

How ‘Race’ Began, and the Emergence of Psychiatry and Clinical Psychology

The etymological roots of the word ‘race’ can be traced to the Spanish *raza*, used in Spain in the Middle Ages ‘to refer to different breeds of dogs, horses, and, when referring to human populations, Moors and Jews’ (Gordon 2015, p. 136), a vague racial awareness (in its modern sense) having developed in Europe during the Middle Ages in connection with these two groups of people as the non-Christian ‘Other’ (Banton 1987). Ryszard Kapuściński (2008), Polish-born journalist and traveller, has examined the idea of the ‘Other’, derived (in Western culture) during contact between the West and the Rest. Stuart Hall (1996), British sociologist, argues that in a bipolar discourse of dividing the world, ‘emergence of an idea of “the West” [vs the Rest] is a *historical*, not a geographical, construct ... central to the Enlightenment’ that emphasised European uniqueness and superiority compared to anything non-Western (pp. 186–187, emphasis in original). Kapuściński (2008) traces the contact between the two worlds of the West and the Rest in terms of eras (periods of history). The first era, which lasted roughly until the fifteenth century, saw such contact mainly on trade routes or diplomatic missions; the second era, during European exploration, was the ‘period of conquest, slaughter and plunder, the real dark ages in relations between Europeans and Others’ (pp. 26–27). The latter lasted for several hundred years, starting with Columbus’ voyages (1492 onwards) between Spain and the Americas, which led to the Atlantic slave trade. It was this slave trade—the holocaust of *race-slavery*—that kick-started the story of ‘race’ in earnest. And then during colonialism the idea of the ‘Other’ became highly charged

with notions of difference—*racial difference*—that stabilised racism as a powerful force in Western culture.

2.1 RACE THINKING

Jacques Barzun (1937), a scholar of (mainly) history based at Columbia University, coined the term ‘race thinking’ in his book *Race: a Study in Superstition* and went on to state in the second edition of the book (Barzun 1965) that it ‘rests on abstraction—singling out traits that are observed accurately or not, in one or more individuals, and making of these traits, a composite character which is then assumed to be uniform, or at least prevailing, throughout the group’ (front flap of book cover). In other words, race thinking is the tendency to think of people in terms of physically and/or culturally recognisable groups (rather than individuals) without the sense that *all* individuals vary in physical appearance and, more importantly, in a wide range of psychological characteristics, cultural backgrounds and so on. As the notion of race became established, the ideology of *racism* (inherent within ‘race’) came to the fore. Essentially, racism is a way of thinking that places a superior *white people* in a position of power over *racially* inferior peoples of various other races—non-white races being delineated into a variety of ‘Others’, mainly on the basis of perceived skin colour, black, red, yellow, brown and so on. The notion of ‘race’ became established as a powerful sociopolitical force, seen as representing biological difference between human beings, during the era of race-slavery (the Atlantic slave trade), and the periods of Jim Crow in the USA and colonialism—all described in the next few paragraphs.

2.2 EXPLORATION, COLONIALISM, RACE-SLAVERY

The Middle Ages are sometimes called ‘the Dark Ages’ (with respect to most of Europe) because they were characterised by superstition, ignorance and economic stagnation. But in the Islamic Empire, which stretched across North Africa into what is called the Middle East (from a European perspective) or Western Asia (from an Asian or African one), and extended into Continental Europe through southern Spain (Arabic *Andalus*) to the borders of France, the Middle Ages were a time of cultural and economic development. In the fifteenth century, as Christian armies pushed the Islamic forces back across Spain, the Spanish Inquisition set up by King Ferdinand and Queen Isabella (Kamen 2014) picked on Moors and Jews as

specific groups for persecution; and the defeat of the Moors by Christian forces at the battle of Granada in January 1492 led to the large-scale forced conversion and expulsion of Jews and Muslims, carried out instituted by the Spanish government with the help of the Inquisition (see Fig. 2.1). The year 1492 was also the year when Columbus sailed westward from Europe to explore the world beyond the Atlantic Ocean. Searle (1992) quotes evidence that Columbus had a map—possibly a ‘Chinese map of the Americas’ (Menzies 2008, p. 70)—that showed the sea route across the Atlantic to a land (eventually called America) where the people had much gold—rich pickings for anyone who could capture it; and that King Ferdinand and Queen Isabella of Spain, with the approval of the Pope, used the Inquisition to extract ‘large amounts of money from Spanish Jewry’ (p. 70) to fund Columbus’ Atlantic voyages. Jan Carew (1992), a Guyanese writer and novelist and Professor Emeritus at Northwestern University, Illinois, writes: ‘At the beginning of the Columbian era [when Spanish forces had subdued the Moors], thousands of books that the Moors had collected over centuries—priceless masterpieces that their geographers, mathematician, astronomers, scientists, poets, historians and philosophers had written, and tomes that their scholars had translated—were committed to bonfires by priests of the Holy Inquisition. And to cap this wanton destruction, an estimated three million Moors and 300,000 Jews were expelled from Spain (and this does not include the thousands forced to convert to Catholicism)’ (1992, p. 3) (see Fig. 2.1).

Once they arrived in the Americas, the Spanish ‘embarked upon a shameful course of ethnocide against indigenous peoples of the Americas that made its atrocities against conquered Moors, Jews and Guanches [aboriginal people of the Canaries who had been enslaved by the Spanish—see Searle 1992] pale by comparison’ (Carew 1992, p. 5). Other European powers too arrived on the scene and conquest of indigenous peoples of the New World often proceeded with organised genocide when these peoples resisted forced labour, and the destruction of highly developed civilisations—described by Stannard (1992) as an ‘American Holocaust’ (1992). Thus, European ways of thinking about the ‘Other’, with their roots in anti-Semitism coupled with anti-Muslim attitudes (both deeply embedded in Europe at the time), set the stage for the much wider ideology of racism—one that objectified types of people seen as racially inferior (see ‘Racialisation’ in Chap. 5). Searle (1992) states that ‘racism begat colonialism, which begat imperialism’ (p. 70). The Portuguese moved enslaved Africans to Brazil from 1570 until 1630 when the Dutch took over control

