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Fernando, Suman, David Ndegwa and Melba Wilson 1998 Forensic Psychiatry. Race and Culture, London: Routledge.

As a mental health lecturer and consultant psychiatrist, a clinical director in forensic psychiatry, and a race and mental health adviser in England, Fernando, Ndegwa and Wilson, respectively, actively work within the arenas that their book critiques. The book is divided into four parts. Each of the first three parts is written by one author according to her/his training, expertise and work: Part 1, "Background," is by Fernando, a general psychiatrist; Part 2, "Clinical Issues," is by Ndegwa, a forensic psychiatrist; and Part 3, "Public Policy," is by Wilson, a health journalist who works in public policy. The fourth part, "Future Prospects," is collectively authored, and the book as a whole is edited by Suman Fernando.

The authors are skillful at illuminating the often unspoken or even denied linkages between institutional racism and psychiatry, particularly as those connections arise in British forensic contexts. Given the specificity of the data provided, the book is probably most useful in a British analytic frame. However, employment of a nuanced reading indicates that its efficacy extends to a North American and, specifically, a United States audience. As a reader, social worker, psychiatric advocate and cultural studies student from, and residing in, the United States, I have a vested interest in thinking about this book's usefulness for an American audience, which could potentially include: anthropologists, sociologists, psychiatrists and other mental health practitioners, patient advocates, and critical theorists, among others.

The authors frequently invoke analogies to the United States, while appropriately acknowledging that there are distinct economic, socio-cultural and political differences between the two countries, including their ethnic and racial-cultural definitions of "black" as a categorical reality. The comparisons of England to the United States are made to comment upon the differences and similarities between the post-Civil Rights era in the United States and what has been termed the "post-colonial" period in the former British empire.

I use the phrase "has been termed...'post-colonial'" to indicate my belief that the term "post-colonial" is fraught, to say the least. An extended discussion of this issue is beyond the purview of this review, but I believe it deserves mention, particularly since the authors themselves are committed to critiquing the ways in which racist logic continues to be internalized within Britain and its former colonies, despite the end of the colonial epoch.

Specifically, analogies between Britain and the United States describe how the construct "black rage" has been deployed, sometimes intentionally and sometimes not, by psychiatric practitioners and the institutional hierarchies in which they work, to promulgate the belief that blacks need to be monitored, supervised, controlled and medicalized more so than other ethnic or so-called racial-cultural groups and

communities. Examples given of the diagnosing of run-away slaves with "drapetomania," and the pathologizing of angry victims of segregation-infused-pre-Civil Rights society, are especially helpful and politically impactful.

Crucially, the book not only offers an excellent discussion and analysis of history, but seeks to affect changes in forensic psychiatry and public policy in contemporary or "modern" British society. Discussing "modern racism," the authors state, "in the late twentieth century, in post-slavery, post-colonial Europe, racism shows little signs of losing its hold" (24). Given this reality, the authors seek remedies and changes within an entrenched and persistently racist set of practices and policies, rather than engaging in facile revolutionary fantasies. Fernando, et. al.'s work might also be culturally finessed and applied within "modern" American society, since, as noted by critical race theorists Omi and Winant, "race will always be at the center of the American experience" (1994:5, original emphasis).

Sander Gilman remarks that "the association of blackness with madness is clearly a product of the mythologizing of both the black and the mad. It is the union of two abstractions of the Other. Both are focuses for the projection of Western culture's anxieties" (1985:148). Blackness as the powerfully pathological sign that dialectically reinforces white society's imagination of itself as the normative has continued well beyond the historical periods of slavery and colonialism. The book is especially adept at addressing these patterns. One reviewer, Patrick Hopkinson of London's Institute of Psychiatry, comments, "Wilson's section is...good, particularly in her analysis of the role of social institutions in the maintenance of racial discourse and consequently the frequent link between 'black' and 'mad* and 'bad'" (1999:78).

An anthropologically informed cultural studies readership would likely appreciate the book's success in incorporating numerous critical race theorists' and other scholars' work into its pragmatic, data-rich and clinical discussions. A mental health industry and patient/client/consumer/recipient/survivor readership would likely welcome the book's non-"academese" (non-jargon-based language), while benefitting from its critical formulations (with the help of works by: Gilroy, hooks, Malik, Hall, Foucault, Bemal, Fanon, and others). Citing Paul Gilroy, the writers assert that racism is differently insidious these days: it is marked by "culture rather than biology" (25).

