Introduction

The Problem Limited

In February 2012, an interdisciplinary team of scientists at Oxford University performed a randomized, double-blind experiment whereby the researchers administered a beta-blocker commonly used to treat heart medication to one group of subjects, while giving the other a placebo.1 The research team then subjected both groups to a standard implicit association test (IAT), and recorded each group’s scores on an implicit bias scale.2 The IAT is a social psychological instrument used to measure the strength of associations between concepts (e.g., women, white people, lesbians) and evaluations (e.g., good, bad, healthy, diseased) or stereotypes (e.g., emotional, intelligent, bossy). The IAT score refers to how fast a person matches certain words or images to evaluative concepts (e.g., white people/good, black people/bad). A person, for example, who is faster to categorize words or images when “white people” and “good” and “black people” and “bad” are grouped together than when the groupings are reversed would be said to have an implicit preference for white people relative to black people.3

In the aforementioned experiment, subjects in both groups were shown images of people of different races, alongside words with positive and negative meanings. They were then asked to rate how “warm” their feelings were toward different groups. Results showed that participants taking the beta-blocker scored significantly lower on the IAT, indicating they held lower levels of subconscious racial bias. Measures of explicit racial prejudice, however, were unaffected by the administering of the beta-blocker. One of the lead researchers, in a press release, stated, “Such research raises the tantalising possibility that our unconscious racial attitudes could be modulated using drugs” (emphasis ours).4

The study quickly gained mass media attention, with its results, comments from the researchers, and editorials about the clinical trial published in outlets across the ideological spectrum, including the Huff-
The study’s resonance was global, reaching from the Province in British Columbia to the Cape Times in South Africa. With the exception of one editorial in Time, the mass media framed the topic as a question of when and how a medical “cure” for racism would be available, and largely eschewed discussion about whether the study had appropriately conceptualized racism’s scope and scale. That same year, the Oxford Handbook of Personality Disorders included a chapter on identifying and assessing what the psychologists Carl Bell and Edward Dunbar refer to as “pathological bias,” a form of racism identified as having psychopathological origins and leading to extreme violence. Symptoms associated with this proposed disorder include feelings of persecution by out-groups, fantasies of violence against those who are culturally different, recurring fears of racial and ethnic others who reside in close proximity, paranoia toward non-English speakers, and denigration of out-groups seen as unclean, criminal, and less than human.

The question of what exactly was being modified in the Oxford study was raised recently with the publication of a Dutch study. In it, researchers claimed to have removed phobic responses—in this case to spiders—not through long-term desensitization, the common intervention, but by giving participants in a double-blind and placebo-controlled experiment a single dose of the same beta-blocker. Analogous to the Oxford study, the “fear response” (rather than racism) had been measured before and after by “behavioral approach tests . . . [that] were used to assess the degree of fear while being exposed to a spider as well as overt approach behavior toward spiders.” The researchers claimed the technique was effective in reducing patients’ phobic responses to real spiders even while noting that “people tend to fear objects and situations that they have never really experienced.” The study claimed that the combination of the exposure to the drug as well as the subsequent reexposure to the real, rather than imagined spiders (the agent that had triggered the phobia) caused a radical reduction in anxiety and a virtual elimination of the phobic response. But are arachnophobes the same as racists? Is racism merely uncontrolled anxiety triggered by a specific cause, whether experienced or imagined? Indeed should the overall claim of the Oxford study now be understood as arguing that racism is really merely a phobic response to an imagined terror that can be cured
through the application of a drug and reexposure to its cause? Or is rac-

Research like the Oxford University study in many ways simply reified the general claims of the times that the potential for asocial or violent behavior could be identified through genetic or psychological testing even before such actions took place. The focus of the public seemed to be on the development of specific medical interventions to prevent them. The perfect preventative state would be free of even the potential for such activities as racist acts through the employment of a public health model that targeted antisocial behavior as it had targeted infectious diseases. Since the beginning of the twenty-first century a new field of ethics, labeled neuroethics, has been making claims about the efficacy of such interventions as well as providing a critical examination of the arguments behind them. A split vision—are such interventions in the public good possible and desirable, or do they violate human autonomy—is reflected in the underlying claims of the Oxford study.

