow/thorazine.html

Antipsychotics, 1950s



"disturbed wards have virtually disappeared"¹

Many hospitals have found that

THORAZINE*

[www.bonkersinstitute.org/
medshow/thorazine.html](http://www.bonkersinstitute.org/medshow/thorazine.html)

Antipsychotics, 1960s

Basic tools of Primitive psychiatry

Konde: Incarnation of *Ndoki*, an evil spirit which causes disease. Wish-projection "causes" illness when a nail is driven into the statue. Also used to "drive out" an illness.
Bakongo, Zaire.



Mask: Represents the spirit of the underworld. Used by the Ekpo male society, which honors dead ancestors and enforces the law. Anang Ibibio, Nigeria.

Objects from the collection of the Segy Gallery, New York City.



Basic tool of Western psychiatry

Thorazine® brand of chlorpromazine

Tablets: 25 mg. of the HCl

- "Thorazine" controls psychotic symptoms
- Especially useful in agitated, violent or anxious schizophrenic patients
- Unsurpassed clinical experience
- 18 dosage forms and strengths

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

Indications
Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

Effective: For the management of manifestations of psychotic disorders. For control of the manifestations of manic-depressive illness (manic phase).

Possibly effective: For the control of moderate to severe agitation, hyperactivity or aggressiveness in disturbed children.

Possibly effective: For control of excessive anxiety, tension and agitation as seen in neuroses.

Final classification of the less-than-effective indications requires further investigation.

Contraindications: Comatose states, presence of large amounts of C.N.S. depressants, or bone marrow depression.

Warnings: Avoid using in patients hypersensitive (e.g., blood dyscrasias, jaundice) to

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purpura and pancytopenia; postural hypotension, tachycardia, fainting, dizziness and, occasionally, a shock-like condition; reversal of epinephrine effects; EKG changes have been reported, but relationship to myocardial damage is not confirmed; neuromuscular (extra-pyramidal) reactions; pseudo-parkinsonism, motor restlessness, dystonias, persistent tardive dyskinesia, hyperreflexia in the newborn; psychotic symptoms, catatonic-like states, cerebral edema; convulsive seizures; abnormality of the cerebrospinal fluid proteins; urticarial reactions and photosensitivity; exfoliative dermatitis, contact dermatitis; lactation and breast engorgement (in females on large doses), false positive pregnancy tests, amenorrhea, gynecomastia, hyperglycemia, hypoglycemia, glycosuria; dry mouth, nasal congestion, constipation, adynamic ileus, urinary retention, miosis, mydriasis; after prolonged substantial doses, skin pigmentation, epithelial keratopathy, lenticular and corneal deposits and pigmentary retinopathy, visual impairment; mild fever (after large I.M. dosage); hyperpyrexia; increased appetite and weight; a systemic lupus erythematosus-like syndrome; peripheral edema.

NOTE: Sudden death in patients taking phenothiazines (apparently due to cardiac arrest or asphyxia due to failure of cough reflex) has been reported, but no causal relationship has been established.

Supplied: Tablets, 10 mg., 25 mg., 50 mg., 100 mg. and 200 mg., in bottles of 100; in Single Unit Packages of 100 (intended for institutional use only). **Spanule® capsules,** 30 mg., .75 mg., 150 mg., 200 mg., 300 mg., in bottles of 30; in Single Unit Packages of 100 (intended for institutional use only). **Injection,** 25 mg./ml.; **Syrup,** 10 mg./5 ml.; **Suppositories,** 25 mg. and 100 mg.; **Concentrate** (intended for institutional use only), 30 mg./ml. and 100 mg./ml.

SK&F
Smith Kline & French Laboratories
Division of SmithKline Corporation
Philadelphia, Pa. 19101

Effective control of psychotic agitation

www.bonkersinstitute.org/medshow/thorazine.html

Antipsychotics, 1960s

Assaultive and belligerent?



Acts promptly to control aggressive, assaultive behavior

Several studies have reported the great effectiveness of HALDOL (haloperidol) in controlling disruptive and dangerously assaultive behavior.¹⁻³ Even the number of violent assaults committed by a group of criminal psychotics "resistant to maximal uses of phenothiazines" was reduced substantially during treatment with HALDOL.¹ Symptom control can be achieved quickly, frequently within a few hours when the tetramethyl form is used for initial control of acutely graded psychotic states.^{1,4}

**Cooperation often begins with
HALDOL[®]
(haloperidol)**

a first choice for starting therapy

Usually leaves patients relatively alert and responsive

Although some instances of drowsiness have been observed, marked sedation with HALDOL (haloperidol) is rare. In a report on a study with criminal psychotics the investigator states, "The patients remained alert and more amenable to psychotherapeutic intervention."⁵ Another investigator reports that HALDOL "normalizes" behavior and produces a sensitivity to the environment that allows more effective use of the social milieu and the therapeutic community.⁶

Reduces risk of serious adverse reactions

HALDOL (haloperidol), a butyrophenone, avoids or minimizes many of the problems associated with the phenothiazines. Hypotension is rare and severe orthostatic hypotension has not been reported. There is also less likelihood of adverse reactions such as liver damage, ocular changes, serious hematologic reactions and skin rashes.

The most frequent side effects of HALDOL (haloperidol) – extrapyramidal symptoms – are usually dose-related and readily controlled.

References: 1. Darling, H.F.: Dis. Nerv. Syst. 32:31 (Jan.) 1971. 2. Mar, P.L., and Chen, C.H.: Psychosomatics 14:39 (Jan. Feb.) 1973. 3. Paluszak, M.L., and Alvarez, E.: Paper presented Annu. Am. Family Practitioners Annual Meeting, N.Y., Sept. 25-28, 1972. 4. Hollister, R.E.: Dis. Nerv. Syst. 35:312 (Mar.) 1974. 5. Havard, L.R.C.: Clin. Trials. 2:135 (May) 1965. 6. Eli Lilly and Company: Clinical Bulletin, Vol. 1, No. 1, 1965.

For information relating to Indications, Contraindications, Warnings, Instructions and Adverse Reactions, please turn page.

Eli Lilly and Company

[www.bonkersinstitute.org/
medshow/thorazine.html](http://www.bonkersinstitute.org/medshow/thorazine.html)

Abilify and Seroquel

- <http://youtu.be/tGymr78FtbU>
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Peer review, blog post

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