Journal of Sociology and Social Work
December 2022, Vol. 10, No. 2, pp. 33-44
ISSN: 2333-5807 (Print), 2333-5815 (Online)
Copyright © The Author(s). All Rights Reserved.
Published by American Research Institute for Policy Development
DOI: 10.15640/jssw.v10n2a4
URL: https://doi.org/10.15640/jssw.v10n2a4

When Racism *is* a Mental Disorder

Stephen M. Marson[1], Ph.D. & Paul Dovyak[2], MSW, LCSW

Abstract

There have been many conference presentations and published refereed journal articles addressing the possibility of "racism" being designated as a mental disorder. Most of these position papers, both pro and con, lack the systematic scrutiny demanded and embedded within the scientific method. In this paper, we systematically examine the literature on racism and connect that literature with the literature on the criteria that constitutes a mental disorder. If racism complies with the traditional accepted standards for the existence of a mental disorder, then racism can be included within the rankings of other mental disorders.

Key Terms: racist, racism, mental disorder, DSM, scientific method

1. Catalyst for the Discussion

The question of racism as a mental disorder has been kicked around for decades. It continues to be unresolved and should remain as a discussion among a wide range of mental health clinicians. According to Google, the most popular article on the subject is the debate between Alvin Poussaint, MD and Jeffrey Schaler, Ph.D. ("Is Extreme Racism a Mental Illness?", 2000). However, after reading their opposing commentaries, the issue remains unresolved. Both positions are equally unpersuasive. Why are both sides equally unpersuasive? The answer lies in the lack of addressing the fundamentals. What criteria constitutes the existence of a mental disorder? If the issue of "what constitutes a mental disorder" is not illuminated, there is no platform to include or exclude racism from the category we call mental disorder. We must allow science to become the backdrop for the debate (Bell, 2004). It is now time for what Kuhn (2012) refers to as a paradigm shift.

2. The Unspoken Basics

The most fundamental issue to address in a discussion for any social/psychological phenomena is "discrete" or "continuous" as an index. To uncover this dimension, we must first understand and agree that "discrete" refers to a distinct entity that is self-contained and cannot be included as a fragment of another discrete entity. The classic classroom example has been sex: male and female. However, in today's parlance, the concept of sex is rapidly being reconceptualized and losing its discrete entity. Historically, we have commonly seen paradigm shifts in which we have a concept we believe to be discrete, but it evolves into the continuous category. For example, in the 1800's thru mid 1960's, the scientific concept of race was envisioned as discrete. Today, it is difficult to find any natural or social scientist who conceptualize race as discrete. In examining the historical process of labeling, it appears as if, with more knowledge and analysis of a social/psychological phenomena, we see a movement from discrete to continuous.

In a cursory overview of the *Diagnostic and Statistical Manual of Mental Disorders* 5TR, we get the impression that mental illness labels are discrete. However, in a more in-depth analysis, we can see a pattern of DSM labeling in which the concept of threshold is included. When a threshold is included, the concept immediately changes from discrete to continuous. Interestingly enough, DSM-2 unambiguously conceptualizes mental illness labeling as discrete. Thus, mental health labels comply with our notion that as we move to greater understanding, we also move from discrete to continuous.

[1] Professor Emeritus, Sociology Department, University of North Carolina at Pembroke, 4755 Century Oaks Lane, Winston-Salem, NC 27106, Phone: 910 618-2613 voice, (No Fax). E-mail: smarson@nc.rr.com
[2] Director, Social Work Program, University of Rio Grande, Rio Grande, OH 45674. E-mail: pdovyak@rio.edu

The most compelling argument for the existence of a mental disorder as a continuous entity is the literature on the Medical Student Syndrome (MSS) (Candel & Merckelback, 2002). MSS occurs when students, in the process of learning about a new disease, attribute vague symptoms to themselves and conclude they have the disease. We see the exact same phenomena among students who enroll in their first abnormal psychology course (Hardy & Calhoun, 1997). When *naive* students learn a psychiatric diagnosis, they think they have it. The existence of MSS is an unambiguous indication that a diagnostic category is a continuous measure with a threshold used to identify if a client can be legitimately categorized as having diagnosis. Everyone has elements of a psychiatric disorder, but such manifestations do not constitute a diagnosis. The manifestations only become a disorder when the characteristics reach their extreme form and remain so over a long term. That is, when they pass the threshold as articulated in the DSM. Is that a problem? Yes. If the issue is not a problem to oneself or others, the issue cannot be defined with a medical or mental health label. To move toward a level of greater clarity, we must start with the theoretical assessment of racism measurements.

3. Measuring Racism

The measurement of racism and the elements within it have a long history. A paradigm shifting moment occurred with the publication of Adorno, Frenkel-Brunswik, Levinson and Sanford (1950). In the post WWII era, the academic world was dissecting the atrocities of Nazi Germany. Thanks to Adorno's construction of the F-Scale (Fascist Scale) in 1947, we learned that prejudice and hatred of out-groups produced an intercorrelation. That is, if a person hates Jews, he is also highly likely to hate Blacks, Hispanics, gays and envision women as second-class citizens. These insights emerged from the research in establishing the F-Scale.

Today, the concept of measurement of psychiatric disorders has become an issue of central interest for the American Psychiatric Association (2022). Within *Diagnostic and Statistical Manual of Mental Disorders* 5TR*,* APA has added "Section III." Here, psychiatry has stressed the feature measuring of "symptom severity across all diagnostic groups" (p. xxvi). Thus, we know that measuring a concept leads us to a more profound understanding of the mental disorder. In our current research, we want to advance our knowledge of racism but, more particularly, the "racist" by pursuing the venue of measurement.

Within the fields of both theory construction and scale construction, two critical pathways have been established: lumping and splitting. By lumping, we stress that some phenomena which are separated should be combined, while splitting emphasizes that discrete phenomena should not be separated and should be pulled together as an organic whole.

