

The Political Misuse of Psychiatry: An African-Caribbean Perspective

Frederick W. Hickling, DM

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Capitalist democracy in the West is predicated on the belief that Western European democracy is the only correct and just form, and that Western civilization represents the highest form of human social development. This belief is driven by a conviction that highlights the individual's "right to freedom." This concept of liberty originates in the Western overvalued idea that all goods and services that exist can be bought and sold—can be individually owned. Thus, any social formation that posits an alternate concept of "freedom" based on a set of social propositions would be seen by Western ideologues as incorrect, immoral, and lacking in legitimacy. The Western ideologues enlist professional custodians of their ideology to attack and discredit all the legal and definitional principles of the opposing ideology. The Western ideologues see no contradiction in their own abuse of individual freedoms within the disciplines of criminology and psychiatry if these acts of political misuse and abuse are perpetrated against individuals or racial groups who are outside their own preferred purview.

The Munro Doctrine

The recent mobilization of psychiatric opinion within the West against the alleged political abuse of forensic psychiatry in China represents the latest wave of the systematic attack by the Western world against ideologically antithetical societies. The recent publication by Robin Munro¹ joins several erudite studies^{2,3} in the attack against communist ortho-

doxy, using the weapon of political misuse of forensic psychiatry as the ideological ordinance. Munro opines:

. . . The general assumption has therefore been that the Chinese authorities, despite their poor record in many other areas of human rights concern, have never engaged in the political misuse of psychiatry. This article seeks to challenge and correct that assumption. . . . The present article is an attempt to reconstruct the shadowy history of the political misuse of forensic psychiatry in the People's Republic of China—its antecedents and influences, general nature, and overall scope and extent—and also to assess the degree to which it remains a problem in China today (Ref. 1, pp 4, 7).

Munro concludes:

This study. . . is one that amounts, however, to a clear and unmistakable *prima facie* case showing the longstanding and continuing existence of political psychiatric abuse in China (Ref. 1, p 9).

Munro identifies three main themes in his article. The first is an overview of the origins and development of Chinese forensic psychiatry. The second is the judicial and legislative framework governing the practice of forensic psychiatry in China and the question of China's expansive definition of the key legal determinant of involuntary psychiatric committal—namely, "social dangerousness." The third is a survey of the professional legal-medical literature from China. Munro uses several Western (European) authorities to justify and bolster his ideological assertions, analyses, and conclusions. Strongly represented in his armamentarium are authorities used in the decade of the 1980s to attack and to condemn the Soviet Union for their alleged abuse of forensic psychiatry, in the West's determined obsession to crush world communism and to obliterate any opposition to Western ideological hegemony. One such authority cited was Russian psychiatrist Semyon Gluzman⁴

Dr. Hickling is Professor of Psychiatry, Section of Psychiatry, Department of Community Health and Psychiatry, University of the West Indies, Kingston, Jamaica, West Indies. Address correspondence to: Frederick W. Hickling, DM, Professor of Psychiatry, Section of Psychiatry, Department of Community Health and Psychiatry, University of the West Indies, Mona, Kingston 7, Jamaica, WI. E-mail: fhickling@uwimona.edu.jm

who suggested three methods of collecting evidence and analyzing a society for the political misuse of psychiatry. These included the personal objective examination of suspected cases, the systematic study of psychiatric theory in the country under consideration, and a "content analysis" of an enormous number of psychiatric publications from the country being studied.

An African-Caribbean Perspective

In an attempt to clarify the nature of the ideological conflicts contributing to the barrage of political psychiatric artillery in the context of the world psychiatric community, Hickling⁵ has suggested that a dialectic understanding is often omitted or obscured in Western teaching, often leading to misunderstandings and erroneous conclusions. He discusses psychiatric abuse by the English colonizers on the Caribbean island of Jamaica. Hickling concludes that a transformatory process is taking place around the world in an attempt by people to rid themselves of the social and psychological oppression of militarily imposed Western civilization of the past five centuries.

The purpose of the present article is to use the methodology of Munro's doctrine to examine the political misuse and abuse of forensic psychiatry by Europeans. The thesis advanced is that Europeans have systematically attempted to conquer the world and to suppress and enslave people of color worldwide, to exploit the human and natural resources of the world for the maintenance of European concepts of freedom.