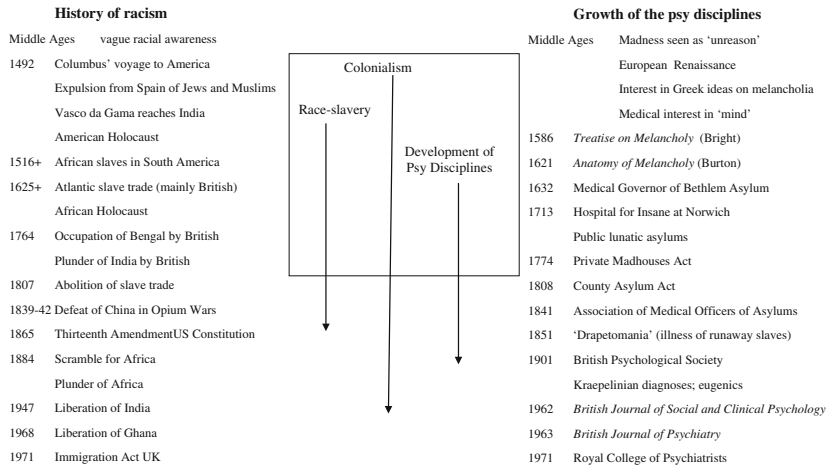


Fig. 2.1 Historic context of psychiatry and psychology

of sea access to South America. The large-scale transport of enslaved Africans —the Atlantic slave trade—began in 1625 in order to provide cheap labour for the plantations in the USA and the islands in the Caribbean, and was a massive project, run mainly by British companies (Walwin 1993) (see Fig. 2.1).

Millions of black Africans were forced onto ships and treated like cargo—as the personal possessions of their owners—transported to satisfy the demand for labour in colonies in America. During the ‘middle passage’, the hazardous voyage across the Atlantic, black people were seen and treated as savages by the slave traders. In the eyes of the local slave-owners in America, they were different to the indigenous people, (so-called) Indians. In *White over Black*, the classic book describing American attitudes toward enslaved Africans, Winthrop Jordon (1968) writes: ‘Conquering the Indian [indigenous American] symbolized and personified the conquest of the American difficulties, the surmounting of the wilderness. To push back the Indian was to prove the worth of one’s own mission, to make straight in the desert a highway for civilization. With the Negro it was utterly different. ... And *difference*, surely was the indispensable key to the degradation of Negroes in English America’ (p. 91, emphasis in original). Winthrop reckons that black people’s status as relatively helpless strangers in America, together with their ‘heathen condition’ and blackness of complexion, set them apart

from all other groups of people in Americas. There ensued a 'cycle of degradation' which, once established was accepted as a normal condition; and '[by] the end of the seventeenth century in all the colonies of the English empire there was chattel racial slavery of a kind which would have seemed familiar to men [and women] living in the nineteenth century' (Winthrop 1968, pp. 97–98). This was slavery, *racial slavery*, on an industrial scale that was different to slavery anywhere else before or since then—black people were slaves totally owned by their white masters. Most 'mixed-race' people were absorbed into either the black or white category (depending on appearance) while a few remained problematically in-between.

Slavery was virtually abolished 'by one means or another throughout the North' by 1830 (Woodward 1974, p. 17) and legally abolished in the whole of the USA in 1865 by the Thirteenth Amendment to the US Constitution: Abolition of Slavery (1865). But the freedom of black African Americans was circumscribed in many ways, the sum of which became known as the Jim Crow system (described in detail by Woodward 1974). According to Alexander (2012) Jim Crow was 'a term apparently derived from a minstrel show character' (p. 35). Jim Crow meant enforced segregation and legalised discrimination backed up (in the South) by illegal activities, such as acts of terrorism and lynchings carried out by the Ku Klux Klan; at the same time, the criminal justice system was strategically employed to force African Americans to live under a system which subjected them to extreme repression and control (especially vicious in the Southern states—'a tactic that would continue to prove successful for generations to come' (p. 32). The extreme version of Jim Crow was gradually eroded by migration to the North, and the increasing political organisation among black people that led to the civil rights movement following the end of WWII; such organisation resonated with the liberation movements that were gathering pace in other parts of the world as white-supremacist colonialism was overthrown (see 'Transformations after WWII' in Chap. 4). It was during the era of racial slavery in the USA, and then during that of Jim Crow, supplemented by the colonial projects in America, Africa and Asia, that the stage was set and the principles established for relationships between white people and 'other' races that were characterised by racism and underpinned by the ideology of white supremacy, and which continue to the present day—not just in the USA, although that is where these are seen most vividly, but all over the world.

In the early part of the fifteenth century, Portuguese explorer Vasco de Gama, helped by Arab sailors, found the sea route to India round the

southern tip of Africa and across the Indian Ocean, thus opening up to Europeans the sea routes to the East (the southern silk road) previously monopolised by Arab and Chinese traders (Hall 1996). These routes were first exploited by the Portuguese and Spanish but soon afterwards Great Britain, the Netherlands and other seafaring nations joined in, not just for purposes of piracy and to search for wealth and lands to which their people could emigrate, but to explore and to discover exotic places, people, fauna and flora—although admittedly the funding for such journeys was often provided on the (often explicit) understanding that lands allegedly ‘discovered’ would be claimed for the European mother country. Exploration soon became exploitation, leading to colonialism and race-slavery (or the semi-slavery of indentured labourers) of people ‘different’ to the colonists; and, where circumstances permitted, Europeans were brought over for settlement—sometimes on a very large scale—on lands that had been appropriated from people of ‘lower’ races, who were pushed out or even subject to genocide. Natural resources were seized one way or the other (for example by unequal treaties); local skills were exploited (and sometimes copied for use in the mother country in Europe); and land and property were obtained by unequal trade agreements often imposed by force of arms. Most importantly, local people were tricked or forced into servitude and, almost from the start of European contact with Africa, vulnerable inhabitants were enslaved and transported for forced labour—in small numbers to Europe and European colonies in Asia, and in large numbers, in the notorious Atlantic slave trade, to the European colonies in America. Aggressive colonisation, the transport of enslaved Africans to work in the New World and the plunder of the other continents by European powers would characterise the next 400 years—something beyond the remit of this chapter to describe in detail. After the rise of racism (which, as we saw earlier, was necessary to justify the enslavement of Africans on an industrial scale) during the Atlantic slave trade, ‘European thinkers were concerned to keep black Africans as far as possible from European civilization’ (Bernal 1987, p. 30).