That the medical and psychological sciences reconstruct previously defined social problems as medical and mental problems is, of course, not a new phenomenon. However, what is significant is how these reconstructions have, over time, influenced public opinion and policy, in addition to weaving their way into the fabric of some of our most important and influential institutions. As early as 2005, for example, inmates within the California state prison system were being administered antipsychotic drugs to combat what the divisional chief psychologist for the California Department of Corrections identified as the “delusional disorders” of racism and homophobia, despite the inmates not having a diagnosis recognized by the American Psychiatric Association.

If this example appears as an anomaly, or too convenient to draw conclusions from, consider that the U.S. criminal justice system already has had, for over thirty years, legal precedent for recognizing racism as a delusional disorder, allowing perpetrators of racially targeted violence to evade punitive justice for their actions. In May 1981, an elderly white man, Anthony Simon, shot his Chinese American neighbor, Steffen Wong, as Wong was entering his own home. Claiming he was afraid of Wong due to a belief that Wong knew martial arts, and fearful that more “Orientals” were moving into the neighborhood, Simon was ultimately acquitted on two accounts of aggravated assault. An important part of
the defense’s case was the testimony of a clinical psychologist who stated Simon’s mental condition “permitted him to misjudge reality and see himself [as] under attack.” Put differently, it was claimed Simon suffered from “anxiety neurosis.” Later, the Kansas Supreme Court, in *State v. Simon*, while acknowledging the trial court’s instruction to the jury was improper, denied a challenge to the acquittal on the grounds of double jeopardy.11

What is the relationship, historically, between race, racism, and mental illness? How did race, once considered an unquestionable ontological category, and significant marker of psychosis, become redefined as a social construct? And how was it made possible that, almost concurrently, racism became reimagined as mental illness? Importantly, what are the implications of this reimagining? Was Glenn Miller, the ex-Klansman responsible for the shooting spree that left three individuals dead at a synagogue in Overland Park, Kansas, in 2013, simply suffering from an extreme mental illness? Is the recent finding by sociologists at Portland State University that Portland drivers show racial bias against pedestrians of color a mental health matter?12 Is the backward slide toward resegregated public schools throughout the United States indicative of some massive psychosocial disorder?13 These are the questions that structure the nature of the investigation in this book.

While we question the construction of racism as a psychological disorder, we do not question the fact that individuals suffering from acute mental illnesses fixate on images such as race as a symptom of their illness. Rather, as with many symptoms of mental illness, this fixation is culturally defined, rather than springing from an autonomous mental illness. These are cases of individuals with particular symptoms, not classifications of mental illness that seek to explain manifestations of racism.14 Thus the case of Anthony Simon mentioned above hovered between the poles of explanation. Was he a mentally ill individual who fixated on the race of his neighbor or did he suffer from a debilitating mental illness called “racism”? When we examine the question of racism’s definition and subsequent treatment as a psychopathology, we are looking at what Stephen Bartlett calls “the social consequences of disease labeling.”15 We are not arguing that mental illness is a purely social construction but that its reality is embedded within historical, social, and cultural forces in a complex way. Racism, too, as a broad social phe-
nomenon, is real, but it is a political category, not a psychopathological one, even if racism can manifest itself as a symptom of an individual’s disease process.

As we will show in this book, the rendering of difference through disease and illness would become central during the mid- to late nineteenth century, and up through the early part of the twentieth century, as the development of modern medicine produced new ways to distinguish racial groups from one another. The cultural historian Robert Young correctly demonstrates that during this period, race was being fashioned within laboratories and classrooms of early biomedical practitioners, and gained currency through the frequent borrowing of biomedical terminology among anthropologists and early sociologists. Yet, by the end of World War II, within the medical, psychological, and even social sciences, a shift occurs whereby disease becomes a descriptor of racism. To put another way, if the nineteenth-century Jew and black American bore the mark of insanity, by the end of World War II that mark would be placed upon those whose hatred targeted the Jew and black American.

We are not interested in teasing out the multiple classifications of race that evolve from the eighteenth century to the present, though we are certainly aware that, especially with the rise of modern genetics, these become ever more problematic in the fixed boundaries that they create between groups. Thus the parallel distinctions between forms of race hatred based on such classifications during this period—antisemitism or anti-Judaism; racial prejudice against Africans, within and beyond that continent, and black Americans; race hatred aimed at Native Americans or the Chinese and other Asian ethnic groups—are of importance in the political implications of their application. We shall show that the ideas race hatred developed using one or the other group slides easily into categorizing other groups. Indeed, the very artificial construction of the boundaries of race makes this possible even within the claims of the sciences we are examining.

