RACE AND MADNESS: LOCATING THE EXPERIENCES OF RACIALIZED PEOPLE WITH PSYCHIATRIC HISTORIES IN CANADA AND THE UNITED STATES

LA RACE ET L'AFFOLEMENT : LA LOCALISATION DES EXPÉRIENCES DES PERSONNES RACIALISÉES AYANT DES HISTORIQUES PSYCHIATRIQUES AU CANADA ET AUX ÉTATS-UNIS

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The intersectional social construction of race and madness has significantly shaped the lived experiences of racialized people with psychiatric histories. Unfortunately, there are few studies that consider the intersections between race and madness, and fewer still that locate these intersections within the social and political contexts of colonization, Canadian and American settler states, and immigration. The primary purpose of this article is to provide a review of the literature that looks at the intersections of race and madness in Canada and the US. In particular, the author will highlight common themes that are articulated in this literature. The second goal of this article is to locate the experiences of racialized people with psychiatric histories within the socio-historical context from which they arise. The author will argue that race and madness have been mutually socially constructed in Canadian and American society. Further, the author will illustrate that psychiatric constructions of racialized people have allowed for the rationalization and justification of both historical and ongoing colonial and imperialist domination, slavery, and exclusionary immigration policies.

Keywords: race, madness, psychiatry, Canada, United States

La construction sociale intersectionnale de la race et l'affolement a formé significativement les expériences vécues des personnes racialisées ayant des historiques psychiatriques. Malheureusement, il n'existe pas trop d'enquêtes qui abordent l'intersection entre la race et l'affolement, et encore moins qui se situent dans les contextes sociaux et politiques de la colonisation, des états coloniaux canadiens et américains, et de l'immigration. La raison d'être de cet article sera donc de fournir un survol des informations concernant l'intersection entre la race et l'affolement au Canada et aux Etats-Unis. L'auteur soulignera les thèmes communs qui se trouvent dans cette littérature. Le second but de cet article sera de localiser les expériences des personnes racialisées ayant des historiques psychiatriques dans un contexte socio-historique. L'auteur constatera que la race et l'affolement ont été construits socialement en société canadienne et américaine. De plus, l'auteur démontrera que les constructions psychiatriques des personnes racialisées ont permis la rationalisation et la justification de la domination coloniale et impérialiste, de l'esclavage, et des politiques de l'immigration non-inclusives, ces trois étant soit historique, soit actuelle.

Mots clés : race, l'affolement, psychiatrie, Canada, États-Unis

The history of psychiatry in Canada and the United States is a history rife with oppression, racism, violence, and inhumane treatment. Yet, there is limited amount of literature that considers this history, or that explores the lived experiences of racialized people who have been labelled as "mentally ill".[1] The literature that does exist often portrays race and madness as additive, that is, racialized people with psychiatric histories are seen as experiencing two separate forms of oppression: racism and ableism. As a result, racialized people with psychiatric histories are often represented as being at the bottom of a hierarchy of oppression, where race and madness are conceptualized as discrete categories that can be compared and contrasted (Mollow, 2006). Such depictions of the experiences of racialized people with psychiatric histories obscures the complex intersections of race and madness that have existed throughout history and that continue to affect the lived experiences of racialized people at present.

The inadequacy of such an approach is clear when one considers the ways in which madness and race have been socially constructed throughout Canadian and American history. Psychiatric labelling, treatment, institutionalization, and the lived experiences of racialized psychiatric survivors have been significantly shaped by the political project of colonization; political institutions such as slavery, scientific racism, and eugenicist discourses; and exclusionary immigration policies. Furthermore, these socio-political contexts have shaped the social construction of the racialized "Other". As a result, madness and race cannot be considered separately from these factors.

