

## RACIST PERSONALITY DISORDER

Racism: is it part of human nature (genetic) or is it learned behavior that can be changed? How can we as psychiatrists help?

During my fellowship in Child Psychiatry at Children's Hospital National Medical Center (Washington, DC), the Department was invited to participate in the initial pilot research for the revised version to the World Health Organization's Diagnostic and Statistical Manual, which was known as the DSM-III, at that time.

Having used the previous editions of the DSM as part of my training for ten years prior, this universally accepted reference source seemed sorely lacking. While a great deal of attention was paid to seemingly trivial maladies, no mention at all was made of what seemed, to me, one of the most important mental health issues of our time. While the DSM devoted many pages to nomenclature, differential diagnosis and treatment for such illnesses as Shyness Disorder, it never once alluded to a disorder dealing with racist personality.

In 1979 I published the Chains of Psychological Slavery, The Mental Illness of Racism. This paper received worldwide circulation. It was presented at a Department of Psychiatry Grand Rounds at Howard University Hospital (Washington, DC); it has been the subject of numerous radio and television interviews, and it has been distributed to many members of Congress during the last 26 years. Copies have been presented to the leadership of the World Health Organization, the DSM Committee, in DSM format, as well as the American Psychiatric and American Psychological Associations. I would certainly say that this effort has laid the groundwork for additional scholarly examination of this subject by others while inviting a re-examination of works previously done by those who have gone before me, the ultimate goal of which was, and continues to be, to bring the DSM on line with current conditions in the world in which we live. In so doing, perhaps we could borrow a strategy used by others in the past (with not so positive a motive) to effect a change in public policy based on the outcome of research in the mental health field. Congress could introduce the work of multiple mental health prostitutes who concluded that it would be useless to try to educate the Negro, as a basis for voting against desegregation of public schools in the South. Perhaps we could expand on that strategy in a more humane application of public policy in other areas.

Having researched and treated hundreds of children and adults over the past 33 years as a child, adolescent, adult and forensic Psychiatrist, I can say without the slightest doubt that I have never seen a child born with a genetic (human natured) racist personality. I have witnessed and treated hundreds of individuals who were taught and indoctrinated, who became ( learned ) racist personalities. It is taught by society, through the community, through the public policies, through the educational system and through the generations of parents.

The very word racism stirs so many conscious, preconscious and unconscious thoughts and feelings that most people prefer to ignore it. Unfortunately, many mental health professionals are no different. As such, it is not surprising that the Diagnostic and Statistical Manuals used by practitioners throughout the world make no mention of racism in its classification of mental disorders. Although the DSM does include classifications for Tobacco Withdrawal, Generalized Anxiety Disorder, Shyness Disorder, Fictitious Disorder, Post Traumatic Stress Disorder, and, even, Unspecified Mental

Disorder, yet the disorder that causes people to treat other people with venomous hatred and ignorance, based on the learned myth/concept of superiority, has never been mentioned. Such an omission simply boggles the mind of any honest, thinking and rational human being.

As noted in the front page article 'Psychiatry Ponders Whether Extreme Bias Can Be An Illness', by Shankar Vedantam, of the Washington Post, in its December 10, 2005, edition, the debate over adding Racist Personality Disorder to the Diagnostic and Statistical Manual's pending fifth edition goes on and on and on and on.

To be recognized as a form of psychopathology and/or mental illness in the World Health Organizations' classification of pathology, a pattern of behavior must follow one or more of the following criteria: its etiology (cause or origin) must be known or unknown. The disease must cause disorganized mental functioning, impairing one's ability to reality test, interact with peers, impair socialization with other human beings; cause hardship to the individual or their family or society in terms of personal, social, intellectual, financial or emotional grief; or, it must cause some other form of loss. The disease must pose potentially dangerous and/or have factual consequences for the individual or other members of society. The disease must be clearly and repeatedly diagnosed following certain sets of universal clinical symptoms. There must be discernible characteristics that may include defense mechanisms such as denial and projection or pose inner turmoil and conflict. While the list of criteria goes on, the point has been made – there is absolutely no doubt whatsoever that Racist Personality Disorder meets the litmus test for inclusion in the Diagnostic and Statistical Manual in every way. The first international classification of mental disorders became available in 1948. After 57 years, it is long since time that the field of psychiatry, along with other mental health disciplines, take their collective minds (and humanity) out of the sand and give this matter the attention it deserves. To do so would greatly assist mankind toward resolving some of its fears and ignorance in this area of worldwide destructive human psychopathology. Not to add Racist Personality Disorder makes the DSM a mockery perpetuated by the mental health community itself. Further, it can only be concluded that the mental health community is a willing participant in a cruel injustice to the world population it is supposed to serve.

Racist personalities used their pathological perceptions and pseudo-intellectualizations to develop myths of racial superiority and inferiority to justify their actions. History documents that the economic and social foundation of this country is built on that myth. Perpetuating the myth that one individual or group of individuals had the right, duty or even obligation to dominate, dehumanize and exploit another group of human beings (again, for economic and psychological gain) was the justification needed to rationalize mass murder, kidnapping and slavery. It was the same rationale that perpetuated the genocide of millions of Native Americans of African decent who had owned the land for centuries.

