Chapter 12

Psy Policing: The Borderlands of Psychiatry and Security

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Introduction

In December 2012, Adam Lanza walked into Sandy Hook Elementary School in Newtown, Connecticut, and shot 27 people. Described on National Public Radio as "to schools like 9/11 was to airports," this shooting triggered another call for increased surveillance and security within schools in the United States (U.S.). Following a long (contested, and politically convenient) tradition of making individuals' psyches accountable for violence, psychiatric diagnoses and interventions have become central to these practices. The ghosts of Sandy Hook have materialized into the push of the Obama administration for a large-scale package of reforms to identify and intervene on young people "at-risk" of madness—an attention that resonates with the subsequent call by Dr. Oz on CNN's *Piers Morgan Tonight Show* that "We need a Homeland Security approach to mental illness."

In what follows, I critically explore these emergent borderlands of psychiatry and security, interested ultimately in how, and with what implications, psychiatric diagnoses circulate with/in the (bio)politics of terror that have come to dominate the post-9/11 U.S. context.

Psy policing

Two years ago I attended an orientation for new faculty at a public university in New York City. The first presentation of the day was from representatives of the campus's Behavioral Intervention Team (BIT). These security personnel told us to be on the lookout for students showing "bizarre and unusual behavior" and to report any such thing for investigation and intervention. They directed us to their website, where I found a list of examples of what this behavior might look like as well as explicit assumptions that school-based violence emerges from "mental health issues," an emphasis on psychological or medical treatment,

a focus on mitigating "risk" and facilitating "early" intervention, and an overarching discourse of "community" protection.

Randazzo and Cameron (2012) argue that it was the 2007 Virginia Tech shooting by Seung-Hui Cho that led to this kind of "intense focus" in campus security. Marking what they call a "critical turning point" in higher education, this event triggered the development and deployment of Threat Assessment (TA) practices, such as the BIT's, to identify, investigate, evaluate, and intervene on potentially threatening students in the name of violence prevention and school safety. While originating in a curious collaboration between the U.S. Secret Service and Department of Education following the Columbine High School shooting in 1999, and taken up then by a dozen or so schools, it was after the Virginia Tech shooting that TA spread to 80 percent of colleges and universities across the U.S. (Randazzo and Cameron 2012).

This widespread adoption of TA was pushed for by the 2007 *Report to the President on Issues Raise by the Virginia Tech Tragedy*, as co-authored by the then U.S. Attorney General, Alberto Gonzale, whose tenure included warrantless wiretapping and the authorization of torture. Indeed, as Reiss (2010) points out, this report "reads as a somewhat more chilling document when viewed in the context of national security more broadly" (p. 37). This context is also salient in the BIT practices I described above—several months after that initial orientation all faculty were sent an email (flagged with "high importance") reminding people to surveil students and deploying the well-known slogan from the U.S. Homeland Security campaign, "If you see something, say something."

Fast forward a year or so, and the Aspen Homeland Security Group is drawing upon the work of the 9/11 Commission to provide counsel on the Sandy Hook shooting to the U.S. Secretary of Homeland Security – advocating for the use of security measures, public education campaigns, and "validators" (including clergy members, celebrities, and grassroots organizations) to "broadcast … mental health indicators." And that same month, January 2013, Senator Al Franken of Minnesota introduces The Mental Health in Schools Act to train people who interact with children every day ("from bus drivers to principals") in the detection of "signs" of madness in order to prevent potential violence.

Despite this proliferation, TA remains remarkably unremarkable in academic literature; there is a loud absence of work documenting and questioning its broader logic and effects. The handful of pieces that do attend to these "invisible" security measures by-and-large focus on their evaluation and improvement—perhaps unpacking dilemmas around privacy and stigma, yet all-in-all taking TA's existence for granted. Even a critical review of campus security by Fox and Savage (2009)—while raising concerns about the "hyper-focus" on the Virginia Tech shooting and how this may lead to an exaggeration of risk, diversion of scarce resources, "counter-productive" and "knee-jerk" measures of questionable efficacy, and "needlessly sustaining the level of fear" (p. 1467)—depicts "educating faculty, staff, and students about recognizing and responding to signs of mental illness and potential threats" as simply "reasonable and practical" (p. 1468).

