Master Classes Mental Health, 'Race' and Culture

1. Traditions of Mental Health and Illness What Diversity Means

RACIAL AND CULTURAL ISSUES FINDINGS IN ENGLAND

Black / Ethnic Minorities more often:

Diagnosed as schizophrenic

Compulsorily detained under Mental Health Act

Admitted as 'Offender Patients'

Held by police under S. 136 of Mental Health Act

Transferred to locked wards

Not referred for 'talking therapies'

Ref: Fernando and Keating, (2009) *Mental Health in a Multi-ethnic Society.* 2nd edn. (London: Routledge).

'RACE'

'RACE'

'ENTITY' BASED ON SELECTED ASPECTS OF PHYSICAL APPEARANCE SUCH AS SKIN COLOUR ALL (SUPPOSEDLY) 'RACIAL DIFFERENCES' ARE ASSUMED TO BE GENETIC AND UNCHANGING

'RACE-THINKING'

THINKING OF PEOPLE PREDOMINANLTY IN TERMS OF THEIR 'RACE'

'CULTURE' AND 'RACE' ARE OFTEN CONFOUNDED

References

Omi, M. and Winant, H. Racial Formation in the United States From the 1960s to the 1990s (New York and London: Routledge).

Barzun, J. (1965) Race: A Study of Superstition (New York and London: Harper and Row).

<u>See</u> Fernando, S. (2010) *Mental Health, Race and Culture* third edition Palgrave-Macmillan, Basingstoke pp. 7-9

'CULTURE' IN THE CONTEXT OF 'MENTAL HEALTH'

NOT A CLOSED SYSTEM THAT CAN BE DEFINED CLEARLY NOT JUST TRADITIONAL VALUES, BELIEFS AND PRACTICES

Living, dynamic and changing system of values and worldviews that people live by, create and re-create

A system in which people define their identities and negotiate their lives

Systems of knowledge & practice that provide individuals with conceptual tools for self-understanding and rhetorical possibilities for self-preservation and social positioning

References

Kirmayer, L. (2006) 'Culture and Psychotherapy in a Creolizing World', *Transcultural Psychiatry*, 43(2), 163-168

<u>See</u> Fernando, S. (2010) *Mental Health, Race and Culture* third edition Palgrave-Macmillan, Basingstoke pp. 9-13.

HISTORICAL CONTEXT OF PSYCHIATRY

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HISTORY OF MELANCHOLIA AS ILLNESS (=DEPRESSION)

- Hippocrates (4th Century BC)
- Galen (2nd Century BC)

- Alï ibn Rabbãn at-Tabarï (d. c.240/855)
- Ishãq ibn 'Imrãn (d. AD 908)
- Ibn Sina / Avicenna (d. AD 1037)
- Maimonides (d. AD 1204)

- Bright (AD 1586)
- Burton (AD 1621)
- Tuke (1890 International Classification)
- Meyer (1905) suggested 'Depression' instead of 'Melancholia')

(1920s onwards severe depression seen as part of manic –depression)

(1980s onwards depression subsumed within bipolar disorder)

References

Dols, M. W. (1992) Majnûn: The Madman in Medieval Islamic Society (Oxford: Clarendon)
Fernando, S. (2003) Cultural Diversity, Mental Health and Psychiatry. The struggle against racism (Hove and New York: Brunner-Routledge)
Meyer, A. (1905) 'A discussion on the classification of the melancholics', Journal of Nervous and Mental Diseases, 32, 112-118.

See Fernando, S. (2010) *Mental Health Race and Culture*, third edition, Basingstoke: Palgrave Macmillan pp..48-51 & 115-116

CROSS-CULTURAL VARIATION OF DEPRESSION

- PRIMARY DISTURBANCE IS SENSE OF FAILURE OR LOSS EXPERIENCED IN CONTEXT OF DIFFERENTIATION OF 'SELF' vs. 'OTHER'
 - Loss of group membership = 'ISOLATION'
 - Failure towards others = 'SHAME'
 - Failure towards oneself = 'GUILT'
 - (Murphy, 1973)
- 'DEPRESSION' OCCURS IN CULTURES THAT 'PSYCHOLOGIZE' EXPERIENCE
 - (Marsella, 1978)
- DEPRESSION IS AN ILLNESS IN CULTURES WHERE 'DEPRESSIVE AFFECTS' ARE FREE- FLOATING AND NOT TIED TO ISSUES OF EXISTENCE / RELIGION
 - (Obeyesekere, 1985)

TRADITIONS OF WESTERN PSYCHIATRY & PSYCHOLOGY

Many (cultural) traditions exist about 'mind', health / illness and 'mental health' BUT Western tradition dominates the world politically

(e.g. Watters, E. 2010 - Crazy Like Us)

Psychiatry deals with 'abnormal' mind

'Mental illness' and medical therapies

Psychology deals with 'normal' mind

'Scientific psychology'; psychological therapies

'Western' vs 'non-western' / East vs West is a rough division that represents traditions and their origins but not current geographical locations

References

Kleinman, A. (1988) Rethinking Psychiatry, From Cultural Category to Personal Experience (New York: Free Press).