As India was gradually controlled, plundered and colonised (a process comprehensively described by Shashi Tharoor 2016), European nations attempted to trade with China. They had little to offer in exchange for the tea, valuable fabrics and other consumer goods that China possessed, until Britain had the idea of exporting opium grown in (British) India to China. As European nations mounted attacks on China during the nineteenth century, political and social structures in the country were destabilised

(Bernal 1987). China was forced by the opium wars to accept so-called 'free trade'—a system that allowed the British and French to engage freely in importing and selling opium on the Chinese mainland. Consequently, the balance of trade between China and Europe shifted in favour of the latter in the nineteenth century. China became a virtual client state (of Western powers), semi-colonised, with warlords and factions dependent on European powers. Egypt, like China, had a long and illustrious history of civilisation and culture, going back much further than anything the West had to offer; and ancient Egypt, which in the eighteenth century had been seen as a very close parallel of China, suffered a similar fate to that country in the course of European expansion into North Africa (see Fig. 2.1).

2.3 THE EUROPEAN ENLIGHTENMENT

The period of cultural changes in eighteenth-century Europe, usually referred to as the 'Enlightenment', is often thought of as significant in the development of European thinking that led to the development of what today are sometimes called the 'European values' of liberty, democracy and equality. Dorinda Outram (2005) Professor of History at the University of Rochester argues that the Enlightenment was not a single process or movement but 'rather a capsule containing a set of debates ... characteristic of the way in which ideas and opinions interacted with society and politics' (p. 8). These ideas and opinions included only those emanating from Europe and the key thinkers (or major figures) who set the tunes were all white Europeans. Outram writes: 'The Enlightenment relies on "rationality", reasoning which is free from superstition, mythology, fear, and revelation, which is often based on mathematical "truth", which calibrates ends to means, which is therefore technological, and expects solutions to problems which are objectively correct' (p. 6). But that was not the whole story. David Goldberg (1993) points to the Enlightenment as a highly racialised project: 'A few examples will suffice. Kant citing with approval David Hume's likening of learning by "negroes" to that of parrots, insisted upon the natural stupidity of blacks. John Stuart Mill, like his father, presupposed non-white nations to be uncivilized and so historically incapable of self-government. Benjamin Disraeli captured the sensibility of the mid-nineteenth century by declaring the only truth to be that 'all is race'. The basic human condition—and so economic, political, scientific, and cultural positions—was taken naturally to be race determined' (1993, p. 6).

The philosopher Emmanuel Chukwudi Eze (2001) has carefully explored the shift in European thinking that took place in the age of the Enlightenment: ‘For the ardent Cartesian [an adherent of ideas enunciated by the French philosopher René Descartes, dubbed the father of modern Western philosophy] ... human differences of skin color or sex are merely accidents, inessential, and illegitimate criteria for determining the essential and true worth of the person’; but the empiricism in the writing of Hume and other philosophers of the Enlightenment dictated that human essence was in the body—‘Hume, unlike Descartes, denied the existence of a metaphysical essence of human nature’. Eze writes that Harry Bracken, Professor of Philosophy at McGill University and a specialist on Descartes, ‘found an intriguing historical correlation between the rejection of Cartesianism in England and the simultaneous growth in that country of empiricism, colonialism, and racism’ (2001, p. 54).

The Enlightenment was the time when liberalism—the ‘tradition of thought whose central concern is the liberty of the individual’ (Losurdo 2014, p. 1)—emerged in Europe. Yet, at the time the Atlantic slave trade, almost a monopoly of British companies, was in full swing; the plantations in the USA and the Caribbean on which chattel slavery flourished were predominantly in British colonies; and ironically, liberal ideas were being pursued by English gentry and plantation owners (Losurdo 2014). The American writer Toni Morrison (1993) points out: ‘The concept of freedom [during the Enlightenment] did not emerge in a vacuum. Nothing highlighted freedom—if it did not in fact create it—like slavery. ... What rose up out of collective needs to allay internal fears and to rationalize external exploitation was an American Africanism—a fabricated brew of darkness, otherness, alarm, and desire that is uniquely American’ (1992, p. 38). This history resonates today in the current experiences of African-Americans (see the section ‘Obama years’ in Chap. 8).

The (European) Enlightenment may be overrated in its significance, considering that it only affected a minority of people in the world and a few cultural groups, but the changes in Europe certainly set the stage for many cultural and political shifts throughout the world in subsequent years, partly because of European domination of Asia and Africa during the following 300 years or so; and the ‘values’ of the Enlightenment are quoted in English literature and European politics as those that people everywhere should aim at achieving. The Enlightenment thinkers’ legacy in inspiring the French revolution may have enabled the first black republic outside Africa to be formed by a rebellion by the enslaved people of Haiti, who

overthrew their French masters; but the liberal ideas of the Enlightenment at the time they were first propounded were race-specific, and only applicable to white people. The writings on race by eminent European thinkers of the Enlightenment—according to Eze (1997) ‘Hume, Kant and Hegel played a strong role in articulating Europe’s sense not only of its cultural but also *racial* superiority (p. 5, emphasis in original). And the American Africanism referred to by Toni Morrison—see above—with its counterpart, an European Africanism seen in colonial literature and art (for examples see Smith 2015), created the myths and stereotypes of what people who were seen as ‘African’—black people—represent today in (white) European culture. It must be noted that in searching for knowledge and understanding of the world and the human condition, ‘the problems we pose, the theories we use, the methods we employ, and the analyses we perform are social products themselves and to an extent reflect societal contradictions and power dynamics’ (Bonilla-Silva 2014, p. 13).

2.4 SCIENTIFIC RACISM

In the eighteenth century, Swedish botanist Carl Linné, generally known as Linnaeus (1758–9), who devised a formal system of naming species of living things, extended his classification of plants and animals to divide human beings according to a hierarchy development based on skin colour—whites at the top. Physical anthropology developed methods for classifying skulls to indicate levels of intelligence—again with Europeans at the top (Jordan 1968). The anthropological and medical contention that the brains of black people were inferior to those of whites was supported by dubious research in the nineteenth century and early twentieth. For example, Robert Bean (1906), Professor of Anatomy at Johns Hopkins University concluded: ‘From the deduced differences between the functions of the anterior and posterior association centres and from known characteristics of the two races the conclusion is that the Negro is more objective and the Caucasian more subjective. The Negro has lower mental faculties (smell, sight, handcraftmanship, body-sense, melody) well developed, the Caucasian the higher (self-control, will-power, ethical and aesthetic senses and reason)’ (Bean 1906, p. 412).

