In the view of most historians of psychiatry, knowledge about mental illness is textured by the social and political context in which it arises. Gerald Grob, arguably the doyen of the field, has made this point on a number of occasions, cheerfully reciting Oliver Wendell Holmes's 1860 observation that "'[t]heoretically [medicine] ought to go on its own straightforward inductive path, without regard to changes of government or to fluctuations of public opinion. But...[there is] a closer relation between the Medical Sciences and the conditions of Society and the general thought of the time, than would at first be suspected.'"\(^1\)

Important works by the likes of Elaine Showalter (gender), Elizabeth Lunbeck (gender), Paul Lerner (class), and Jonathan Metzl (culture), have extended the point, showing how social factors have shaped and directed knowledge about the mind and its disorders. Missing from this large body of work, however, is any consideration of how race has affected the creation of psychiatric knowledge, or shaped the application of that knowledge.

Race, unquestionably a salient feature of modern American society, and an important factor in its social discourse, is commonly held by scholars to have had little if no effect upon the key concepts and practices of psychiatry. In the words of Grob, "it never became a distinctive element in psychiatric thought."\(^2\) Elizabeth Lunbeck, in her otherwise marvelous study of the Boston Psychopathic Hospital, parried that race "carried more weight in the realm of public propaganda than in the day-to-day practice of psychiatry."\(^3\)

For the most part, though, scholars have preferred to avoid the topic of race altogether, something not uncommon among historians of science and medicine in general. Indeed, so complete has this neglect of the topic been that few have taken the time to explain how it could be that race played such a prominent role in structuring every aspect of social interaction, and yet had such marginal effect upon psychiatric thought.
Recent work found at the junction of anthropology and cultural studies ought to prompt historians now to re-evaluate these characterizations. For as Celia Brickman shows in her study, *Aboriginal Populations in the Mind*, embedded within the structure and language of Freudian psychoanalysis, out of sight of even its most astute practitioner, lies "a covert racializing subtext." James Waldram, writing in his latest work *Revenge of the Windigo*, offers similar observations, suggesting that the manner in which mental-health researchers write about their subject, and the way in which they reflexively invoke references of cultural difference, provides a foundation for racialized patterns of thinking. Reading the work of Brickman and Waldram, alongside the article Ellen Dwyer recently published in this journal, it is clear that not for much longer will it be possible to deny the effects racialized assumptions have had upon the contours and organization of psychiatric knowledge.

Although neither *Revenge of the Windigo* nor *Aboriginal Populations in the Mind* are strictly works of history, both books have much to recommend them to historians, not least of which is the perspective and frustration that brought about each account. According to both authors, their work arose out of the discordance they found between what they knew as students of anthropology and their daily clinical practice (Waldram is a medical anthropologist and professor of psychology; Brickman a licensed clinical counselor and scholar of the humanities). Quite simply, both uncovered massive discrepancies in the way the concept of primitivity was employed by anthropologists and social scientists on the one hand, and psychiatrists and behavioral scientists on the other. Brickman, for example, recites how her readings in the humanities told her that the concept of the primitive was "a long-abandoned relic of anthropology's colonial ancestry," at the same time as her clinical training encouraged her to make "liberal use of the term primitivity to describe the behaviors that characterized the painful situations in which our patients found themselves." Regrettably, beyond Waldram's suggestion that psychiatry is a discipline firmly rooted in positivistic methodologies, neither author plumbs deep to consider why it is that postcolonial critiques have failed to infiltrate the natural and human sciences in the way they have done in the humanities. If we are to comprehend the way ideas about race are produced through discourses of science, then these are topics in need of extensive scrutiny.

