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Bigotry as Mental Illness Or Just Another Norm

By EMILY EAKIN

In 1851, Dr. Samuel A. Cartwright, a Louisiana surgeon and psychologist, filed a report in the New Orleans Medical and Surgical Journal on diseases prevalent among the South's black population. Among the various maladies Dr. Cartwright described was "drapetomania" or "the disease causing slaves to run away."

Though a serious mental illness, drapetomania, wrote Dr. Cartwright, was happily quite treatable: "The cause, in the most of 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. With the advantages of proper medical advice, strictly followed, this troublesome practice that many negroes have of running away can be almost entirely prevented."

A particularly absurd chapter in the annals of racist 19th-century science? Without question, but for Alvin Poussaint, a clinical professor of psychiatry at Harvard Medical School, Cartwright's hopelessly unscientific diagnosis is of more than just historical interest. It is a vivid illustration of how definitions of normal and abnormal behavior are shaped by the values of the society that makes them. "The culture influences what you consider pathology," says Dr. Poussaint. "Cartwright saw slavery as normative. So when slaves deviated from the norm, he called them mentally ill. The business of deciding what's normal and what's psychopathology gets influenced by culture and politics. It's not hard science."

Dr. Poussaint says that when it comes to understanding racism, contemporary psychiatry is as in the dark about its own biases as the benighted Dr. Cartwright. Dr. Poussaint's argument is not with racist psychiatrists but with the psychiatry of racism. Is racism a mental disorder?

The debate is decades old, but was recently reignited when John Rocker, a pitcher for the Atlanta Braves, made bigoted statements about blacks, homosexuals and foreigners last month in the pages of Sports Illustrated. Last week Mr. Rocker was ordered by the commissioner of major league baseball to undergo a psychological evaluation. Since then, fans, therapists, pundits, sports figures, talk show hosts and columnists have all weighed in on the degree to which his comments and the league's decision were based on science, stupidity, financial concerns and spin control.

For most psychiatrists, the answer is clear: racism is unacceptable social behavior, but not evidence of a mental disorder. There is no entry for racism in the latest edition of the Diagnostic and Statistical Manual, a compendium of mental illnesses known as D.S.M.-IV.

"If psychiatry were to define racism as a mental disorder, you'd have to include the Nazis, and the Serbs who hate Muslims -- there would be no end," says Dr. Robert Spitzer, a psychiatrist at the New York State Psychiatric Institute and a consultant on the D.S.M.-IV. "Almost everyone would be ill."

Nevertheless, Dr. Spitzer concedes that prevalence alone does not negate a need for diagnosis. To meet the American Psychiatric Association's criteria for a distinct mental disorder, he says, psychiatrists would have to show that a racist's mental processes interfered with normal functioning.

Dr. Poussaint says he can do that. Arguing that racism can sometimes -- though not all the time -- be a mental disorder, he says that racists frequently exhibit symptoms associated with major psychopathology, including paranoia (feeling threatened unrealistically by a particular group), projection (imbuing this group with traits that have negative associations) and fixed beliefs (categorical opinions like "all foreigners are dumb"). The real reason the psychiatric association hasn't made racism a mental health issue, he argues, is because "it hasn't been a mental health issue for them." To pathologize racism, he said, would require its members "to look at their friends, their relatives, and themselves" in an uncomfortable light.

It's true that the A.P.A. is predominantly white and male. Of its current 38,200 members, only 865, or 2.3 percent, are African-American and 1,720, or 4.5 percent, are Hispanic. Some 12,000, or 31 percent, are women. And there is no doubt that psychiatry has been susceptible to some of the same biases harbored by the society at large, most notably toward women and homosexuals. Until well after World War II, instruction in now-discredited Freudian concepts like "penis envy" and "castrating female" was a routine part of psychiatric training. More egregious was the theory of the schizophrenic mother, whose bad parenting was supposedly to blame for her child's schizophrenia. Widely accepted well into the 1970's, the theory has been supplanted by explanations focusing on brain chemistry and biology.