The violence of racism has not only shaped people's experiences within the psychiatric system. Racism, or the oppression of people based on the negative social constructions of the racialized Other, has also been identified by racialized people as causing experiences of mental illness, or madness (Danquah, 1998; Fanon, 1967; Waldron, 2002). The additive approach to discussing experiences of racism and madness also overlooks this connection between racialization and madness. Therefore, it is incredibly important to consider the ways in which race and madness have

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[1] I would like to take this opportunity to make a brief note on the use of psychiatric and medical terminology in this article. While the terms "mental illness", "mentally ill", "insanity", and "insane" will be used to a limited degree in this article, they are not terms that I endorse. This language is very much linked to a history of oppression and stigmatization which I would like to break free from and actively challenge. Therefore, these terms are used only to the extent that they relate to the articles and theories described in this article. Unfortunately, my use of such language is bound by the author's use. However, I try to recognize this dynamic by referring to the labelling process when invoking this language, for example, by discussing the experiences of racialized people labelled as insane. I also want to recognize the challenges made to these psychiatric and medical labels by people with psychiatric histories. The language that people with psychiatric histories use to describe their experiences is by no means homogenous: some people prefer terms such as mad people, consumers, or psychiatric survivors; some people prefer to use the psychiatric language of mental illness. This choice to use or challenge psychiatric labels belongs to the individual. For the purposes of this article, I will use the term psychiatric survivors or people with psychiatric histories when speaking in my own voice.

intersected throughout history to create unique experiences of oppression for racialized people.

The purpose of this article is to locate the experiences of racialized people with psychiatric histories within the socio-historical context from which they arise. Primarily, this article is a literature review. As there is a limited amount of research looking at the intersections of race and madness in Canadian and American history, this article will bring together this research and pull out the common themes that are articulated in this literature. Through an analysis of the existing literature, this article will also argue that race and madness have been mutually socially constructed in Canadian and American societies. Furthermore, it will illustrate that psychiatric constructions of racialized people have allowed for the rationalization and justification of both historical and ongoing colonial and imperialist domination, slavery, and exclusionary immigration policies.

The first section of this article will focus on the social and political constructions of race and madness. In this section the relationship between colonization, psychiatry, and the construction of the abnormal, racialized Other will be explored. This section will provide the context for the following sections, which will more directly concentrate on the lived experiences of racialized people with psychiatric histories. The second section of the article will consider how psychiatry has been used to maintain a dominant social order and to discipline racialized people. The third section will more specifically address labelling, treatment, and the institutionalization of racialized mad people. Although it is not a specific focus of this article, it is important to note that racialized people have not been passive victims of the psychiatric system, but rather have engaged in acts of resistance despite some of the brutal consequences they have experienced. Finally, the conclusion will point out some of the gaps in the literature on the history of race and madness in Canada and the United States.

Colonization, Psychiatry, and the Construction of the Abnormal Racialized Other

The Social Construction of Mental Illness

Psychiatry is often portrayed as an objective and scientific discipline. In fact, the construction of Western psychiatry as a value-free science has been key to its ability to maintain power over Indigenous and non-Western understandings of mental health. Further, psychiatry has conceptualized mental illness as an easily observable, static, objective, and diagnosable phenomenon. Nevertheless, despite the widespread acceptance of psychiatry and the notion of mental illness, these constructions have not gone unchallenged. Two of the more well-known critical challenges to psychiatry have been put forward Michel Foucault and Thomas Szasz.

In his seminal work, *History of Madness*, Foucault (2006) argues that power is central to the institution of Western psychiatry. Specifically, he asserts that the practice of labelling and categorizing people as mentally ill has allowed psychiatry to maintain power and exert control over individuals who displayed behaviours deemed psychologically deviant. Foucault also exposes how psychiatric treatments administered to people labelled mentally ill have been used as a means of punishing deviancy and regulating so-called “abnormal” behaviours.

In addition to his critique of psychiatry, Foucault (2006) challenges the notion that mental illness is an objective or value-free phenomenon. Through his analysis, he shows that the concept of madness is a product of history and society. In particular, Foucault argues that morality and notions of socially acceptable behaviour have informed the historical construction of madness in Western society. Further, he illustrates that as concepts of normalcy and abnormality have changed over time, so has the way in which madness has been defined. In this way, Foucault's work on the history of madness demonstrates that both psychiatry and madness are products of a particular socio-historical context.

