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A powerful account of how cultural anxieties about race shaped American notions of mental illness

The civil rights era is largely remembered as a time of sit-ins, boycotts, and riots. But a very different civil rights history evolved at the Ionia State Hospital for the Criminally Insane in Ionia, Michigan. In *The Protest Psychosis*, psychiatrist and cultural critic Jonathan Metzl tells the shocking story of how schizophrenia became the diagnostic term overwhelmingly applied to African American protesters at Ionia—for political reasons as well as clinical ones. Expertly sifting through a vast array of cultural documents, Metzl shows how associations between schizophrenia and blackness emerged during the tumultuous decades of the 1960s and 1970s—and he provides a cautionary tale of how anxieties about race continue to impact doctor-patient interactions in our seemingly postracial America.

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The Protest Psychosis: How Schizophrenia Became a Black Disease Details

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Talha C says

nice exercise in sociology of knowledge. yet at the same time we see just another case in which social transformations are explained within implicit self-containment of civil society by which I mean the argument about "anxieties" about civil rights movement leading racialization of psychic illness completely eclipses state agencies (various security apparati) intervening if not organizing formation of public discourse. such characterizations (anxiety of white middle class) which uncritically psychologizes and emotionalizes what were actually institutional political strategies obscures many politically culpable formations. no more euphemisms. no more reactionary models which are devoid of any conceptual space to attend historically specific entanglements of state with social processes.

Jeremy says

The schizophrenia rate for African Americans is still 3 times that of Caucasians. If schizophrenia is as heritable of a disease as it has been presented, this statistic should not happen. The author did a great job of showing the importance of structural prejudice in understanding mental illness. He argues that it was not and is not the racist intentions of individual psychiatrists but rather the much larger cultural structural situation that the psychiatrists cannot see outside of.

In my work I am part of a team that is constantly diagnosing schizophrenia and it is very easy to see it as a heritable disease that culture has no say in. But it is also obvious to see that the young schizophrenics are much more likely to be Hispanic than White. And yet I cannot think of a single case where a Hispanic was diagnosed schizophrenic and shouldn't have been. It is only when I take a step back that I can see my racial/cultural bias.

Where the author is weak is his explanation of schizophrenia and symptoms. The people he used as case studies would not be diagnosed schizophrenic unless they were showing signs of psychosis, I.E. talking to themselves or other signs of responding to internal stimuli. He makes it sound like African Americans were being detained because they were angry. While I am sure that happened at times, I imagine most of that population was hidden in jails and not institutions.

Another part of this equation that I don't think got enough attention was the role of illicit substances. Anyone who has worked with the severely mentally ill knows the co-morbidity issue and how it clouds all diagnosis. There are times it is very hard to tell if the psychosis is caused by the drugs, or if the patient is attempting to mask the psychosis with drugs. The issue of chemical dependency treatment and diagnosis with African Americans is a much larger topic again, and it goes perfectly with the author's assertion of the racial/structural blinders that continue to bias decision making in mental health.

Alo says

I feel like this could function as a decent "Institutionalized Racism in Psychiatric Diagnosis 101." But if you

have read a good deal of diagnostic criticism, or even important pieces in the anti-psychiatry canon, what he says isn't going to blow your mind. In fact, a lot of the book is unnecessarily stylized and narrative. That is, of course, interesting but a large portion of the book is a presentation of "here is what I found in their archives, what do you see?" He only really goes into depth about the philosophical implications of these examples in the Preface and Conclusion.

The criticism isn't nearly as deep as it could be. Metzl is a psychiatrist and clearly takes pride in his profession even if he is willing to acknowledge parts of its awful history. This is to say that, while he believes we need to be wary of diagnosis in this day in age and take our own preconceived notions about culture into account, psychiatry all in all is on the right track. And well... the book alone surely isn't deep enough to base that conclusion on.

Thomas says

Such an important book for anyone who cares about racial justice and/or mental illness. In *The Protest Psychosis*, psychiatrist and cultural critic Jonathan Metzl shows how doctors over-diagnosed - and still over-diagnose - black people with schizophrenia. By analyzing archives and oral history interviews from the Ionia psychiatric hospital in Michigan, Metzl reveals how racist people in power portrayed black protestors as mentally ill, in an attempt to medicalize their fight for social justice. He thus draws several astute connections between mental illness, institutionalized racism, and health care.