The contemporary classroom is thus, as Reiss (2010) argues, "in danger of becoming a barely acknowledged zone of quasi-psychiatric surveillance, risk assessment, and preventative intervention" (p. 27). One that, moreover, is proving fertile for a burgeoning industry. The BIT that I witnessed, for example, has its roots in the National Behavioral Intervention Team Association (NaBITA)—a U.S. association that provides support and professional development for BITs, with more than 800 active members and access to more than 180 model policies, training tools, templates, and other BIT-related materials. While proudly "independent and not-for-profit," it is of note that NaBITA's 3-day trainings cost $1500 a person; that their "partners"—including for-profit companies that provide administration software, training videos, assessment tools, and consultancy—have to pay a fee to be listed on their website and, in doing so, have the opportunity to receive the NaBITA "Endorsement of Excellence"; and that a standard campus NaBITA membership costs $639 per year (times 800 members, this means that the association brings in half a million dollars annually through dues alone).

In addition, NaBITA argues that the BIT model is distinguished from, and "more advanced" than, other forms of TA because of its focus on identifying and intervening on threats *before* they become manifest, as well as its emphasis on the heavily coordinated, long-term tracking of risky individuals (otherwise known as "red-flags"). This approach echoes with/in that of contemporary mental health more

broadly—including in the substantial and increasing academic, clinical, public health, criminal justice, and corporate attention given to the risk of becoming psychotic. Such investment is despite "psychotic disorders" having a low prevalence in the general population; textbooks, policy documents, and social campaigns routinely cite (but do not reference) the figure of one percent. Advocates typically justify this disproportionate attention to the self-harm, suicide, violence, and criminality commonly associated with these diagnoses—problems that are thought to be especially high in "the early years" (e.g., Morgan et al. 2006) and to be exacerbated by delayed diagnosis (e.g., Muller et al. 2010). As Candilis (2003) therefore argues from nearly a decade ago, "the allure of early recognition and treatment is compelling. Indeed psychiatry has been committing significant attention to early psychosis research and its applications … the movement to identify and treat early is building" (p. 75).

The epicenter for this "movement" is the Personal Assessment and Crisis Evaluation (PACE) clinic, which was originally established in 1994 in Melbourne, Australia (Yung 2003). Since that time, dozens of similar centers have emerged worldwide to produce knowledges on young people considered at-risk of psychosis, the vast majority of which are in the U.S. This transnational program of research has constructed a set of risk factors that can "distinguish" a population of "ultra high risk" (UHR) youth who are considered 500 to 1500 times more likely to develop a psychotic disorder within two years when compared to the general population (Carpenter and van Os 2011). In turn, these risk factors have been used to develop a number of *pre*-screening tools to arrest a person's potential psychosis—the most well-known of which is the Attenuated Psychosis Syndrome (APS). While moved to the Appendix at the last minute for further study, APS was released in the fifth edition of the Diagnostic and Statistical Manuals of Mental Disorders (DSM-5) to identify people "at significantly increased risk of conversion to a full-blown psychotic disorder" (Psychotic Disorders Work Group 2012).

Importantly, the "treatment of choice" for this UHR population is anti-psychotic drugs (Thompson, Nelson, and Yung 2010)—an emphasis that reflects the involvement of the pharmaceutical industry in efforts to predict and prevent potential psychosis. The PACE center studies, for example, receive considerable funding from a number of drug companies—most especially Janssen Pharmaceuticals, Astra-

Zeneca, Bristol-Meyers Squibb, and Eli Lilly—all of which have a vested interest in the creation and/or inflation of markets for their anti-psychotic products. In addition, 7 out the 11 Psychotic Disorders Workgroup members for the DSM-5 had financial ties to the pharmaceutical industry, and advocates for the APS diagnosis argue in part for its inclusion because it would facilitate large studies of pharmaceutical treatment and programs of pharmaceutical development (e.g., Woods, Walsh, Saks, and McGlashan 2010).