Thomas Szasz also highlights the social nature of what has been labelled mental illness. In his statement *The Myth of Mental Illness* (1960) he argues that mental illness is a mythical concept, one that has been used as an explanation for "problems in living" but that has mainly worked to obscure the social nature of these "problems". Mental illness, Szasz contends, has been conceptualized as a deformity of the personality to which disharmony and deviance are attributed. He suggests that the concept of mental illness implies a deviation from a socially defined norm. This, he argues, results in a significant flaw in the psychiatric conceptualization of mental illness. Szasz states:

> The norm from which deviation is measured whenever one speaks of mental illness is a *psychosocial and ethical one*. Yet the remedy is sought in terms of *medical* measures...The definition of the disorder and the terms in which its remedy are sought are therefore at serious odds with one another. The practical significance of this covert conflict between the alleged nature of the defect and the remedy can hardly be exaggerated (p. 114).

Szasz (1960) also challenges the notion that psychiatry itself is a value-free and objective science. He argues that psychiatry, and psychiatrists, have a specific understanding of reality that is embedded in social norms. Since psychiatrists observe and label people's behaviours relative to these norms, the notion of mental illness cannot exist as separate from these social values.

The challenges to psychiatry brought forward by Foucault and Szasz highlight the socially constructed nature of mental illness. By doing so, they denaturalize the concept of mental illness and draw attention to the centrality of power and dominant groups in defining which behaviours, and which people, are labelled as deviant. However, although both Foucault and Szasz provide important critiques of psychiatry, neither of them considers how race and racism have shaped notions of mental illness.

Colonization, Psychiatry, and the Social Construction of Race

As colonization is an important historical and contemporary force used to shape definitions of race and normalcy, it is imperative to examine its role both in the construction of deviance and mental health and in shaping the experiences of racialized people with psychiatric histories. Colonization involves the transfer (or theft) and settlement of land occupied by Indigenous people, and the imposition of settler rule on

Indigenous populations. This is achieved through both material and symbolic processes used to separate racialized people from white settlers. The material process of colonization refers to the dispossession of land, spatial segregation, and the exclusion of Indigenous people form economic, social, political, and cultural spheres (Razack, 2002). The symbolic process of colonization involves the creation of both the racialized Other, who is constructed as less than human, and of the dominant white settler (Razack, 2002).

The social construction of race is an inherently political process, designed to serve the interests of dominant groups. Races are constructed relationally (Lopez, 2006) and, within the context of colonization, racialized people are constructed as primitive or degenerate in relation to the supposedly civilized white settlers. The implications of race as a relational construct are clear when we consider how the derogatory construction of the racialized Other was used to further the political project of colonization.

Specifically, the construction of the racialized Other as degenerate, primitive, and less than human has allowed for the rationalization and justification of both historical and ongoing colonial and imperialist domination. It has also provided justifications for slavery and for exclusionary and xenophobic immigration policies in Canada and the US. As Bannerji (2009) argues:

> Europe or America created (and continues to create) myths of imperialism, of barbarism/savagery, a general inferiority of the conquered, enslaved and colonized people and also created myths of exoticism at the same instant as it defined itself also as an 'other' of these. The negative determinations of Europe's or America's/Canada's racism manifest themselves everywhere (p. 31).

One of the ways in which this racism is manifested is through the discipline of psychiatry. Yet, there is a limited amount of research that considers the links between colonization, psychiatry, and the construction of the racialized Other within Canadian and American contexts. Nevertheless, these links can be made by considering how racist stereotypes, many of which originate from the colonial distinctions between white settlers and racialized people, are taken up and manipulated by psychiatry, and used to maintain power over racialized people and over psychiatric knowledge formation.

Psychiatry and the Construction of the Racialized Other

In her manuscript, *African Canadian Women Storming the Barricades! Challenging Psychiatric Imperialism through Indigenous Conceptualizations of 'Mental Illness' and Self*, Ingrid Waldron (2002) argues that "[s]ince psychiatry developed during colonialism and slavery, when myths about racism were being integrated into European culture, it is not surprising that racist ideology has become and remains an integral part of the discipline" (p. 17). Disturbingly, not only has psychiatry taken up derogatory stereotypes about racialized people, it has also been able to establish and maintain its power over knowledge formation with regard to the mental health of racialized people.