To demonstrate the (pseudo-) scientific racism of the time, Fryer (1984) quotes the following tenets of anthropology, summarised by Hunt (1863) in his presidential address to the Anthropological Society of London (which Hunt founded), in words that document the thinking of the times:

1. That there is good reason for classifying the Negro as a distinct species from the European, as there is for making the ass a distinct species from the Zebra: and if, in classification, we take intelligence into consideration, there is a far greater difference between the Negro and European than between the gorilla and chimpanzee. 2. That the analogies are far more numerous between the Negro and the ape than between the European and the ape. 3. That the Negro is inferior intellectually to the European. 4. That the Negro becomes more humanised when in his natural subordination to the European than under any other circumstances. 5. That the Negro race can only be humanised and civilised by Europeans. 6. That European civilisation is not suited to the Negro's requirements or character.

(Hunt 1863, cited by Fryer [1984](#), p. 177)

Although scientific racism in the mid-nineteenth century seemed to have sealed a narrow biological view of race into European culture, major changes were to take place in the understanding of 'race' and the ways in which racism impacted on people and social systems (see Chap. 4).

2.5 ORIGINS OF WESTERN PSYCHOLOGY AND PSYCHIATRY

The disciplines of psychology and psychiatry that arose in European culture are referred to in several places in this book as 'psy' disciplines in order to emphasise how closely they are bound up together, both in terms of their histories and their function in Western society and, increasingly, outside the West. Both disciplines are involved, both in clinical work with clients and for patients attending 'mental health services' that are regarded as part of *medical* services. Critical thought around matters to do with mental health tend to focus on the 'psy' disciplines because of the power they wield by (a) having a major input into labelling of people in terms of their social functioning, capacity to be responsible for their behaviour, personality and mental states—in particular the propensity to be dangerous to, or a burden on, others; and (b) underpinning the style of how a variety of sociopolitical systems (especially those providing the public with mental health services) are structured. Matters 'mental', many of which used to be thought of as within the purview of 'religion', are now thought of as issues of 'health' (often public health)—a conflation that is particular to Western culture but one that is increasingly being spread worldwide as local non-Western systems are being globalised (Fernando [2014a, b](#)). Apart from underpinning ways of working in mental health services, the 'psy'

disciplines influence the functioning of health services in general. And they greatly influence the training of professionals in the mental health field, whether as psychologists, psychiatrists, mental health nurses, social workers, occupational therapists or others involved in service provision. Both disciplines are founded on the academic study of psychology and psychiatry (sometimes called medical psychology) and both arose in tandem within the general field of Western knowledge.

Gardner Murphy (1938) traces the beginnings of modern academic psychology (which led to clinical psychology) to the revival of learning in Europe during the fifteenth and sixteenth centuries (the so-called Renaissance) leading to that period of European history in the seventeenth and eighteenth centuries referred to as the Enlightenment, the age of reason (Barzun 2000; Smith 2008). In the sixteenth and seventeenth centuries there was a growing interest in melancholia, derived from Greek literature (possibly through its elaboration in the Arabic writings of the tenth to the thirteenth centuries); this interest was represented by books such as *Treatise in Melancholy* by Timothy Bright (1586) and *Anatomy of Melancholy* by Robert Burton (1621) (see Fig. 2.1). Prior to the Enlightenment the Bible was the fount of all knowledge and the Western world was in effect theocentric, deriving its (supposed) authority from Christian teachings of the time. European thinking about the human condition moved during the Enlightenment from the medieval, theocentric 'Dark Ages' (now seen as largely dominated by 'superstition') to the modern, body-centred world of the self-made person. The process that enabled this to happen has been described by Porter (2004) as the 'psychologizing of the Self' (pp. 347–373), and as amounting to a reinterpretation of identity in psychological terms—indeed a dismantling of what had been the centre of human condition, namely the 'Soul', concurrent with the exclusion of spirituality (represented in the West in religion). As much as a cultural shift, this change was made possible by the power struggle between science and the Roman Catholic Church (see below, 'The scientific paradigm') The psyche, which had originally meant the soul (with spirituality), something relatively active, came to be considered more as an inert, static 'mind'. And study of the psyche ultimately developed into psychiatry (concerned with the abnormal mind) and psychology (focused on the normal): the 'psy' disciplines.

The 'psy' disciplines became standardised and elaborated (in Western culture) through the study of people designated as being 'mad' in a context of Enlightenment thinking (Foucault 2006) and the next few paragraphs

explore the pressures and context of the time within which this happened. However, some points (discussed at some length elsewhere, for example in Fernando 1991, 2014a) should be noted: first, madness had been recognised all over the world in many cultures (Porter 2002) and every cultural tradition includes a concept of illness (McQueen 1978). But concepts of ‘mind’ and mental functioning (which psychology was primarily concerned with) and notions about ‘illness’ of the mind and human behaviour (which was the focus of psychiatric knowledge) developed differently in non-Western cultural traditions from that in the West. Second, with regard to Western knowledge sources, some ideas in the ‘psy’ disciplines hark back to Greek thinking (for example, to Plato, Socrates and Hippocrates—see Fernando 1991, pp. 53–54); and Greek medicine helped promote a medicalised concept of madness that informed the work done in the *māristāns*, or medieval hospitals for the insane in the Arabic Empire (Dols 1992, pp. 28–29; Foucault 2006, p. 117; Fernando 2010, pp. 48–51 and discussions in Fernando 2014a, pp. 28–29) although, with the decline of that empire, much of its knowledge, written up in Arabic, became corrupted and was lost to the knowledge base that developed within European cultures (see Fernando 2014a, pp. 28–29).

Two matters should be noted here, although they are explored further in other parts of this chapter and later chapters of the book. The first is about the ‘objectivity’ that a scientific approach should have ensured if Enlightenment values were to underpin the development of the ‘psy’ disciplines—the issue being that this is not what actually happened (see Fernando 2010, pp. 53–56; and also see the section, ‘The scientific paradigm’, later in this chapter). The ‘psy’ disciplines only *mimicked* objectivity; for example many of the methods they used for understanding individuals were clearly subjective, although packaged in language that suggested otherwise. As psychologist Thomas Graham (1967), reviewing critically the way (Western) medicine (of the body not the mind) differs today from clinical psychology with respect to objectivity, says: ‘the tower of the *physician* stands unshaken whilst the temple of the *psychologist* [and psychiatrist] rocks to its foundations’ (p. 41). The second matter of note is about racism. As the Western disciplines of clinical psychology and psychiatry became established in Europe and in Europeanised America, they reflected the values of the (European) Enlightenment in general, and racism and the ideology of white supremacy attached to racism were part of that Enlightenment’s values (see the above section, ‘The European Enlightenment’).