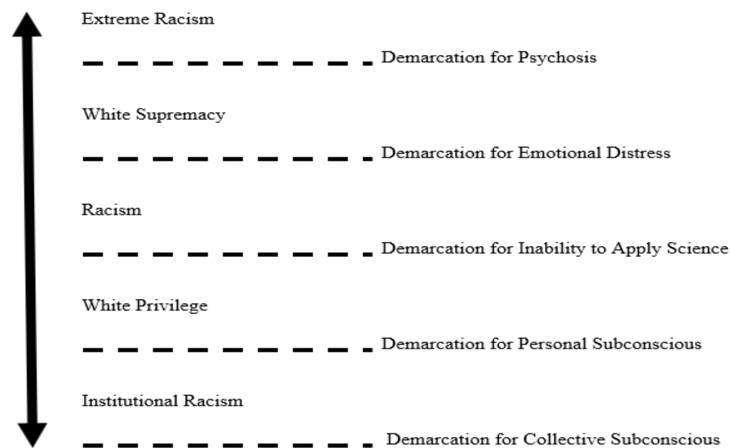

Figure 1, The hierarchy of racism

Within the various measurement models, including the work of Adorno et. al (1950), we find the lumping model dominate. As a counterproposal, we envision the utilization of the splitting model. In Figure 1, we envision racism into an ordinal ranking system composed of five parts. We split racism into various components or elements uncovered in the literature (Engellhard, 2005). We noticed a clear hierarchy.

In further analysis and examining the theoretical nature of racism, the reality of the Guttman scale emerged. With the advent of computer technology, Guttman scales have disappeared from traditional research methods textbooks. However, we have seen the reintroduction of Guttman scaling in the measurement of racism (Kleinpenning & Hagendoorn, 1993).

After a considerable time in study, we took theoretical elements of racism and applied the hierarchy to the theoretical distribution of a racist inclined population. Within this analysis emerged a skewed distribution as illustrated in Figure 2.

Within Figure 2, we can visualize "extreme racism" as an element defined by including the other major elements of racism: white supremacy, racism, white privilege, and institutional racism. Thus, white supremacy would *not* include extreme racism, but would include racism, white privilege, and institutional racism.

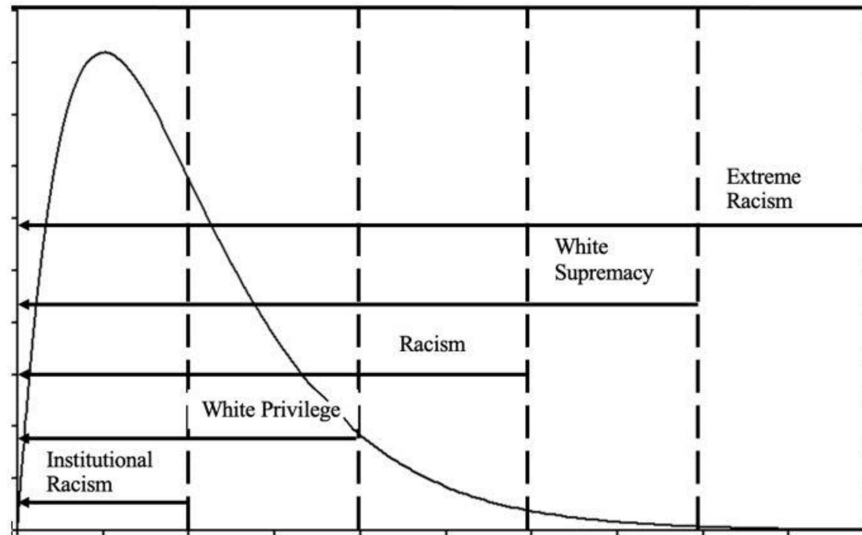

Figure 2, Racism as a Guttman Scale

The other elements follow the same pattern. In visualizing racism from a Guttman perspective, greater insight is provided for intervention. Extreme racism ***would be*** the diagnostic category where the other elements of the hierarchy could ***not*** be classified as a mental disorder. In addition, the nature of the Guttman scaling produces a visual display that disciplines one's mind and forces the focus of research questions on one well-defined concept. These concepts can be used to develop propositions which in turn can be empirically tested.

4. Are Racism and Mental Disorder Congruent?

The decision process to evaluate racism as a mental disorder must be objective, sterile and unfettered by cultural parameters. Here, the scientific method must be employed, and the issues of concern must be limited to the following:

- The criteria that constitute racism
- The criteria that constitute a mental disorder

If the criteria for racism and mental disorder are congruent, then racism can logically be included within the list of mental disorders.

5. Criteria for Mental Disorders

Many criteria for a mental disorder exist. However, the following list extrapolated from DSM 5 (Worthy, Lavigne & Romero, 2020; ISD Virtual Learning, 2020) is a commonality among them:

- Deviance
- Distress
- Dysfunction
- Danger

Each criterion is discussed within the context of racism and, more importantly, extreme racism.

5.1. *Deviance*

Of the four criteria, deviance includes the greatest number of definitions. Within the literature (particularly abnormal psychology textbooks), there exists a wide variety of methods to conceptualize deviance. Conceptualizing an abstract phenomenon visually is often the best strategy for theoretical illumination. In this manner, we can visualize mental disorders within a normal curve. It is a safe assumption since we know that most natural and man-made entities are normally distributed.