The Inquisition

The Roman Church and the major European powers identified the crime of heresy in the early Middle Ages. Heresy was defined as a deliberate denial of the truth of the Catholic faith and a public obstinate persistence in that alleged error. Pope Gregory IX instituted the papal inquisition in 1231 for the apprehension and trial of heretics. The Inquisitors did not wait for complaints, but sought out persons of heresy and included witches, diviners, blasphemers, and other sacrilegious persons. The major punishment included burning at the stake. A second variety of the Inquisition was the infamous Spanish Inquisition, authorized by Pope Sixtus IV in

1478. Principally, King Ferdinand V and Queen Isabella fueled this Inquisition. Headed by Tomas de Torquemada during its early years, the inquisition set out to purge Spain of Moors (black people), Jews, and "Conversos" (Jewish converts to Christianity). Its preferred methods included torture and ritual burning at the stake and peaked with the expulsion of the Moors and the Jews in 1492. The Spanish Inquisition survived into the 19th century and was permanently suppressed by a decree on July 15, 1834. A third variety of the Inquisition was the Roman Inquisition. Established by Pope Paul III in 1542, it was concerned with orthodoxy of a more academic nature. Cardinal Carafa became Pope Paul IV in 1555, and his pursuit did not exclude bishops or cardinals of the Church. The Roman Inquisition produced the first Index of Forbidden Books, which was created in 1559 and was responsible for Galileo's being put on trial.⁶

The Salem Witch Hunt

New World America boasts its own long and checkered history of political bigotry and abuse. Linder⁷ describes the events in Salem, Massachusetts, in 1692, when 19 men and women were convicted of witchcraft and hanged on Gallows Hill. Another man, aged more than 80 years, was pressed to death under heavy stones for refusing to submit to a trial on witchcraft charges. Hundreds faced accusations of witchcraft, and dozens languished in jail for months without trial. Not surprisingly, this particular wave of political bigotry and malevolence was triggered initially against the black slave woman Tituba, who had been acquired in Barbados by white planter and merchant, Samuel Parris. The transcript of Tituba's inquisition deserves careful reading.⁸

In the 1950s, Wisconsin Senator Joseph McCarthy created the modern American version of the Spanish Inquisition. Government workers, college professors, playwrights and Hollywood screenwriters, actors, artists, musicians, gays, and Jews were suspect.⁹ Just knowing the wrong person destroyed the careers of many people. McCarthyism, and the American Red Scare, spanned a period from the late 1940s to the mid-1960s when United States citizens were routinely persecuted because they were suspected of being insufficiently patriotic in the struggle against communism and, in particular, against the Soviet Union.¹⁰ The persecution took various forms,

from imprisonment to the purging and blacklisting of untold thousands.¹¹

Europe and the New World

The European encounter with the New World began as an accident, with Christopher Columbus endeavoring to find a passageway to the Far East. Instead of finding that pathway, he encountered millions and millions of human beings, unknown to the European world, who inhabited North and South America and the Caribbean. The dialectic perception of this discovery by the Europeans is strongly contested by the perceptions of the indigenous Caribbean and American people who regarded the European "discovery" much more as an intrusion and, in reality, an invasion of their personal, social, and geographic space by marauding white pirates.¹² The early 16th century writings of the Spanish monk Las Casas¹³ identify the dialectic processes involved in this period. The Europeans were particularly interested in plunder and the exploitation of the human, mineral, and other treasures of the lands that they had found. The principal insight is the recognition of the Eurocentric concept of white supremacy. This concept posited European ownership of the world and the people and resources therein by divine right. Essential to this perception was that people of color, indigenous inhabitants of the rest of the world, were subhuman, only slightly superior to domestic animals.

Clearly, these ideas of owning the land and the people of the world were not consonant with the belief systems of almost every culture in the world, with the exception of the European culture. By the systematic eradication of all opposition of the indigenous people by mindless and ferocious genocide, the European was able to colonize much of the world. Las Casas describes the voracious genocide that the Spanish Europeans perpetrated on the native Taino and Carib Indians of the Caribbean. Millions of people were wiped out, not only by disease brought to the New World by the Spaniards, but also by a systematic genocidal destruction of these people who were hunted down by bounty hunters paid by the state. The Spanish were excited by the prospect of gold and other mineral riches to be found in the New World. By the middle of the 17th century, the Taino Indians in the Caribbean had been virtually decimated. Thornton¹⁴ estimates that there were 72 mil-

lion native people in the Western Hemisphere but that they were reduced to less than six percent of that number, slightly more than 4 million people, in the following two centuries.

