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[Commentary] The “Mental Health Crisis” and the Non-Being of the Mad

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Abstract

In response to state-sanctioned police violence, movements like BLM and calls to “defund” or “abolish the police” suggest that funds currently used to fund the police would be better mobilized for “mental health services,” particularly for historically and presently minoritized peoples. Not only do these calls ignore the role mental “health” services play in neoliberal societies, but they also overlook the historical roots of psychiatry and the role it played in the systematic violence against civilians perpetrated by governments. The incarceration, sterilization, and, in extreme cases, killings of certain parts of a population were often justified in terms of protecting and strengthening the nation, and the productivity, efficiency, and defense of the community, the colony, and the military. Psychiatrists, nationally and internationally, were the “experts” who constructed “madness” and identified “invisible” (genetic) risks, rendering some men and women undesirable, unproductive, dangerous, and, in some cases, not worth living. Nowadays, the dominant discourse on psychiatry in Western societies is that the asylum is an institution of the past, and that we are living in an era of deinstitutionalization of psychiatric asylums. This discourse assumes that we have reached a point where the “mentally ill” have rights and are treated with dignity and exceptional measures are only deployed towards “patients” to protect them or others. The psychiatric system is supposed to help people in distress, but the reality is quite different. In short, psychiatry has always been linked to questions of the life and death of psychiatric patients, defining who was

a/normal, which lives deserved to be lived, and which deserved to be forgotten or killed. In our contemporary societies, psychiatry's obsession with a/normality translates into the exclusion and systemic execution of parts of the population, defined as Blacks, Indigenous, the poor, people considered of deviant gender/sexuality, etc. The ontological position of the mad as “non-human” has been the basis of (and continues to legitimize) a scientific psychiatric biopolitical rationality, including the politics of death which infuses it.

Introduction

On November 29, 2022, the mayor of New York City, Eric Adams, made an important announcement about what he called the "mental health crisis" in his city. His speech started with the following words: "I want to talk to you about a crisis we see all around us. People with severe and untreated mental illness who live out in the open, on the streets, in our subways, in danger and in need." Not only are these people "lost and isolated, tormented by delusions and disorderly thinking," but many of them live with "untreated psychotic disorders [that] pose a risk of harm to themselves even if they are not an imminent threat to the public" (New York City, 2022). He then introduced a new legislative agenda as a priority for the year 2023. The first point of this agenda is "expedited step-by-step process for involuntarily transporting a person experiencing a mental health crisis to a hospital" (New York City, 2022). On March 2, 2023, this initiative became part of the city's mental health agenda called "Care, Community, Action: A Mental Health Plan for New York City" (New York City, 2023).

Two months later, on May 1, 2023, Jordan Neely, a Black homeless man in a state of “mental distress,” was choked to death on the subway in New York by Daniel Penny, a White former marine (Alfonseca et al., 2023). Neely was reportedly yelling that he was tired, hungry, unafraid of returning to jail, and ready to die, before Penny attacked and killed him while onlookers stood by without intervening. However, after Neely's public execution, the police abstained from arresting or charging Penny. Indeed, despite the death being ruled a homicide, it took two weeks for the police to arrest Penny for manslaughter (Alfonseca et al., 2023). Mayor Adams did not condemn Neely's murder. In a message on X (formerly Twitter), the mayor declared that:

Any loss of life is tragic. There's a lot we don't know about what happened here, so I'm going to refrain from commenting further. However, we do know that there were serious mental health issues in play here, which is why our administration has made record investments in providing care to those who need it and getting people off the streets and the subways, and out of dangerous situations. And I need all elected officials and advocacy groups to join us in prioritizing getting people the care they need and not just allowing them to languish" (Alfonseca et al., 2023).