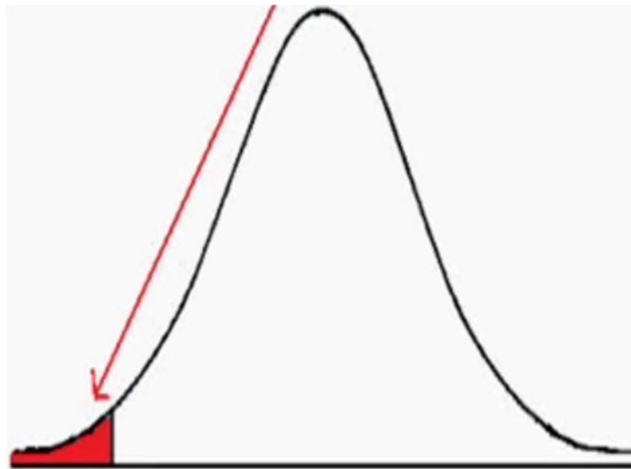

Figure 3, Extreme Racism in the Tail of a distribution

When we visualize mental disorders within a normal curve in Figure 3, we realize that any extreme phenomena constitute approximately 2.5% of the amount of space consumed at the tail of a distribution. The statistical fragment of information suggests that if "*extreme*" racism is a mental disorder it constitutes approximately 2.5% of the racist population. It is, in fact, a very small fragment of the racist population. Because racism is so pervasive within society, it has become normalized and, therefore, difficult to categorize as a mental disorder or a psychiatric diagnosis. Statistically, racism may, in fact, be normal or natural phenomena. However, racism remains contrary to Judæo-Christian philosophy. In addition, racism is also contrary to the basic tenets of capitalism. Within a capitalistic society, when one sector of the economy is faced with limited participation, the entire economic system becomes handicapped.

Prediction

In viewing racism within the context of a normal distribution, a prediction can be made. With the progression of time, we see greater awareness of racism among whites and shifting positions with less tolerance of racist actions. With the shifting positions we will witness a decrease in the number of racists. However, the decrease of racism will not alter the shape of the distribution. We predict that with the decrease in raw number racists, extreme racism will become more pronounced, and its problematic nature will be more clearly exposed. With the distribution changing in this matter, more clinicians will agree that racism is a mental disorder (Gilman & Thomas, 2016).

In examining racism within the context of a normal distribution, racism cannot be considered deviant. Racism permeates the entire social structure of post-industrial countries. However, ***extreme*** racism is a deviation from the distribution of racists. Thus, in terms of a mental disorder, we do not include the entire distribution of racism, but rather limited our discussion to the 2.5% who can be defined at ***extreme*** racists. A classic example of the normalization of a human frailty can be found within the social psychology of a girl's evolution to the diagnosis of anorexia. It is our cultural norm for young teen girls to want to be pretty. Within our social structure we can identify massive pressures to be pretty and sexually alluring (Zurbriggen & Roberts, 2013).

Pretty is conceptualized as slender and not cubby. For example, a teen girl will mentally miscalculate to the point in which she looks at her 89-pound body in the mirror and sees a fat person. Here, we see an extreme form of wanting to be pretty that has become a distorted vision of our cultural reality. Extreme racism follows a very similar but not identical pattern. Racism is a part of our social norms. However, taken to its *extreme* like anorexia, racism can emerge into a mental disorder.

5.2. *Distress (or Ego Threat)*

Of all the criteria which constitute a mental disorder, "distress" is the most challenging in which to uncover the congruence between racism and mental disorder. By distress or "ego threat", clinicians explicitly stress the unpleasantness within the racist person. The origin of the distress can emerge anatomically or environmentally. Clinicians will agree that the origin predicts the level or intensity of one's distress. In terms of distress, studies consistently confirm an association between low self-esteem and racist attitudes (Garriott, Love, & Tyler, 2008). Is low self-esteem distressful? Hightower (1998) demonstrates that low self-esteem found among blatant and subtle racists produces maladaptive patterns.

As a diagnosis, the low self-esteem found in extreme racism does not manifest the degree of painfulness we find in other mental disorders. Nevertheless, evidence exists that racists lack a sense of happiness found within nonracists (Banks, 2014; Banks & Valentino, 2012; Garriott, Love & Tyler 2008). Although depression is painful in isolation, we cannot document any circumstances where a racist's low self-esteem induces emotional distress within the phenomenological field.

Closely related to the issue of low self-esteem is the distress associated with *cognitive dissonance* (Festinger, 1957). Cognitive dissonance emerges when an individual is faced with two social realities that are in direct conflict with each other. Both social realities slowly emerge as factual, but these social "realities" cannot coexist. If one social reality is true, the other must be false. An emotional and personally detrimental response emerges. Both beliefs are inherently cherished, but one belief must be dropped while the other must be accepted. The resolution of cognitive dissonance within an extreme racist is well documented (Liguori & Spanierman, 2022; McVicker, 2022; O'Hare, Young & Clements, 2018) and can best be described as an emotional ordeal. The emotional ordeal emerges from social groups that reinforce racist ideology (Golec & Cichocka, 2011; Golec, Dyduch & Lantos, 2019). Strong racist support groups challenge the internal processes of emotional conflict resolution. Based on the research finding, if an extreme racist lacks a support group, racism with begin to dissipate.

Following are video examples where racists have experienced distress emerging from cognitive dissonance. These are not necessarily extreme racists but will afford an opportunity to view the emotional states and consequences of extreme racist behavior:

- Extreme racist such as Aaron Paul Nichols spent 18 years on the police force. His departmental assigned catchment area constituted a population of 20% Black. The video at https://www.youtube.com/watch?v=OUWmCaZSWfo&t=12s illustrates how he finally lost his job because of his extreme racism. Thus, his extreme racism caused him distress.
- Elder High School (Price Hill, Ohio) students were disciplined for extreme racist remarks during a basketball game. The incident is presented at https://www.youtube.com/watch?v=sOGBGwH1PN0. Their actions could have an impact on their college admissions status. Within these students, the consequences of their extreme racist remarks caused personal distress.
- Edward Cagney Mathews of New Jersey was arrested because of his extreme racist rants and threats of violence toward his Black neighbors (see https://www.youtube.com/watch?v=wz8c9xGdgVg). Although he claimed he was intoxicated, the white police officers uncovered volumes of dangerous racist material on various social media platforms. Being suddenly evicted from one's house is a distress factor.
- Michael Warrington (see https://www.youtube.com/watch?v=k9tIhyo37Cc) was expelled from his exclusive golf club for his extreme racist rant. In the video, he exhibits the impulse control of a child. During the time of the incident, Warrington was an executive with *Terra Cotta Financial Group*. I have contacted Terra Cotta Financial Group to see if the company took any action. They didn't reply and have now locked me out from asking additional online questions. The practical issues include:
  - As a money manager, can Warrington be trusted to make competent decisions regarding the pension funds for non-white clients?