Mental health is political. It intersects with gender, race, socioeconomic status, sexuality, disability, as well as the forces that oppress minorities within those categories. As an aspiring clinical psychologist, I feel grateful that Metzl approached this topic with such a solid research foundation and a dedication to examining his own methodology's shortcomings. *The Protest Psychosis* sheds light on many uncomfortable and necessary truths: how psychiatrists and the media perpetuated racist notions of black protest as disease, how doctors perceived women as sick unless they could satisfy a husband, and how even today constructs like race and gender affect diagnoses. Metzl's book urges us to fight against racism and sexism in the mental health field, an area once dominated by straight, heterosexual white men.

While Metzl includes many thought-provoking ideas in *The Protest Psychosis*, he does a great job in particular discussing retrospective diagnoses and how we must use caution when interpreting the past with our current diagnostic criteria (e.g., trying to diagnose historical figures with recent iterations of the *DSM*). Thus, he highlights the role of culture and structures in determining who we perceive as healthy and as ill. He does not discuss schizophrenia's symptoms in great depth, though he does acknowledge the disease's severity, as any psychiatrist would.

Overall, an important book for anyone who enjoys academic writing that intertwines disciplines and applies to the real world. Curious and hopeful to see if this line of research extends itself to more work pertaining to black incarceration and substance use, intersections of race and sexuality and mental illness, and more. Metzl possesses an extensive educational background and intellectual resources to match, and he puts those all to good use in *The Protest Psychosis*.

Kate Klein says

important!!

Katrine says

Great book, a very nuanced reading of the history and significance of schizophrenia in American history, with emphasis on the intersection between race, gender and science.

C says

I liked this a lot, but think it might appeal only to those with a strong interest in institutionalized racism and/or the civil rights movement. It seems more like the kind of book you'd read in a college-level sociology course, rather than one you'd find in the pop-soc section of the library (if that exists).

Coming at this from a physical science and not a social science background, I really appreciated the explanation of how Metzl approached the social science part of the book (e.g., choosing a hypothesis, particular research practices, methods for data interpretation). I also appreciated his caution in pointing out what might (or might not) be appropriate to conclude from the given information and analysis, as well as what is notably absent from the data.

That said, most of the text is spent exploring the historical context of the data, particularly with the help of a small selection of patient case studies. While these make the book more readable to a non-sociologist, the second half of the book references some sociological jargon and concepts that pushed it back the other way. It's a tough balance to strike there between the academic and lay audience, and this book occasionally falls off point.

Regardless, institutionalized racism in the US health care system is a really interesting and crucial topic, so it's pretty cool to see an example of it illustrated in a mostly accessible way. Would probably be great reading for health care workers, particularly as Metzl (who is a practicing psychiatrist himself) also discusses how we might respond to the systemic dysfunction.

Anna says

One of the best books I have read in long time. Metzl interrogates the intersection of race, psychiatry, and criminality in this beautifully written history of Schizophrenia in America. He tells the story through an institution in Michigan and the patients and employees who cycle through it over time. Through a mix of record analysis, personal documents and interviews, he shows the transition of 'schizophrenia' from a diagnosis most often attributed to disorganized and erratic white women to violent and aggressive black men. At the same time, Metzl tells a story of change in racial relations in America, and white refusal to acknowledge the legitimacy of black rage. Perhaps the most important lesson in this book is the way structures act through individuals. The way well intentioned people become instruments of great evil, while the vulnerable are sacrificed to broad social conflicts and anxieties.

I think this is required reading for mental health professionals. It will help you understand the constructed nature of the diagnoses we distribute, and make you consider carefully the power this gives you.

Olivia says

Super highly recommend for anyone interested in the history of race and mental illness in the US. The writing probably doesn't support recommending it to a wider audience unfortunately. Feels like it falls just short of being an enthralling must-read for everyone.,.