Homosexuals fared little better. Until the early 1970's, the A.P.A. regarded homosexuality as a pathology. After heavy lobbying from gay rights activists, including a psychiatrist who was a member of the A.P.A. and who spoke at the 1972 annual meeting, his face concealed by a mask to preserve his anonymity, the board of trustees voted to remove homosexuality from the D.S.M.-IV. The membership followed suit in 1974. (One bemused observer labeled it "the single greatest cure in the history of psychiatry.")

Dr. Poussaint credits politics -- the women's movement and gay rights activists -- not better science, for overturning faulty psychiatric doctrine. His own politicking to change the association's opinion on racism has so far been less successful. In the mid-1960's, Dr. Poussaint joined other civil rights workers in Mississippi, where he helped desegregate the hospitals. The bigotry he witnessed among the region's white psychiatrists as well as a spate of racist killings convinced him to act.

Along with seven other black psychiatrists, Dr. Poussaint appealed to the organization to add racism to the D.S.M.-IV. Their request was turned down. "Let's say that group of black psychiatrists had been in control of establishing what the diagnoses should be in the D.S.M.," Dr. Poussaint says

now. "In some way, racism would be in that book."

Perhaps. Today, many of Dr. Poussaint's black colleagues say a D.S.M. label would actually be counterproductive. "Racism is so deeply ingrained in our culture that to try to identify individuals who are racist is in some ways to trivialize the depth and breadth of the problem," says James Jones, a professor of social psychology at the University of Delaware and the director of the minority fellowships program at the American Psychological Association. Others believe that pathologizing racism would inadvertently give racists a legal defense for hate crimes.

On the whole, psychiatrists were probably more disposed to treat racism as a mental illness 50 years ago than today. In the 1950's, the profession even flirted with a quasi-medical definition of racism, although at the behest of the American Jewish Committee, not American blacks. In 1950, four scholars published an influential study titled "The Authoritarian Personality." Three of the authors were Jewish. Two of them, including the philosopher Theodor Adorno, were refugees from Nazi Germany.

Their goal was to explain Hitler's genocidal anti-Semitism. Based on their evaluations of more than 2,000 American adults, the authors concluded that extreme racist tendencies were associated with an abnormal "personality syndrome" that they labeled authoritarian. Not a D.S.M.-IV diagnosis exactly, but almost.

By the end of the decade, however, the theory underlying "The Authoritarian Personality" had been substantially revised. The book was found to have serious methodological problems, and efforts to test the hypothesis yielded mixed results. The Harvard psychologist Thomas Pettigrew struck a decisive blow. Mr. Pettigrew examined racist attitudes in eight American towns, four in the North, four in the South. In the Northern towns, he found some correlation of racist attitudes with the syndrome described in "The Authoritarian Personality." In the South, however, he found that racism was so common it was merely a social norm. "You almost had to be mentally ill to be tolerant in the South," says Mr. Pettigrew, now a retired professor at the University of California at Santa Cruz. "The authoritarian personality was a good explanation at the individual level but not at the societal level."

By the dawn of the civil rights era, psychiatrists had largely abandoned racism to social psychologists like Mr. Pettigrew who helped formulate today's model. "Racism has very much been depathologized," says Janet Schofield, a social psychologist at the University of Pittsburgh who studies racial attitudes among children. "There's been a major shift from being influenced by things like the authoritarian personality to thinking of stereotyping and prejudice as a consequence of normal psychological processes."

Bombarded with information, she says, people tend to rely on general concepts. Just as Americans divide daybeds, settees and chaise longues into "chairs" and "sofas," they divide people into categories based to a degree on stereotypes. "Racism," says Ms. Schofield, "may be the result of inevitable processes."

This is an explanation for racism, not an excuse. But Dr. Poussaint's final appeal is to common

sense: "If you have a mental process that leads some people to commit genocide, how can you not think that's a mental disorder?"

Photos: Bigotry takes many forms, among them menace and death. At left, the Ku Klux Klan burning a cross in Tuscaloosa, Ala., in 1963. (Claude Sitton for The New York Times); Below left, a Kosovo marketplace where a bomb left six dead and 60 wounded last year. (Alan Chin for The New York Times); Below, Joseph Goebbels and Hitler at a Nazi rally in Berlin in 1933. (United Press International)(pg. B11)