While a number of criticisms have been directed toward the APS in particular—many of which are from the UHR researchers and DSM Workgroup members themselves (e.g., Yung 2003, Carpenter and van Os 2011)—these are by-and-large more concerned with the inadequacy, and therefore improvement, of the UHR criteria's current predictive capabilities. Thus, like the advocates for TA, they are taking for granted the movement to capture the risk of becoming mad in the first place. Yet, "risk" is not a neutral term. As something malleable, dynamic, and contradictory, it can only be made intelligible when viewed in a "substantively political light" (Seddon 2010). Such illumination especially beckons, one might argue, in the context of attempts to capture potential psychosis given that these continue despite their low return after nearly two decades of investment and the skepticism of the people who "started it."

In addition what this movement does not reveal is that, while largely construed in the literature as a brain disease, psychotic disorders—like all "mental disorders"—are in fact "made possible by a contingent set of theoretical, social, and political phenomena" (Blackman 2001: 97). Indeed, although seemingly unquestioned in psy policing practices, diagnoses do not indicate an underlying objectively measurable entity; rather, they act as a situated, interpretive lens for people's experiences. For example, since the 1960's civil rights movement in the U.S., they have come to be affiliated with danger and to predominantly land on bodies that are young, brown, black, and/or alien (Metzl 2009). This is despite that these bodies have typically survived (as opposed to perpetrated) violence, which in fact typically emerges from maelstroms of rationality, whiteness, richness, and/or "America"—whether school shootings, police assault, gentrification, or neoliberal dispossession.

This ricochet of who or what constitutes a threat takes on additional significance in the context of U.S. schools given that it is also well established that "visible" security measures, such as metal detectors and "zero tolerance" disciplining, are largely implemented in those schools that serve predominantly Latina/o and African American communities—a dynamic that seems all the more amplified by abovementioned connections between the emergence of TA with the events of 9/11, which themselves perpetuated racist logics of "danger" and "nation." As Reiss (2010) suggests, "Cho's racial difference and foreign background may well have added to the chain of links between the national security apparatus and campus screening of the mentally ill" (p. 37).

These recurring silences and politics resonate with Katz's (2007) notion of "banal terrorism"—those "everyday, routinized, barely-noticed" reminders of terror, or the threat of terrorism, enacted through ("predictably ignorant, racist") material and social practices. Banal terrorism includes exhortations to report suspicious activity, people, and objects, diverse forms of screening, and anticipatory policing. While all three of these practices circulate within psy policing, it is the latter that Katz believes "puts the state and those it inculcates through the daily practices of banal terrorism on a slippery and dangerous slope"; "analogous to the U.S.'s unprecedented preemptive strike on Iraq … policing and security conducted in anticipation of certain people becoming criminals or terrorists is unacceptable, unwarranted and dangerously erosive to the boundaries of long-standing social and political-economic contracts and conventions" (p. 356). Perhaps, then, policing and security conducted in anticipation of certain people becoming "mentally ill" may warrant similar warnings.

Thus, in what follows, I critically examine the "common sense" of psy policing. Drawing on critical scholars of madness, security, and race, I trace the discursive and affective logic of the movement to capture the risk of becoming mad as it spirals through uneasy social imaginaries of "otherness" and "security." In doing so I consider how and with what implications psy policing circulates with/in post-9/11 (bio)politics, thus presenting the possibility that it moves as a form of banal terrorism.

(Bio)politics

Attempts to predict and prevent potential enact a peculiar form of Western governance that arose during the eighteenth century when, as Foucault (1978) famously writes, "the ancient right to take life or let live was replaced by a power to foster life or disallow it to the point of death" (p. 138). This new "biopower" was less concerned with "top down" sovereign decisions about whether people should live or die than it was with the "bottom up" unfolding and administration of life itself. It thus marks the emergence of a political condition in which our biology—our capacity to live—became drawn into governance.

These attempts include the deployment of regulatory mechanisms targeted at "man-as-species" in order to foster the capacity, and therefore ensure the sustainability, of a population. Such "biopolitics" relied upon the development of techniques for classifying, calculating, and comparing the biological capacities of individuals and the collective. In this way "society" as Hacking (1990) writes, "became statistical" (p. 1), and the "population" was foundational to this becoming. "Statistically organized and manipulated as groupings of characteristics, features, or parts" (Clough and Willse 2010: 51), the population is a biopolitical construct; "a postulated reality" defined by "abstract properties" (Hacking 1990)—risk factors—that effectively work to "dissolve" the subject (Castel 1991). This identification of risk factors directs pre-emptive interventions that target the at-risk population without regard to the specific present state or experiences of individuals. It is this weaving of pre-emption and dissolution, enabled by the construct of the population, that makes risk a biopolitical rationality: if disease can be identified and intervened upon in advance, "society" can continue undisrupted (Foucault 2009).