Instead of condemning the public execution of Neely, the mayor described people like Neely as “languishing.” Equally shocking was the fact that none of the “bystanders” intervened to protect Neely, and that Penny was able to raise more than US \$2.9 million to defend himself against the charges of second-degree murder and criminally negligent homicide

that were laid against him (Alfonseca, 2023). Many conservative elected officials, including Florida Governor Ron DeSantis and Florida Representative Matt Gaetz, publicly supported Penny. DeSantis even went as far as promoting “Penny's fundraiser on his social media, saying, ‘America's got his back’” (Alfonseca, 2023).

Although many politicians, activists, and community organizations were outraged at Neely's death, and the ineptitudes of law enforcement in promptly detaining and arresting Penny, we believe that Neely's tragic ending and the political treatment of it thereafter was predictable to the extent that Neely was dead long before he stopped breathing. What we mean by this is that Neely was already “convicted,” and thus “dead,” beforehand through the mayor's initiative that turned any homeless person who does not behave in a “normal” way (and thus is disturbing the privatized “public” spaces of the city) into a potential danger to be neutralized. As Representative Alexandria Ocasio-Cortez succinctly put it, “Jordan Neely was killed by public policy” (Alexander, 2023) that turned being hungry, unhoused, and unable to access any support into a crime.

We start the chapter with the tragic story of Neely's death because it is a recent and highly mediatized example that illustrates how elements of race and mental or behavioural ab/normality converge, as discursive structures, in political rationalities about public safety, social control, and social “services”. As Lewis (2023) states:

“In every borough, in every shelter I've been to, the feedback is the same: People don't feel safe or cared for. They don't feel seen. Because these are the unwanted — the homeless, the untouchables — no one will check to make sure that the people responsible for providing them resources are doing their jobs”.

Thus, Neely's fate is a blatant example of the demonization and dehumanization of the poor and the “so-called” mentally ill by neoliberal administrations, which systematically drive up homelessness by privatizing schools and public spaces like parks and pools, implementing tough-on-crime policies, or criminalizing drug use. As Ms. Ocasio-Cortez states, “[Neely] was killed by the same reluctance for people to see him as human that leaders are exhibiting right now, even in his death” (Chapin, 2023). Neely was socially and politically dead long before his physical death. He is only the latest victim of deadly violence against people categorized as mentally ill.

What happened in New York City is by no means an isolated event. Although in the paragraphs below we focus on the Canadian context because it is where we work and live, all over the global North, governments are increasingly invoking the notion of mental health crises and the necessity to “act” – with often deadly consequences for those identified as ‘the problem.’ In Canada, between the years 2000 and 2017, more than 460 people died in encounters with police - most of them identified as mentally ill (Marcoux & Nicholson, 2018). Around the time that the mayor of New York City announced his “forced admission” initiative, The Northern Policy Institute (NPI) released a Northern Ontario study on homelessness, addictions, and mental health, characterizing it as a province-wide epidemic (Aahad, 2022). Cities like Hamilton (in Ontario) even declared states of emergency due to homelessness, mental health, and addiction (Mann, 2023). The Toronto Sun, a Toronto city tabloid, published an article in December 2022 entitled “Mental health crisis a major factor in crime plaguing city,” in which the authors stated that “many current ills in our city are related to mental health woes and addiction - both of which are increasing at a disturbing rate” (Braun, 2022). The Canadian Centre for Addiction and Mental

Health (CAMH) states on its website that "most people still don't have a true understanding of just how big, onerous, and potentially damaging the [mental health] crisis really is" (CAMH, 2023).

The deadly consequences for those considered mentally ill, as we discussed in the US, are the same in the Canadian context. In 2008, a police officer shot and killed 18-year-old Freddy Villanueva, a Latino man, in Montréal, Quebec (Radio Canada, 2023). The officer approached Villanueva, his brother, and friends after having suspected them of behaving abnormally (illegally gambling). In 2016, Abdirahman Abdi, a Black man living with a mental health disorder, died of cardiac arrest during a police intervention in Ottawa (CBC, 2018). The officers involved in the intervention that led to Abdi's death were later found not guilty of manslaughter, a decision that outraged the local Somali and Muslim communities (Jones & Glowacki, 2020). More recently, in January 2023, Nicous D'Andre Spring, a Black man, died in a Montréal detention centre following a violent encounter with correctional officers while being illegally detained (Robidas, 2023). The officers are believed to have transported his inanimate body from decontamination showers to his cell, believing D'Andre Spring was faking his condition, before providing him, in vain, with the lifesaving care he needed.