One thing that both these works do well, though, is make clear the contemporary implications of the way science—such as the scientific study and treatment of mental illness—conceptualizes race. Neither work is solely intended for an historical audience. Clinicians, psychologists, mental-health officials, as well as literary theorists and all who have absorbed the perspective of psychoanalysis, are encouraged to consider the implications of each author's argument. Drawing attention to the relationship between the images of groups set down in academic research and in social thought more broadly, Waldram writes that "what we as researchers and clinicians think we know affects people's lives, *Aboriginal peoples' lives*, in profound ways." In this spirit, both authors point out how hoary stereotypes and racialized assumptions have found their way into the current apparatus of the mental-health profession, like the bible of American psychiatry, the *Diagnostic and Statistical Manual*. Encouragingly, as reviews in journals as diverse as the medical sciences and literary studies have found, both accounts are overwhelmingly
written in a lucid and jargon-free manner—thus avoiding what the Harvard historian of
science Evelynn Hammonds feared was one potential pitfall of such scholarship—namely
the lack of a common register and language. Revenge of the Windigo is a penetrating account of how scholars from a number of
disciplines have written about the mental health of the Aboriginal peoples of North America. It is an exhaustive work, and Waldram excels in examining hundreds of texts in
an attempt to describe the composite image constructed about such groups. Of course,
such an approach is hardly new, as those familiar with Robert Berghofer's classic work
The White Man's Indian (New York: Vintage, 1978) will recognize. Yet Waldram
deserves praise for having applied such a perspective to this important field, and much of
value results from his approach, including an excoriating critique of the way scholarly
production happens.

Neither an epidemiological survey, nor a consideration of individual scholars' output,
Waldram is instead concerned with tracing what he says is "a genealogy of ideas," that is
those themes and motifs that have proved especially resonant in the field's
characterization of Aboriginal peoples. And, as Celia Brickman's work confirms, no
theme has been more crucial in this respect than the concept of primitivity. Revenge of
the Windigo therefore organizes itself around the two competing faces of the primitive
figure: the Arcadian and the Barbarian. The Arcadian form of primitivity was of course
an example of J. J. Rousseau's Nobel Savage, the uncorrupted and pristine figure of a
former age, while the Barbarian was a representative of Thomas Hobbes' wild and
degenerate character. It is Waldram's insistence that one of these two faces has peeked
through most of what scholars have written about the psychological functions and mental
disorders of Aboriginal peoples. Regardless of an individual scholar's personal interests,
or their political and institutional biases, Waldram is concerned with showing how these
themes—these "methodological paradigms" and "underlying constructs"—have provided
a continuous spine of thought within scholarship on this subject. It is a point similar to
Michel Foucault's contention that the author is simply "an ideological product," nothing
more than a mediator of established discourses, and it is a sobering one for those
concerned with questions of scientific objectivity.

For the most part Waldram is successful in making his point that such images have been a
continuous obsession of this field. Indeed, if scholars are ever to re-think how racialized
assumptions might have informed the creation of psychiatric knowledge, then looking at
the concept of primitivity is certainly a good place to start. Primitivity—as a marker in an
evolutionist framework—remains a fundamental component of psychoanalysis; for
neurological descriptions of the brain; and in many contemporary descriptions of
particular disorders, most notably accounts of the deterioration process of schizophrenia.
Yet I wonder how Waldram's preoccupation with this primitive dualism might have
prevented him from exploring other dimensions in his genealogy. For instance, I wonder
how a more nuanced use of this perspective might have allowed him to point to other
tropes that have endured in psychiatric depictions of other minority groups. Looking at
what psychiatrists have written for over a century about the personalities of black
Americans, one could for example explain much—from disproportionate diagnoses of
mania in Negroes in the early 1900s, to narratives about suicide in the post-war decades, through contemporary beliefs about African-Americans' susceptibility to schizophrenia—by tracing underlying assumptions about the aggressive tendencies of black people, and the use of these behavioral categories as psychiatric symbols of belligerency.

Unlike conventional histories of psychiatry that tend to confine their narratives to particular settings—hospitals or clinics—or particular actors—psychiatrists, and their attendant helpers—both Waldram and Brickman are really interested in the process by which knowledge of mental disorders has been created, historically. Theirs is an interdisciplinary framework, and it is one in which the history of anthropology assumes a greater role than the customary focus on culture and personality schools would suggest. Indeed, as Waldram shows, the paradigms created by the inter-war search for each culture's "modal personality" remained in place long after figures like Ruth Benedict and Margaret Mead had graduated from the study of mental illness. This is an important point, and with it Waldram is able to show how discussions about Aboriginal peoples have always been couched in terms of general statements about "the singular Aboriginal client." Although the individual became the standard unit of interest for the majority of twentieth-century psychiatrists, Aboriginal peoples continued to be seen as a group, in the collective.

What Waldram seems to find most pernicious about this tendency to essentialize such groups, is not just the lack of cultural nuance that such images signify, but the way this process helped construct "portraits of entire cultures." It is in this way that such discourse is productive of ideas of race, he correctly notes. Descriptions of "the Aboriginal" not only overlook specific cultural traits, they also generate stereotyped images that are then measured against equally stylized "white" samples. In unpicking, rather mechanically, the processes by which these images are constructed, Waldram has provided us with an invaluable account that will allow scholars to think about the production of ideas of race in science, and the deployment of culture to that end.