2.6 THE SCIENTIFIC PARADIGM

René Descartes, seventeenth-century French philosopher and mathematician, who is sometimes seen as the father of modern European philosophy, saw human activity as being either of a mechanical nature or resulting from rational thought. For Descartes, the soul (which is now interpreted as the 'mind') is purely spiritual and formed of a different substance to the 'body' (Koyré 1970, xliii); and the Cartesian doctrine that has come to us is the dogma of the Ghost in the machine ... that there occur physical processes and mental processes; that there are mechanical causes of corporal movements and mental causes of corporal movements (Ryle 1949, p. 23). Later in the seventeenth century, Newtonian physics came on the scene. The natural world became a mechanical system to be manipulated and exploited; living organisms were seen as machines constructed from separate parts, each part being broken into further divisions. And scientific study was necessarily reductionist. There emerged the view of mind as an objective 'thing' to be studied by objectified methods, the preferred approach being reductionist (see below under 'Biologisation of mind'). As the separation of natural philosophy from theology progressed in eighteenth-century Europe, science (linked to natural philosophy) to a large extent replaced 'religion' (linked to the teachings of the Church) as the main source of knowledge about the human condition—so much so that 'at the beginning of the century the most widely purchased books were theological; [but] by the end of the century they were fiction or popular science' (Outram 2005, p. 107). The power of the Church as keeper of 'religion' (in being the interpreter of the Bible) was replaced by the power of (scientific) observations and theories based on rationality. The resulting conflict between the Catholic Church and the scientific establishment is epitomised by the *Galileo affair* (Finocchiaro 1992)—the trial and condemnation of a scientist for his scientific views, which were seen by the Roman Inquisition as heresy. The stage was set for a 'scientific approach' that was part of the flowering of new ideas (the Enlightenment) in the eighteenth century.

The concept of a paradigm first drawn attention to by Thomas Kuhn, writing mainly about science, is a useful way for us to consider the nature of knowledge production—epistemology. It means a system of beliefs and assumptions that determines fact-gathering within a system of knowledge

—‘the rules of the game’, which are often implicit, rather than being clearly stated, more like shared beliefs than explicit theories or practical guidelines (Kuhn 1962, pp. 40–45). A paradigm determines ‘what constitutes useful and respectable data’, how the creators of knowledge ‘go about their business’ and so on (Ingleby 1980, p. 25). The basic features of the scientific paradigm that emerged from the ideas of the Enlightenment can be divided into beliefs and approaches (see Table 2.1). Beliefs centre on (a) positivism, the belief that reality is confined to what can be observed, and knowledge limited to events and to empirically verifiable connections to events; this means ignoring everything prohibited by the existing ‘reality’—‘that is everything that does not exist, but would under other conditions, be historically possible’ (Martin-Baró 1994, p. 21); (b) causality, meaning that everything that exists has a cause (for its existence), which yields a mechanical cause-and-effect model and implies that nothing is truly random and nothing beyond understanding (supernatural); (c) objectivism, where feelings and experiences become things ‘out there’ to be studied as objects, and moral and ethical judgements are not valid; and (d) rationality, where the final arbiter of truth is reason and all assertions verifiable by logical reasoning. The methods of study in scientific thinking (at the time when the ‘psy’ disciplines developed) were (a) the mechanistic

Table 2.1 Scientific paradigm

Beliefs
<i>Positivism</i>
Reality is rooted only in what can be observed
<i>Causality</i>
Nothing occurs randomly
Natural causes for all events and effects
<i>Objectivism</i>
Feelings, thoughts etc. regarded as objects
<i>Rationality</i>
Reason superior to emotion
All assertions verifiable by logical proof
Approaches
<i>Mechanistic</i>
Newtonian physics as opposed to modern physics
<i>Reductionist</i>
Sum of the parts equals to whole
<i>Logical reasoning</i>
Intellectual exercise

approach of Newtonian physics; (b) the reduction of complex systems into their parts; and (c) intellectual, logical reasoning as opposed to any other type of understanding, such as intuition.

As in the case of the natural sciences (physics, chemistry and so on) the 'psy' disciplines that took root in European culture in the nineteenth century tried to do so within the scientific paradigm (Table 2.1). The natural sciences generally succeeded but Western psychology and psychiatry tended to fall far short (see the discussion of their troubled path in the section 'Sociopolitical context', below). For example, most of the concepts used in the 'psy' disciplines tend to depend on subjectivity and so lack scientific validity. Also, as a result of the political and theoretical conflict with the Catholic Church representing 'religion', anything to do with spirituality (seen as a part of religion) was excluded as unscientific. The exclusion of spirituality resulted in the 'psy' disciplines being secular in approach—something that has become a major drawback in the case of their *clinical* applications in psychiatry and clinical psychology, which are to do with human beings in all their varied dimensions, mind, body and spirit.

In following the scientific reductionist approach, general medical sciences of the nineteenth century examined smaller and smaller fragments of the human body, looking for pathologies to be measured as objectively as possible, while tying these up with how ill-health was manifested as complaints (constructed as symptoms), and relating these to (objectively measured) pathologies. The imperative of the 'psy' disciplines to follow—or seeming to follow—the scientific approach was strong; and so they followed the pattern set down by the general medical sciences—objectifying complaints and problems seen as not having a medical basis, attributing them to particular locations in the mind or interactions between different parts of the mind. Thus, a variety of problems of living, which in reality were complex emotional and social problems and problems of relationships and exigencies of life, were reduced to pathologies (in the psyche or mind) and thence to illnesses (interpreted as diagnoses based on the tradition of medicalisation of human problems, see Fernando 2014a, pp. 27–28) or formulations from a variety of theoretical perspectives (see Johnstone and Dallos 2014). The budding clinical psychologists and psychiatrists had to prove their worth as 'scientists' (in the case of psychiatrists there was additional pressure to be recognised as 'real doctors' like their counterparts in medical specialities) who looked to objective tests to validate pathologies.