D'Andre Spring's case isn't a standalone case. In Canada, people living with mental illnesses frequently die inside federal and provincial custodial institutions (i.e., by suicide, overdose, homicide). However, apart from a few highly mediatized cases like D'Andre Spring's case, or the ones of Ashley Smith (Murray et al., 2017) or Cleve Geddes (Ramlakhan, 2018), these state-based killings often take place without public scrutiny or interest. One simply must look at the Ontario Coroner Inquest Verdicts and Recommendations¹ and the Ontario Coroner's Inquest schedule² to observe the obscene frequency at which these deaths occur.

Almost like clockwork, following such state-based killings, politicians, police services, correctional institutions, and psychiatric institutions apologize, conduct internal investigations, pledge to implement various sets of recommendations, and promise to improve their relationships with communities. They also use these tragic events and the media tribune that accompanies them to advocate for more financial resources to educate law enforcement personnel about racial bias and about properly intervening with persons experiencing mental distress (Tran, 2023). The idea of giving law enforcement personnel, and the justice system in general, more responsibility and more resources to manage persons living with mental illnesses and their so-called "problematic behaviours" isn't a new phenomenon; it has been considered a necessary response to the psychiatric deinstitutionalization movement since the mid-twentieth century (Ben-Mosche, 2020). Yet, throughout the decades, little to no improvements have been observed in the way black persons, persons of color, and/or persons living with mental illnesses are treated and dealt with by the criminal justice system (Radio Canada, 2023).

Notwithstanding the so-called "humanitarian" intentions of individuals and community organizations who advocate for increased racial bias and (mental health) education of law enforcement personnel in order to prevent deaths, we argue that these initiatives are futile to the extent that black persons, persons of color, and/or persons living with mental illnesses are not considered human on an ontological level, and thus not worthy of humane treatment. To make our argument, we begin by discussing Descartes' fundamental differentiation between rational human beings and its opposite – the irrational, insane, and non-human. We then lean on Lacan and Fanon to analyze the ontological (non) position of

the “mad person” as a pre-condition to what is considered to be “human”. Building on these ontological reflections, we use Butler’s work to account for the apparent lack of societal concern with the deaths of black persons, persons of color, and/or persons living with “mental illnesses”. Third, we discuss how the ontological position of the mad has been the basis of (and continues to legitimize) a scientific psychiatric biopolitical rationality, including the politics of death which infuses it. We conclude the chapter by suggesting that without a profound and radical change in the way we understand our societies and the ontological pre-condition of what it means to be human, we are simply sustaining a system of death that has profited and continues to profit off the lives of Black persons, persons of color, and/or persons living with mental illnesses.

From René Descartes to Jacques Lacan, the mad as ontological non-being

In 1905, the German medical director of the University of Hamburg’s asylum Friedrichsberg, who later became one of the leading psychiatric proponents of the Nazi killing program that resulted in the murder of more than 300,000 disabled or mad people, Prof. Dr. Wilhelm Weygandt (1870-1939), explained why the mad had to be considered the radical opposite of reason (Weygandt, 1905). In his essay “*Die ersten Zeichen der Geisteskrankheiten* [The First Signs of Mental Diseases],” Weygandt draws on French philosopher René Descartes (1596-1650) to discriminate between madness and reason. He notes that “illusions and hallucinations sometimes occurred even in mentally sound persons” (Weygandt, 1905, p.2), and he uses as an example Descartes, who had recounted types of alert optical and acoustical hallucinations. According to Weygandt (1905), the criteria for

*“These so-called alert hallucinations (**Wachhalluzinationen**) is that the person concerned recognizes them as something alien... The dream is a web of false perceptions (**Trugwahrnehmungen**)... It only becomes suspicious that this is a psychosis if the hallucinating person takes them for real and loses the ability to criticize them” (p.2).*