Thus, biopolitics works to both promote and protect "life" (Raman and Tutton 2010). In doing so it demands that the borders of citizenship be patrolled for threats, including those located in psyches (Liebert 2010). These security measures involve the "treatment of uncertainty" (via techniques that predict and prevent the unexpected) and the "management of contingency" (via techniques that identify and intervene on a calculated potential) (Foucault 2009). Hacking (1990) has called these statistical-cum-political moves the "taming of chance" and locates them in a nineteenth-century shift from notions of determinism to probability. Indeed, Press, Fishman, and Koenig (2000) argue that it is this "underlying cultural belief that

probability statistics not only quantify but also tame uncertainty" that has produced the current-day "enthusiasm for risk knowledge" (p. 242).

Biopolitics, then, go hand-in-hand with risk, or what Rose (2007) describes as "a family of ways of thinking and acting that involve calculations about probable futures in the present followed by interventions into the present in order to control that potential future" (p. 70). This "family" has been reconfigured in contemporary times with the interweaving, intensifying ascendency of biomedicine and neoliberalism. Namely, the increased attention to risk comes with requisites for personal responsibility, surveillance, and intervention at the level of the individual (e.g. Rose 2007); requisites that allow the neoliberal State to retreat from its own accountability with regard to both the conditions and alleviation of dis-ease (Elliot 2002).

However, these biopolitical analyses typically link risk management to *self*-governance and as such appear to routinely assume the "choosing" middle-class subject, one that is further coded with whiteness and nation. These assumptions seem particularly limiting in the context of post-9/11 U.S. given Hier's (2008) contention that political events evoke "volatile and moralizing" discourses that invert everyday dialectics—including with regard to risk. Under these inverted conditions risk moves away from the self-governing (-responsible, -surveiling, -intervening) citizen and is instead transposed onto collectivizing discourses about defense from the "harm posed by "irresponsible" (i.e. dangerous, uncertain) others" (p. 175). In order to explore the post-9/11 (bio)politics of psy policing, then, I first turn to this construction of "otherness."

"Otherness"

As the guarantor of the integrity of the population, the State has an obligation to defend "the security of the whole from internal dangers" by driving out anything that biologically or politically threatens it (Foucault 2003: 249); maintaining the wellbeing of the population requires its "sanitation" through the "repelling" of contaminates (Bauman 2000). This "letting die" is what Foucault (2003) called "state racism," and what Clough (2008) has since developed into "population racism"—a phrase that (among

other things) is more suited to the transnational circulation of biopolitics under contemporary geopolitical conditions.

Bauman (2000) argues that this racism is both product and tool of modernity, for "distinguished by its ambition to self-control and self-administration, racism declares a certain category of people endemically and hopelessly resistant to control and immune to all efforts at amelioration" (p. 215). This dynamic circulates in the story of how madness—most especially psychosis—came to be articulated and acted upon as a disease entity. In her critical analysis of "hearing voices," Blackman (2001) argues that U.K. governmental attention during the mid-nineteenth century to problems of "urban luxury and idle indifference" and "proletarian degeneracy and idle poverty" invoked a splitting of the sanities of the rich and the poor into the "morally mad" and the "heritably mad," respectively. The former had their reasoning "in error" and were curable through moral therapies that, premised on "self-prevention or auto-prophylaxis," educated people about "prior signs" of insanity, "warnings of danger," and "strengthening the self-will." The latter, however, congenitally lacked the capacity for reasoning, were more vulnerable to conditions that exacerbated madness, less able to be checked by "civilizing influences," and, thus, "simply uneducable."

By the early part of the twentieth century this "predisposition" of the poor was entrenched as an inherent, biological incapacity for reason, thereby naturalizing (ir)responsibility. It followed that that psy discourses and techniques could be used to "target those who were unable or incapable of practicing particular forms of individuality and sociality" (p. 122)—a targeting that moved in step with the concurrent politics of eugenics that constructed social problems of crime, poverty, and misery as problems of biological decay and deterioration.