Racism as Political Misuse of Psychiatry

The suffering and mental illness of the enslaved African people at that time was untold and must have been horrendous. Slaves who had physical and mental disabilities would no doubt have been swiftly executed and exterminated by the European slave owners and slave masters, leaving the perception that mental illness was something that was not known in African people. This erroneous idea was clearly expressed by Holliday¹⁵ in his writings in 1824, in which he declared that mental illness was rare in the slaves of the West Indies, in the heathens and pagans of Africa, and in Welsh and Irish peasants. Suicide by hanging and by dirt-eating at an individual and at a group level was common among slaves on their way from Africa and within the Caribbean plantation system. But the horrors of the African experience in the New World did nothing to diminish the African cunning for survival, wisdom for regeneration, and reinvention of self, penchant for adaptation, and courage to resist the racist crime against humanity that was African enslavement. Carew¹² concludes that the birth of modern racism began with the invasion of the New World by King Ferdinand V and Queen Isabella.

The perspective of this article demands that a clear understanding of contemporary world mental health issues can be gained only from knowledge of the effect of the domination of European colonialism on the rest of the world in the second half of the past millennium. From the end of the 15th century, European nation-states were involved in violent wars with each other for hegemonic control of the rest of the world. These struggles have dominated the tapestry of world history since the opening up of the Americas and Asia to Europe by Christopher Columbus and Vasco da Gama. The European urge to own and dominate the people and property of the rest of the world attained obsessional intensity. Much of the time and resources of the world for the second half of the past millennium were devoted to the irrational European desire to own the world.

The Origin of Compulsory Detention of the Mentally Ill

In section VII, "The matrix of theory and practice. . .," Munro addresses the issues of compulsory detention and dangerousness. He states:

Under international legal and medical standards, a number of key principles are held to be paramount in the field of psychiatry. . . . Compulsory hospitalization is, in most cases, only justified where the patient's mental state poses a direct danger, usually physical, either to his own health and safety, or to that of others. . . (Ref. 1, p 79).

There is always a need to question the concept "international" when encountered in writings. Usually, in this context, it refers to the Western European episteme. The concept of compulsory detention of patients with acute mental illness is a product of modern European civilization,¹⁶ first making its appearance in mental health legislation in Europe, the United States, and their colonies in the 19th century. European colonialism has established the shape of much of the world as we know it today. In the author's view, compulsory detention was initially linked with the power of arrest by the police for lunacy. The custodial phase of world psychiatry began with the "asylumization" of the globe by the European colonial political epoch. Scull¹⁷ indicates that before the 19th century:

. . . The overwhelming majority of insane people were still to be found at large in the community. . . but by the mid-nineteenth century the mentally ill found themselves incarcerated in a specialized, bureaucratically organized, state-supported asylum system which isolated them both physically and symbolically from the larger society. . . (Ref. 17, p 1).

Scull suggests that the early mad doctors and psychiatry were primarily involved in maintaining hegemonic control of persons who have mental illness, mainly through asylumization. Jones,¹⁸ in disagreement with Scull, suggests that a very different frame of reference existed between the legal and medical profession with regard to mental illness, with doctors concerned mainly with care of persons who have mental illness and lawyers mainly with the issue of liberty of the subject. It is clear, however, from her detailed description of the legal statutes that have governed madness in Britain from the early 18th century, that British legislation until the mid-20th century was concerned primarily with custodialization and compulsory detention for people deemed to be insane. The history of compulsory detention and

mental health legislation in the United States has been essentially the same as the British experience. The evidence from the island of Jamaica in its period of British colonialism is identical.¹⁹

Cochrane and Sashidharan²⁰ identify psychiatry as a unique medical specialty, with psychiatrists having the ability to detain and treat people against their will on the basis that they have an "illness" requiring treatment. They also indicate that forensic psychiatry is predicated on people's behavior that is often evidenced by second-hand accounts, and conclusions are often made about emotional and cognitive states that are not based on scientific evidence. They suggest that the power vested in psychiatrists under the United Kingdom Mental Health Act (1983)²¹ exceed even those of police officers and anyone else in British society.