The belief in the superiority of Western culture over non-Western cultures, the medicalization of psychiatry, the assumption that psychiatry is based on scientific and objective truths about mental health and human nature, and structural racism are all factors that have colluded to allow psychiatry to operate as an imperial force and authority over racialized people.

For example, Waldron (2002) argues that psychiatry was used to reinforce and justify slavery in the United States. In this discussion, Waldron exposes how persistent racist ideologies that existed since the 19th century were validated by psychiatry and scientific racism. In the 19th century, science characterized Black people as inferior in intelligence to white people, as having limited capacity for growth, and as inherently submissive (Waldron, 2002; Washington, 2006). Psychiatry used these racist constructions of African Americans to argue that African Americans were psychologically suited for slavery, and that in fact, slavery was a natural condition for them (Waldron, 2002). Furthermore, African Americans who protested slavery and ran away from it were labelled as having a mental illness, or more specifically, labelled as having "drapetomania" (Waldron, 2002; Washington, 2006). The medical and psychiatric construction of drapetomania, illustrates that racist assumptions and political imperatives were central to the social construction of race and madness.

Another example of the ways in which psychiatry has contributed to the social construction of the racialized Other can be seen through James Waldram's (2004) work, *Revenge of the Windigo; The Construction of the Mind and Mental Health of North American Aboriginal People*. In this book, Waldram provides a thorough review of the literature pertaining to the mental health of North American Aboriginal people. Waldram (2004) argues that racist stereotypes and assumptions have informed much of the research conducted in the area of Aboriginal mental health, which has resulted in both homogenizing and essentializing Aboriginal people and identities. These assumptions have also led to the persistent link between primitivity and the construction of Aboriginal pathology.

Waldram (2004) identifies two constructions of the primitive figure that form the underlying assumptions behind the research conducted on North American Aboriginal people. The first relates to the construction of the "noble savage", which refers to the perception of Aboriginal people as simple, childlike, and uncorrupt by civilization. The second construct of primitivity is rooted in the notion of "the primitive" as wild, degenerate, and brutish. While metaphors of primitivity are not new to psychiatry, the consistent linkage of Aboriginal people with psychological primitivity has resulted in the construction of the Aboriginal as inferior relative to the white settler. Waldram acknowledges this connection when he states that, "[i]n many ways, the story of psychiatry's gaze upon Aboriginal people is at least in part also the story of the relationship between the development of psychiatry itself and broader processes of European colonization" (p. 106).

Contact with Western civilization was often attributed as a causal factor for mental illness in Aboriginal people (Waldram, 2004). It is important to note that generally, psychiatry has not acknowledged the violence of dispossession, segregation, exclusion, or cultural genocide that characterize the process of colonization as causal factors for mental illness in Aboriginal people. Rather it is the perceived inability of

Aboriginal people to cope with the socio-cultural changes brought about by Western civilization that is identified as a cause for mental illness (Waldram, 2004). In considering how psychiatry has persistently constructed North American Aboriginal people as primitive, and the ways in which the "causes" of mental illness in Aboriginal people are discussed in psychiatric research, we see again how social constructions of race and racism underpin the discipline of psychiatry. Clearly, racist assumptions and political imperatives lie at the heart of the intersections of race and madness. In addition, these racist assumptions have been maintained throughout history through the use of falsified data and flawed research studies (Gamwell & Tomes, 1995; LaDuke, 2005; Washington, 2006).

Unfortunately, the literature that actively deconstructs psychiatry's role in the construction of the racialized Other is limited. While the literature cited above provides a good understanding of the ways in which psychiatry helped construct stereotypes about African Americans and Indigenous people, there is little research that discusses the links between the social constructions/perceptions of racialized immigrants to Canada and the United States and psychiatry. This is one area in the literature that needs to be explored further. Nevertheless, we see that constructions of race and madness have affected the lived experiences of not only African Americans and Indigenous people, but also other racialized groups.