Contemporary moves to predict and prevent potential madness can thus be understood as "citizenship projects," or "the ways that authorities thought [think] about (*some*) individuals as potential citizens, and the ways they tried [try] to act upon them in that context" (Rose 2007: 131, my emphases). The italics here are important: as suggested by Blackman's (2001) account above, rationalities and techniques of risk work to sort the "at-risk" from the "risky"—those potential citizens with the capacity to

self-govern from those "anticitizens" or "intractable individuals unable to govern themselves according to the civilized norms of a liberal society of freedom" (Rose 2007: 249). O'Malley (2008) documents this sorting in his critical analysis of substance abuse in the Australian neoliberal context, where people are constructed as the "responsible drug user," or the "enslaved drug addict," or "drug abuser." These categories are in turn morally charged toward social inclusion and exclusion, respectively—the former is "like us" and thus a candidate for self-governance, the latter is "unlike us" and thus a candidate for more explicitly coercive governance.

The "unlike us" "anticitizen" has been explored by a number of scholars using the Foucauldian construct of "the monster." Through a critical analysis of the U.K. Dangerous and Severe Personality Disorder (DSPD) program advocating for the preventative detention of people diagnosed with certain "personality disorders," Seddon (2008), for example, argues that, despite how risk supposedly "dissolves" the subject, threat continues to land in some, specific bodies—"the dangerous individual." Or, those monstrous individuals who are implacably evil, different, or pathological—unhuman. Such excessive exceptionality is examined by Puar and Rai (2002) in their critical analysis of U.S. constructions of the terrorist psyche post-9/11, where the terrorist-monster is deemed ungovernable and thus distinguished from the "individual to be corrected" as the "incorrigible to be quarantined." These moral invocations work further to normalize citizenry; once quarantined the monster, "provides the occasion to demand and instill [a] certain discipline on the population … [that] aims to produce patriotic, docile subjects" (p. 130).

This dual function maps onto the historic twinning of madness and dangerous criminality, which itself worked to contain "the threatening" in insane asylums *and* to construct codes of conduct for "the non-mad" (Foucault 1988). Indeed, monstrosity seems especially relevant for contemporary constructions of madness given the hegemony of biomedical discourses that classify people's experiences as an abnormal, unreasonable, and chronic illness, and thus "the mad" as different, irresponsible and incurable. By identifying and intervening on potential monsters then, moves to capture the risk of becoming mad plausibly function to isolate those "individuals to be prevented"—sorting some for correction and some

for quarantining—while normalizing the population as a whole through the pushing of a responsible, vigilant surveillance of self and others.

In addition, and especially relevant for psy policing, the monster routinely imbricates culture and race (Puar and Rai 2002). Critical race theorists have long documented how moves to locate and eradicate threat land in brown and black bodies, targeting "an evil they have inside of them" (Sartre 1962: li). "Over-determined from the outside" (Fanon 1951: 95), the "racialized person is seen as a threat, an infection, a symptom of social decline" (Bhaba 2004: xx). Moreover this threat is reliably biologized; as Fanon (1951) argues, "the black man is attacked in his corporeality … it is his actual being that is dangerous" (p. 142). Importantly however, this attack on raced bodies is done under the auspices of "a mother who constantly prevents her basically perverse child from committing suicide or giving free rein to it malevolent instincts. The colonial mother is protecting the child from itself, its ego, its physiology, its biology, and its ontological misfortune" (Fanon 1963: 149).

This notion of protection from an inherent, destructive potential of non-civility echoes with/in the history of madness, blackness, and illness in the U.S. For example, during slavery, "Negroes" were depicted as biologically unfit for freedom; if they escaped they were diagnosed with having a medical disorder—"drapetomania" (Cartwright 1851)—and "treated" with whipping, hard labor, and, in "extreme cases," toe amputation (Metzl 2009). These ideas continued to circulate through diagnostic categories for psychosis at the turn of the twentieth century. Resonating with the class analysis by Blackman (2001) above, Metzl (2009) suggests that accounts of psychosis as a biological entity ("dementia praecox") likewise landed on "the marginalized" when they crossed the Atlantic. However, not only did this American splitting reflect beliefs about class, it also met with the pre-existing dissociations between blackness and freedom as well as immanent anxieties about U.S. invasions by the "alien insane."