The whole concept of "dangerousness" within the Western European world takes on new meaning when applied to black people and other people of color. Human Rights Watch (2001) points out that in 2001, the total number of people in U.S. prisons and jails will surpass 2 million.²² This represents nearly one percent of the population of that country. Of these, more than one half are black and nearly one fifth are Hispanic. The state and federal prison population has quadrupled since 1980, and the rate of incarceration relative to the nation's population has risen from 139 per 100,000 residents to 468.²³ If these incarceration rates persist, an estimated 1 in 20 of U.S. children today will serve time in a state or federal prison during their lifetimes.²⁴

There is a considerable range in prison incarceration rates among U.S. states. Minnesota has the lowest rate, 121 prisoners per 100,000 residents, and Louisiana the highest, 763 per 100,000. Seven of the 10 states with the highest incarceration rates are in the South.²³ Almost every state has a prison incarceration rate that greatly exceeds those of other Western democracies. The number of prisoners per 100,000 inhabitants varies worldwide, from about 20 in Indonesia to about 685 in Russia. In Western Europe, the rate ranges from 35 in Cyprus to 145 in Portugal.²⁵ The District of Columbia, an entirely urban jurisdiction, has a rate of 1,600 per 100,000. International rates of incarceration include prisoners awaiting sentences as well as all sentenced prisoners, whereas state prisons in the United States confine only convicted prisoners with sentences of more than

one year. Therefore, the actual difference between foreign and U.S. rates of incarceration is even greater than suggested.

Abuse of Forensic Psychiatry in the United States

Ndegwa²⁶ noted that the U.S. does not have a well-developed forensic psychiatric service:

... There is no forensic psychiatry service equivalent to the systems in Western Europe and [it] has no uniform standards for caring for prisoners with psychiatric problems across the various prison systems and states. Money still dictates the quality of legal representation and the psychiatric assessment a defendant gets. There are large numbers of prisoners with mental health problems who receive no psychiatric treatment and who have no access to care of the quality offered (for example) by the British National Health Service^{27,28}. . . (Ref. 26, p 99).

Freedman asserts:

... concern has been primarily focused on the political abuse of psychiatry in regards to dissidents in the former Soviet Union. While not diminishing in the slightest the importance of publicizing and opposing this misuse of psychiatry, too little attention has been paid to the abuse of psychiatry in the United States and Canada. It is much easier to be outraged by events at a distance than to look at one's own defects (Ref. 29, p 76).

John Gunn,³⁰ a British professor of forensic psychiatry, suggests that the worst abuse of psychiatry in the United States is its involvement with the death penalty. He concludes that the United States should not be immune from international professional pressure to change its practice of being involved in the assessment of competency for prisoners to be executed and for treating people to make them competent to be executed.

Abuse of Forensic Psychiatry in the United Kingdom

Browne, in Department of Health and Home Office documents,^{31,32} indicates that the criminal justice system is really a criminal injustice system for African Caribbeans in the United Kingdom. African Caribbeans are more likely to be subject to stop-and-search procedures by the police, more likely to be arrested on suspicion of crime, more likely to be remanded in custody, less likely to receive bail, more likely to be assessed as mentally ill, and more likely to be charged rather than cautioned. Many more African-Caribbean people are likely to be given a custo-

dial sentence, when compared with the white population.

In a recent review, Fernando (Ref. 33, pp 67–80) identifies the progressive hardening of the diagnosis of “psychosis” in African Caribbeans by white psychiatrists in England and the automatic escalation from this labeling to the concept of dangerousness. He describes the construction of psychosis in blacks by European psychiatry as originating in the perception of the person as “alien, undesirable, or disturbed,” to feelings of being “alienated, unwanted and angry,” to subsequently being diagnosed as “bizarre, aggressive and psychotic.”