Psychiatry, Discipline, and the Maintenance of Social Order

In many ways, the success of colonization depends on the maintenance of discipline and social order in subordinated groups. By regulating Indigenous people through psychiatric institutions (among other forms of regulation such as penal systems and residential schools), settler societies have been able to permanently subordinate Indigenous people and ensure the transfer of Indigenous land to colonial governments. In both the Canadian and American context, we can see how psychiatry was used by the state as a tool to discipline Aboriginal people. In their study on Aboriginal people institutionalized in psychiatric institutions in British Columbia, Robert Menzies and Ted Palys (2006) note:

> The social regulatory function of psychiatric commitment is by far the most resounding theme in the historical mental health literature, and that function is evident here in the official reactions to Aboriginal persons seen as troublesome, obdurate, wild, abusive, resistive, or otherwise indecipherable (p. 161).

Through a review of the clinical files of 100 Indigenous people who were incarcerated in British Columbia's public mental hospital system between 1879 and 1950, Menzies and Palys (2006) found that most were labelled as mentally ill for having breached "social and racial conventions". Research conducted on Aboriginal people incarcerated in the United States shares a similar theme.

In her article "Wild Indians; Native Perspectives on the Hiawatha Asylum for Insane Indians", Pemina Yellow Bird shows that many of the Aboriginal people

incarcerated at the Hiawatha Asylum were there as punishment for their acts of resistance toward colonial authorities. Some Aboriginal people were institutionalized for arguing with a reservation attendant, a school teacher or a spouse (Yellow Bird, n.d.). Others were incarcerated because they refused to give up their ceremonial or spiritual ways of life or because they were unwilling to assimilate to the norms of the white settler society. Refusal to allow one's children to be taken away to residential or boarding schools was also considered grounds for the incarceration of Aboriginal people. As Yellow Bird states, many of the people incarcerated at Hiawatha Asylum "were there for reasons that had nothing to do with mental illness" (p. 5). The Bureau of Indian Affairs had the power to commit Aboriginal people without any "legitimate" medical reason, and often did so as a means of punishment.

The institutionalization of Aboriginal people in psychiatric facilities as a form of punishment is echoed in several narratives. For example, in a first-hand account of his experiences within the Canadian psychiatric system, Vern Harper, a member of the Cree First Nations community, describes how he was committed to a psychiatric institution by the RCMP after a domestic dispute. Harper (1988) explains that even though his partner had dropped the charges, the RCMP arrested him. While in the cell, Harper, who has epilepsy, had a seizure and was declared dangerous as a result. Although the RCMP had initially committed him for a 30-day observation, he remained incarcerated for two years.

The work of Dorothy Chunn and Robert Menzies (1998) on women labelled "criminally insane" further highlights the relationship between psychiatry and social regulation. They argue that "psychology and social work were forged in a crucible of moral ordering discourse pivoting around the normalization of human defect and the holy grail of patriarchal family life" (p. 313). Although their particular focus is not on the experiences of racialized women, their analysis of patient files reveals that a disproportionate number of women who were labelled criminally insane and incarcerated were from ethnic and racial minority groups. Significantly, of the 38 women incarcerated for reasons of criminal insanity, seven were First Nations women (Chunn & Menzies, 1998).

Psychiatric institutions and settler colonialism have also colluded to increase the surveillance and control of Indigenous people's reproduction, promoting policies of forced sterilization and extermination. For Indigenous people incarcerated in the Hiawatha Asylum, institutional policy stated that individuals should not be allowed to procreate, and therefore could not be discharged until they were sterilized (Yellow Bird, n.d.). In Canada, First Nations women declared "mentally defective" were sterilized at disproportionately higher rates than white women. For example, while Indigenous people made up only 2.5% of Alberta's population during the time Alberta's *Sexual Sterilization Act* was in place, they accounted for 25% of the sterilizations that took place during the later years of the *Act* (Egan & Gardner, 1999).