It was this assembling of raced representations, fears, and disease categories that marked the emergence of psy technologies to identify and intervene on potential madness—once again tied to broader projects of eugenics. Metzl (2009) for instance notes how at this time there were calls for laws that every steamship that landed in the U.S. would be met by a trained alienist who could screen people for dementia

praecox using a test of 30 mental status questions—a score of less than 25 warranted deportation. And, Chief Justice Harry Olson urged national screening for insanity in adolescents, before they had "progressed so far as to commit murder or other serious crimes," by making young offenders of minor crimes "gaze for ten seconds at a drawing of a scroll and a box" and then draw these figures from memory. The "defective stock" could then be dealt with by "race betterment" strategies including prophylactic segregation and/or sterilization (p. 32).

Contemporary madness, then, is scarred with classed, raced, and nation-ed divisions between the at-risk and the risky, the nurtured and the natured, the vulnerable and the violent. Thus while the *intention* of today's (bio)politics may (at least explicitly) be less about cleansing the population of potential contaminants of the bloodlines, contemporary efforts to protect the population against potential threats may nonetheless enact similar, racist *effects* to these imperialist projects "of the past." One of which is deflection: According to Bauman (2000), racism not only enacts assumptions about people's capacity for modernity, but also functions to conceal the limitations of modernity by shifting their source into "a certain category of human beings" (p. 215). Such projection has been especially documented of late with regard to post-9/11 conditions; locating risk in some "fundamentally" unruly bodies deflects the insecurity of security measures. It is thus to this construction of "security" that I now turn.

"Security"

In his abovementioned analysis of the DSPD program of preventative detention, Seddon (2010) argues that these types of measures are emblematic of the twenty-first-century State's increasingly limited ability to assure the security of its citizens, leading to the resurgence of punitive, authoritative responses to perceived threats. Indeed, in contexts of uncertainty, interventions that might otherwise be considered intrusive, oppressive, discriminatory, or paternalistic, such as mass surveillance and screening, can be rationalized in the name of protecting, and thus benefiting, both the individual and society as a whole (Peterson 2011). While Rose (2010) agrees that risk-based approaches in mental health also echo a more generalized, contemporary demand for community protection and public defense, he adds further that such

approaches simultaneously generate anxieties about the unpredictability and dangerousness of "the mentally ill" that help to justify the shift to, and maintenance of, these logics of regulation more broadly:

> The demand for risk management of those who have a psychiatric diagnosis is one more way of seeking to manage the insecurities that the fantasy of security itself generates and intensifies. Risk assessment, or the demand for it, has a significance which is more symbolic than instrumental—it answers not to the reality of dangers but to the politics of insecurity. (p. 87)

Similarly, Puar and Rai (2002) note that the psychologization of the terrorist is an attempt to know, predict, and prevent acts that we find incomprehensible and frightening. These analyses resonate with Massumi (2010), who contends that rather than evidence of a "clear and present" danger, it is fear that drives the repetitive practices and politics of security in post-9/11 U.S. as this "affective fact" legitimates and eternalizes threat vis-à-vis its invocation of pre-emptive practices that disallow the falsification of it's potential. It follows that measures to prevent the threatening not only feed off insecurities, but nourish them (see also DiProse et al. 2008, Salter and Mutlu 2012). Such currents are essential to the population racism of biopolitics—the circulation of "fear along with statistical profiles of populations … [provides] neoliberalism with a rhetoric of motive" (Clough and Willse 2010: 51).

This affective twinning, or what Clough and Willse (2010) call "political branding," resonates with psy policing, as the profiles of those "at risk"—young, brown, black, and/or alien—come dripping with historical assumptions, and affective arousals, of inter/national threat. For example, the notion of "reason" that directed the abovementioned classifications of psychosis in the nineteenth century, also, according to Blackman (2001), separated "adult" from "child," "man" from "woman," "the civilized" from "the primitive"; the inability to reason was taken as a moral affront to that which "makes us human." Contemporary madness is therefore constructed as the antithesis to—thereby enabling it to become the scapegoat for—the (middle-aged, male, white, national) "rational actor" demanded under post/modern, Enlightened, imperialist pursuits, such as science (Bauman 2000), neo/liberalism (O'Malley 2002), and colonialism (Fanon 1951).