Fernando likens the process to the dynamic that led some U.S. psychiatrists in the 19th century to diagnose black slaves as having “draeptomania”—the disease causing slaves to run away (Ref. 34, p 318) and “Drysaesthesia Aethiopsis” in which slaves “break, waste and destroy everything they handle. . . and generally refuse to work” (Ref. 34, p 321). He points out that European thinking has historically developed images of black people as dangerous people and that this has found its way into the lexicon of psychiatry as the “risk assessment.”

The clinical experience of this author in the United Kingdom mirrors the thinking of Fernando and his colleagues. The following case study illustrates the point, but goes further in showing that in the absence of culturally specific assessment and therapy, gross misinterpretations and misjudgments can be made with disastrous, unfair consequences for the patient.

Case Study I

A 36-year-old African-Caribbean man had a six-year history of attending mental health outpatient services. In those six years, the white mental health personnel who saw him all concluded that he did not have a psychotic illness. When first seen in the clinic by this author, he was adjudged to have paranoid schizophrenia, but he refused to accept the diagnosis and refused to comply with prescribed medication. Two months after being seen by this author, he was admitted by the emergency team under the Mental Health Act of 1983 § 3.²¹ He had been accused by his 16-year-old son of trying to kill him with an ax. The police, when searching his flat, found two knives and a sharpened ax. While in the hospital under the care of this author, he agreed to take neuroleptic medica-

tion, and although his clinical symptoms abated after a few weeks of treatment, he refused to admit that he had attacked his son as had been described. Based on the circumstantial evidence and his refusal to discuss what had transpired between himself and his son, both the assessing white forensic psychiatrist and the white nursing staff were building a case that he should be kept in restrictive custody for further “risk assessment” and treatment. At a culturally appropriate therapy session conducted by the author, at which his mother and sister were both present, it became clear that his family were not at all sure that he had indeed attacked his son, presenting conflicting information that his son had fabricated the story to the police in an attempt to get back at his father for exercising parental authority forbidding him to have sexual intercourse with his 14-year-old girlfriend in the paternal home.

The United Kingdom does not require immediate court hearings for commitment after an initial emergency commitment by the clinician, and the evidence of dangerousness does not have to be proved in a court of law, although the law does provide review tribunals some considerable period after the commitment has taken place. In this author’s experience, such review tribunals often work against black people in the United Kingdom, where appropriate cultural psychotherapy is not available and where the “knee-jerk” prejudice of dangerousness in black people held by some white adjudicators often assures that black people can be incarcerated for a very long time for unproven acts of dangerousness. This author’s experience with the forensic system in the United Kingdom has demonstrated how quickly and how easily black men in particular are liable to incarceration for indefinite periods for relatively simple “crimes” or for crimes that are circumstantially linked and often are not afforded any appropriate system of cultural assessment or justice. Both black and white people would prefer to face the criminal justice system and to go to prison for a finite sentence, rather than face the indefinite detention of the forensic psychiatric service. The following case study illustrates the point.

Case Study 2

A 26-year-old African-Caribbean man was admitted to a medium-security forensic psychiatric hospital in the United Kingdom in 2001. A few weeks before this, he has been charged with assault and held

on remand in a maximum-security prison. He had been given a diagnosis of bipolar affective disorder several years earlier and had a history of *Cannabis* abuse. His mental health deteriorated while in prison, and he was subsequently transferred to the forensic psychiatric unit under the Mental Health Act of 1983 § 48/49,²¹ which allows for the transfer of mentally ill persons on remand who are in urgent need of hospital treatment. On at least four occasions in the past he had been compulsorily admitted to general psychiatric hospitals for treatment (Mental Health Act of 1983 § 3). During those admissions he frequently complained to staff about what he saw as the injustice of a system that allowed for his forcible admission and treatment for long periods before a mental health tribunal could review him. After admission to the forensic psychiatric unit, he became uncooperative and aggressive toward staff. On Day 2 of admission he smashed through three security doors. While destroying the fourth (and final) barrier to his freedom, the police, who had been summoned by hospital staff, apprehended him. He went willingly to the police lock-up and was transferred within a few days back to the maximum-security prison. There, he accepted psychiatric treatment and after a few weeks exhibited no signs of mental illness. He told prison officers that his “attempted escape” from the hospital was planned to force his return to prison. He preferred to face a specified sentence in prison from the court rather than to be “sectioned” and held indefinitely in a forensic psychiatric unit. He believed that as an African-Caribbean man, the odds were stacked against him more in the hospital than in the prison. He based this on his own experiences with the system.