Kleinman, A. (1995) Writing at the Margin. Discourse between Anthropology and Medicine (Berkeley LA and London: University of California Press).

Watters, E. (2010) Crazy Like us The Globalization of the Western Mind (London: Robinson).

<u>See</u> Fernando, S. (2010) *Mental Health, Race and Culture* third edition Palgrave Macmillan, Basingstoke pp. 29-47.

CULTURE AND 'MIND'

Fernando, S. (2009) 'Meanings and realities' in S. Fernando & F. Keating (eds.) *Mental Health in a multi-ethnic Society*, Brunner-Routledge, London p. 22

| Mind and body | Distinct entities | Indivisible whole |
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| Analysis | Reductionist | Holistic |
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Mechanistic

Tools for study Objective Subjective

(understanding)

Spirituality Add-on Integral

IDEALS OF MENTAL HEALTH

Fernando, S. (2009) 'Meanings and realities' in S. Fernando & F. Keating (eds.) *Mental Health in a multi-ethnic Society*, Brunner-Routledge, London p. 22

Eastern traditions Western traditions

Integration and Harmony Self-sufficiency

between persons
between families
within societies
In relation to spiritual values

Social integration Personal autonomy

Balanced functioning Efficiency

Protection and caring Self esteem

LIBERATION / THERAPY

Fernando, S. (2009) 'Meanings and realities' in S. Fernando & F. Keating (eds.) *Mental Health in a multi-ethnic Society*, Brunner-Routledge, London p 23

EASTERN

WESTERN

ACCEPTANCE OF DEVIATION

HARMONY INSIDE AND OUTSIDE

UNDERSTANDING BY AWARENESS

CONTEMPLATION

BODY-MIND-SPIRIT HOLISM

CONTROL OF DEVIATION

PERSONAL SATISFACTION

UNDERSTANDING BY ANALYSIS

PROBLEM SOLVING

BODY-MIND SEPARATE

CONCEPT OF 'SCHIZOPHRENIA'

CONSTRUCTED IN 1890s – 1920s IN GERMANY (Kraepelin, Bleuler)

Context

OF RACIST IDEOLOGIES (e.g. degeneration – Morel, 1852) OF CULTURAL BLINDNESS (i.e. observations in Europe only) Currently: closely involved in perpetuating racist psychiatry

Note

Not validated as representing 'illness'
Unlikely to be useful in non-western cultural contexts
'Schizophrenics' have better outcome in under-developed
countries in 1970s and 1980s (WHO, 1979; Jablensky et al. 1992)

References and details:

<u>See</u> Fernando, Ndegwa and Wilson (1988) Forensic Psychiatry. Race and Culture. London: Routledge pp. 51-66 <u>See</u> Fernando, S. (2010) *Mental Health Race and Culture*, third edition, Basingstoke: Palgrave Macmillan pp.. 32-35 & 56-58.

See Fernando, S. (2003) pp. 179-181.

RACISM IN PSYCHIATRY IN THE 19th CENTURY

Race and insanity discourse (Tuke, 1858; Maudsley, 1867; Esquirol (quoted by Jarvis, 1852)

e.g. Slavery conducive to mental health of African-Americans (Anon, 1851)

Drapetomania – illness of running away among slaves (Cartwright, 1851)

Racial throwback theory for 'idiocy' (Down, 1866)

Lack of depression among Asians due to immaturity / under-development

(Kraepelin, 1920, 1921)

'Adolescent races' in textbook on Adolescence (Hall, 1904)

References (and details)

<u>See</u> Fernando, S. (2010) Mental Health, Race and Culture third edition. Basingstoke: Palgrave Macmillan pp. 61-67.

RACIST DISCOURSE IN MODERN TIMES

Africans have less depression because they lack 'sense of responsibility' and have minds that resemble those of 'leucotomised Europeans' (Carothers, 1951)

Asians, Africans and African-Americans show less developed 'emotional differentiation' (Leff, 1973, 1977)

Racist IQ movement (Jensen, 1969: Herrnstein & Murray, 1994) supported by Eysenck (1971,1973)

Also note

Diagnosis of 'depression' became commoner in Africans after Ghana became independent - i. e. black people seen as 'responsible' (Prince, 1968)

High rates of schizophrenia diagnosis among Blacks in US, UK, Netherlands (see Fernando, 2003)

References and details

See Fernando, S. (2010) Mental Health, Race and Culture third edition Basingstoke: Palgrave Macmillan pp. 62-71.

<u>See Fernando</u>, S. (2003) Cultural Diversity, Mental Health and Psychiatry The struggle against racism. Hove: Brunner-Routledge pp. 99-104

PROBLEMS OF BEING CULTURALLY SENSITIVE

Psychology and psychiatry are socially constructed processes located in a specific cultural tradition, representing particular ideas about the human condition

Aims of therapy are culturally determined

Judgements are influenced by racist assumptions, stereotypes and biases in 'common-sense'

The role of a professional in compulsory detention and in forensic psychiatry is more about social control than about care or therapy