This projection of unwanted affects by the oppressors—in this case, their own inability to reason and control—into the oppressed, creates a "desiccated affectivity" in the former and a "hyperaffectivity" in the latter, thus further dividing the world into "the civilized" (those that have control over their emotions) and "the barbaric" (those that don't) (Oliver 2004). It follows that the very construction-cum-becoming of One as rational, superior, and in control, is dependent on the Other as irrational, inferior, and out of control—a dependence that haunts boundaries of "self" and "other" with fears and ambiguities that are themselves, as Oliver (2004) describes, also "disavowed to maintain the illusion of self-control" (p. xxiii).

Critical scholars have examined this dynamic using Kristeva's (1982) notion of "abjection." Based on "a type of dread that is always an anticipation of incoherence and dissolution," abjection ultimately enacts a self-protective bodily response to, offensive action toward, and political defense against, boundary threats (Hook 2012: 61). Perhaps then, as an in-between space of normal and pathological, citizen and monster, biopolitical life and death, being a *potential* threat may especially provoke such border anxiety and thus be especially subject to abjection. Importantly, however, the abject not only repulses but also "keys into prohibited modes of enjoyment" (Hook 2012: 70). With regard to madness, this desire may be about the very freedom that madness supposedly threatens; it is an experience of feeling, of acting "crazy," without social constraint—a longing that is *both* refused *and* encouraged under neoliberal demands for "the good citizen" to be both reasonable and autonomous. Perhaps, then, madness casts an unwelcome light on the paradoxical shadows of our current political regime. If so, this also lends explanation to the ferocity with which "we" seem to have grabbed on, and clung, to discourses of an inherited, diseased entity—it is a remarkably effective strategy for keeping Them from Us, and thus our own potential (and desire) for madness from Us, too.

These dynamics have been documented in Salter and Mutlu's (2012) critical examination of the persistence of "psychotic security measures" in the U.S. In a post-9/11 context of insecurity, Salter and Mutlu argue that such measures satisfy anxieties and reproduce desires that work to "shape the image of a safe United States" by enabling the regulation and exclusion of the Other alongside the assertion of the

Self (p. 181). They are therefore "convinced" that "foreign policy constitutes national identity—and that we see in the construction of dangers, threats and traumas the construction of the self through the construction of the Other" (p. 182). Puar and Rai (2002) further argue that the aforementioned construct of the monster is drawn into nationalist discourses as an index of civilizational development and cultural adaptability— the monster signifies a "national deficit." In turn, the corollary may be that the absence, prevention, or correction of monsters signifies some sort of national surplus of civility, such that psy policing is perhaps also enacting "exceptionalism"—a narrative of "distinction and excellence" that claims the superior management of a people or population and is thus bound up with national identity (Puar 2007).

For example, in remarks given at the University of New Mexico in April 2002, then President George W. Bush launched the U.S. New Freedom Commission on Mental Health by invoking metaphorical "soldiers in the armies of compassion"—those "everyday people" committed to "fighting evil" to "make America a welcoming place for people with disabilities"—as this "collective good … will define the true value and character of our country." The subsequent Commission recommended TeenScreen, a program of "mental health check-ups," to identify and intervene on young people at risk of becoming suicidal. While recently withdrawn, TeenScreen was at the time soon implemented in primary care and high school settings across the U.S. If TeenScreen can prevent the emergence of young, burgeoning monsters, then the U.S. is marked as exceptionally civilized, progressive, secure, *and*, importantly, compassionate—a key discourse mobilized in the interests of twenty-first-century neoliberalism and the "war on terror" (Berlant 2004). Post-9/11 constructions of "the Baghdad mad," for instance, were used to depict Iraq as threatening, archaic, and lawless, and the U.S., vis-à-vis its imposition of mental health services, as benevolent, progressive, and promoting peace and safety (Howell 2010).