Certainly the question of how race in its broadest sense was made into a pathological condition has been explored through numerous academic articles and books. For example, there is a sustained discussion of the debates about race and mental illness in the analyses offered by Martin Summers, Dennis Doyle, and Jonathan Metzl on the history of race
and American psychiatry (and perhaps some of the literature on mid-twentieth-century colonial psychiatry); Natalia Molina, Samuel Roberts, and Keith Wailoo on race and the foundations of modern public health; and Jonathan Holloway, Darryl Scott, and others on the history of race and urban social science.\(^{18}\) One of the present authors has written extensively on the idea of race and self-hatred.\(^{19}\) His work has had many echoes as well as rebuttals.\(^{20}\) However, the shift toward pathologizing \textit{racism}, and demonstrating the relationship of this shift to the previous \textit{pathologization} of race, has not been documented to the degree that the present study undertakes.

As Sander L. Gilman has argued, for the targets of prejudice, self-hatred is one of many reactions to exposure to hate.\(^{21}\) We often see complex and dynamic human responses to such circumstances. As we shall see in detail in Chapter Three, Anna Freud outlined in her \textit{The Ego and Mechanisms of Defense} (1936) that the defenses of the ego under such circumstances can take the form of repression, displacement, denial, projection, reaction formation, intellectualization, rationalization, undoing, and sublimation as well as identification with the aggressor or self-hatred. In that context, prejudice has been defined as the cause of the latter.\(^{22}\) But resilience and rebellion are also possible reactions. Self-hatred may exist in individuals, but not in classes of individuals, and it can lead to both repression and sublimation. Repressed self-hatred can be corrosive and lead to forms of mental illness; sublimated self-hatred can be the wellspring of creative, if not always pleasant, forms of externalization.

Having gotten that out of the way, let us turn not to racism as psychopathology but to its primary predecessor and the claims that later structure this view. In the era of both the biologization of difference as “race” and the rise of a biologically driven definition of mental illness, it was of little surprise that madness came to be seen as a quality of specific races. As early as the Enlightenment, race was considered a precipitating factor in defining the etiology of mental illness, but almost exclusively in the “inferior races”: blacks in the United States, the Irish in Great Britain, and Jews in Western and Central Europe. The development of the scientific perspective on “race” emerged alongside the epistemological shift within Western European society from religious doctrine to scientific doctrine, whereby authority was relocated from the church to the
laboratory, with the scientist as an independent and unbiased observer of nature.

The Enlightenment, and the subsequent emergence of scientific knowledge as an authoritative regime, helped to create clearly defined biological categories of “mankind” perceived to be independent of any political definition of difference, but nevertheless used to reinforce such political categories as slavery or social exclusion. The *Oxford English Dictionary* traces “race”’s meaning (“a tribe, nation, or people, regarded as of common stock, and, in early use, frequently with modifying adjective, as British race, Roman race”) through citations from 1572, where race is a collective—“The Englishe race ouerrunne and daily spoiled”—to 1612, where race’s association with color functions as an index of biology: “He is a white man and of the Race of the Tartares.” By 1775, the scientific study of races was prevalent, with German researcher J. F. Blumenbach and his *De Generis Humani Varietati Nativae* cited as using race as “more or less formal systems of classification: any of the major groupings of mankind, having in common distinct physical features or having a similar ethnic background.” In 1795, the *OED* notes the popular acceptance of this view: “These Tartar tribes, which he supposes to be of the Red Race, distinct from the European White Race.” Race in its nonmetaphoric sense had become a reflex of the *science* of biology, not merely pseudoscience.

Karl Popper’s principle of “demarcation” between science and pseudoscience as stated in his 1935 *Logik der Forschung* (*The Logic of Scientific Discovery*) distinguished them through the claims of the falsifiability of science. Popper’s work was temporally parallel to the debates about racial predisposition to specific forms of mental illness, although his example of pseudoscience was psychoanalysis, not race science. Given that Popper was an acculturated Austrian Jew, this was more than merely an oversight. Contesting racial science meant contesting science itself. For at that time “race science” was so integrated into all aspects of the human sciences and medicine as to be inseparable from them. Science was, as George Herbert Mead put it, a systematized form of knowledge: “Knowledge is never a mere contact of our organisms with other objects. It always takes on a universal character. If we know a thing, explain it, we always put it into a texture of uniformities. There must be some reason for it, some law expressed in it. That is the fundamental assumption of
science.”24 For the science of race, as understood in all of the human sciences during that first age of positivistic and empirical science, knowledge of the “laws” governing racial differences and distinctions was not only universal, but also systematized into every field of inquiry dealing with human populations.