- Warrington has extremely poor impulse control. Can a person with poor impulse control be an effective money manager to any client regardless of race?

- Matt Rowan, a former youth pastor and high school basketball announcer, used the N-word during the national anthem prior to the game between Norman High School and Midwest City High School https://www.youtube.com/watch?v=la39QswhDyo . He was distressed because the Black students knelt. He lost his job as an announcer.

The *extreme* racist experiences emotional pain or embarrassment within a confrontational social setting. Are there any DSM psychiatric diagnoses in which distress or emotional pain is manifested *only* within the context of a social environment? Yes. Anorexia is an example. It emerges within and because of a social context. This is a shared characteristic of extreme racism. Most "Trauma and Stressor-Related Disorders" addressed in DSM 5TR also have shared characteristics with extreme racism.

5.3. ***Dysfunction***

Within the context of psychiatry, the term dysfunction is conceptualized as being problematic or interfering with the individual's daily life. The question that must be asked is: Within the context of the psychodynamics of the *extreme* racist, do we observe racist behavior as interfering with an individual's life? There are two different perspectives to evaluate dysfunction within the context of racism: First is the dysfunction of those who are victims of racist actions, while the second is the dysfunction emerging within the extreme racist individual. Within the context of "mental disorder," the concept includes both internal (emotional) dysfunction and external (social) dysfunction.

5.3.1. Dysfunction within the victim of racism. The literature on the psychiatric impact on those who have been subjected to racism is overwhelming and unambiguously clear. A question commonly asked within courtroom psychiatric testimony includes, "Is the defendant a harm to others?" Victims of racism are subjected to a variety of psychiatric and mental health disorders (Bowleg, Boone, Holt, del Río-González & Mbaba, 2021; Cavalhieri & Wilcox, 2022; Gajaria, Guzder, & Rasasingham, 2021; Kluge, Aichberger, Heinz, Udeogu-Gözalan, & Abdel-Fatah, 2020; Legha, Clayton, Yuen & Gordon-Achebe, 2022; Michaels, Board, Mujahid, Riddell, Chae, Johnson, & Allen, 2022; Prioleau, 2022; Rahim, 2021; Sharma, & Hooberman, 2022; Silverman & Hutchison, 2019; Stevenson, 2020; Tamburrini, 2021; Temple, Kelaher, & Paradies, 2020).

The term "racism" has such negative connotations that researchers resist hypotheses that racism could be anything other than harmful (so as not to be seen as "racist" themselves). As a result, there is no research indicating a lack of significant impact to its victims, creating an extraordinarily one-sided body of evidence. Though the mental health damage associated with victims of extreme racism is clearly documented, such damage has not led to extreme racism being categorized as a mental disorder.

5.3.2. Dysfunction within the *extreme* racist. A necessary condition for any disturbance to be categorized as a mental disorder includes the employment of traditional psychiatric characteristics that are part of standard psychiatric nomenclature. A question commonly asked within courtroom psychiatric testimony and competency hearings includes, "Is the subject a harm to himself/herself?" What are the signs or characteristics which leads a competent clinician to conclude that a subject could be propelled into a state of self-harm or personal dysfunction?

We may call these characteristics symptoms. As with all psychiatric categories, the existence of these symptoms does not suggest a diagnosis of *extreme* racism, but rather these characteristics must exist in their extreme form. Following are the notable excessive characteristics that constitutes *extreme* racism:

- Delusions -- The association of racist delusions and a mental disorder is well established in jurisprudence (Gilman & Thomas, 2016) but seemingly less so in psychiatry.
- Reaction Formation – In 1936, when the N-word was commonly spoken in polite company and DSM did not exist, Freud's daughter observed a pattern of "reaction formation" among whom we would call extreme racists (Freud, 1992).
- Low self-esteem remediated by group affiliation – Heightened self-esteem emerges by stressing the inferiority of others. On a micro level, studies focusing on the extreme racists reveal low self-esteem (Allen & Sherma, 2011). Garriott, Love and Tyler (2008) demonstrate that white racist students significantly have lower measures of self-esteem and social adjustment than white students who were not racist.

- Impulse Control – The topic of poor impulse control or impulsiveness (developmental self-interest) and racism yields little research. The major evidence is observational which focuses on subjective impressions. The videos under the heading of "Distress (or Ego Threat)" within this paper support the position that racists have poor impulse control that exceeds the threshold and enters the region of a mental disorder.
- Chronic anger – Studies and analysis by Migliaccio (2021) and Wright (2003) identify chronic anger with racists.
- Rankism is a relatively new concept formalized by Fuller (2011; 2006). Rankism has its roots in social psychology rather than psychiatry. It is a social process by which individuals prioritize or rank themselves within a group or aggregate setting. Inherent in the ranking process includes the acknowledgement that some individuals are superior to others. According to the work of Della Fave and Hillery (1980), ranking appears to be a natural process of the human condition. However, when ranking is taken to its extreme (Hightower, 1998), miscalculations emerge from the assessment of issues that excludes talents, skills and other external characteristics that are envisioned as having social or economic value. For example, race or a person's sex lacks any manifest characteristics of external value. Thus, when an extreme racist envisions value on the basis of skin color, the perception borders on delusional.
- Life expectancy hypothesis -- Alperstein and Raman (2003), Chang et al (2011), Ilyas, Chesney and Patel (2017), Mooldijk et al, (2022), Ortiz (2021), Plana-Ripoll et al (2019) and Starace, Mungai, Baccari and Galeazzi (2018) unambiguously report that individuals with a mental disorder have shorter life expectancies than those who have lived in the absence of a defined mental disorder. One experiment to test the proposition that racism is a mental disorder would be to compare the life spans of *extreme* racists with those who are free from racism. If there is a significant difference between these two groups, the findings would lend support to the position that extreme racism is a mental disorder.