Still, I think more is going on here than Waldram realizes. The tendency of referring to Aboriginal peoples in static, reductive, and generalizing ways, were—as Brickman's insightful reading of Sigmund Freud shows—not just examples of scholars' shoddy thinking about culture, but actually (perhaps unwitting) arguments that placed such people at a lower point on the spectrum of mental development. If psychiatrists thought (indeed, in any practical sense, continue to think) that the individual was their unit of examination, they did so principally out of the belief that only the independent, rational, and autonomous person—The Individual—had the capacity of reason and strength of will to reflect and interrogate their own personhood. Only individually-minded people had the detachment necessary to recall their own thought processes and the character to accept where they had gone awry. Those people who continued to define (or be defined) as a collective—here our interest is with racial groups, but religious groups have also begun to be examined too—clearly lacked such qualities (referred to generally as being without subjectivity; or, in technical parlance lacking "ego strength"), and thus still took their cues from others. Examining the development of such themes in Freud's oeuvre is Celia Brickman's principal achievement in Aboriginal Populations, but future scholars might
consider whether such axioms did not stretch further across the mental sciences than even Brickman shows. Anyone perplexed at early twentieth-century psychiatrists' failure to record a patient's race in their case files might find these ideas especially pertinent. 16

There is also a timelessness to many of the images of Aboriginal peoples that Waldram describes. Scholars have never been able to conceptualize cultural change among Aboriginal peoples, he writes, such that frequently "the 'primitive's' past is also his or her present." 12 The disorders and afflictions that characterized "Indians" a century ago are still tirelessly written about today; despite the massive changes in society and the particular upheavals such groups have themselves suffered, few researchers have been able to imagine Aboriginal peoples historically. Unfortunately, however, in his enthusiasm to make this case, Waldram himself comes across as naively presentist. On a number of occasions his work runs perilously close to reifying the idea of primitivism. "The literature seriously suggests," he writes on a few occasions, "that a mental health practitioner has a reasonable likelihood of encountering the hoary face and icy heart of a Cree windigo, in his or her very office, next week!" 13 But is it not the point to say that such a figure as the "Cree windigo" has never really existed, except in myth and the imaginations of mental-health researchers? Surely to imply that one is less likely to see such a figure today than fifty or a hundred years ago only legitimizes the perspective Waldram is trying to break down in the first place.

This rather casual treatment of the temporal assumes other forms in the work. At the beginning of one chapter, two quotations from works written sixty years apart are placed side-by-side. While this arrangement allows Waldram to demonstrate the Arcadian/Barbarian dualism he finds throughout the field, such an approach is conceptually flawed for the way it loosely detaches each statement from the particular context in which it was written. Little is said here, for instance, about how critical intellectual shifts that took place within the academy—such as the emergence of new biological models—might have affected the focus or tone of scholars' work. Even less is said about how the changing political fortunes of Aboriginal peoples shaped the view of them that emerged from the mental health sciences. To understand how the images that Waldram describes "developed in the manner they did" 12 demands a mode of analysis that incorporates these social and intellectual dimensions too.

If Waldram's work earns praise for the excellent observations it makes by surveying such vast amount of material, Celia Brickman's account wins its plaudits for the plethora of questions it raises from the work of just one man, Sigmund Freud. Providing an intellectual history of Freud's thought that identifies British anthropology and German biology as key intellectual sources from which the Austrian drew many of his metaphors and concepts, Brickman argues that the creation of psychoanalysis was indebted to a particular ideology of race. Given how crucial Freud's perspectives have been to the formation of modern American psychoanalysis, these racializing tendencies, Brickman acknowledges, continue to resonate within the (albeit dwindling) practice of psychoanalysis. 20 To this end her account is not unlike those 1970s feminist critics who excoriated the gender presumptions of analysis. Yet, for historians, Brickman's study might prove even more iridescent. It serves most immediately as an examination of the
racial assumptions within Freud's thinking; and more elliptically, as an imaginative blueprint for doing similar studies of race and psychiatric thought.