UChicagoLaw says

Metzl brilliantly traces the racialized process by which the prison ultimately replaced the mental hospital. He digs through these rich archives at the Ionia State Hospital in Michigan and excavates how it is exactly that schizophrenia was transformed from an illness of docile white women to a disorder of black male belligerence. It is really fascinating. - Bernard Harcourt

Lee says

This is the book I've been looking for. It didn't full fill all my fantasies that I had for it, but it was worth reading.

I don't think Metzl is the best writer. I waffled between feeling like his scope was too broad and feeling like his sources were too limited. At times I felt like each chapter read somewhat like a high school English paper, using an only marginally related quote or literary reference garnered from a google search to open the paper.

On the other hand, Metzl situated diagnosis and the psychiatric institution in a social/historical context in a way that is thoughtful, relevant, and an uncommon undertaking. As a psychiatrist himself, he is careful to acknowledge the usefulness of diagnosis and at the same time argues that it is impossible to extricate the process from the social context (at least that's what I think he's saying).

He uses archives and oral history interviews from the Ionia, Michigan psychiatric hospital(now a prison)as a case study to trace the shift in diagnosis of schizophrenia from one of benign, white-middle class femininity worthy of pity and attempts at reintegration to it's current status of volatile, violent, black masculinity needing containment, a process parallel to the 60s and 70s black power and civil rights movements. He integrates (though somewhat clumsily) pharmaceutical marketing and pop culture to illustrate this shift.

From the final chapter: "History thus lets us begin to understand why, in the present day, schizophrenia remains at once pathologized and pathologizing, and signifies both teh need to maintain order and a political imperative to disrupt it...at a particular moment in time, schizophrenia became both a racialized disease and a metaphor of race in the United States."

Morgan Dhu says

Jonathan Metzl's *The Protest Psychosis: How Schizophrenia Became a Black Disease* is an examination of how institutionalised racism and social constructs of "abnormal behaviour" have influenced the changing psychiatric definitions of certain mental illnesses - specifically schizophrenia and the now out of fashion dementia praecox - and resulted in a situation in which "... African-American patients were significantly more likely' than white patients to receive schizophrenia diagnoses, and significantly less likely' than white patients to receive diagnoses for other mental illnesses such as depression or bipolar disorder."

In noting that black men entering treatment (voluntarily or otherwise) for mental illness are far more likely to receive a diagnosis of paranoid schizophrenia than any other racial group, Metzl argues that although "Everyday racism seems a reasonable explanation for these findings," the situation is actually more complex. In the preface to his book, Metzl states:

"This book makes a broader claim: from a historical perspective, race impacts medical communication because racial tensions are structured into clinical interactions long before doctors and patients enter examination rooms. To a remarkable extent, anxieties about racial difference shape diagnostic criteria, healthcare policies, medical and popular attitudes about mentally ill persons, the structures of treatment facilities, and, ultimately, the conversations that take place there within."

Focusing on how the diagnosis of schizophrenia was used to classify people admitted to Ionia State Hospital in Michigan from the 1940s onwards until it closed as a mental institute in the late 1970s, Metzl examines the changing use of this diagnosis. Initially given primarily to nonviolent white criminals and distressed housewives - who were seen as ill but not dangerous - by the 1970s it was predominantly assigned to black men supposedly characterised by "masculinized belligerence."

In his book, Metzl looks at the origins and evolving definitions of schizophrenia in the context of social changes, and particularly racial politics and the civil rights movement in the USA, especially in Detroit which was part of the catchment area of Ionia Hospital. As Metzl notes:

"American assumptions about the race, gender, and temperament of schizophrenia changed beginning in the 1960s. Many leading medical and popular sources suddenly described schizophrenia as an illness manifested not by docility, but by rage. Growing numbers of research articles from leading psychiatric journals asserted that schizophrenia was a condition that also afflicted "Negro men," and that black forms of the illness were marked by volatility and aggression. In the worst cases, psychiatric authors conflated the schizophrenic symptoms of African-American patients with the perceived schizophrenia the civil rights protests, particularly those organized by Black Power, Black Panthers, Nation of Islam, or other activist groups."