The use of psychiatry as a means of maintaining social order is also apparent when considering the experiences of African American people in the United States. Breggin and Breggin (1998) argue that once slavery was ended in the United States, the myth of the violent African American gained prominence and was used to diagnose African Americans as mentally ill. Significantly, acts of violence exhibited by African

Americans were not considered within the context of the violence they had experienced as a result of racist oppression, slavery, and mass lynching. Rather, the state used psychiatric institutionalization as a means of intimidating, punishing, and controlling African Americans who did not remain docile. As Jackson (2005) notes, violence was listed as a form of mental illness for many African Americans who were incarcerated in the late 19th and early 20th centuries.

The linking of violence to mental illness has led to the use of extremely cruel and invasive "treatments", such as psychosurgery, on African Americans. For example, in the 1960s psychiatrists were able to incarcerate African American children in segregated facilities for people labelled as "developmentally delayed" (Breggin & Breggin, 1998). Furthermore, Breggin and Breggin show that these psychiatrists were able to perform multiple surgical interventions into the brains of children who were diagnosed by psychiatrists as aggressive and hyperactive. Breggin and Breggin make a point to link these histories of violent oppression to state initiatives aimed at controlling the behaviours of African American people, and to contemporary political and psychiatric programs intended to "prevent" violent behaviours in children of colour. These extreme treatments of what has been labelled as mental illness illustrate again the pervasive link between psychiatry, discipline, and social order.

Racialized immigrants were not free from the state's use of psychiatry to maintain social order. As Menzies (2002) illustrates, Chinese immigrants in Canada were also incarcerated in psychiatric facilities for "conspicuous incidents of violence or long-standing conflicts with the surrounding community" (p. 209). White Canadians' fears of the presence of racialized people in their communities, and the representation of racialized people labelled mentally ill as threats to the safety of white women and children also led to the incarceration of Chinese immigrants (Menzies, 2002). Moreover, as mentally ill racialized people did not fit into nationalist constructions of the ideal citizen, represented by a "sane", heteronormative, gender-normative, white male, the state was able to justify the deportation of 65 Chinese immigrants in the early 20th century. This mass expulsion of Chinese immigrants from Canada illustrates not only the power medical and psychiatric professionals held, but also the intimate links between psychiatry, racism, and government immigration policies. Furthermore, it reveals that psychiatry was used to maintain social order not just in the context of colonization and slavery but also to uphold xenophobic immigration policies.

Labelling, Treatment, and the Institutionalization of Racialized Mad People

In addition to regulating the lives of racialized people, psychiatry has also been used to diagnose and treat racialized people who are considered mentally ill. As illustrated in the discussion above, the conflation of race, violence, degeneracy, deviance, and madness has shaped the way in which racialized people were diagnosed. Consequently, racist bias and stereotyping underlie psychiatric diagnostic and labelling processes. This marks one of the major ways in which constructions of race and madness have affected racialized people with psychiatric histories.

John Hughes's (1993) study *Labelling and Treating Black Mental Illness in Alabama, 1861-1910* attests to the bias in psychiatric diagnostic practices. His work

shows that African Americans were more likely to be diagnosed as “manic” than whites, and less likely to be diagnosed with “depression”. Hughes suggests that these disparities in diagnosis were a result of racist stereotypes about the limited emotional capacity of African Americans. Specifically, Hughes argues that psychiatrists believed that mania was more common among African Americans because their experiences of mental illness were more “moral and emotional” than whites.

In addition to the higher likelihood of being diagnosed as manic, the social construction of Blacks as aggressive, dangerous, deviant, and paranoid has resulted in the over-diagnosis of African Americans and African Canadians as “schizophrenic” (Waldron, 2002). These socially constructed stereotypes about race and madness in African Americans and African Canadians have also led to a failure to recognize and validate people’s experiences of depression (Danquah, 1998; Waldron, 2002).