In the introductory paragraph of “*Mon corps, ce papier, ce feu*,” Foucault (1994) summarizes the argument he made in his essay, *Madness and Civilization* (1965), about the role of doubt and rationality in the experience of madness. Also anchoring his thought in Descartes’ (1641/1647) *Meditationes*, he writes,

“Le rêve et la folie n’avaient point le même statut ni le même rôle dans le développement du doute cartésien: le rêve permet de douter de ce lieu où je suis, de ce papier que je vois, de cette main que je tends; mais la folie n’est point un instrument ou une étape du doute; car « moi qui pense, je ne peux pas être fou ». Exclusion, donc, de la folie, dont la tradition sceptique faisait au contraire l’une des raisons de douter” (Dream and madness did not have the same status or role in the development of Cartesian doubt: dreams allow for doubt about the place I am in, from the paper I see, from the hand I extend. However, madness is not an instrument or a stage of doubt because “I who think, I cannot be mad.” Therefore, exclusion of madness, which the skeptical tradition, on the contrary, considered one of the reasons for doubt.) (Foucault, 1994, p.1113).

Descartes argues that the ability to doubt – to put into question beliefs and perceptions by assessing the probability by which they are being experienced in the world, even when in a meditative state – is the foundational quality of rationality. In the mid-1600s, when Descartes wrote these thoughts, such statements were novel because up until then, it was ‘logic’ in one’s thinking that was believed to be the foundation of rationality (Descartes, 1641/1647). Logic as a foundation of rationality presented an important problem; mad persons were capable of logical thinking and were thus considered rational – if one believed their body was made of glass, they could avoid bumping into furniture out of fear of shattering, for example. Such logical thoughts made mad persons rational.

Descartes’ argument was revolutionary for the time. He did not attribute rationality to logical reasoning, but rather to one’s doubting ability. Alluding to Descartes’ arguments, Foucault (1994) underscored that in order to doubt (and to demonstrate rationality), one must be able to compare one’s own perceptions or beliefs with those of someone without such rationality, namely mad persons. A doubting, rational man would realize that human beings cannot be made from glass and thereby realize that he was not mad. Foucault (1994) explains,

“Si je veux nier que « ces mains et ce corps soient à moi », il faut que « je me compare à certains insensés »; mais je serais bien extravagant « si je me réglais sur leurs exemples » (si j’appliquais à moi-même quelque exemple venant d’eux). Le fou: terme extérieur auquel je me compare” (If I want to deny that “these hands and this body belong to me,” I have to “compare myself to certain madmen.” But I would be quite absurd “if I were to pattern myself after their examples” (if I applied any example from them to myself). The madman: an external term to which I compare myself.) (p.1119).

Indeed, Descartes (1641/1647) argued that to demonstrate rationality and to consider oneself a “man (*homme*)” (human/person) (p.13), one must, among other things, be able to differentiate their doubting ability from that of mad persons. As Gros (1996) states,

“le jour ou, dans ses Méditations, Descartes, engage dans une entreprise rationnelle de doute radical, exclut la possibilité de la folie, c’est que la Raison Classique aura refusé de partager son destin avec celui de la folie” (The day when, in his Meditations, Descartes engages in a rational endeavor of radical doubt and excludes the possibility of madness, it is because Classical Reason will have refused to share its fate with that of madness.) (p.17).

Ontologically, madpersons thus became a precondition for the existence of rationality and humanity (what it is to be human) – *doubt* being a mediator in this relationship.