As Metzl further comments in the preface:

"As but one example, the title of this book comes from a 1968 article that appeared in the prestigious *Archives of General Psychiatry*, in which psychiatrists Walter Bromberg and Frank Simon described schizophrenia as a "protest psychosis" whereby black men developed "hostile

and aggressive feelings" and "delusional anti-whiteness" after listening to the words of Malcolm X, joining the Black Muslims, or aligning with groups that preached militant resistance to white society. According to the authors, the men required psychiatric treatment because their symptoms threatened not only their own sanity, but the social order of white America. Bromberg and Simon argued that black men who "espoused African or Islamic" ideologies, adopted "Islamic names" that were changed in such a way so as to deny "the previous Anglicization of their names" in fact demonstrated a "delusional anti-whiteness" that manifest as "paranoid projections of the Negroes to the Caucasian group." "

Metzl further quotes Bromberg and Simon on the 'symptoms' of this protest psychosis: "antiwhite productions and attitudes. . . . It becomes apparent that the intellectual dissociation represents in part a refusal to accept the syntactical language of standard English. . . . Often the prisoners draw pictures or write material of an Islamic nature, elaborating their ideas in the direction of African ideology with a decided 'primitive' accent. . . . The language used may be borrowed from the ancient 'Veve.' . . . Bizarre religious ideas are Moslem in character, either directly from Mohammedan practice or improvised."

Key to Metzl's argument is the fact that "... the rhetorics of health and illness become effective ways of policing the boundaries of civil society, and of keeping these people always outside." Marginalised groups have historically been characterised as more likely to be diseased or defective, either physically or mentally, and discontent with society or one's assigned status in it, no matter how merited, as a marker of mental health issues. Metzl lists some of the ways in which this has manifested or been observed with regard to both political dissidents and racialised groups, points particularly pertinent to an examination of the psychiatric labelling of black males during the 1960s, a period of civil rights activism and black power movements that combined both political protest and a heightened presentation and awareness of racial discontents.

"Scholars have long argued that medical and governmental institutions code threats to authority as mental illnesses during moments of political turmoil. Much of the best-known literature on the subject comes from outside the United States. International human rights activists such as Walter Reich have long chronicled the ways in which

Soviet psychiatrists in so-called Psikhushka hospitals diagnosed political dissidents with schizophrenia. Meanwhile, Michel Foucault often cited French hospitals as examples to support his belief that the discourses of the human sciences produce and discipline deviant subjects in the larger project of maintaining particular power hierarchies. Foucault also importantly developed a theory of "state racism," whereby governments use emancipatory discourses of what he called "race struggle" as excuses for the further oppression of

minority groups. Meanwhile, the Martinique-born psychiatrist Frantz Fanon called on his experiences in Algeria to describe a North African syndrome in which political and medical subjugation literally created psychiatric symptoms in colonized subjects. Fanon's important schema, discussed at length below, focused on the ways in which racist social structures reproduce themselves not only in political or economic institutions, but also in the "damaged" psyches of people it needs to control."

As Metzl notes, however, the history of ascribing specific kinds of mental illness to black patients predates the civil rights movement by a considerable length of time. He notes the early history of the diagnosis of mental illness among blacks in America, which usually worked in support of:

"... existing beliefs [that] "Negroes" were biologically unfit for freedom. This troubling argument emerged from the work of American surgeon Samuel Cartwright, who wrote in 1851 in the New Orleans Medical and

Surgical Journal that the tendency of slaves to run away from their captors was a treatable medical disorder. Cartwright described two types of insanity among slaves. Drapetomania resulted when "the white man attempts to oppose the Deity's will, by trying to make the Negro anything else than 'the submissive knee-bender' (which the Almighty declared he should be) by trying to raise him to a level with himself, or by putting himself on an equality with the Negro." According to Cartwright, such unnatural kindness led to a form of mania whose sole symptom was the propensity of slaves to run away. Similarly, dysaesthesia aethiopsis, which is Cartwright's term for the "rascality" and "disrespect for the master's property" that resulted when African Americans did not have whites overseeing their every action. Cartwright theorized that both conditions resulted from biological lesions and he advised treating both with whipping, hard labor, and in extreme cases, amputation of the toes."

