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

Jess Dillard-Wright[1]

1 University of Massachusetts at Amherst

Potential competing interests: No potential competing interests to declare.

In moments when chaos and violence and instability reign, the question of “mental health” and “mental illness” is consternating. Is it so mad, after all, to be despondent about rising fascism, backsliding civil rights, and boiling oceans? In this provocative piece, authors interrogate the entanglement of racism, necropolitics, and mental health in the landscape of late-stage capitalism.

Overall, I'm deeply sympathetic to this argument and concern. I appreciate your attention to the history here and to the contemporary salience of thinking about racism, state violence, and psychiatry. I wonder about the creep of abjection and how we may (or may not) be experiencing shifting/enlarging zones of nonbeing. I would appreciate some attention to the social location of authors, the desires and yearnings for this project alongside considerations of power and perspective.

I am captivated by the idea of haunting. You touch on it briefly at the end of the section on Descartes and Lacan, and I wonder if you might gain some speculative momentum there toward abolition of psychiatry. Ruha Benjamin's piece from *Making Kin Not Population* might serve you here: Benjamin, R. (2018). Black afterlives matter: Cultivating kinfulness as reproductive justice. *Making kin not population*, 41-65. Kinfulness might be a generative road for thinking about abolition.

It occurs to me that there is kind of a social reproduction parallel here, that without the production of life (and death, madness, nonbeing), there is nothing else. Perhaps not a radical realization, but one that just occurs to me now.

You point to the role psychiatrists played in the proliferation and reinforcement of eugenics, and I want to probe here. Psychiatrists were not acting in isolation - they needed surgeons to perform the sterilization and the nurses who cared intra- and postop, and and and. So I wonder to what extent we might imagine that psychiatrists are uniquely responsible and to what extent this is actually an indictment of the entire healthcare apparatus. If you think psychiatry is unique here, please walk out the logic there more explicitly. I think there is an allusion to the direct interface between psychiatry and the carceral apparatus, but make it clear - bring it back around to psychiatry before moving into the section on Ontological Negation.

I don't know that you are quite successful in really hashing out the claim that “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.” I think this could be done by making clear connections to criminal justice [*sic*] system - the connection is a bit thin and could be reinforced through

walking out the connection between justice system, sterilization, and psychiatry with examples.

Great paper - thanks for inviting me to the conversation.