Lastly, the creation of an at-risk population is also the creation of a market for technologies of classification, surveillance, and intervention, as suggested by the involvement of industry in both the NaBITA and UHR examples given above. Importantly, in prevention efforts such as these, "what is

treated … is not disease but the almost infinitely expandable and malleable empire of risk" (Rose 2007: 87). This infinity is in part because, as mentioned above, pre-emptive practices mean that threat can never be falsified (Massumi 2010)—a profitability that is maximized if the "at-risk" population is considered not only treatable but also incurable. Herein lies another benefit of mobilizing discourses of psychosis as a chronic, biological illness: if people are forever potentially mad, then they must engage in life-long preventative intervention. This, then, is the "bio-value of risk" (Clough and Willse 2010) generated and circulated through the medico-security industrial complex of psy policing.

And so, psy policing circulates to make citizens, delineate monsters, expel threats, project anxieties, do nation, and push profits—all galvanized by the construction of "risk factors" that are soaked in (bio)politics, statistically spun into populations, thrown into bodies, and stuck down with fear. This raced process splits "the at-risk" from "the risky," propels people into life-long diagnoses and interventions, *and* ricochets accountability for violence away from other conditions of possibility; as a form of banal terrorism, psy policing incorporates us into particular regimes of seeing and not seeing, thereby doing the work, "of occluding, of repressing, of displacing the pain and price of the neoliberal security state" (Katz 2007: 354).

Imagination

In tracing the discursive and affective logic of psy policing, I hope to have made it intelligible within post-9/11 U.S. (bio)politics, thereby intervening on the "common sense" of these practices. An important companion to this logic, however, is how psy policing also moves to deny madness as a *dialogue* with social injustices. Structures of domination mean that the "effects and affects of oppression" are "silenced" (Oliver 2004: 88); those "who are often devoid of a public voice, resort to dreaming, imagining, acting out, embedding the reactive vocabulary of violence and retributive justice in their bodies, their psyches" (Bhaba 2004: xx). Efforts to capture the risk of becoming mad threaten to imprison (sometimes literally) an embodied expertise that might otherwise offer a (nonetheless painful and at-times cryptic) source for social analysis and change.

For example, "day-dreaming" (Meyer, Finucane and Jordan 2011) and a belief that dreams "can come true" (Cylarova and Claridge 2005) have both been named as "pre-symptoms" of madness and thus targets for intervention. Yet both indicate a capacity for imagination—an awakening of which Watkins and Shulman (2008) argue as a central psychological task for the transformation and humanization of historically unjust, and pathologically repeating, social structures and relations. In addition, after the Virginia Tech shooting teachers were asked to surveil students' creativity as a means to predict and prevent violent madness—something that Reiss (2010) argues as representing, "a troubling call for the doubling of pedagogy and psychiatric scrutiny" (p. 30).

Reiss' critique joins an emerging body of work concerned more broadly with the transformation of U.S. higher education with/in a post-9/11 context. Giroux (2010), for example, argues that while higher education in the U.S. has long been a major site for the (re)production of neoliberalism, after 9/11 it has also become an intense site of militarization; both symbiotically mobilize an array of pedagogical practices to legitimate their related modes of governance and subject positions. Undermining the university's capacity for dissent, democracy, and critical and ethical thinking, these moves thus intersect with how governmental attempts to contain uncertainty, including through the prediction and prevention of threat, inhibit the imagination of alternative political futures and contestation of the status quo (Diprose et al. 2008).

These loopy dynamics demand more than a critique of the emergent borderlands of psychiatry and security, particularly one that simply re-instates the "objects" of psy policing as "objects." Instead, we need what Watkins and Shulman (2008) describe as "a new epistemology" that contains "possibilities for critical and utopian imagination that can continually rework and rethink experience in liberatory ways" (p. 26). O'Malley (2008), for instance, urges one to be on the lookout for "gaps" or "fault-lines" that would enable an experimentation with the "promise" of risk. Hook (2012) too contends, "[if] the negative reflection of the particular anxieties of a given culture [are] projected into another, then subtle shifts in cardinal anxieties and perceived societal lacks will be reflected in what is most angering, most menacing in today's other" (p. 145). It follows that it is to those very "risk factors" targeted by psy policing that we

might turn for new ways of understanding insecurity, and therefore, perhaps, of doing security: Psy policing enacts not only a generalized fear of, but also an incapacity and desire for, imagination under contemporary (bio)politics of terror, including within psychiatry itself.

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