The current pattern of service delivery to the black population in the United Kingdom and the wide range of mental health problems and criminality in this ethnic minority provide the starting point for strategic intervention. Black people are overrepresented in the U.K. prison population. There were 8,300 males from minority ethnic groups in prison in England and Wales in 1995. Members of ethnic minority groups comprise 17 percent of male prisoners in England and Wales but only 6 percent of the general male population. The rate of imprisonment of blacks was 1,048 per 100,000, compared with 134 per 100,000 for whites. Fifty-one percent of blacks over the age of 21 were serving sentences of more

than four years, compared with 35 percent of whites.³⁵

The forensic psychiatric services have come in for significantly damning criticism.³³ Wilson concludes:

. . . The underlying ethos of public policy in relation to mentally disordered offenders is to go for the quick fix. "Dangerous" black men can/must be incarcerated in prison or psychiatric institutions. . . . How black people are dealt with in the forensic psychiatric system or in the criminal justice system or in psychiatric institutions in general, cannot legitimately be separated from how they are dealt with in terms of their place in society generally. . . . (Ref. 36, p 201).

It is this author's view that the treatment meted out to the man in Case Study 2 by the British forensic system amounts to cruel and inhumane treatment and qualifies him to be seen as a political prisoner. It has been argued (Ref. 5, p 91) that although the World Psychiatric Association (WPA) has spear-headed attacks on the use of psychiatric treatment practices by the then Soviet Union to control political dissidents, it has been oblivious to similar practices used in both Britain and the United States.

Western Civilization Versus the Remainder of the World

Since the demise of the Soviet Union in the late 1980s, the galloping wave of professional psychiatric interest and attack on the political misuse of psychiatry in that country has been reduced to little more than a trot. No doubt many of the denounced psychiatric practices in the countries of the previous Soviet Union still exist today. However, the microscope of the psychiatric ideologues of the West has little interest in the new Russia and the surrounding territories and is now focused squarely on China, with the political motive unmistakable. Western ideologues will stop at nothing in the preservation of their ideas of democracy and freedom. On whom will the microscope focus in this post-September 11 period? In an emotional address to the U.S. Congress on September 20, President Bush asked, "Why do they hate us? They hate our freedoms—our freedom of religion, our freedom of speech, our freedom to vote and assemble and disagree with each other."

In an eloquent riposte in *The Guardian* of September 29, 2001, Arundhati Roy solved the conundrum precisely:

Could it be that the stygian anger that led to the attacks has its taproot not in American freedom and democracy, but in the

U.S. government's record of commitment and support to exactly the opposite things—to military and economic terrorism, insurgency, military dictatorship, religious bigotry and unimaginable genocide (outside America)? What exactly is being avenged here? Is it the tragic loss of almost 7,000 lives. . . or is it more than that? In 1996, Madeleine Albright, then the U.S. secretary of state, was asked on national television what she felt about the fact that 500,000 Iraqi children had died as a result of U.S. economic sanctions. She replied that it was "a very hard choice," but that, all things considered, "we think the price is worth it. . . ." So here we have it. The equivocating distinction between civilization and savagery, between the "massacre of innocent people" or, if you like, "a clash of civilizations" and "collateral damage." The sophistry and fastidious algebra of infinite justice. How many dead Iraqis will it take to make the world a better place? How many dead Afghans for every dead American? How many dead women and children for every dead man? How many dead mojahedin for each dead investment banker?³⁷

The author⁵ has already made the case that societies use psychiatry for the maintenance of cultural and ideological integrity. Within the context of September 11, all psychiatry is political psychiatry! Political abuse of psychiatry will be judged in Western societies on the basis of whether the "alleged abuse" is "with us, or against us"! The evidence points to the conclusion that in Western "civilization," if psychiatry is used to control slaves, blacks, criminals, and/or terrorists, it will be overlooked, accepted, perhaps even condoned! If psychiatry is used to support, uphold, or buttress ideologies or societies opposed to this Western ideal of freedom and democracy, then it will be dubbed "abuse" and vilified.

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