Classificatory systems, such as human/non-human, rational/irrational, or sane/insane, are symbolic systems or symbolic orders (i.e., language) and are the fundamental structures that make human relations possible. In his latest book *Bad Education: Why Queer Theory Teaches Us Nothing*, Lee Edelman (2022) cites French psychoanalyst and psychiatrist Jacques Lacan’s key assumption about a recognizable human order, namely “that the symbolic function intervenes at

every moment and in every aspect of its [the subjects] existence" (p.2). The subject appears within the symbolic order that creates a recognizable world. The symbolic order, Lacan insists, precedes the subject - it is not the subject who chooses how to name things, rather the subject must recognize the agreed-upon symbolic order, because "no world of the human subject's, not even a perceptual one, would be sustainable for more than an instant" without a symbolic order (Edelman, 2022, p.2). The symbolic order is never comprehensive, rendering symbols exterior to it unrepresentable. Lacan calls it the "unnameable" or the Real. Simultaneously, the symbolic order integrates the unnameable by attributing it with catachrestic "identities," like the black, the queer, the mad, etc. As Lacan writes, "for conceptualizing, in other words, the place of something incompatible with the logic of meaning, the Symbolic allows for the thought of "nothing," of what possess no being in the world, while making that nothing impossible to think except in the form of "something"" (Edelman, 2022, p.2). In other words, the symbolic orders impose "on certain persons the burden of figuring nothing" (Edelman, 2022, p.3).

According to Judith Butler, the subject becomes a subject only when entering into the normativity of language, a language that the subject never chooses and that it is born into. Therefore, language not only precedes the consciousness of the subject, but it is part of its formation (Butler, 2020). To be integrated into language, the subject must first be differentiated against what is unspeakable – comparable to how Descartes understood the opposition between rationality and madness. And like in Descartes, where the mad is the precondition to define what characterizes a rational man, the "unspeakable" is the precondition for the formation of the subject. As Foth and colleagues (2017) explain,

"Along with Lacan, Butler argues that there exists a 'bar' within political life that marks the point wherefrom the question of being able to speak is a condition of the subject's survival. Butler calls this, in reference to Lacan, 'foreclosure' because it is prior to speech and is a reiterated effect of a structure" (p.121).

Beings that are unintelligible live in the excluded realm of the speakable and are what Kristeva calls abjects. This act of foreclosure continues to happen and is the performative forming of the subject in the domain of the speakable.

Descartes had foreshadowed this "foreclosure" or this "bar". According to his ontology, the mad is a non-being because it lacks rationality. This position also reminds us of Frantz Fanon's work on Blackness in colonialism (1963), or Frank B. Wilderson III's analysis of the ontological void of black non-being (2020). Blackness (and other certain lives deemed non-being, like madness, queerness, etc.) is excluded and rejected into what Fanon (2008) describes as a "zone of nonbeing," which is "an extraordinarily sterile and arid region, an utterly naked declivity" (p.8). This zone of nonbeing is "inhabited" by the Black man who, as "the result of a series of aberrations of affect, he is rooted at the core of a universe from which he must be extricated" (Fanon, 2008, p.9). The ontological purpose of this exclusion of Black beings into zones of exclusion is the production of the (White) human. As Fanon (2008) explains, "The white man slaves [wants] to reach a human level," and that's why the "the black wants to be white" (p.9).

That which is excluded – the abject, the negativity of the first cut, ab-sens – haunts the Real and leads to anxiety that can only be "kept in check" by violently suppressing the fact that the Real is always already less than "the one." The 'primary cut' we discussed earlier with the help of Butler is embodied by categories such as Blackness, madness, and others that threaten to disrupt a given Symbolic order. The danger posed by "the mad" or "the Black" is to expose the impossibility of

the wholeness of 'being' and the fact that 'being' is based on foreclosure and the first cut.

The (Un)grievability of Mad Lives.

