Review

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REVIEW: *MADNESS, RACE AND INSANITY IN A JIM CROW ASYLUM: CROWNSVILLE STATE HOSPITAL*, BY ANTONIA HYLTON, NEW YORK: LEGACY LIT, 2024, P. 368. ISBN (HARDBACK): 9781538723692, ISBN (EBOOK): 9781538723715

Michael Foucault's theses about psychiatric power as a disciplining discourse that, attached to prisons, schools and state bureaucracy, actually formed the basis of contemporary models of biopolitics and population control rarely find such explicit confirmation as in societies characterized by systemic racism. American journalist and activist Antonia Hylton's book *Madness, Race and Insanity in a Jim Crow Asylum: Crownsville State Hospital* is one in a series of publications[1] which shed light on the relationship between two regimes of oppressive social control that gained their greatest momentum in the era of enlightened modernity: racism and carceral institutional psychiatry.

The discursive pillar on which these surveillance regimes rested is the division of the population into categories, which institutions needed to manage, separate and isolate in different ways. The creation of barely porous boundaries in society, its territorialization through the designation of certain population groups as inherently disruptive and even dangerous. Psychiatry created the madman as the fundamental category of social deviations – a person whose behaviour is so dangerous for the environment that he needs a type of supervision that requires his isolation. What was visible from the very beginnings of medical psychiatry in the second half of the 18th century was the promulgation of a category of mentally ill people who are inherently disturbed and "irremediable" – throughout the history of psychiatry they were called "moral lunatics", "moral idiots", "psychopaths", "degenerate personalities", "natural born criminals". Their threat to society was twofold. In the first place, their behaviour was almost always interpreted as violent and uncontrolled; secondly – especially from the middle of the 19th century – they began to be considered as carriers of "hereditary degeneration", a population that would pass on its alleged hereditary tendency for deviant behaviour, violence and criminality to future generations, thus

[1] We should mention psychiatrist Jonathan Metzl's book *The Protest Psychosis: How Schizophrenia Became a Black Disease* (2010), Daniela Arbex's book *Holocausto Brasileiro* (2013) and Jennifer Lambe's study *Madhouse, Psychiatry and Politics in Cuban history* (2017).

creating a society of weak, sick and "depraved individuals". Of course, the moralistic views of the bourgeois class and their emotional regime were generally key in defining deviance itself – in the works of German psychiatrists of the late 19th century, such as Krafft-Ebing and Kraepelin, these were often behaviours interpreted as sexually promiscuous or those that violated the traditional patriarchal division of gender roles, which assigned women to the domestic sphere and intended them to be submissive to male authorities. In the works of American psychiatrists, the term "drapetomania" was formed as a specific disorder of the enslaved African-American population. According to the description of the physician Samuel Cartwright, "drapetomania" meant the uncontrolled urge of slaves to escape from slavery. The rationalization of "drapetomania" as a disorder was the perception of slavery as an institution that morally and vitally elevates the "African race" and civilizes them, leading to the conclusion that only a deranged slave would want freedom.

Since the beginning, racism served the purpose of establishing hierarchies based on the supposed biological superiority of the white race. In the case of the United States of America, after the Civil War and the unsuccessful period of the Reconstruction in the South, a series of federal states introduced Jim Crow laws that introduced strict segregation of public spaces: there were separate hospitals, schools and catering facilities for the "coloured, non-white" population. Thus, the hierarchies of structural racism are materialized in the public space.

Crownsville State Hospital in the Baltimore area was a place where two regimes of isolation and exclusion intertwined and touched – it was a place for individuals who experienced multiple marginalization at the intersections of different power structures. The residents of Crownsville were marginalized as African-Americans in a regime that prescribed their segregation until the 1960s, and intensified carceralization and impoverishment after the 1960s. They were marginalized as mentally ill or neurodivergent persons, often forcibly removed from society because of their own perceived deviance and exposed to visible stigmatization. In the end, they were marginalized as poor people, often forced to exist in poverty and misery since childhood. Drawing on a number of sources, Antonia Hylton lets these people speak, if not in their own direct voice, then at least through a detailed and layered narration of their life experiences. Historical documents will sometimes serve to convey their experiences: articles in medical journals, newspaper sources, their patient records and photographs of hospital wards. In some places, Hylton will rely on direct testimony from themselves or their relatives. In doing so, the author, apart from her journalistic and historical investigative instincts and professional ethics, also applies her own experience of caring for a mentally ill loved one, as well as the experience of an African-American woman who grew up and works in a racially fraught American society. The book is opened with honest and emotional presentation of the author's personal experience of encountering a mental illness with specific socially marked symptoms,[2] which actually serves as an introduction to thinking about

[2] The author's close person believed that she was being persecuted by a group of white supremacists.

the relationship between trauma, history and the reality of the "black" experience in the USA. This reflection leads to an awareness of the intertwined roles of the psychiatric and prison systems in the creation and maintenance of systemic racism in the United States throughout the 19th and 20th centuries.