“The meaning of race,” as Michael Omi and Howard Winant suggested over twenty years ago, “is defined and contested in both collective action and personal practice.”25 Through this process, they argue, “racial categories themselves are formed, transformed, destroyed and re-formed.”26 Racial formation, then, is the process of investing meaning in racial categories—“the extension of racial meaning to relationships, social practices, or groups” previously understood in nonracial terms.27 Thus the very absence or presence of racial categories reflects absolute boundaries of biologically fixed groups whose character is as radically circumscribed as its biology.28 Make no mistake, we are not arguing here for a concretization of racial categories or racial differences. Rather, like Omi and Winant we argue racial formation is a process of investing meaning in racial categories. Where we differ from Omi and Winant, however, is that we claim this process and its extension through modern science, rather than the state, continues to be a major driving force behind contemporary racial projects.

Racial meaning, for Omi and Winant, also “is constructed and transformed sociohistorically through competing political projects, through the necessary and ineluctable link between the structural and cultural dimensions of race.”29 In their account, “competing political projects” have primarily been theorized as a dynamic and contested relationship between the state and movements on the ground. The dialectic interplay between the two is understood as responsible for the meanings of race, and racism, within any given sociohistorical context. Though quite useful for considering the political dimensions of race’s history, Omi and Winant’s framework is not as useful for identifying the epistemic cultural history of race and racial meaning.

Though race scholars to date have identified the role “race science” played in eighteenth- and nineteenth-century constructions of human difference, much of this literature frames the role of “race science” as subservient to state power.30 This approach rightfully identifies the structural dimension of race. Yet, though this approach gives mention to
the imbrication between this dimension and a cultural one, it nevertheless undersells it. In her book, *Epistemic Cultures*, Karin Knorr Cetina writes, “A knowledge society is not simply a society of more experts. . . . It is a society permeated with knowledge cultures, the whole set of structures and mechanisms that serve knowledge and unfold with its articulation.” One feature to our approach we hope readers find useful is our historical and sociological analysis of the epistemic culture of race, and racism. That is, in the dialectic encounter between structural and cultural forces identified by Omi and Winant in the production of race’s meaning, we aim to show how the relationship of an “expert system” of race science permeates Western society’s production of racial meaning.

This is not to suggest the state has no role to play here; rather, the role of the state in the production of racial meaning has been overdetermined. The investing of meaning into the supposed reality of racial categories, and into analyzing human affairs in terms of racial differences, emerged and was supported within laboratories, classrooms, conferences, and writings of early biomedical practitioners, not among politicians. This meaning was further invested when biomedical terminology began to diffuse among nonmedical scientists, as well as public policymakers. Policy, as an extension of state power, required scientific authority for its legitimation. This was evident, as we shall show, in some of the most influential Supreme Court cases concerning the significance of race, including *Plessy v. Ferguson*, *Buck v. Bell*, and *Brown v. Board of Education*. In fact, scientific rationality was instrumental, and continues to be instrumental, in the redesigning and reimagining of nearly all state-based apparatuses, including public education, public health, law, the economy, and the military.

Race and Difference in This Book

We find it prudent to state up front our approach to the concept “race,” and how it may differ from its use among other scholars of history and the social sciences. Throughout this book, we treat race as a set of historical and discursive practices that, in various forms, tether constructions of madness, disease, illness, and, fundamentally, difference to certain bodies. These practices are, of course, ideologically driven. However, we are hesitant to claim, as some have, that ideologies necessarily drive
practices. As we show in this book, for example, ideologies about innate racial differences both produce, and importantly, are produced by, the authority of medical, behavioral, and social sciences in nineteenth- and twentieth-century Europe and the United States. Furthermore, in the early to mid-twentieth century, it was scientific practice that gave rise to new ideologies about race and racial differences. Ideology and practice, then, are coterminous, cofunctioning, and relational phenomena.