As well as these biases in the diagnostic process, the so-called treatments given to racialized people with psychiatric histories have also been characterized by violence, abuse, and racist oppression. The pervasive use of violent and abusive treatment highlights that one of the central goals of psychiatry has been to control, discipline, and punish racialized people with psychiatric histories. A stark example of the use of so-called “psychiatric treatments” to discipline and punish racialized people with experiences of madness is provided by Lionel Vermette’s (1988) powerful narrative about his experiences of incarceration. Vermette, a First Nations man, was incarcerated in 1952 after having been labelled “schizophrenic” and “psychopathic”. Once inside, Vermette was subjected to both insulin shock and electric shock treatments, although what he really needed treatment for, as he says, was drinking. He argues “I knew I wasn’t ‘schizophrenic’ and never was. They also gave me shock to forget: ‘We’ll give him shock treatment so he’ll forget he’s an Indian’” (p. 118). The hospital staff also gave him the cold wet pack treatment when he would not conform to what they wanted, and when he tried to fight against their racism. He states their reason, “[w]hy did they use the pack on me? ‘Indians are violent’” (p. 118).

Vern Harper’s (1988) narrative also attests to the commonality of racism in the psychiatric treatments applied to First Nations and Aboriginal people in Canada. He argues:

> Psychiatric treatment is tough enough for people who are not native, but it’s much harder for native people because of the racism. The psychiatrists don’t really know that much about Native people, Native spirituality. And, of course, a lot of them unfortunately believe the stereotypes about the Indian. So, as a patient, you’re really up against it (p. 121).

Vanessa Jackson’s (2002) study on African American’s experiences within the mental health system also reveals similar themes. In her interview with Ola Mae Clemons, a civil rights activist who was incarcerated in 1965 following a “nervous breakdown”, Jackson found that Ms. Clemons was given nearly 100 shock treatments during her 30 years stay at Central State Hospital. Referring to Ms. Clemons’s experiences, Jackson states:

> [This] speaks to me of the evil of our political system, and the psychiatric system that often functions as its handmaiden, that at no point in her treatment was the issue of her harassment, abuse, and incarceration addressed as an act of racism and repression for her activism. Instead she is left feeling that if she had to do it over again she would 'sit where the man told me to sit' (p. 15).

That abuse was used as a form of psychiatric treatment is found in numerous studies on the experiences of racialized people within the mental health system. Menzies's (2002) study of the experiences of Chinese immigrants incarcerated during the early 20th century in British Columbia reveals that sedatives, seclusion, and physical restraints were the common "therapies" administered to Chinese inmates. Vanessa Jackson's (2005) study of segregated psychiatric facilities in the United States exposes the common usage of metrozol shock, insulin coma, hydrotherapy, and electroconvulsive therapy on incarcerated African Americans during the early 1900s. In contrast, another common response to racialized mad people was simply to incarcerate them and not provide any treatment (Menzies & Palys, 2006). However, incarceration without treatment did not protect racialized people from abuse.

Many racialized people who were incarcerated in Canada and the United States prior to the 1950s were incarcerated in segregated hospitals or segregated wards. While the living conditions of all people characterized as mentally ill were quite difficult, the segregated facilities that housed racialized people were of extremely poor quality (Hughes, 1993; Jackson, 2005). As Hughes (1993) illustrates, the physical accommodations for African Americans were inferior to those of whites, in some cases located at the back of hospital grounds, obscured from view. The unequal quality of accommodations for incarcerated African Americans relative to whites is highlighted by the fact that renovations were deemed necessary to the wards used for African Americans before whites moved in (Hughes, 1993).

Lack of proper diet and medical care also characterized the experiences of incarcerated racialized people with psychiatric histories. For example, individuals incarcerated at the Hiawatha Asylum often suffered from treatable diseases such as tuberculosis, syphilis, and the flu (Yellow Bird, n.d.). Yet none of the people incarcerated there received medical testing or treatment. Rather, they were "simply allowed to die slow and agonizing deaths" (Yellow Bird, n.d., p.6). Menzies and Palys's (2006) study on the experiences of Aboriginal people incarcerated in the British Columbia Psychiatric system yields similar findings. They state that "for the majority of Aboriginal people who entered the British Columbia mental health system, their committal was effectively a sentence of death" (p.166). Among those Aboriginal people who died while incarcerated, almost half of them died from the effects of tuberculosis.