The result of the struggle of those in the ‘psy disciplines’ to be accepted as scientific practitioners was that their academic approaches (often using complex statistics) were presented as objectively measured matters rather than what they were (and are): products of social construction, introspection, inspiration, imagination and guesswork. The study of the variety of concepts they dealt with, for example parts of the mind, such as the ego, the unconscious and intelligence; pathological processes in mental illness; and diagnoses like neurosis and melancholia, were thought to be probably valuable in some circumstances, but were not really considered as ‘science’. However, by adhering to observation (however biased it may be), experimentation where possible using the soft data of ‘observation’ and the quantitative processing of data, the ‘psy’ disciplines have generally been able to claim a scientific status equivalent (in public perception) to that of many medical sciences, if not the hard sciences such as physics and chemistry.

2.7 BIOLOGISATION OF MIND

In the latter part of the nineteenth century, a French doctor, Bénédict-August Morel, preoccupied by ‘the seemingly remorseless rise in the numbers of the insane and the apparent inability of mental medicine to cure its patients’ proposed the concept of ‘degeneration’—deviation from normality recognisable by physical stigmata that resulted in the moral and intellectual collapse of an individual (Pick 1989, p. 54)—as an explanation for madness. This led to the notion of madness being inherited and the assumption of the inherited nature of much of what constitutes human psychology. At the same time, the notion of race played an important part in determining how both madness and human psychology (the understanding of the mind) were seen. As the ‘psy’ disciplines became influenced by social Darwinism, psychology espoused eugenics, ‘the science which deals with ... inborn qualities of race’ (Galton 1904, p. 1) and ‘race psychology’ became popular, especially in the USA—see ‘Nineteenth-century psychology and psychiatry’ and ‘Race psychology’ in Chap. 3. The mind was increasingly seen as something produced (biologically) by the brain, and illness of the mind as essentially biomedical.

A parallel movement to biologisation that had a deep impact on the ‘psy’ disciplines was the rise, during the first half of the twentieth century, of Freudian psychoanalysis. Freud himself was a neurologist and medical doctor who expected that the psychological theories he propounded would

eventually be substantiated *materially* in neurological systems located in brain anatomy; but the importance of psychoanalytic theories was that they argued for a psychic (or functional) basis for brain activity and hence an alternative to the search for a materialistic anatomic-biological basis for the 'psy' disciplines. Erich Fromm saw psychoanalysis as an attempt to bring an element of spirituality into the 'psy' disciplines (see Fromm et al. 1960), but the impression made by psychoanalysis collaborated with the forces of the biologisation of the mind to exclude spirituality from both (Western) psychiatry and psychology. At the turn of the nineteenth into the twentieth century, the so-called illness 'schizophrenia' was constructed as the epitome of genetic illness of the mind. By the middle of the twentieth century, all mental disorders were viewed as inborn conditions, which *ipso facto* (at that time) were not amenable to treatment. Since the end of WWII in 1945, and even more so since the medication revolution of the 1970s, the 'psy' disciplines have gained in prestige and power in much of the world (Fernando 2014a). Their basic tenets, set in the eighteenth and nineteenth centuries, have not shifted much at the level of practical work, that is clinical work with people deemed to suffer from mental health problems, although there are movements in the academy questioning these tenets—such as the 'critical psychiatry network' (<http://www.criticalpsychiatry.co.uk/>) and 'madness studies' (<http://madness-studies.com/>). Today, in the second decade of the twenty-first century, the belief in reified concepts like 'schizophrenia' is an important part of the belief system of the 'psy' disciplines—and a major part of the paradigm that informs them.

2.8 SOCIOPOLITICAL CONTEXT

Prior to the (European) Enlightenment (see above), madness was seen as the state of mind of people who had not merely lost their 'reason' or did not possess it to start with, but people who possessed 'unreason' (Foucault 2006), a somewhat positive condition or even ability. As some classes of people in Europe became rich through the proceeds of slavery and the trade in sugar, and the plunder of their colonies, the growth of cities and of affluent areas of residence, and thereby disparities of wealth and health (in Europe) became evident, and some groups/classes of people designated as 'mad' were marginalised and seen as an encumbrance, even a danger. People considered socially undesirable were segregated and placed in institutions, well away from 'respectable' people. The building of asylums for the 'mad' was initially limited to Europe but then spread across to

European settler colonies (in for example, America and Australia) and was later imposed on some Asian and African colonies by imperial powers (see Fernando 2014a, and ‘Alleged mentality of black people’ in Chap. 4). Asylum inmates (as they were called) were placed there partly for their own protection and care, and partly to protect the general public from the insane. As the mad became a burden on society at large, the concept of unreason as a positive state, and not just as the lack of reason, gradually lost its significance; and, as the mad fell under the domain and control of medical doctors, unreason was increasingly seen as an ‘illness’. Being locked up, they (the mad) became the object of study and observation—leading to the development of a system of knowledge that gave us the discipline of psychiatry and its counterpart, clinical psychology (Fig. 2.1).

By the end of the eighteenth century, lunatic asylums had been largely renamed ‘mental hospitals’, and the need to ‘cure’ went hand in hand with the purpose of protecting society: ‘The mad are now [eighteenth century onwards] locked up in *order to be cured*’ (Khalfa 2006, p. xviii, emphasis in original). As the asylums became central to the development of the mental health professions, and (medical) doctors were now in charge of asylums, psychiatrists (who were medically qualified) achieved a higher standing (in comparison to clinical psychologists) in the field of mental health. What happened in practice was that psychologists tended to be restricted to making a psychological (including IQ) assessment, while psychiatrists took on the roles of both assessment and treatment, and of being responsible for predicting likely outcomes (prognosis)—and this gave psychiatrists, and hence the discipline of psychiatry, greater prestige and legal power. However, from the second decade of the twentieth century onwards, clinical psychologists would be increasingly involved in all aspects of mental health care and today both disciplines are seen as more or less equivalent. Both underpin the theory and practice of what happens in mental health services.

In most of Europe, doctors in charge of asylums were once called ‘alienists’—people who decided who was alien to (respectable) society and who was ‘normal’, madness itself being sometimes referred to as ‘mental alienation’ (Shorter 1997, p. 17). By the end of the nineteenth century, the quest to understand ‘unreason’ (the original characteristic of madness) had all but disappeared, although parts of Freudian psychoanalysis in the early part of the next century ‘raised the possibility of a dialogue with unreason’, albeit within a medical framework (Foucault 2006, p. 339). Alienists used various diagnoses depending on the sociopolitical context.