In completing massive searches in a variety of library data bases, we found a strange absence of research addressing mental disorders within the mind of the racist samples or case studies. We are not alone (Roberts & Rizzo, 2021). The publications on mental disorders and racism focus on the psychological harm inflicted on victims of racism and not the mental state of the perpetrator – the racist. These searches included key words that would normally be hypothesized as racist mental characteristics. We uncovered an extraordinary lack of literature. This can mean only one of two things:

- There are no mental disorders that are a normal part of the racist's psychological profile.
- Few people are researching the mental characteristics of the racist.

Within the context of the publish or perish environment among clinical researchers, identifying an absence of mental disorders within *extreme* racist research samples would generate a considerable number of publications. In addition, identifying mental disorders that do exist within the *extreme* racists sample would equally generate a number of publications. We can only conclude that there is a gross absence of research on the mental profile of racist research subjects. Such lack of research is an indictment against the psychological and psychiatric community of researchers.

5.4. ***Danger***

The fourth criterion, "danger or harm to oneself or others," is the most uncomplicated and straightforward to recognize and evaluate. Danger to others is unambiguous. Between 1883 and 1941, the US has recorded 4,027 lynchings (Sequin & Rigby, 2019). Although many efforts were made to outlaw lynching, it was not until March 7, 2022, that Congress passed a law prohibiting lynching. Finally, after 150 years, lynching has been acknowledged as a bad thing. The significance of the struggle to enact a lynching law provides strong evidence that pervasive racist attitudes have been embedded into mainstream American culture (Marson & Dovyak, 2022).

Regardless of the embedding with American culture, the vicious lynching parties we see in American history *must be* unambiguously conceptualized as harm or "danger to others" which lay within the dimension of a mental disorder.

"Danger to self or others" is a thoroughly reviewed topic in psychiatric jurisprudence. Over the past five decades, it appears to be the most studied and assessed aspect of the four criteria and continues to be an area of great interest in mental health studies (Abbott, 2017; Andrade, 2009; Cawood & Corcoran, 2019; Challinor, Ogundalu, McIntyre, Bramwell, & Nathan, 2021; Holoyda, & Newman, 2016; Kroner, Morgan, Mills, & Maeda, 2020; Lodewijks,

Doreleijers, de Ruiter, & Borum, 2008; Penney, 2021; Rolin, Bareis, Bradford, Rotter, Rosenfeld, Pauselli, Compton, Stroup, Appelbaum & Dixon 2021; Segal, 2020; Simonsson, Farwell & Solomon, 2020). This vast warehouse of literature includes quantitative measures enabling a clinician to assess or estimate the degree to which danger to others is likely to emerge. For a client or defendant who has been identified an "extreme racist," clinicians are ethically bound to assess the degree of life-threatening danger he/she would be predicted to possess within the normal course of social interaction with Blacks and other cultural outgroup members.

Within the context of *extreme racism*, the criterion of "danger to self and others" has been quantified by measurement tools with scientifically reliable and valid support. A discussion of effective measurement tools can be found in the works of Andrande, O'Neill & Diener (2009) and Cawood & Corcoran (2019). A necessary condition for an individual to be conceptualized as having *extreme racism* as a mental disorder would be a problematic score on one of the "danger" measurements.

6. Similarity with Other Mental Disorders

Another strategy that justifies a behavioral manifestation being categorized as a mental disorder is to link that behavior with an already established mental disorder. In the case of racism, we see a commonality with alcoholism. The clinical overview of *extreme* racism is very similar to alcoholism. In fact, the history of alcoholism parallels the history of *extreme* racism. Reports of Officers (1956) was the first but very weak effort to reconceptualize alcohol addiction as a disease. Within the decades of the 1950s, 60s and 70s, there were numerous academic and professional debates on the conceptualization of alcoholism as a disease (Keller, 1976). However, since the first edition of *Diagnostic and Statistical Manual of Mental Disorders* "Alcoholism" has been categorized as a mental disorder (American Psychiatric Association, 1952, p. 39).

Today, we have accepted alcoholism as a disease without significant debate. However, the position of the American Medical Association was highly controversial from the 1950's through the 1970's. Why was this seemingly simple idea controversial? Like racism, alcohol consumption permeated the entire social structure. For the vast majority of drinkers, consumption of alcohol was rarely problematic. Statistically, *only* 2.5% of alcohol drinkers have been defined as problematic. However, the impact of this 2.5% on others was devastating. In fact, if one intensely reviews the historical literature on the debate of "alcoholism as a disease," one will discover the central theme of "danger to others." Just like alcoholism, *extreme* racism is a danger to others.

A more chilling parallel between alcoholism and extreme racism is the concept of "enabling." Enabling are efforts to protect the alcoholic from the consequences of his/her actions. Enabling is a common characteristic within the phenomenological field of the alcoholic. Enabling is obvious to observe and doesn't take a college education to recognize it. The elimination of Blacks from a jury pool demonstrates the concept of enabling. To enable a white man to be acquitted for killing a Black man (see Trayvon Martin and George Zimmerman) or when a Black man is accused of raping a white woman (see Ronnie Long and Sarah Judson Bost), lawyers make every effort to excuse Black jurors. Within the context of racism, this is enabling.

Why do we see enabling racism as acceptable behavior? The answer is that racism is normal, but *extreme* racism is not. In the early days of alcoholism, enabling was common. People wanted to protect their loved ones from being a social outcast and would define their *extreme* consumption of alcohol as a transient problem. As we learned long ago, for the 2.5% of drinkers (Armor, Polich & Stambul, 1976), intoxication is not a transient problem. The preoccupation with alcohol has a negative impact on a person's life. In the same manner, chronically employing the N-word during conversations – particularly angry conversations – is clearly problematic.

Many of the features of harmful dysfunction have been incorporated into the American Psychiatric Association's (APA) formal definition of psychological disorders. According to this definition, the presence of a psychological disorder is signaled by significant disturbances in thoughts, feelings, and behaviors; these disturbances must reflect some kind of dysfunction (biological, psychological, or developmental), must cause significant impairment in one's life, and must not reflect culturally expected reactions to certain life events.