The first part of the book entitled "Breaking ground" provides a description of the beginnings of Crownsville Hospital, built in 1912, and the period of its operation until 1940. The interesting thing is that the hospital was mostly built by future patients, under the supervision of the first director of the hospital, Dr. Robert Winterode. A group of twelve patients were clearing the forest, draining the swampy ground and laying the foundation for the building where many of them would die. Their work, as well as the subsequent field work of numerous patients was never paid, but was treated as part of "work therapy", a therapeutic method extremely popular during the late 19th and early 20th centuries. The fact that complex construction works were conducted by people who were considered incapable of living independently in society, underlines one of the paradoxes of the psychiatric regime of the time: institutions for the mentally ill, especially state ones that were often faced with a lack of funds, were financially dependent on population that psychiatrists stigmatized as "inferior". Apart from the construction, in the first part we learn about the hospital staff, the experiences of the first patients and the architecture of the hospital.

The second part of the book covers the period from 1940 to 1960. After the Second World War, the mental problems of the veteran population and the overcrowding of mental hospitals triggered the first discussions about the deinstitutionalization of care for the mentally ill. In Crownsville, two phenomena attracted the attention of the public. The first was the frequent rebellions and escapes of patients, due to the difficult living conditions in the hospital, as well as the fact that African-Americans who were not for hospitalization often ended up there. The second is the arrival of Vernon Sparks, Crownsville's first African-American psychologist. Before that, even though it was a segregated hospital, all the doctors and psychologists were white, while the African-American population was limited to low-paid manual jobs within the hospital. Through the experience of Sparks himself and several other employees, Hylton actually tells how political debates about desegregation and civil rights in the 1940s and 1950s from the wider society penetrated into Crownsville, and how discourses about the rights of mental hospital inmates became intertwined with discussions about ending racial discrimination.

The third part of the book covers the twenty-five-year period between 1945 and 1970. Although chronologically intertwined with the previous period, the author in this chapter actually puts more focus on the process of ending Jim Crow laws and desegregation. The number of African-Americans employed at Crownsville in therapeutic occupations grew, and a new generation of doctors and nurses came to the hospital and increasingly witnessed the inhumane conditions in which residents were kept. Hylton documents how therapeutic practices such as hydrotherapy and electroconvulsive therapy were often used

to punish inmates. Although the use of painful and unpleasant therapies as punishment in mental hospitals is an extremely well-documented practice, the dimension of racial and class discrimination in the application of these practices that occurred in Crownsville resulted in increasingly systematic resistance from some of the staff. In a particularly emotional and poignant chapter, Hylton, using medical documents and statements from family members and employees, reveals how during the 1960s Crownsville was used for medical experiments on residents. In doing so, the ethical norms of the medical profession were not respected, the families and guardians of the residents did not give their consent, nor were informed about the medical experiments, and in the case of the death of the resident, the procedures that led to it were covered up.

The fourth part of the book entitled "Black power and pathology" talks about the pathologizing of activists of the civil rights movement in the 1960s and 1970s. The topic is addressed through a study of the famous case of the "Elkton Three", three activists who in 1961 refused to leave a restaurant that refused to serve them because of the colour of their skin. After protesting with a hunger strike in prison, they were transferred to Crownsville for treatment, but after a series of protests, they were released after only a few days. The case attracted a lot of media attention and served as a catalyst for exposing the fates of numerous people who were held in mental institutions because they refused to submit to the racist regime of American society. We see how concepts such as "drapetomania" actually spilled over into the application of modern diagnostic categories, including schizophrenia. Descriptions of the clinical picture of schizophrenia between white and non-white residents differed significantly: while white schizophrenics were described as calm, cooperative, even-tempered, and withdrawn, the clinical picture of non-whites was characterized by aggression, rebelliousness, and antisocial behaviour.

The final, fifth, part deals with the consequences of the deinstitutionalization of the American mental health hospital system, which began in the 1960s and was completed in the 1980s with the closing of many state mental hospitals. The number of residents at Crownsville gradually decreased from the beginning of the 1960s, until the institution was finally closed in 2004. Hylton discusses the fates of the last residents of Crownsville, and looks at the biggest broken promise of the movement to deinstitutionalize mental health care. Namely, in the United States, carceral-type institutions like Crownsville were closed due to the termination of state funding, but they were not replaced by infrastructure that would enable widely available outpatient mental health care in poor communities, nor programs to integrate former residents into the community. The results were often the return of the mentally ill to the "streets" where they were exposed to homelessness and violence, or their transfer to the prison system.

The book "Madness, Race and Insanity in a Jim Crow Asylum: Crownsville State Hospital" serves primarily as a deep and stimulating critique of structural racism that is still present in American society today, as well as a thorough and poignant study of the lives of marginalized groups, which are rare today. The history of the marginalized is not

written through the prism of a rigid historiographical methodology, and the book itself is devoid of complex theoretical explanatory models, but it is influenced by the voices of the mentally ill themselves, people close to them, and those who worked with them, giving a layered picture of intertwined narratives that revolve around poverty, racism and mental illness. For those who intend to study the history of medicine, the book is useful because it brings awareness to the history of the medical field as part of a complex history of social and cultural relations. Even those who do not deal with the history of the United States of America, will receive a satisfactory insight into the problems of the historical relationship of psychiatry and other regimes of control, and gain insight into a study that perfectly exemplifies the validity of intersectional approaches to the problems of race, gender, class and mental health, even in books that are not written for a narrower academic audience.