Our theoretical considerations so far have shown that certain beings are excluded from the Symbolic order that determines the ontological status of the subject. These beings live in "zones of non-being" and because they dwell in the unspeakable, they cannot be perceived as equal human beings. Therefore, according to Butler (2009), when they die, they cannot be grieved because they never really had a life worth noticing. Seen from this perspective, the grievability of lives becomes an important political intervention to the extent that mad, black, trans, queer, disabled, indigenous people can be killed without being noticed because they weren't considered to be a life in the first place. As Butler (2006) noted, to have a grievable life, "there would have had to have been a life, a life worth noting, a life worth valuing and preserving, a life that qualifies for recognition" (p.34). Otherwise, "there is no life, or, rather, there is something living that is other than life ... there is a life that will never have been lived, sustained by no regard, no testimony, and ungrieved when lost" (Butler, 2009, p.15). The loss of those unintelligible beings cannot emotionally touch us because they have not only been excluded from who we are, but they are the pre-condition of defining who we are. The deaths of unintelligible beings cannot touch "me" as a subject, or what "I" am, because "I" am the result of the foreclosure that enables my subjectivity and my recognition as a subject. Thus, Neely's death and the deaths of all the mad people killed in so-called "wellness checks" are unremarkable deaths or deaths that vanish. In Butler's (2006) words,

"[v]iolence against those who are already not quite living, who are living in a state of suspension between life and death, leaves a mark that is no mark. [If a life] is not grievable, it is not quite a life; it does not qualify as a life and is not worth noting. It is already the unburied, if not the unburiable" (p.36).

Such violence is situated in the Symbolic order because lives that are not considered lives are ontological negations and thus cannot be humanized; they do not fit into the frame of the "human". Creatures situated in "zones of nonbeing" (i.e., Blacks and mads), simply exist for humans (i.e., Whites and rational persons) to live those lives that are worth grieving. As we outlined earlier, dehumanization first occurs within the Symbolic order, which then gives rise to physical violence and biological death, which "in some sense, delivers the message of dehumanization that is already at work in the culture" (Butler, 2006, p.34). We argue that this mechanism maps onto the politics of death and crystallizes the contribution of psychiatry in the framing of certain lives into lives that are not quite living (i.e., mad lives) and that are therefore cast as "destructible" and "ungrievable."

Since the early stages of psychiatry's development as a scientific discipline, various mechanisms of power, which we detail below, have exposed (and continue to expose) madpersons to violence and death. Indeed, psychiatric power, in its various institutional forms, seeks to maximize precariousness for madpersons (e.g., the unnamable, unspeakable) while minimizing it for others (rational persons). While this is often justified under the guise of social protection and bio/logical sustainability, we argue that such a legitimized exposure to violence and death is first and foremost a consequence of the

ontological negation of madness. Madpersons are already (ontologically) dead; violence perpetuated against them, and their deaths thus don't count as 'true' violence or deaths. Their lives are not grievable.

Psychiatry and its Politics of Death.

The increasing visibility of violence against the mad in our societies can be conceptualized as part of what genocide historian Dirk Moses called Western societies' "'permanent security' imperatives," namely the desire of states to eliminate threats, making "themselves invulnerable" (Moses, 2021, p.35). Moses (2021) understands this desire as part of a form of governing "by a logic of prevention (future threats) as well as pre-emption (imminent threats), it [the logic of permanent security imperatives] strove to close the gap between perceived insecurity and permanent security" (p.35). This makes violence an implicit part of liberal democratic societies that Mbembe (2019) calls "necropolitics", and that Moses (2021) conceptualized as liberal permanent security. According to him, the violence of "liberal permanent security" often results in "genocidal moments" that targets groups or parts of populations while keeping society in a constant state of vigilance, impoverishment, and terror.

Psychiatry is a practice of "genocidal moments" in *abiological form*, allowing for efficient prevention against threats to the mental health and productivity of populations. This biological form of societal protection can be traced back to the 17th century when political treatises relative to social protection shifted their attention from *defensive prophylactic* measures to *preventive prophylactic* ones (Castel, 1981). Defensive prophylactic measures corresponded to interventions put in place to protect society from individuals who acted in ways that were detrimental to the wellbeing of society. For example, an individual who killed another could be excluded or executed as a defensive prophylactic measure to protect society against a reoccurrence of similar behaviours. Contrastingly, preventive prophylactic measures aimed to identify and contain potential infiltration of individuals that *could become* a danger to the (White, Christian, able-bodied, and able-minded) society before any dangerous behavior was displayed. Protecting society through protective prophylaxis mechanisms posed a new set of problems: How can individuals who present potential threats to society be identified? Who has the expertise to identify them? By what means should society be protected from these individuals?