Racism infiltrated diagnoses from the very start—the most (in) famous, in early nineteenth century, being drapetomania (the illness characterised by running away), one of several diagnoses given to Africans who protested the condition of slavery at the time (see ‘Mental pathology and the construction of race-linked illnesses’ in Chap. 3). A standard for a diagnostic classification on mental illness was pursued by alienists (see Fernando 2014a); and the model proposed by Emil Kraepelin (1896, 1913) at the turn of the nineteenth to the twentieth century—sometimes called the Kraepelinian or Kraepelian approach (Donald 2001)—became dominant and still remains the basis of modern (biomedical) psychiatry (see Fig. 2.1).

In the UK, alienists (often called ‘mad doctors’) came together in the Association of Medical Officers of Asylums and Hospitals for the Insane, founded in 1841; its *Asylum Journal of Mental Science* was first published in 1853. The Association became the Royal Medico-Psychological Association, and finally the Royal College of Psychiatrists (RCP) in 1971, publishing the *British Journal of Psychiatry*. The British Psychological Society (BPS) evolved from The Psychological Society, founded in 1901 at University College, London. The BPS publishes many journals, one of which is devoted to clinical matters, the *British Journal of Clinical Psychology*. Figure 2.1 shows how the context in which psychiatry and clinical psychology developed was one in which race thinking was the norm and racist ideologies ruled supreme, having been fashioned by race-slavery and colonialism. Considering the extent to which context influences social and cultural structures, it was always likely that the ‘psy’ disciplines would be institutionally racist—unless the disciplines themselves recognised this and took action to counteract racism.

Once madness was seen as an ‘illness’, it was seen as something separate from the ‘mad’ person, to be dealt with *positively*, on the basis of positive facts about illness—for example, each illness had a ‘natural history’ and verifiable data and so on—in keeping with what was then the scientific approach. As the ‘psy’ disciplines became the body of expertise about mental illness, they established power over the mentally ill and also made it possible for the ‘appearance of a psychology [of mental illness, of madness and thence of normality] ... a cultural fact peculiar to the Western world since the nineteenth century’ (Foucault 2006, p. 529).

The two ‘psy’ disciplines thus worked as partners interested in the field of mental health, psychology being concerned with accumulating knowledge about the (supposed) functioning of the (normal) ‘mind’; while ‘psychopathology’, the supposed pathologies of the mind—the abnormal

mind—was the province of psychiatry; and both disciplines attempted to operate within a scientific paradigm developed in the eighteenth and nineteenth centuries (see Table 2.1). The adherence to a scientific approach in the ‘psy’ disciplines seemed justified at the time because such an approach seemed to be paying off in the case of biological therapies in medicine and in the practical applications of that approach in chemistry and physics. However, it should be noted that modern science (the ‘new physics’) has a different paradigm to the nineteenth-century scientific paradigm (which informs the ‘psy’ disciplines); for example in the case of Heisenberg’s uncertainty principle, and chaos theory, suggesting the importance of unpredictability (see Davies and Gribbin 1991).

Psychiatry and clinical psychology have pursued a troubled path in the field of mental health because of the need for mental health professionals to understand problems of living and the *lived experience* of human beings, who are *subjective* beings: this was difficult, because these could not be subsumed easily within the objectivity predicated by a scientific approach (Table 2.1). Clinical psychology itself struggles to maintain a balance between the various influences it is subjected to. As Foucault (2006) states it remains ‘by its very nature, at a crossroads ... between the subject and the object, between within and without, between lived experience and knowledge’ (pp. 529–530). And the same could be said for (clinical) psychiatry, although its political adherence to the structures of medicine (the illness model) means that it is pulled towards objectivity even more strongly than clinical psychology. The struggle of both ‘psy’ disciplines, as *clinical* disciplines (rather than purely academic ones) to keep to a middle path between subjectivity and objectivity, has meant that, both the institutions and the individuals working in them (as psychiatrists and clinical psychologists) have, from the beginning, been split into two broad camps—the sociocultural and the biological. This split is reflected even today in the UK within the official (professional) bodies, the Royal College of Psychiatrists and the British Psychological Society, especially in its the latter’s Division of Clinical Psychology; and it is likely to be exacerbated in the future (see ‘Future of the “psy” disciplines’ in Chap. 9).

2.9 LIMITATIONS OF KNOWLEDGE

Since the disciplines of psychiatry and clinical psychology developed in a context of Western, and to a large extent, *West-European*, cultures, drawing little, if anything, from ‘other’ cultural traditions, the question

arises as to their suitability *culturally* for informing mental health services meant for people whose backgrounds may not be culturally *Western*. This is a complex topic that is beyond the scope of this book, although some indications may be apparent when the place of racism and other forms of discrimination in such diagnoses are considered in subsequent chapters. However the next few paragraphs will make some points that suggest the cultural limitations from which the 'psy' disciplines suffer because of their historical failure to draw on knowledge systems in non-Western cultures. In most non-Western cultural traditions, including those of pre-Columbian America, the conceptualisation of mind and body and ideas about illness and health developed very differently to those in the West.

A major problem in discussing non-Western cultural forms vis-à-vis 'mental' matters is that a reliable body of information on the background and traditions of Africa and pre-Columbian America is not available for several reasons: in the case of Africa, the subject is vast and relatively unresearched (Karenga 1982); and the keepers of historical knowledge in the past were mainly griots, 'professional oral historians' (p. 53). Even more importantly, European conquests led to the loss of information about African societies and what was collected as history was often distorted to fit into racist models of African 'primitiveness'. In the case of South America, the wanton destruction by the Spanish conquerors that followed Columbus resulted in genocide, plunder and cultural pillage, all but destroying the civilisations in the region that preceded European conquest. In North America, aggressive colonisation by Europeans left the indigenous people restricted to life in reservations, and thereby destroyed their traditional cultures (Haig-Brown 1988). Thus deductions in non-Western cultural forms of what is equivalent to (what in Western cultures may be referred to as) 'the mind' are not easy to describe in a short section—there is a vast literature on this topic and some explanations have been made in chapters of books I have written (Fernando 2002, 2010 and Fernando and Moodley, in press). All that can be stated is that, from what we can decipher, the understandings of the individual mind in Asian and African psychologies are very different in fundamental ways to those in Western psychology and psychiatry. Not only are the roots of non-Western ideas very different—for example, their concepts of mind did not come out through a study of madness but from a mixture of spirituality and personal introspection—but so are the ways in which they relate to concepts equivalent to Western ideas of health and illness. Even today, non-Western psychologies remain to a great extent embedded in religion and

philosophy, unlike Western psychology, which aims to be ‘scientific’ (or whatever goes for ‘science’ today) and allied to (Western) medicine.