7. Summary

Assessing racism as a mental disorder must be objective, detached and limited to the criteria of what constitutes a mental disorder. Most of the literature addressing the psychiatric nature of racism is fragmented. It is critical that the acceptance or rejection of racism as a mental disorder emerge from preexisting criteria.

Well-established criteria must be used for extreme racism to be conceptualized as a mental disorder. Using any other method allows the analysis to be contaminated as a byproduct of institutional racism. The keys factors in the conceptualization of extreme racism as a mental disorder must include the notion that racism is *not* discrete. Racism is relative, or as statisticians have labelled it, a "continuous variable." Envisioning racism as a continuous variable affords us the opportunity to understand that there is a threshold between a mental disorder and normal behavior. Thus, there is a psychiatric threshold an individual passes through in moving from racism (as a normal social artifact) to *extreme* racism (which defies normality). Based on the criteria of "what constitutes a mental disorder," we can support the notion that *most* racism is not a mental disorder. However, a percentage of these individuals would benefit from a therapeutic intervention. An example of an appropriate intervention would be electroconvulsive therapy – which will be addressed in our next article.

References

Abbott, B. R. (2017). Sexually violent predator risk assessments with the violence risk appraisal guide-revised: A shaky practice. *International Journal of Law and Psychiatry*, *52*, 62–73. https://doi.org/10.1016/j.ijlp.2017.03.003

Adorno, T. W., Frenkel-Brunswik, E., Levinson, D., & Sanford, N. (1950). *The Authoritarian Personality* (1st ed.). Harper & Brothers.

Allen, J. T. & Shermam, J. W. (2011). Ego Threat and intergroup bias: A test of motivated activation versus self-regulatory accounts. *Psychological Science, 22*(3) 331–333.

Alperstein, G., & Raman, S. (2003). Promoting mental health and emotional well-being among children and youth: A role for community child health? *Child: Care, Health, and Development*, *29*(4), 269–274. https://doi-org.proxy181.nclive.org/10.1046/j.1365-2214.2003.00341.x

American Psychiatric Association. (1952). *Diagnostic and Statistical Manual of Mental Disorders*. Amer Psychiatric Association.

American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders, Text Revision DSM 5TR* (5th ed.). Amer Psychiatric Association.

Andrade, J. T. (Ed.). (2009). *Handbook of violence risk assessment and treatment: New approaches for mental health professionals* (1st ed.). Springer Publishing Company.

Andrade, J.T., O'Neill, K., & Diener, R.B. (2009). Violence risk assessment and risk management: A historical overview and clinical application. In J. T. Andrande, (Ed.; 1st ed.). *Handbook of Violence Risk Assessment and Treatment: New Approaches for Mental Health Professionals* (pp. 3-40). Springer Publishing Company.

Armor, D. J., Polich, J. M., & Stambul, H. B. (1976). *Alcoholism and treatment.* Rand Corporation.

Banks, A. J., & Valentino, N. A. (2012). Emotional Substrates of White Racial Attitudes. *American Journal of Political Science (John Wiley & Sons, Inc.)*, *56*(2), 286–297. https://doi-org.proxy181.nclive.org/10.1111/j.1540-5907.2011.00561.x

Banks, A. J. (2014). *Anger and Racial Politics: The Emotional Foundation of Racial Attitudes in America*. Cambridge University Press. https://doi.org/10.1093/poq/nfv018

Bell, C. (2004). Racism: A mental illness? *Psychiatric Services, 55*(12), 1343.

Bowleg, L., Boone, C. A., Holt, S. L., del Río-González, A. M., & Mbaba, M. (2021). Beyond "heartfelt condolences": A critical take on mainstream psychology's responses to anti-Black police brutality. *American Psychologist*. https://doi-org.proxy181.nclive.org/10.1037/amp0000899.supp (Supplemental)

Candel, I. & Merckelback, H. (2002). Fantasy proneness and thought suppression as predictors of the Medical Student Syndrome. *Personality and Individual Differences, 35*(2003) 519–524.

Cavalhieri, K. E., & Wilcox, M. M. (2022). The compounded effects of classism and racism on mental health outcomes for African Americans. *Journal of Counseling Psychology*, *69*(1), 111–120. https://doi-org.proxy181.nclive.org/10.1037/cou0000561

Cawood, J. S., & Corcoran, M. H. (2019). *Violence assessment and intervention: The practitioner's handbook*. Routledge.

Challinor, A., Ogundalu, A., McIntyre, J. C., Bramwell, V., & Nathan, R. (2021). The empirical evidence bases for the use of the HCR-20: A narrative review of study designs and transferability of results to clinical practice. *International Journal of Law and Psychiatry*, *78*, 101729–101729. https://doi.org/10.1016/j.ijlp.2021.101729

Chang, C-K et al. (2011). Life Expectancy at Birth for People with Serious Mental Illness and Other Major Disorders from a Secondary Mental Health Care Case Register in London. *PLoS ONE*, *6*(5), 1–6. https://doi-org.proxy181.nclive.org/10.1371/journal.pone.0019590

Della Fave, L. R., & Hillery, G. A. (1980). Status inequality in a religious community: The case of a Trappist monastery. *Social Forces, 59*(1), 62-84.

Engellhard, G. (2005). Guttman scaling. In K. Kempf-Leonard (Ed.), *Encyclopedia of Social Measurement* (Vol. 2, 167-174). Elsevier.

Festinger, L.A. (1957). *A theory of cognitive dissonance*. Stanford University Press.

Freud, A. (1992). *The Ego and the Mechanisms of Defence*. Routledge.

Fuller, R. W. (2011). The Moral Arc of History. *Cadmus*, *1*(3), 66–79.

Fuller, R. W. (2006). The dignitarian university. *On the Horizon, 14*(2), 70-76. doi:https://doi.org/10.1108/10748120610674030

Gajaria, A., Guzder, J., & Rasasingham, R. (2021). What's race got to do with it? A proposed framework to address racism's impacts on child and adolescent mental health in Canada. *Journal of the Canadian Academy of Child and Adolescent Psychiatry / Journal de l'Académie Canadienne de Psychiatrie de l'enfant et de l'adolescent*, *30*(2), 131–137.