We also wish to emphasize that our treatment of race is distinctively not an examination of stable, fixed, and/or essentialized categories of subjectivity. Further, while in contemporary race scholarship it is common to consider race as a matter of identity, this is not our focus. In fact, James M. Thomas has provided a critique of this very treatment of race, arguing that the consideration of racial identities as concrete, albeit contextual, phenomena has had the unfortunate consequence of essentializing racial identity as a political category, even while many of the same observers simultaneously argue for its social and cultural contingency. In this book, we are less concerned with how Jews and blacks define themselves, collectively, and more concerned with how those categories emerge over time, in particular contexts, and how they become aligned to particular constructions of mental diseases. We are also interested in how racism in the post–World War II era similarly becomes tethered to particular constructions of mental illnesses, while the concept of race is (re)considered by the medical, social, and behavioral sciences as an idea with no basis in biological reality. To summarize, then, our treatment of race defines it as:

1. unstable;
2. shaped by historical, material, and discursive forces;
3. without basis in human biology, anatomy, or physiology;
4. nevertheless, ontologically real, in the sense that the category has been, and remains, a fundamental organizer of political, social, and economic opportunities.

Some readers may inquire about where “ethnicity” fits into our discussion. It is increasingly common among scholars of race and racism to collapse any distinction between “race” and “ethnicity,” and employ “race” when referring to categories of difference that have political,
social, and economic consequences. Though there are arguments to be made for treating the categories “Jew,” “black,” and “white” as ethnic distinctions because of unique cultural histories or contemporary cultural practices by members within those categories, we believe our consideration of how these categories became markers of mental disease, and thus, difference, highlights the historical fact that “blacks,” “whites,” and “Jews” are, first and foremost, techniques of governance. That is, the discursive and material apparatuses responsible for the emergence of those categories have always been oriented toward managing populations defined by those terms. For example, the United States Census, as one technique of governance, included only two racial categories (“white” and “colored”) in 1790, added the category of “mulatto” in 1850, “quadroon” and “octoroon,” along with “Indian,” “Chinese,” and “Japanese” in 1890, and “Mexican” in 1930, which was then removed until 1970.

Importantly, the assignment of groups of people to these categories has never been consistent in American, or European, history. Yet what has been consistent is that the assignment to these groups, in any era, subsequently influenced the political, economic, and social chances for their members. To reduce these categories to ethnic dimensions, or to their cultural uniqueness, would deemphasize the significance of their political and historical formations. Thus, our consideration of Jews, blacks, and whites in this book is an examination of racial formations, articulations, and governmentalities—material and discursive—and not a consideration of ethnic practices. However, we do leave open the opportunity for other scholars interested in culture, identity, and interaction to interrogate these concepts as ethnic dimensions. Rather than ask “is this a matter of race, or ethnicity?” we appreciate the contextual fluidity of these concepts, and their utility to function as “both/and” depending upon the type of research questions asked.

Finally, the attuned reader will notice we refrain from capitalizing the terms “black” and “white,” while capitalizing “Jew” and countries of origin (e.g., German Jew, black Americans). We have chosen to use the spelling “antisemitism” rather than the older “anti-Semitism” as it removes the ideological and pseudoscientific origins of this term, which we shall discuss. These choices reflect our above discussion of race as a matter of historical and discursive sets of practices, or regimes. Though there are patterned similarities in the emergence of these re-
gimes within Europe and the United States, they are not identical. To capitalize “black” or “white” would place too much emphasis on notions of crystallized subjectivity, rather than their contingencies. Concerning the category “Jew,” we capitalize this term to reflect that, though it too emerges through particular formations over time, there are a set of practices among its members, particularly within the nineteenth and early twentieth centuries, that provide more stability to the category than has existed among blacks or whites. This, indeed, reflects the prismatic properties of the category “Jew”—across time, it has served as a marker of religious, ethnic, and racial difference, as the consistent referential Other to white, Christian society. Indeed the lower-case spelling of “jew” as a verb has only offensive force in English, as the Oxford English Dictionary notes. For the purpose of consistency, then, unless we are quoting directly from an original source, we use “black,” “white,” and “Jew” throughout our book. In the case of other racial categories, we use “Latino/Latina,” “Native Americans,” and “Asian.”

Psychopathology, Biopower, and Governmentality

Governmentality, in this study, refers to its broad definition, “the art of government,” taken from Michel Foucault’s lectures at the Collège de France from 1978 to 1979. Importantly, “government” as Foucault defined it, referred not only to state politics, but to a wide range of techniques used to manage conduct, and, more specifically, the process of subjectification, or governance. Thus, our description of an emergent mental health governmentality refers to the range of techniques—discursive, symbolic, corporeal—that are increasingly used to manage our knowledge of self and society, and, subsequently, how we practice that knowledge upon our selves and society.