*Aboriginal Populations in the Mind* is a work with a number of arguments. Most important is Brickman's contention that psychoanalysis is structured in such a way that all who follow its letter are disposed to re-invoke the evolutionary and racialized scales of colonial discourse. Although psychoanalysis was thought to puncture some of the arrogance of Western civilization, Brickman insists that by employing the "language and principles" of evolutionary thinking—the term primitivity, the concept of recapitulation, and the themes of regression and degeneration—"Freud reproduced colonialist assumptions in the very structures of his new discourse."21 Freud's insistence that the unconscious—the primitive sphere of human subjectivity, as he termed it—was a universal feature of human nature provides a nice example of the way his thinking both subverted and sustained colonialist frameworks. The second, and connected, argument made here is the extent to which Freud was influenced by his contemporaries, mainly through the disciplines of anthropology and biology. In much the same way that scholars of Franz Boas have recently come to emphasize the continued resonance of patterns of thinking from Boas's earlier days in the physical sciences, so Brickman also identifies Freud's lingering interest in the natural sciences, and in particular his support for Ernest Haeckel's theory of recapitulation, or what is now referred to as the biogenetic law. It was Haeckel's belief that ontogeny (the development of the individual organism) follows phylogeny (the historical path of development taken by the species), and it is a theory that Brickman insists lies at the center of the discipline. The third and final phase of Brickman's argument is that such frameworks underpinned not just Freud's cultural and metaphysical writing, but his entire oeuvre, suffusing both his cultural and metaphysical texts, as well as his all-important *Papers on Technique*.

Beginning with *Totem and Taboo*, Brickman argues, Freud brought together his earlier observations about the individual elements of the psyche with a general theory about the development and etiology of such phenomena. It is in this work that Freud first drew his analogy between primitive races and neurotics, writing that each lacked subjectivity because they acquiesce (are said to be "in thrall") to authority, whether that be imperious parents or tyrannical rulers. This would serve as the "origin myth" of psychoanalysis, Brickman contends, and it would find expression in later works, including *Group Psychology and the Analysis of the Ego*. While Brickman is surely correct to place the emphasis she does on Freud's use of the analogy between neurotics and primitives, I think more might have been made of the trajectory his thought took in that work. For example, although he sustains this analogy for the majority of the work, in the book's concluding pages he is precise about the limits of his comparison. Neurotics and primitives, Freud contends, *are* united by their inability to distinguish between thought and action, but in the former thought is substituted for deed, whereas among primitives "thought passes directly into action. With them it is rather the deed that is a substitute for the thought."22 This is more than just a splitting of hairs. For with this declaration Freud was joining his contemporaries in holding that cognition was only possible for those defined, at some point, as civilized. Any wider significance that Brickman's argument might enjoy though,
is derived from the way she considers the role this analogy plays in that most iconic and important site of analytic therapy, the interview.

The analytic encounter is the point at which the racializing tendencies of psychoanalysis are inscribed on real people, Brickman writes. In focusing on how the question of race has shaped the relationship between analyst and client, Brickman is not alone, as recent work by Neil Altman and Kimberlyn Leary illustrates. But in the way she conceptualizes this terrain, and in the observations she offers, she is certainly without parallel. It is Brickman's unique contribution to this literature that she shows how analysts' power has derived from the discipline's positivistic belief that the contours and character of the unconscious can be known. Once more Freud drew on Haeckel's recapitulation theory, fashioned his own concept of the evolutionary development of subjectivity from that trajectory of thought. If Freud argued that neurotics experienced a regression of consciousness and were controlled by their unconscious, such that they were in a "primitive" state, then he located the clinical expression of this regression in the patient's resistance to accept this view of their situation. It was (and still is) this perspective that provided the basis for analysts to construct narratives about their analysands. "If the experiences and memories of a person do not fit into the theory," Brickman writes, "the theory provides them by fiat, invoking them as phylogenetic inheritances." Analysts derived power from the positivism that underpinned their discipline, as well as their delusion that their actions did not impact the construction of their client's subjectivity. Brickman considers such views rubbish, and in Claudia Tate's phrase construes the analytic encounter as one that "puts the patient at the mercy of the analyst, just as the slave is at the mercy of the master." As Brickman notes, to be thought to lack these qualities of individuality "translated into the conditions for excluding racial minorities from analytical treatment." What, then, can such insights reveal about the historical development of American psychiatry? Well, for one, they show that if psychoanalysts thought that a person had to exhibit certain characteristics to be treated, at the same time as such characteristics were being popularly denied in racial minorities, it was surely such views, and not just segregationists' disregard towards the needs of non-white people, that explain why psychiatric facilities were seldom provided for minorities, at least not before 1945.

