

8-27-1999

Trends. Mental Disorder on Extreme Racism as Mental Disorder

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Recommended Citation

Editor, IBPP (1999) "Trends. Mental Disorder on Extreme Racism as Mental Disorder," *International Bulletin of Political Psychology*. Vol. 7 : Iss. 8 , Article 5.

Available at: <https://commons.erau.edu/ibpp/vol7/iss8/5>

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Volume: 7

Issue: 8

Date: 1999-08-27

Keywords: Delusion, DSM-IV, Racism, Shootings

In the aftermath of recent shootings in Los Angeles by an admitted racist who professes to have chosen victims based on their minority-race status, Alvin Poussaint, a clinical professor of psychiatry at Harvard Medical School, has advocated that extreme racism should be considered a mental disorder. This advocacy is ill-conceived.

Poussaint claims that extreme racism--e.g., when an individual believes that some group is responsible for the world's troubles and that the group must be eliminated, along with acting on these beliefs by killing members of the group--is by definition a delusional disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders (4th Edition) (DSM-IV). However, the DSM-IV does not explicitly define what a delusion is. If the DSM-IV is based on common dictionary definitions of delusion--e.g., holding a false belief in spite of invalidating evidence--then most, if not all, people are delusional about something and, therefore, can be characterized as exhibiting mental disorder. That so many people can be so characterized may weaken the ontological validity of the very constructs of mental disorder and delusion even as it may enrich mental health professionals called to treat disorder.

Moreover, the DSM-IV definition of mental disorder encompasses characteristics associated with (1) distress; (2) disability; or (3) a significantly increased risk of suffering death, pain, disability, or an important loss of freedom (DSM-IV, p. xxi). Also, conflicts between the individual and society and deviant behavior do not constitute mental disorder unless one or the other is a "symptom of a dysfunction in the individual, as described above" (DSM-IV, pp. xxii). The extreme racist, however, does not necessarily feel distress and manifest disability. The extreme racist also has no more likelihood of suffering death, pain, disability, or an important loss of freedom than--say--a political activist demonstrating against abridgements of civil rights and against immoral wars--or than murderers in general. Yet Poussaint has not and is not making the case that these last two groups are necessarily exhibitors of mental disorder.

Poussaint also claims that extreme racists do not think "rationally" but instead "create fantastical theories" (The New York Times, p. A.21.) The problem here--as with delusion-- is that rational is not defined in the DSM-IV. And common dictionary definitions are not of much help. Being of sound mind has epistemological, ontological, and circular difficulties. Being sane is a legal not a psychiatric term. Being logical is problematic because extreme racists often are logical--to a deadly degree.

Finally, Poussaint claims that extreme racists project their own unacceptable behavior and fears onto ethnic minorities. Projection is literally an element of psychoanalytic jargon denoting an unconscious defense mechanism--allegedly a way to manage unacceptable thoughts, feelings, motives, and even behaviors in a manner out of the awareness of the individual engaged in the defense mechanism. Suffice it to say that Poussaint is here building his case for extreme racism as mental disorder on an epistemologically fragile foundation.

That some examples of extreme racism stem from and exemplify mental disorder is an accurate observation. However, Poussaint's advocacy for extreme racism as mental disorder ironically medicalizes

International Bulletin of Political Psychology

deviant social behavior in a manner favored by totalitarian regimes. That Poussaint's intent is humane, while the latter regimes' intent is one of coercive control, does not obviate the need to rethink his proposal. (See Poussaint, A. (August 26, 1999). They Hate. They Kill. Are They Insane? The New York Times, p. A21; Simpson, A.I.F. (1998). The interpretation of New Zealand's statutory definition of mental disorder. *Psychiatry, Psychology, and Law*, 5, 147-152; Spitzer, R.L. (1999). Harmful dysfunction and the DSM definition of mental disorder. *Journal of Abnormal Psychology*, 108, 430-432; Wakefield, J.C. (1997). Normal inability versus pathological disability: Why Ossorio's definition of mental disorder is not sufficient. *Clinical Psychology: Science and Practice*, 4, 249-258; Widiger, T.A. (1997). The construct of mental disorder. *Clinical Psychology: Science and Practice*, 4, 262-266.) (Keywords: Delusion, DSM-IV, Racism, Shootings.)