Another way of looking at the cultural limitations of the Western ‘psy’ disciplines is to examine what else was going on historically in the field of what is now known as ‘mental health’ at the time of their development; that is, the knowledge that those ‘psy’ disciplines did not draw on. A clear approach to madness was evident in the practices within the *māristāns* of the medieval period (which flourished from the tenth to thirteenth centuries) described by Dols (1992). According to this approach, the underlying theory of illness was seen in the humoral terms of Greek medicine, which was elaborated in a Islamic-Arabic context and possibly influenced by ideas from Hebrew culture—the Hebrew scholar and Jewish rabbi Maimonides (whose statue still graces a square in Cordoba) was one of the main writers on mental illness at the time. Foucault (2006) states that, unlike in European institutes of the times, ‘a sort of spiritual therapy was carried out [in the Islamic hospitals], involving music, dance, and theatrical spectacles and readings of marvellous stories’ (2006, p. 117). According to Graham (1967) Islamic ‘psychiatry’ (if we can call it that) encapsulated ‘a blissful union of science and religion’ (p. 47). Tibet, as a landlocked and geographically isolated place, developed a system of medicine that was (and is) unique, different to both Indian and Chinese medical systems, although drawing from both. The system of healing for madness within Tibetan medicine has been dubbed ‘Tibetan psychiatry’ by Clifford (1984). She calls it a ‘psychiatry’ because it combined the teachings of orthodox Buddhism, or rather the Tibetan Buddhist elaboration of these, with the application of ideas of herbal therapy and diet derived from Ayurveda (one of the main Indian systems of medicine), to form a method of person-centred treatment for mental and emotional problems, including madness: ‘A complex interweaving of religion, mysticism, psychology, and rational medicine’ (p. 7). Clifford uses psychoanalytic images to describe how psychosis was seen from a Tibetan medical perspective: problems could build up into ‘a tremendous panic ... [associated with] ... repression that is elaborated in terms of ego and unconscious tendencies ... eventually leading to psychosis’ (p. 138). In the Tibetan system, ‘[T]he psychological basis of insanity is the same basis for enlightenment. It all depends on whether or not it is accepted and comprehended and ultimately worked with as the key to liberation’ (pp. 138–139).

2.10 MODERN PSYCHIATRY AND CLINICAL PSYCHOLOGY

The embedding of racism in the 'psy' disciplines forms much of the discussions in several chapters of the book. As the earlier 'Sociopolitical context' section of this chapter makes clear, the 'psy' disciplines were influenced by sociopolitical forces, throughout their development from the study of madness and the control of people seen as mentally ill—one could in fact argue that these forces were all-important. Although they have undergone changes over the years, these disciplines' fundamental approach stays the same, continuing to reflect the cultures and sociopolitical contexts in Euro-America at the time they developed. The interface between the West and the Rest from 1492 onwards—the Dark Ages referred to by Kapuściński (2008) (see first paragraph of this chapter)—are depicted in Fig. 2.1 as the 'history of racism'. Clearly, it was inevitable that racist notions would permeate the 'psy' disciplines as they developed (as shown on the right-hand side of Fig. 2.1) unless definite action was taken to prevent that happening.

The practice and organisation of mental health services in the West (Europe and North America) have undergone quite significant changes since the end of WWII. Almost mimicking the great confinement that dominated the Europe and America of the eighteenth and nineteenth centuries (when the asylum movement arose), the decades between 1960 and 1990 saw the emergence of a drug-based psychiatry, drugs being the main line of treatment because of the assumption that mental illness was caused by chemical imbalance in the brain—I have referred to this in an earlier book (Fernando 2014a) as the 'medication revolution' (p. 83). As psychiatry became drug-based and clinical psychology colluded with the biologisation of the concept of the mind (see above under 'Biologisation of mind'), in general, society in both the USA and the UK, gradually adopted ways of thinking that had been set up by psychiatry and backed by clinical psychology. These particular ways of thinking about the human condition have been promoted by a form of the 'looping effect' described by Hacking (1995, 1999) whereby psychological and psychiatric categories and constructs that circulate in the wider world (popularised and spread in this case by the 'psy' disciplines and the pharmaceutical industry) have become internalised by individuals to shape their experiences and observations. Essentially, these 'modern' ways of thinking regard many human problems in living as indications of illness; according to such views, those problems are reflections of biological events in the brain and so are best dealt with by

individualised medications and/or packages of therapy directed at altering emotional states, individual beliefs or interactions between human beings—or a combination of these. Good psychiatric and psychological practice today means the ability to make clear diagnoses (see above) and administer specific therapies, usually drug remedies but also interventions aimed at changing people's mental functioning, belief systems and cultural practices.

There has been considerable criticism in the USA, since the early part of the twenty-first century, both of the excessive use of medications and of the Kraepelian model of mental illness that the 'psy' disciplines work with. Reviewing three important books for the prestigious *New York Review of Books*, Marcia Angell (2011), former editor of the prestigious *New England Journal of Medicine*, came to three significant conclusions, namely that: (a) pharmaceutical companies 'that sell psychoactive drugs through various forms of marketing, both legal and illegal, have come to determine what constitutes a mental illness and how these disorders should be diagnosed and treated' (Angell 2011, p. 3); (b) it is now highly doubtful that 'mental illness is caused by a chemical imbalance in the brain' (2011, p. 3); and (c) there is now convincing evidence that psychoactive drugs are not just useless as specific therapies, but may actually cause harm. However, in spite of publicity in the public domain criticising drug therapies, these continue to dominate the field of psychiatric practice, both in the USA and the UK. And the view held by most clinicians and a significant part of the general population in Euro-America is that diagnostic labels reflect specific illnesses that have a basic biomedical causation, although the ways these illnesses are experienced may be determined by social and cultural factors.

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