Metzl includes in his arguments a brief overview of the development of the understanding of schizophrenia as a mental illness. Originally known as dementia praecox, one school of researchers characterised the disease as "... a biological illness caused by underlying organic lesions or faulty metabolism ... [that] resulted from irreversible biological changes..." Others theorised that dementia praecox "...was not a biological disorder, but was instead a psychical splitting of the basic functions of the personality." This splitting "...was accompanied not by violence, but by symptoms such as indifference, creativity, passion, and even fanaticism." This theory led to the use of the term schizophrenia, from the Greek words for "split" (schizo) and "mind" (phrene).

Metzl notes that the differences in theorising about praecox as opposed to schizophrenia resulted in the condition being interpreted very differently based on the psychiatrist's beliefs concerning its etiology. Those who followed the idea of schizophrenia as an illness of personality instead of biology tended to describe patients in terms that "remained largely, though by no means entirely, free of connections to violence, invasions, crime, impurity, and other eugenic staples. Psychiatrists instead described patients with schizophrenia as academics, poets, women, eccentrics, and others who perhaps deviated from, but remained largely within, the norm." Patients with schizophrenia were in general not seen as dangers or as threats, but as persons needing nurturing in order to find the "sensitive and tender nature" hidden behind a patient's "cold and unresponsive exterior." Leading clinicians "... advocated teaching patients how to function as adults through activities that substituted "objective reality for phantasy" such as occupational therapy, physical exercise, and the encouragement of participation in "dances, concerts, and other opportunities for social contact." "

Those who understood schizophrenia to be essentially the same as the organically caused dementia praecox, however, were more likely to see it as a racialised disease:

"... in 1913, Arrah Evarts, a psychiatrist from the Government Hospital for the Insane in Washington, D.C., wrote an article in the Psychoanalytic Review titled "Dementia Praecox in the Colored Race" in which she described dramatic increases in the illness in "colored" patients.

.... Evarts linked the appearance of praecox in these and other patients to the pressures of freedom - pressures for which "Negroes," she argued, were biologically unfit. Speaking of slavery, Evarts wrote, 'This bondage in reality was a wonderful aid to the colored man. The necessity of mental initiative was never his, and his racial characteristic of imitation carried him far on the road. But after he became a free man, the conditions under which he must continue his progress became infinitely harder. He must now think for himself, and exercise forethought if he and his family are to live at all; two things which has [sic] so far not been demanded and for which there was no racial preparation. It has been said by many observers whose words can scarce be doubted that a crazy Negro was a rare sight before emancipation. However that may be, we know he is by no means rare today.' "

However, as the clinical use of the diagnosis of dementia praecox declined and the conceptualisation of schizophrenia as a disease of personality became the prevailing one, this tendency toward a racialised diagnosis declined. As Metzl points out, "Prior to the civil rights movement, mainstream American medical and popular opinion often assumed that patients with schizophrenia were largely white, and generally harmless to society."

As the civil rights movement and other events highlighting the unrest among black people in this the U.S. entered the consciousness of the public and the psychiatric profession alike, a shift began to appear in the perceptions of mental illness. Metzl notes that the release of the revised Diagnostic and Statistical Manual of Mental Disorders (DSM-II) in 1968, on which many symptoms of mental illness were seen as maladaptions to the patient's environment, both reflected and in some ways codified an understanding of schizophrenia as a violent disorder commonly seen among black patients. By the 70s, anti-psychotic drugs marketed for treatment of schizophrenia were often advertised with imagery that suggested angry black men, inner city tensions, or "primitive" thought processes - the latter imagery often suggesting or openly using traditional African art or artefacts.

In examining the language used to discuss research into psychiatric conditions beginning in the 60s, Metzl observes that "... data analysis suggests that authors of research articles in leading psychiatric journals preferentially applied language connoting aggression and hostility to African Americans during the 1960s and 1970s. The spike in such associations raises the specter that the DSM-II codified ways of talking about blackness in addition to talking about mental illness. To be sure, the DSM claimed to seek neutrality. But, in the real world, doctors and researchers used the manual's charged language to modify, describe, and ultimately diagnose the category of black under the rubric of the category of schizophrenia."

This developing construct of schizophrenia as a disease of blacks led into madness by hostility and delusions triggered by the "antiwhite" ideas of prominent black leaders was not limited to psychiatric circles. Increasingly during the 60s, the media began using the imagery of schizophrenia and psychosis to discuss racial unrest among blacks in America.

