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What's Wrong with the Poor? Psychiatry, Race, and the War on Poverty by Mical Raz (review)

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Mical Raz. *What's Wrong with the Poor? Psychiatry, Race, and the War on Poverty*. Studies in Social Medicine Series. Chapel Hill: University of North Carolina Press, 2013. xiii + 242 pp. Ill. \$39.95 (978-1-4696-0887-7).

Within U.S. history of medicine, outstanding works on race and health have been coming out at a breakneck pace. Historian and physician Mical Raz's *What's Wrong with the Poor?* makes a substantial contribution to that literature. Raz examines how mental health theory helped frame urban social and educational policy during the Great Society. What she finds is that an overwhelming number of liberal policy milestones and debates in the 1960s—from Project Head Start to the infamous Moynihan Report and the Kerner Commission—were inspired by cultural deprivation theory. Through the lens of this theory, liberal mental health experts, pundits, and policy makers medicalized poverty, analyzed its psychological impact on working-poor Americans, and then proposed ways to wage war against poverty without necessarily striking at its structural roots.

One of this book's many strengths is its recognition that the war on poverty was really a war on what well-meaning liberals imagined poverty had done to the inner lives of the poor. For many of these thinkers, it was not the continued existence of systematic injustices or structural inequalities that made poverty in midst of postwar prosperity so troubling. Rather, poverty was worth fighting because it failed to provide children with everything normal human development required. For some liberals, postwar America had been so prosperous partially because middle-class, nuclear families with stay-at-home moms facilitated maturation better than any other environment. These experts expected that low-income Americans—especially African Americans in central cities—lived in conditions that did not adequately stimulate their full cognitive potential. Activists and policy makers then reasoned that the urban poor—reframed as the “culturally deprived”—could not be expected to compete in mainstream American life without some compensatory program providing the stimuli their homes supposedly lacked.

Raz does an excellent job narrating where this theory came from and how it came to exert so much influence on social policy targeting poor African Americans in the 1960s. In the first two chapters, she demonstrates that cultural deprivation theory was not the product of experiments or hard scientific evidence. Rather it originated as a form of reasoning by analogy. Cultural deprivation's analogues were studies of sensory, maternal, and nutritional deprivation performed in the 1940s and 1950s. Without performing their own studies, social scientists, psychiatrists, and politicians reasoned that the culture of a “slum family” would cognitively impair someone the way a sensory deprivation tank, the absence of motherly hugs, or severe niacin deficiency did. The scientific validity of sensory deprivation studies, combined with the American public's low opinion of inner-city black life, helped lend credence to this false equivalency that was cultural deprivation theory. As a sort of common sense for liberal policy makers, the theory provided an easy justification for government interventions in the lives of the black poor. For instance, 1965's Project Head Start was originally intended to provide poor children with the intellectual and verbal stimulation that their homes allegedly lacked.

This work also presents a nuanced analysis of the relationship between race and cultural deprivation theory. Ostensibly, this theory was supposed to be race-neutral. However older assumptions about race certainly mediated how cultural deprivation theory was applied to African American life. As Raz shows, arguments made in support of day care and special education for poor black children often reinforced negative racial stereotypes, albeit pinning the blame for their alleged mental and behavioral shortcomings on bad mothers rather than biology. Yet while it appears that cultural deprivation discourse tended to demonize working families, Raz was also refreshingly attentive to moments where it did not merely “blame the victims.” For example, the fifth chapter finds that Kerner Commission’s researchers argued that racism and other structural forces were actually responsible for the cultural deprivations that triggered the urban revolts of 1968.

The only thing I would ask of this important monograph is whether older psychiatric approaches such as mental hygiene or child guidance intellectually prepared mental health professionals to accept cultural deprivation theory so quickly. Still, this is a work that should appear on graduate reading lists right away. And given its jargon-free prose, this would also make this a welcome addition to any undergraduate course on race and health.

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Rachel Prentice. *Bodies in Formation: An Ethnography of Anatomy and Surgery Education*. Durham, N.C.: Duke University Press, 2013. xi + 295 pp. \$24.95 (978-0-8223-5157-3).

Over the past few decades, an analytic focus on the body and on embodiment has produced exciting scholarship in the humanities and social sciences. For historians, sociologists, and anthropologists of medicine, this literature has often taken the form of an exploration of the meanings, construction, and treatment of the patient’s body. Less common has been an examination of the embodied practices that, in the course of medical education, turn the layperson into a physician. Rachel Prentice’s outstanding book *Bodies in Formation* is a much-needed addition to this scholarship. Drawing from vividly recounted encounters with surgeons and surgeons in training at four academic medical centers in the United States and Canada, the author explores some of the ways in which medical students, residents, and fellows learn to discipline and transform their bodies and their selves in order to acquire the skills and the abilities that contemporary surgery requires of them.

This ethnography is divided into three sections, each corresponding to a different professional setting: the anatomical laboratory, the surgical theater, and the technology design laboratory. Within these distinctive physical spaces, the author