The authors indicate that the culture of psychiatry in general, and forensic psychiatry in particular, were bom within racist times, have been nourished upon racist logics, and continue to operate by using allegedly "improved" but still racist tropes: current rhetorics of "difference," "culture," and "multiculturalism" have replaced forensic psychiatry's prior associations with "hygiene," "degeneracy" and "biological racism," but the linguistic and practical effects are merely differently racist than was previously the case.

Isaac Prilleltensky concludes his essay "The Politics of Abnormal Psychology" with the following commentary:

Countless obstacles will be encountered by those willing to invigorate the field of abnormal psychology by entering the turbulent political scene of community life. Psychologists prepared to give up some of the comfort afforded by the scientist-professional model to question existing social structures are likely to risk severe opposition from their employing institutions, as well as isolation from colleagues who may perceive their activities as derogating the painfully gained scientific reputation of psychology. This embroilment is occasioned by a model whose chief goal is the promotion of human welfare, as opposed to paradigms designed primarily to dissect the human experience in the hope of finding replicable laws of behavior. The latter may be conducted without disrupting the social order. The former is bound to perturb the status quo (1995:669).

I think that "the latter" of the two scenarios given by Prilleltensky is likely to be differently disruptive than the former, rather than believing that it "may be conducted without disrupting the social order." Despite this subtle disagreement, I think Prilleltensky's remarks are helpful for thinking about a politicized critique of abnormal psychology, and, by extension, psychiatry and forensic psychiatry. His comments are directly applicable to Fernando, et. al.'s book for a variety of reasons.

Importantly, while discussing matters of race and racial politics or logics is not a new enterprise either in the United States or England, according to Fernando, et. al., thinking about and questioning racism in terms of the history and contemporary realities of British forensic psychiatry, and vice versa, have only recently begun as serious critical endeavors. Using a colonialist metaphor, one might say that the authors have therefore "embarked" upon virtually "unchartered territory," and that their anti-racist politics may be perceived as "derogating the painfully gained scientific reputation of psychology."

The book overtly indicates its intention to disrupt "the status quo" by: continuously pointing to generalist and forensic psychiatry's racist historiography, legacy, and contemporary functioning; questioning the foundation, creation and even the continuing existence of certain diagnostic categories (i.e. schizophrenia), afforded ongoing status and eerily essentialist or naturalized privilege by psychiatry, despite their problematic status at best and overt delegitimization at worst; commenting upon and severely criticizing the disproportionate frequency of such questionable diagnoses used to label blacks; highlighting research biases and the "links between these and problems in clinical practice" (Hopkinson 1999:78); and demanding both activist inquiries and public policy interventions to address the reality that a disproportionate number of blacks are in forensic settings and under psychiatric surveillance both in England and the United States.

As an anti-racist, activist social worker who has frequently been employed within the outpatient psychiatric community, I am interested in the ways this book implicitly comments upon the relationships between forensic psychiatry, outpatient mental health care and racist practices both within and outside of the British psychiatric infrastructure. Again, I am curious about the potential for extending this analysis to American variables, and wish to think about the ways in which the American psychiatric infrastructure is complicitous with what has been termed late capitalism's prison-industrial complex.

Today in the United States, prisons reflect the spirit of "flexible accumulation": they are designed, built, maintained, managed and run with an eye for industrial efficiency ("cost-effectiveness"), and, importantly, material gain (Martin 1993:68). Meanwhile, educational and certificate programs are beginning to appear across the United States in which those who want to specialize in prisoner management may enroll. As the prison-industrial complex, or American forensic world, is increasingly micro-managed, professionalized and expanded, it is timely and decisive to examine forensic psychiatry's typically racist practices and policies in an attempt to critique them and, hopefully, intervene to prevent or reduce their harmful effects.

One way to think about these connections is to discuss the effects of the American psychiatric deinstitutionalization movement, and the representations with which madness, blackness and the deinstitutionalization of the "black and mad" have frequently been constructed. Numerous academic and clinical works written in the late twentieth century have critiqued the deinstitutionalization movement's failures. I will now briefly discuss the politics of representation making, and address its impact in a deinstitutionalization context. I will then give anecdotal evidence of my experience as a psychiatric social worker in New York City to discuss inpatient, outpatient and forensic psychiatric racism as addressed by the text.