"For instance, an electronic newspaper archive search for articles with the terms schizophrenia and schizophrenic in combination with terms such as Negro, racial, civil rights, and, by comparison, with Caucasian, feminism, and Equal Rights Amendment, reveals a series of significant numeric trends starting in the late 1950s. As but a few examples, the electronic archives of the New York Times, Los Angeles Times, and Chicago Tribune show the terms Negro plus schizophrenia or schizophrenic returned 36 results dated 1930 to 1955 and a staggering 259 results dated 1956 to 1979. A search for Negro plus paranoid or paranoia similarly returned 12 results dated 1930 to 1955 versus 358 results dated 1956 to 1979. Caucasian or white plus schizophrenic or schizophrenia returned no results from 1930 to 1955 and only 1 from 1956 to 1979, and feminism or women's rights plus schizophrenia or schizophrenic returned no results from 1930 to 1955 and 10 results dated 1956 to 1979."

Metzl goes on to note the way in which this imagery of schizophrenia was used to differentiate between "good" blacks, who did not raise anxiety in mainstream, white, society, and "bad" blacks, who were angry and appeared poised to destroy the social order: "Schizophrenia also provided a framework for dividing civilized blacks from unruly ones, the Martin Luther Kings and Jackie Robinsons who espoused nonviolence from the LeRoi Joneses, Stokely Carmichaels, and Rap Browns who did not."

During this period, the black press, and black leaders and theorists, also adopted the psychiatric imagery of schizophrenia, but for them it was seen in reverse. Rather than categorising the revolutionary black man as violently mentally ill, and his protest, his frustration and his anger as the symptoms of his disease, black

writers saw the situation of a black man living in a white supremacist society as the cause of a kind of survival schizophrenia and revolution the healthy road to a cure. "In their pages, schizophrenia also became a rhetorically black disease. But, instead of a condition caused by civil rights, schizophrenia resulted from the conditions that made civil rights necessary. Civil rights did not make people crazy, racism did. Instead of a mark of stigma, schizophrenia functioned as a protest identity and an internalized, projected form of defiance."

It is when Metzl turns his attention to his historical research into the medical files of hundreds of patients at the Ionia State Hospital, originally known as the "Michigan Asylum for Insane Criminals, which operated between 1885 and 1976, that we see the real-life consequences for black, primarily male patients.

In looking at the charts of schizophrenic patients from earlier time periods, prior to the beginnings of the civil rights movement, he found that these patients were not seen as particularly violent. While a minority of patients were described as hostile, suspicious or paranoid, these patients were most frequently described as confused, withdrawn, and cooperative. Further, differences between the symptoms of white and black patients with schizophrenia were for the most part insignificant; black patients were more likely to be suspicious, white patients to be suicidal.

Further, it was the assumption that patients, even those remanded to the Hospital because they were classified as criminally insane, were to be treated with the eventual goal of recovery and release. "During the first half of the twentieth century, the idea that even criminally insane persons might improve with treatment and return to their lives functioned as a viable concept. The goal of institutions such as Ionia was not merely to warehouse people, but to recuperate them."

In examining the medical records of Black men admitted in the 50s and early 60s and diagnosed with various personality disorders, Metzl observed that these diagnoses were often changed to one of schizophrenia in the late 60s and early 70s, even though the other contents of the records made it very clear that there had been no change in their symptoms, no new manifestations of disease. Despite the move toward deinstitutionalisation of the period, which led to the downsizing and eventual closing of many hospitals for the mentally ill, these black men were considered dangerous and were among the few patients kept in custody. Indeed, when Ionia Hospital was finally closed, this same group of black men were transferred to another facility for the dangerously insane. At the same time, white women who had been admitted with diagnoses of schizophrenia were being re-diagnosed with depression and released to the care of their families.

Metzl makes it clear - and quotes extensively from representative case files in so doing - that the black men in treatment at Ionia Hospital were not healthy persons unjustly confined. Rather, he is exploring how the ways in which the assessment of the men's condition, and their prospects for release, were affected by changing ideas about blackness, illness and violence.

To be continued