Like others (Castel, 1981; Foucault, 1999), we contend that psychiatry provided such an expertise in identifying hidden, invisible mental (and genetic) dangers. Psychiatrists reclaimed a particular expertise regarding public protection and thereby underscored the pretended scientific foundations of their emerging discipline. Preventative prophylaxis meant that psychiatrists were no longer trying to identify pathological processes within the individual, but rather searched for marks that characterized individuals and their threatening potential. These marks, or stigmata, not only concerned the dimension of the psyche and conduct; they could also be found in the body, such as in the skull or other organs (Foucault, 1999). Alterations of the body were interpreted as permanent and immutable physical and structural signs of aberrant or deficient development understood as functional imbalances with potential for dangerousness (Foucault, 1999). Categories of "feeble mindedness" or "idiocy" therefore became so important for psychiatry because reprehensible behavior could be explained through categories of *congenital dysfunction*; an interruption of normal development that could lead to potential dangerousness (Foucault, 1999). Abnormal or reprehensible behavior was no longer perceived as the consequence of

pathology, but rather of congenital dysfunction.

In 1864, Jean-Pierre Falret extended this notion of congenital dysfunction and articulated the concept of “conditions of deficiency,” which led him to question how the body could produce such deficiencies. The answer lay in the discovery of heredity and degeneration, namely that specific illnesses or a certain lifestyle can cause an illness of the same kind, or of any other kind, in descendants. The expertise of psychiatrists in identifying deviant individuals who have the potential for dangerousness became of central importance for the protection of society and its sustainability. Psychiatry thus became the discipline capable of scientifically identifying who could engage in dangerous conduct and pose a threat to society’s sustainability (Foucault, 1999).

It isn’t surprising, then, to see psychiatrists being heavily involved in the worldwide development of eugenic practices. During the 20th century, no clear demarcation existed between eugenics and preventive medicine; or, in other words, between the elimination of the “unfit” and the quest for health (Black, 2012; Miller & O’Leary, 1989). The United States became a pioneer in legal compulsory sterilizations to reduce the reproduction of the “unfit” (Miller & O’Leary, 1989). By 1907, the state of Indiana legalized forced sterilization – the first state worldwide to do so (Black, 2012). Between 1909 and 1939, approximately 30 federal states implemented similar laws. In the decades leading up to World War II, approximately 60,000 individuals were sterilized by force in the United States (Black, 2012). In the Canadian province of Alberta, a similar law implemented from 1928 to 1988 enabled the sterilization of 2800 people (McLaren, 1990).

The question of why eugenic practices were such a “natural” fit for psychiatry in Canada, the US, and Europe can only be answered if we understand the intimate link between psychiatric theory and biopolitical power. Indeed, the public protection role of psychiatrists through preventive prophylaxis inserted itself in a new logic of population management that also emerged in the 19th century. Biopolitics is a form of power that emerged with the onset of modernity when biological processes, namely those processes which characterize human beings as a species (e.g., birth, death, health status, exposure to danger, etc.), became a decisive object of political decision-making and intervention (Foucault, 2007). This biologic form of power addresses collective phenomena to enhance a population’s biological sustainability, productive capacities, and national economies. The population thus became a scientific problem that biopolitics could address on a global level by installing regulatory mechanisms aimed at establishing a sort of homeostasis among a variety of biological statistics such as mortality rates, natality rates, and rates of morbidity (Foucault, 2007). This form of power does not work through coercion or oppression. Rather, it becomes part of our subjectivation, namely our identity and how we understand ourselves (Foucault, 2007). For example, monetary benefits can be provided to families with children to increase the birth rate of a population, or in the case of madpersons, legislation can authorize the commitment or “treatment” of individuals should they be considered as posing a threat to the sustainability of the population.

Ontological Negation and Why Psychiatry Must be Abolished.