In addition to clarifying our use of “governmentality,” we want readers to be clear in our use and analysis of racism. Here, racism designates something to be explained, rather than a framework for describing, or explaining, a set of observations. The latter usage is quite common among scholars who are of course right to identify the various forms of institutional and systemic racism that exist within contemporary society. While this is certainly important for scholarship and anti-racist politics, we find it equally important to identify the historical, social,
ideological, and material conditions that produce, or give rise to, contemporary racial projects. In this sense, then, our aim is to demonstrate the historical shifts whereby projects become rearticulated, to paraphrase Omi and Winant’s racial formation theory discussed above. In order to account for the simultaneous expansion of medical and scientific governmentality in the post–World War II era, and its impact on the pathological construction of racism in the post–Civil Rights era, we find it useful to frame these phenomena in a revision of what Michel Foucault categorized as a dynamic encounter between biopower and biopolitics. This encounter has produced, among other things, an expanding scope of scientific and medical governmentality.

To be clear, neither “governmentality” nor “biopower” are terms that originate with Foucault. Foucault’s use of “governmentality” arose to fill a gap when in the late 1970s Foucault was lecturing at the Collège de France and needed a structure toward which to gesture in order to distance his own use of the concept of power from contemporaneous uses of it in sociological theory. Thus, “governmentality” became the means for depicting what Foucault recognized as underlying structures of administration that shaped both historical individuals and collectives. Yet the term has its origins at least as early as Roland Barthes, who used “governmentality” to describe the transfer of the image of the author to the state in his Mythologies in 1957.

Meanwhile, “biopower” grew out of Foucault’s attempt to identify different paradigms and practices of power that, beginning in the seventeenth century, were focused toward “achieving the subjugation of bodies and the control of populations” for the purposes of dominating subjects through life. The term, however, was coined in 1905 when Rudolph Kjellé introduced it in Stormakterna, one of the very first sociological works on “geopolitics” and was radically reworked in the critical literature of the 1930s, such as Morley Roberts’s Bio-Politics: An Essay in the Physiology, Pathology and Politics of the Social (1938). Foucault’s use, albeit brief, came out of his attempt to write a history of these dynamic and often contradictory structures after the publication of his Discipline and Punish: The Birth of the Prison (Surveiller et punir: Naissance de la Prison) in 1975. In that work and later in La volonté de savoir (The Will to Knowledge) (1976)—volume 1 of L’Histoire de la sexualité—Foucault focused on the often invisible, shifting approaches, withdrawals, claims,
and enforcement that shadow multiple institutions and forms of knowledge in human society, linking them in complex ways. For him biopower became “a political technology that brought life and its mechanism into the realm of explicit calculations and made knowledge/power an agent of transformation of human life,” but it also had a history.  

Indeed, we must also add that our project is in line with Foucault’s claim about the writing of a potential history of biopower:

> History has no “meaning,” though this is not to say that it is absurd or incoherent. On the contrary, it is intelligible and should be susceptible of analysis down to the smallest detail—but this in accordance with the intelligibility of struggles, of strategies and tactics. Neither the dialectic, as logic of communication, nor semiotics, as the structure of communication, can account for the intrinsic intelligibility of conflicts. “Dialectic” is a way of evading the always open and hazardous reality of conflict by reducing it to a Hegelian skeleton, and “semiology” is a way of avoiding its violent, bloody and lethal character by reducing it to the calm Platonic form of language and dialogue.

Roger Cooter has noted that “to be aware of one’s historicity, and therefore deny the ‘objectivity’ of historical knowledge is, I believe, the precondition to making history-writing engaged and political.” Yet, as Cooter notes, Foucault is in a bind, for the writing of history relies on the archive and the library, two institutions that are also shaped by the structures of power in which they function. In real terms his “genealogical” method, with its emphasis on discontinuity and break, can not provide a true alternative to history but is rather another version of history (stressing discontinuity over continuity), a kind of alternative to “bourgeois” history.

Our project has been to stress both continuities and breaks, with each rereading the past as well as shaping the future of both strands. When we locate this increase in the number of institutions, agents, and regimes now centered on the medical model and the answers to the creation and appropriation of this model we are analyzing their discursive and material formations as historical manifestations with deep political implications. Such implications may be the untended consequences of the strategic uses of arguments about vulnerability and prejudice that
succeed in accomplishing specific goals, yet perpetuate arguments that stress universal responses to specific social actions.