Similarly, African Americans incarcerated in the United States faced relatively high rates of disease. For example, African Americans inmates at the Alabama Insane Hospital were found to have much higher rates of infectious disease such as tuberculosis, and higher rates of diseases resulting from nutritional deficiencies such as pellagra, than whites housed in the same institution (Hughes, 1993). As Hughes (1993) argues, this indicates that the living conditions for African Americans were much poorer

than for whites. This experience was not unique to the Alabama Insane Hospital. As Jackson's (2005) overview of the experiences of African Americans incarcerated at mental health facilities throughout the United States indicates, poor diets and lack of medical care were common.

The sexual abuse of racialized inmates was also widespread in psychiatric wards. As both Jackson's (2005) study and Harper's (1988) narrative show, the sexual assault and rape of racialized women incarcerated in psychiatric facilities were common occurrences. For example, in the Central State Hospital located in Petersburg, Virginia, female inmates were often sexually exploited and abused by the male staff (Jackson, 2005). Not only was this abuse pervasive, but there were few consequences for the male staff. Even more disturbing, as Jackson notes, it was an accepted practice that if a woman had had two children while incarcerated, she was required to undergo sterilization.

Physical abuse was also common in psychiatric facilities. In the Hiawatha Asylum, Yellow Bird (n.d.) notes that incarcerated children were found strait-jacketed and chained to beds, lying in their own excrement. Some inmates at the Hiawatha asylum were locked in their rooms for up to three years (Yellow Bird, n.d.). In the case of the Chinese immigrants incarcerated in British Columbia, Menzies (2002) notes that these inmates were often subject to racist slurs and physical attacks by both white inmates and hospital staff. At the Central State Hospital described above, hospital staff would wrap wet towels around the necks of incarcerated African Americans and choke them until they were nearly unconscious (Jackson, 2005). Wet towels were used specifically because they would prevent bruising, thus exposing the ongoing abuse in the hospital.

Another form of abuse perpetrated within psychiatric institutions was the exploitation of inmate labour. Although the use of patient labour was not unique to the experiences of racialized people, the division of labour within psychiatric hospitals and wards was racialized. For example, at the Alabama Insane Hospital, African Americans performed the jobs that whites did not commonly do, such as porter duties, cooking, and laundry (Hughes, 1993). In fact, some African American inmates were retained specifically to do this work even after most African American patients had been sent to the new segregated facilities, thereby recreating forms of servitude within the asylum walls. Furthermore, inmates were also "leased out" to work in hospital staff's homes, or on the farms of local white farmers (Jackson, 2005). As Jackson notes, "[p]atients were the undocumented bedrock of the institution's labour force" (2005, p.13).

Conclusion

The intersectional social construction of race and madness has significantly shaped the lived experiences of racialized people with psychiatric histories. The specific ways in which bodies have been racialized as a result of social, political, and historical circumstances, as well as the ways in which madness has been grafted onto the racialized body, has resulted in the unique experiences of racialized mad people. To approach this study without considering the role of colonization and the political imperatives behind the social construction of the racialized Other obscures the ways in

which the state and psychiatry have come together to discipline racialized people. Unfortunately, there is a limited number of studies that consider the intersections between race and madness, and fewer still that locate these intersections within the social and political contexts of colonization, Canadian and American settler states, and immigration. Further research into these histories is imperative in order to have a better understanding of the intersections of race and madness in Canadian and American history.

Another limitation of the literature is the lack of historical information available about the lived experiences of racialized people who have been incarcerated in Canada and the United States. There are very few studies of the patient records of incarcerated individuals, and few first-person accounts of lived experiences within psychiatric facilities. Future research is required to unearth the specific experiences of racialized people with psychiatric histories. The reclamation of this history is imperative to making visible the abuses that psychiatry has hidden for so long, and to denaturalizing the construction of mental illness. Furthermore, the reclamation of this history is an important act of resistance to an institution that continues to try to "normalize" racialized people.

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