While her characterization of the analytical encounter ought to further efforts to study psychoanalysis from a post-colonial perspective, Brickman is perhaps remiss in thinking about the historical structure of the discipline. She fails to consider, for example, how the one-sided racial composition of the analytic profession might have further distorted the relationship between client and analyst. As scholars like Ellen Showalter and Londa Schiebinger have shown, it is critical that the relationship between scientific knowledge and who is responsible for producing and disseminating that knowledge be fully examined. As long as there is a shortage of non-white analysts, it will remain improbable that the formation and application of psychoanalytic discourse will be unlocked from this racializing framework.

As templates, and as prompts for further investigating the relationship between race and psychiatry, Aboriginal Populations in the Mind and Revenge of the Windigo are
invaluable works that historians of science and medicine must digest. On a number of levels they ought to encourage us to re-think our existing assumptions about the role racialized assumptions have played in the study of mental disorders. But they also challenge us to think hard about how we can write histories of these subjects. With the emphasis that each of these authors places on the work done by anthropologists, for instance, might it not be time that historians broadened their view of the intellectual materials from which psychiatric thought has been fashioned? Moreover, the manner in which they narrate the production of knowledge—Walram with his focus on overarching motifs, and Brickman with her close textual exegesis—these accounts offer us sharply divergent, though equally useful, ways of writing intellectual histories of psychiatry. But above all, what both works herald is the potential success we can derive from applying a postcolonial perspective to the human and mental sciences. Expanding this approach to these disciplines will encourage scholars to think in more sophisticated ways about the relationship between race and psychiatric thought as historical objects. But such approaches may also simultaneously allow us to challenge some of the positivism that cuts through these spheres. And in that project scholars have the potential to do far more than just change the history written about such subjects.

**NOTES**


5 Ellen Dwyer, "Psychiatry and Race during World War II," *J. Hist. Med. Allied Sci.*, 2006, 61:2, 117–43. A number of others scholars have begun to grapple with the substantive and conceptual issues this lacuna presents. See for example, Dennis Doyle, "The Universal Mind Assumption: Harlem and the Development of a New Racial

6 Brickman, Aboriginal Populations in the Mind, 2.


9 Waldram, Revenge of the Windigo, 13.

10 Ibid., 8.


12 Waldram, Revenge of the Windigo, 239 (emphasis in original).

13 Ibid., 67.

14 Joan Scott shows how the qualities of individuality were much vaunted in late nineteenth-century Western culture, and in particular the way race and gender were inscribed on them. See her Only Paradoxes to Offer: French Feminists and the Rights of Man (Cambridge, MA: Harvard University Press, 1996), esp. 10–12.


17 Waldram, Revenge of the Windigo, 211.


Sigmund Freud, *Totem and Taboo: Some Points of Agreement between the Mental Lives of Savages and Neurotics*, trans. James Strachey (New York: W. W. Norton, 1950), 161. William Allen White, writing in his influential *Lectures in Psychiatry (The Major Psychoses)* (1928; New York: Nervous and Mental Disease Publishing Company, 1931), expressed a similar opinion with his insistence that "the savage is constantly attributing to all natural phenomena causative agencies that are essentially human in kind." Years later, A.A. Brill, Freud's American translator and eager promoter, would show the tenacity of the analogy with his comparison of "savages," "children," and "neurotics" in his Lectures on Psychoanalytic Psychiatry (New York: Alfred Knopf, 1946), see esp. 92–7, and 168–9. Indeed, Freud was far from alone among psychiatry's foundational figures in invoking the idea of the 'savage' as an analogy for the neurotic as those familiar with Emil Kraepelin's writings well know. See Kraepelin's *Manic-Depressive Insanity and Paranoia* (Edinburgh: E.S. Livingstone, trans. R. Mary Barclay, 1921), 261.


For the contention that Southern states' decisions to provide care for the black insane was done entirely at the whim of social and political considerations, see Steven Noll, "Southern Strategies for Handling the Black Feeble-Minded: From Social Control to Profound Indifference," *J. Policy Hist.*, 1991, 3:2, 130–51; and his, *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900–1940* (Chapel Hill: University of North Carolina Press, 1995).