Biopolitics, on the other hand, is only alluded to within Foucault’s *History of Sexuality, Volume 1*, when he writes

> But a power whose task is to take charge of life needs continuous regulatory and corrective mechanisms. It is no longer a matter of bringing death into play in the field of sovereignty, but of *distributing the living in the domain of value and utility*. Such a power has to qualify, measure, appraise, and hierarchize, rather than display itself in its murderous splendor; it does not have to draw the line that separates the enemies of the sovereign from his obedient subjects; *it effects distributions around the norm* [emphases ours].

Since Foucault, there has been important debate regarding the specifics of both biopower and biopolitics. However, the anthropologist Paul Rabinow and the social theorist Nikolas Rose provide a compelling formulation we find useful for our own analysis. Biopower, for Rabinow and Rose, “entails one or more truth discourses about the ‘vital’ character of living human beings; an array of authorities considered competent to speak that truth; strategies for intervention upon collective existence in the name of life and health; and modes of subjectification, in which individuals work on themselves in the name of individual or collective life or health.”

Biopower, then, as a truth discourse, emerges out of a particular cultural conjuncture, where the authority over life increasingly becomes concentrated in the hands of modern science, including the psychological sciences.

This is quite different from the purely negative claims of Giorgio Agamben in his focus on the juridical and political spaces for the exercise of power (in *Homo Sacer: Sovereign Power and Bare Life*, among other publications). For him the “first principle” of biopolitics is the politics of death, which leads to an odd post-Heideggerian focus on technology and an ahistorical reading of the Holocaust. This has been recently problematized in Alexander Weheliye’s *Habeas Viscus* for, among other things, neglecting that concentration camps had their origins in both early-nineteenth-century “Indian removal” camps in the southeastern United States as well as in German Southwest Africa at the turn of the
twentieth century. As for the post-Marxists Michael Hardt and Antonio Negri’s oft-cited approach to biopower, one can paraphrase Rabinow and Rose to the effect that they describe everything and analyze nothing.

Biopolitics for Rabinow and Rose refers to the political struggle over the various problems with human life and death, “all the specific strategies and contestations over problematizations of collective human vitality, morbidity, and mortality; over the forms of knowledge, regimes of authority and practices of intervention that is desirable, legitimate, and efficacious.” The distinction drawn between biopower and biopolitics helps demonstrate how the challenge of scientific racism presented by some social and behavioral scientists in the pre- and inter-war years involved a fundamental clash over knowledge and authority. This clash resulted in the rejection of one version of biopower, or truth discourse, about the meaning of race. However, the rejection of this truth discourse occurred alongside the emergence of a new truth discourse on the role of genetics, biology, and psychopathology in mental and physical health outcomes. The conflict between a collapsing truth regime and an emergent one reflects the relational qualities of biopower and biopolitics: the emergence of biopower, in any given iteration, is always a product of biopolitics; and, the constitution of biopolitics is the consequence of biopower.

Yet it is clear that Rose’s attempt, as Cooter describes, “to skirt morals and politics through his partial adoption of Foucault (i.e., Foucault without history), [means] he is left within the sociological lexicon. This is belied by his use of the normative categories of ‘human rights,’ ‘individualism,’ ‘liberal democracies’ and so on—old categories that . . . inappropriately ‘continue to organize current political discourse.’” What we have undertaken is to write a history of biopower in the more limited confines of a fragmentary account of race, health, genealogy, reproduction, and knowledge, that, through their interplay, function as dynamic and always shifting regimes of discursive power; as a power/knowledge apparatus that claims uniformity but which is inherently self-contradictory. Throughout this book we have questioned exactly the terms and concepts that have constituted the rhetoric of science as well as race. But we have also been extremely self-conscious about our own positionalities—as a historian and a sociologist by training, respectively—in regard to these political and critical vocabularies. We
recognize that within these regimes there is what Foucault refers to as an “interplay of shifts of position and modifications of function.” Over time, these regimes combine, transforming one another through their encounters. Emergent knowledge of medical and psychological health, for example, influences ideological constructs of race. This is evident in the prevalent use of case-study and case-series methods within the medical and psychiatric communities in the nineteenth century, including the use of these methods to “prove” the physiological differences between races. In addition, these new forms of knowledge, or “truth regimes” within health, medicine, and genealogy radically shape the politics of race and racism. This is evident in many social policies from the late nineteenth through the early twentieth centuries that invoked scientific racism in claiming the contamination of the dominant white society by racial and ethnic minorities could be prevented only through population control, including forced segregation and, in many instances, forced sterilization.