Garriott, P. O., Love, K. M., & Tyler, K. M. (2008). Anti-Black racism, self-esteem, and the adjustment of White students in higher education. *Journal of Diversity in Higher Education*, *1*(1), 45–58. https://doi-org.proxy181.nclive.org/10.1037/1938-8926.1.1.45

Gilman, S. L., & Thomas, J. (2016). *Are Racists Crazy? How Prejudice, Racism, and Antisemitism Became Markers of Insanity (Biopolitics, 11)*. NYU Press.

Golec de Zavala, A. & Cichocka, A. (2011). Collective narcissism and anti-Semitism in Poland. *Group Processes and Intergroup Relations, 15*(2), 213-229.

Golec de Zavala, A., Dyduch, H. K., & Lantos, D. (2019). Collective Narcissism: Political Consequences of Investing Self- Worth in the Ingroup's Image. *Political Psychology*, *40*, 37–74. https://doi.org/10.1111/pops.12569

Hardy, M. S., & Calhoun, L. G. (1997). Psychological distress and the "medical student syndrome" in abnormal psychology students. *Teaching of Psychology*, *24*(3), 192–193. https://doi-org.proxy181.nclive.org/10.1207/s15328023top2403_10

Heinrichs, R.W. (2020). The duality of human cognition: operations and intentionality in mental life and illness. *Neuroscience and Biobehavioral Reviews, 108* (2020) 139–148.

Hernandez, M. (2021). *Perceiving through the racial veil: The inner moral life of racism* (Order No. 28414604). Available from ProQuest Dissertations & Theses Global. (2545635231). https://login.proxy181.nclive.org/login?url=https://www.proquest.com/dissertations-theses/perceiving-through-racial-veil-inner-moral-life/docview/2545635231/se-2?accountid=13153

Hightower, E. (1997). Psychosocial characteristics of subtle and blatant racists as compared to tolerant individuals. *Journal of Clinical Psychology*, *53*(4), 369–374. https://doi-org.proxy181.nclive.org/10.1002/(SICI)1097-4679(199706)53:4<369::AID-JCLP10>3.0.CO;2-E

Holoyda, B. J., & Newman, W. J. (2016). Childhood animal cruelty, bestiality, and the link to adult interpersonal violence. *International Journal of Law and Psychiatry*, *47*, 129–135. https://doi.org/10.1016/j.ijlp.2016.02.017

ISD Virtual Learning (2020, April 13). *Introduction to Abnormal Psychology*. [PowerPoint slides] Independence School District http://sites.isdschools.org/hs_ss_remote_learning_resources/useruploads/psychology/April%2013_Psychology.pdf

Ilyas, A., Chesney, E., & Patel, R. (2017). Improving life expectancy in people with serious mental illness: Should we place more emphasis on primary prevention? *The British Journal of Psychiatry, 211*(4), 194–197. https://doi-org.proxy181.nclive.org/10.1192/bjp.bp.117.203240

"Is Extreme Racism a Mental Illness?" (2000). *New Crisis (15591603)*, *107*(1), 23.

Keller, M. (1976). The disease concept of alcoholism revisited. *Journal of Studies on Alcohol*, *37*(11), 1694–1717. https://doi.org/10.15288/jsa.1976.37.1694

Kleinpenning, G., & Hagendoorn, L. (1993). Forms of racism and the cumulative dimension of ethnic attitudes. *Social Psychology Quarterly*, *56*(1), 21–36. https://doi.org/10.2307/2786643

Kluge, U., Aichberger, M. C., Heinz, E., Udeogu-Gözalan, C., & Abdel-Fatah, D. (2020). Rassismus und psychische Gesundheit = Racism and mental health. *Der Nervenarzt*, *91*(11), 1017–1024. https://doi-org.proxy181.nclive.org/10.1007/s00115-020-00990-1

Kroner, D. G., Morgan, R. D., Mills, J. F., & Maeda, K. (2020). Risk assessment tool floundering? Let's ask the client to self-predict. *International Journal of Law and Psychiatry*, *68*, 101541–101541. https://doi.org/10.1016/j.ijlp.2020.101541

Kuhn, T. S. (2012). *The Structure of Scientific Revolutions: 50th Anniversary Edition* (4th ed.). University of Chicago Press.

Legha, R. K., Clayton, A., Yuen, L., & Gordon-Achebe, K. (2022). Nurturing children's mental health body and soul: Confronting American child psychiatry's racist past to reimagine its antiracist future. *Child and Adolescent Psychiatric Clinics of North America*, *31*(2), 277–294. https://doi-org.proxy181.nclive.org/10.1016/j.chc.2021.11.006

Liguori, J. B., & Spanierman, L. B. (2022). Walking out on hate: A qualitative investigation of how and why White supremacists quit hate groups. *Journal of Counseling Psychology*, *69*(4), 389–402. https://doi-org.proxy181.nclive.org/10.1037/cou0000598

Lodewijks, H.P., Doreleijers, T.A., de Ruiter, C. & Borum, R. (2008). Predictive validity of the Structured Assessment of Violence Risk in Youth (SAVRY) during residential treatment. *International Journal of Law and Psychiatry*, *31*(3), 263–271. https://doi.org/10.1016/j.ijlp.2008.04.009

Marson, S. M., & Dovyak, P. (2022). Editorial: Exposing White Privilege by Two White Guys. *International Journal of Social Work Values and Ethics*, *19*(1), 4–17. https://doi.org/10.55521/10-019-101

McVicker, I. (2022). *Recovering racists: Dismantling white supremacy and reclaiming our humanity*. Brazos Press.

Michaels, E. K., Board, C., Mujahid, M. S., Riddell, C. A., Chae, D. H., Johnson, R. C., & Allen, A. M. (2022). Area-level racial prejudice and health: A systematic review. *Health Psychology*, *41*(3), 211–224. https://doi-org.proxy181.nclive.org/10.1037/hea0001141.supp (Supplemental)

Migliaccio, L. (2021). Framing effects of racial inequity in the workplace: Emotional, cognitive, and trait influences [ProQuest Information & Learning]. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 82, Issue 4–B).