When justification is so critical to perpetuation, no one should be surprised by the lengths to which the system will go to provide it. Take for instance an article by Dr. Arthur Jensen, originally published in the Harvard Educational Review in 1869. It was later reprinted in its entirety (some 123 pages) in the Congressional Record. Dr. Jensen's research paper offered a "scientific explanation for the intellectual inferiority of blacks."

Dr. Jensen was not alone in his use of fraudulent "scientific research" to perpetuate racist theory in this country. The book entitled Racism in Psychiatry, authored by Thomas and Sillen, offers repeated documentation of how the mental health field has been repeatedly prostituted to give credibility to racist theories of the intellectual inferiority of black people. Dr. Samuel Cartwright, a Louisiana psychiatrist, coined a term for slaves who ran away from plantations (concentration camps). According to Dr. Cartwright, these people were suffering from a disease known as draptomania or "Flight from Home Madness." Dr. Cartwright surmised that the act of running away from the plantation to some unknown situation called "freedom" was totally unnatural for the African. Dr. Cartwright asserted that such an act must surely signify mental illness.

Justifying the unjustifiable acts of murdering, maiming, castrating and raping children, women and men through the use of "scientific data" was important. It allowed the perpetrators of such vicious acts to still feel as though they were human beings. We must understand the mentality of those people who "founded" this country. The people who came over on the Mayflower were not pillars of character. They were criminals who were given the option of "sail or jail." It was they who came to this country and murdered or perpetuated conditions for genocide for the Native American population. With the Native American community virtually destroyed, African slaves were brought over en masse to work the stolen land.

While there are many who have worked diligently to provide scientific justification for man's inhumanity to man based on differences in skin pigmentation (only to have their findings refuted), there has yet to be any refute of the data gathered by archaeologists, anthropologists and geneticists whose independent works have concluded that mankind, as we know it, came from the black man and woman on the continent of Africa.

The fields of psychiatry, psychology and sociology were prostituted to find "scientific theory" upon which racist personalities could justify their physical, political, financial, psychological, sexual and social exploitation of people of color in this country and throughout the world.

I was instructed when I first presented "Racist Personality Disorder" to be included in the Diagnostic and Statistical Manual over 25 years ago, that many in the "die hard good old boy network" would take offense and limit my professional advancement and that of the proposed addition to the DSM till the day they died. It was viewed as a political, economic, professional and psychological (narcissistic) threat to the field of psychiatry and psychology. There are few professional fields that use the defense of intellectualized racism more than psychiatry and psychology.

Many of my professional superiors and colleagues (i.e. Reginald Lourie, Sr., MD, Joseph Noshpitz, MD, Jeanne Spurlock, MD, etc.) were brilliant scholars and outstanding human beings, yet there were numerous other colleagues who refused to supervise Afro-American residents or medical students, refused to treat black patients because they believed that Afro-American patients were not intellectually capable of utilizing cognitive-behavioral or insight-oriented psychotherapy. There were those who felt every Afro-American patient was a Character Disorder, Conduct Disorder, Paranoid Personality or Paranoid Schizophrenic until proven otherwise. Many were taught as part of their racist personalities that no Afro-American patient should be diagnosed with Manic-Depressive Disorder, now called Bipolar Disorder, because those individuals had a higher intellectually functioning personality. The list of racist personalities, racist

perceptions and theories could take up far more pages. Many justified their reason for not treating Afro-American patients because of their learned racist perceptions and theories by stating that few Black Americans were able to afford three to five times per week psychoanalysis or even once per month treatment. Most of us, as deeply in debt trainees at the time, wondered who was really being "treated" in analysis. Repeatedly documented evidence shows that the provision of a universally accepted nomenclature opens the door for the formation of treatment approaches to assist individuals and communities in the resolution of destructive (and prevalent) mental illnesses in our time.

Clinical acknowledgement of Racist Personality Disorder has implications far beyond the treatment of an individual patient or family. As a physician, educator, public policy administrator, police officer or parent it is our duty as human beings to educate our children and neighbors through our actions and deeds to create better biopsychosocial health for all individuals in our small world. Endorsements for the inclusion of Racist Personality Disorder into the Diagnostic and Statistical Manual; and/or acknowledgements of the valuable research and advocacy efforts performed over the past twenty six years have been received from: The Vatican, The Supreme Court, Global Ministries, National Associations of Social Workers, Law Enforcement and Educators, Mayors, Bishops, Governors, Congressmen, Holocaust survivors, etc. The silence from the psychiatric and psychological professional communities has been pathetically consistent. Perhaps because the issue of racism, its causes and manifestations strike at the very core of American existence, that there is a concerted effort to try to ignore it. Rather than deal with it, we have been asked to take solace in phrases like "...it will die out with the old people..."

The current racist acts in our homes, schools, communities, workplaces, public policies, during disasters and in creating national and international disasters tells us something entirely different!

The Chains of Psychological Slavery, The Mental Illness of Racism can be obtained through my website: [www.the3cs.com](http://www.the3cs.com).

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