The psychiatrist and historian of science Horatio Fabrega argues that the evolution of modern psychological sciences depended upon three sets of interrelated developments during the nineteenth century. First was the growth of the asylum as a place for treatment and confinement of victims of psychiatric disorders. The growth of the asylum highlighted the separate identity of emergent disorders from the more widely recognized class of social, behavior, political, economic, and medical problems. The second development was a growing emphasis on moral therapy, which entailed “a transformation of the early modern view that insanity and madness implied or rendered its victims as less than human and more like beasts.” The third development was the slow evolution of the discipline and medical specialty of psychiatry and, simultaneously, concerted efforts among medical authorities to better understand the social, biological, neurological, and psychological basis of mental illness. It is this latter development, part of a wide range of changes affecting science, medicine, and all of the medical professions, that, through the inter-war and post-war years, sought to sharpen and validate the medical basis of psychiatric disorders and of the profession of psychiatry itself.

The continued examination of the historical culture of race as part of the ongoing development of the psychological sciences produced what
Fabrega refers to as a “biocultural dialectic,” where the role of culture in affecting manifestations of disorders, aspects of diagnosis, and responses to treatment became a critical response occurring within psychiatry and psychology.\(^6\) This concept of “biocultural dialectic” is important for our framework of biopower and biopolitics, in that it accounts for the emergence of psychiatry as an effect of a mental health governmentality and the subsuming of racism within this mental health governmentality. The production, manifestation, and meaning of disorders within the psychological sciences in the post-war years develops through the dialectic interplay between \textit{bio-logic}—that is, the logic of biomedicine, including the evolution of psychiatry in response to the biological sciences—and cultural schemas. So, while the post-war years began with the collapse of the Third Reich, the resulting slow death of the eugenics movement, and the early successes of the modern-day Civil Rights Movement, this same period was marked by a rapid expansion of the mental health industry, including the growth of licensed clinical practitioners and the number of recognized clinical disorders.

Racism, understood as a social problem from at least the 1930s through the 1950s, became a site for therapy by the end of the 1960s. The intensity of this development derived from a major cultural challenge to psychiatry concerning the issue of cultural relativity. This challenge appeared, at first, to discredit psychiatry as a medical and scientific enterprise. Within this view, the diagnostic categories of mental illness were argued to be arbitrary, culture-bound, and, possibly, politically contrived and devoid of scientific legitimacy.\(^6\) Mainstream psychiatry responded to these criticisms, according to Fabrega, by intensifying the momentum of scientific objectivity:

\begin{quote}
Neurobiologic science gained ascendancy, while psychoanalysis was less able to anchor its categories in an empirical idiom and deal effectively with the problems posed by mental illness. All of this moved psychiatry in the direction of [biological] science and away from attention to culture, symbols, and social meanings, which historically had been pivotal to the psychiatric enterprise.\(^6\)
\end{quote}

Historically, these twentieth-century claims of the “second age of biology” are clearly prefigured in the “first age of biology,” the rise of a
clinical psychiatry bound to race science in the latter half of the nineteenth century. What social scientific thought had begun to recognize as a social problem in the early twentieth century gradually became absorbed through this mental health governmentality, and, over time and like other social problems, became reclassified as an individual and pathological problem.

Such reclassification demanded a reordering of the basic assumptions of both group identity and group constitution. Indeed, considerations such as individual autonomy and resilience come also to be reconfigured in this debate. The study begins, therefore, in the mid-nineteenth century with the origin of biopower within the world of the science of race. As William Bynum noted decades ago, it was the world in which all of the human sciences from medicine to anthropology were informed by racial science. Such disciplinary boundaries drew powerfully on the idea of pathological predispositions of the “inferior” races. The false assumption of the equivalence of all such races, however defined in whatever system invoked, created a symmetry among the pathologies ascribed to such groups. Thus the madness of the Jews, of the blacks, of the Irish, and of the Native Americans all bore similar markers and indeed followed parallel etiologies, even when multiple, conflicting etiologies were proposed to explain specific forms of group psychopathology. What is striking is that the members of those “inferior” races, admitted or tolerated within the confines of the disciplines constituting the human sciences in the nineteenth century, turned the tables, creating a race madness that defined the group that had categorized their own group and others as deviant and mad. It is here we begin our tale...