Citing Victor Burgin, Rosalind Pollack Petchesky says, '"reality'--that is, how we experience the world, both 'public' and 'private'—'is itself constituted through the agency of representations.'" (1997:143). In an

essay that discusses media representations, stereotypes and the culturally common misconception of the mentally ill person as violent, Teplin (citing Steadman) states: "with the advent of deinstitutionalization the mentally ill have no choice but to reside within the community. Unfortunately, reintegration into the community is made more difficult by the presumption that the mentally ill person is dangerous and prone to crime. Until such time as this stereotype is substantiated by empirical evidence, we must find ways to correct this misconception and, in so doing, provide a more receptive environment for the reentry of the mentally ill into the community setting" (1995:450).

Bourdieu tells us that we leam social relations through how we participate and culturally "practice" in our everyday lives. Representation making is one such cultural practice, and, in addition to its role in teaching us about social relations, it can have other volatile consequences. Taking Teplin's points in the context of Fernando, et. al. and Gilman's assertions about the nexus between "blackness and madness," it is not difficult to presume that black forensic psychiatric patients are more likely than non-black forensic psychiatric patients to be represented and imagined as dangerous, threatening and violent by those living in Britain and the United States. The frequency of this misconception is underscored by Fernando, et. al.

According to the authors, there are multiply profound and pragmatic consequences of representational practices, sustained by cultural misconceptions and institutional racism, which "collectively" imagine mental patients, especially black mental patients, and, therefore, most of all black forensic patients, as particularly dangerous. According to Fernando, et. al., this vast imagining or imaging (what Durkheim would consider a "collective representation") contributes to and reifies the many racist variables that keep black forensic patients in prison longer than is necessary or appropriate, and also longer than their non-black counterparts.

While assumptions of dangerousness are themselves dangerous, this book articulates that it is differently dangerous to attempt to explain away violence both within black communities and on the part of blacks toward non-blacks as culturally or biologically naturalized (e.g. "black rage"), rather than considering the real-life socio-economic, cultural, political, individual psychological, social psychological, and other variables that contribute to variances in violence and violent behaviors.

During the middle to late 1970s, asylums in the United States discharged large percentages of their patients, many of whom had formerly been "long-term" or "chronic" in length or degree of psychiatric incarceration. Many have argued that insufficient funds were put into place to make community life manageable, let alone qualitatively desirable, for the former inpatients.

I can anecdotally comment about the above in New York City, where I lived, "networked" and worked as a clinician, supervisor, patients' rights advocate, and social services union leader until 1997. During the 1980s, following deinstitutionalization (inN.Y.C., the biggest "wave" was in 1978), New York City saw a vast increase in the number of forensic psychiatric prisoners, while the recorded numbers of alleged "psychiatric patients" among the homeless population continued to rise (especially in local parks, Grand Central Station, Penn Station and Port Authority Bus Terminal).

Additionally, outpatient day programs, clinics, clubhouses, and rehabilitation settings began to experience increased enrollments. New agencies began opening up to house, treat and monitor those "needing care," and the patients rights movement continued to advocate for more and better options for psychiatric outpatients, inpatients and prisoners. Currently, there is a virtual "glut" in New York's social service economy, with complex forms of competition over staffing, services, and psychiatric bodies (i.e. patients/clients/consumers/recipients/survivors).

I don't believe that there is merely an innocent numerical correlation between the advent of

deinstitutionalization and the subsequent increase in the number of forensic psychiatric prisoners. Whether or not these psychiatric survivors turned prisoners were indeed "dangerous to society" (a concept repeatedly driven home by Fernando, et. al.) is questionable and problematic, especially given the apparent shift from one institutional locus to another for a mostly Black American group.

While I do not equate my experiences with offering "hard data," based upon observations of New York City's mental health community, memories of my own caseloads between 1987 and 1997, and the informal reports given to me of caseload statistics between 1984 and the present (from patients, ex-patients, and colleagues from various agencies around the city), I conjecture that most if not all of the outpatient environments mentioned above contained and continue to contain a disproportionately high number of African-American and Caribbean-American patients. These details support the critiques made by Fernando, et. al., and seriously call into question the ways the so-called mental health industry, including the prison-industrial complex and its forensic layers, operates in and because of racist contexts.

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http://vvww.disabilitvstudies.com/wiener.htm is the non-printable version, and includes the following acknowledgment:

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