We began the chapter by emphasizing that mad people are more likely to suffer deadly encounters with the policing system. We discussed New York City Mayor Eric Adams’s racist-classist-ableist legislation to abduct and incarcerate

people who are unhoused in New York and considered in “mental distress” – most of them would also be Indigenous, Black, or otherwise negatively racialized. We then expanded our critique to psychiatry and the carceral institutions that come with it. We argued that poverty, so-called criminality, Blackness and Indigeneity, as well as being trans or queer, have all historically been defined as heritable character flaws and diseases in need of ‘treatment’ and (moral) ‘correction’. According to our discussion, all of these people categorized in this way share a common condition, which is an ontological dimension of non-being, and thus serve as a pre-condition to the ontological conceptualization of what it is to be human. Psychiatry, since its emergence, played a central role in defining who counts as a human being and who does not. We discussed the foundation of psychiatric knowledge of madness as genetically determined and psychiatrists as fervent devotees of theories of degeneration and related eugenic practices.

In that sense, psychiatry has always been a social science of population management. This history of the present also enabled us to understand why psychiatric “expertise” pervades in the 21st century to the extent that little to no political intervention is deployed following the state-based deaths of persons who displayed mental or behavioural abnormality beyond providing additional financial resources to the systems responsible for their deaths in the first place. The lives of Jordan Neely, Freddy Villanueva, Abdirahman Abdi, Nicous D’Andre Spring, Ashley Smith, Cleve Geddes, and that of countless others were lost and never publicly mourned because they were never considered worthy of living in the first place. They constituted threats to the sustainability of the population and to the symbolic order and, as unintelligible ‘creatures,’ they were an ontological negation of what it is to be “human.”

What this symbolic order masks is the fact that our bodies are a social phenomenon constituted in and through the world we share with others. At the moment we experience pain when we lose somebody, we realize how much we are related to the lives of others. It is in these moments of loss that we also realize our vulnerability because we can only survive in conditions that are socially created. My body is attached to the body of an/Other. For example, we depend on certain common infrastructure to live. As Butler (2009) illustrates,

“Without shelter, we are vulnerable to weather, cold, heat, and disease, perhaps to assault, hunger, and violence. It was not as if we were, as creatures, not vulnerable before when infrastructure was working, and then when infrastructure fails, our vulnerability comes to the fore” (p.15).

Vulnerability understood in this way is not an individualized vulnerability but is rather part of the relations that connect us to each other. If these infrastructures, institutions, or persons I need to live are taken away or dismantled, “I” am dispossessed and exposed to conditions that make living impossible. Vulnerability understood in this way is never overcome because it is part of our shared world and our interdependent lives. Mourning, then, is a sign that one has lost someone who was part of who one is – it is in this moment that we realize the interconnectedness with others and that it is these connections that constitute “us”/“we.”

In losing an “other,” a “you,” one discovers that “I” have gone missing as well” (Butler, 2009, p.21). This is the political perspective of the grievability of life; grief provides us with an idea of how a political community should look. We are living in a world that we share with others, and if another life is lost, something we need to live is lost (Foth, 2017).

This is why we contend that the psychiatrization of the criminal justice system (police services, correctional institutions, courts), such as the provision of mental health education for law enforcement personnel, is futile to the extent that the psychiatric and criminal justice systems operate from the same discourses related to public safety and social control; the exclusion and elimination of threats caused by the ab/normal. Indeed, we believe that all efforts to “humanize” the psychiatric and criminal justice systems are besides the point because they do not disrupt the root cause of the problem, which is that madpersons, similarly to Black persons (Fanon, 1963, 2008), Indigenous, Trans and Queer persons (Edelman, 2022), and others, are not considered worthy of humanity because they are ontologically situated outside the Symbolic order, in the “Ab-sens,” and a pre-condition to this same Symbolic order. As Warren explains, “One simply cannot rely on “rational instruments” to resolve an irrational dilemma, especially when these very instruments depend on the destructive kernel of irrationality to sustain them” (Warren, 2018, p.13).

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