Mooldijk, S. S., Yaqub, A., Wolters, F. J., Licher, S., Koudstaal, P. J., Ikram, M. K., & Ikram, M. A. (2022). Life expectancy with and without dementia in persons with mild cognitive impairment in the community. *Journal of the American Geriatrics Society*, *70*(2), 481–489.

O'Brien, L. T., Crandall, C. S., Horstman, R. A., Warner, R., Alsbrooks, A., & Blodorn, A. (2010). But I'm no bigot: How prejudiced white Americans maintain unprejudiced self-images. *Journal of Applied Social Psychology*, *40*(4), 917–946. https://doi-org.proxy181.nclive.org/10.1111/j.1559-1816.2010.00604.x

O'Hare, G., Young, E., & Clements, F. G. (2018). *Confessions of a recovering racist*. Morgan James Publishing

Ortiz, G. (2021). *Examining the mortality risk of a population with mental illness* [ProQuest Information & Learning]. In Dissertation Abstracts International: Section B: The Sciences and Engineering (Vol. 82, Issue 5–B).

Penney, S. R. (2021). Innovations in violence risk assessment: What aviation can teach us about assessing and managing risk for rare and serious outcomes. *International Journal of Law and Psychiatry*, *77*, 101710–101710. https://doi.org/10.1016/j.ijlp.2021.101710

Plana-Ripoll, O. et al. (2019). A comprehensive analysis of mortality-related health metrics associated with mental disorders: A nationwide, register-based cohort study. *The Lancet*, *394*(10211), 1827–1835

Prioleau, B. L. (2022). Shades of wellness: An examination of the relationship between gendered racism, race-related stress, socioeconomic status and holistic wellness in the lives of black women [ProQuest Information & Learning]. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 83, Issue 3–B).

Rahim, F. (2021). Relationships between experiences with racism, psychological homelessness, and mental health outcomes [ProQuest Information & Learning]. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 82, Issue 7–B).

Reports of Officers. (1956). *Journal of the American Medical Association*, *162*(8), 748. https://doi.org/10.1001/jama.1956.02970250048013

Roberts, S. O., & Rizzo, M. T. (2021). The psychology of American racism. *American Psychologist*, *76*(3), 475–487. https://doi-org.proxy181.nclive.org/10.1037/amp0000642

Rolin, S.A., Bareis, N., Bradford, J., Rotter, M., Rosenfeld, B., Pauselli, L., Compton, M.T., Stroup, T.S., Appelbaum, P.S. & Dixon, L.B. (2021). Violence risk assessment for young adults receiving treatment for early psychosis. *International Journal of Law and Psychiatry*, *76*, 101701–101701. https://doi.org/10.1016/j.ijlp.2021.101701

Segal, S. P. (2020). The utility of outpatient civil commitment: Investigating the evidence. *International Journal of Law and Psychiatry*, *70*, 101565–101565. https://doi.org/10.1016/j.ijlp.2020.101565

Seguin, C., & Rigby, D. (2019). National Crimes: A New National Data Set of Lynchings in the United States, 1883 to 1941. *Socius: Sociological Research for a Dynamic World*, *5*, 237802311984178. https://doi.org/10.1177/2378023119841780

Sharma, N., & Hooberman, A. (2022). Parenting and family-based care. *Child and Adolescent Psychiatric Clinics of North America*, *31*(2), 313–326. https://doi-org.proxy181.nclive.org/10.1016/j.chc.2022.01.003

Silverman, M. E., & Hutchison, M. S. (2019). Reflective capacity: An antidote to structural racism cultivated through mental health consultation. *Infant Mental Health Journal*, *40*(5), 742–756. https://doi-org.proxy181.nclive.org/10.1002/imhj.21807

Simonsson, P., Farwell, M. M., & Solomon, P. L. (2020). Judicial perspectives on mental health courts: The role of psychiatric disorder and violence risk. *International Journal of Law and Psychiatry*, *70*, 101562–101562. https://doi.org/10.1016/j.ijlp.2020.101562

Starace, F., Mungai, F., Baccari, F., & Galeazzi, G. M. (2018). Excess mortality in people with mental illness: Findings from a Northern Italy psychiatric case register. *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services*, *53*(3), 249–257. https://doi-org.proxy181.nclive.org/10.1007/s00127-017-1468-8

Stevenson, S. (2020). A racist attack managing complex relationships with traumatized service users – a psychodynamic approach. *Journal of Social Work Practice*, *34*(3), 225–235. https://doi-org.proxy181.nclive.org/10.1080/02650533.2019.1648247

Svalin, K., Mellgren, C., Levander, M. T., & Levander, S. (2018). Police employees' violence risk assessments: The predictive validity of the B-SAFER and the significance of protective actions. *International Journal of Law and Psychiatry*, *56*, 71–79. https://doi.org/10.1016/j.ijlp.2017.09.001

Tamburrini, E. (2021). Aversive racism in white correctional officers and it's implications for mental health treatment to black inmates [ProQuest Information & Learning]. In *Dissertation Abstracts International: Section B: The Sciences and Engineering* (Vol. 82, Issue 8–B).

Temple, J. B., Kelaher, M., & Paradies, Y. (2020). Experiences of racism among older Aboriginal and Torres Strait Islander people: Prevalence, sources, and association with mental health. *Canadian Journal on Aging*, *39*(2), 178–189. https://doi-org.proxy181.nclive.org/10.1017/S071498081900031X

Worthy, L D, Lavigne, T. & Romero, F. (2020). *Culture and psychology: How People Shape and are Shaped by Culture*. MMOER.

Wright, J. (2003). "Things are changing for me the anger is still there but not the hatred" Some reflections from work with a racist. *Psychoanalytic Psychotherapy, 17*(3), 241–252. https://doi-org.proxy181.nclive.org/10.1080/1474973032000114905

Zurbriggen, E. L. & Roberts, T.A. (2013). *The Sexualization of Girls and Girlhood: Causes, Consequences and Resistance*. Oxford University Press.