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’

(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 PREDOMINANTLY IN TERMS OF THEIR ‘RACE’
‘CULTURE’ AND ‘RACE’ ARE OFTEN CONFOUNDED

References
‘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

## HISTORICAL CONTEXT OF PSYCHIATRY

### Historical Events

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1418</td>
<td>Portuguese voyage to West Africa</td>
</tr>
<tr>
<td>1492</td>
<td>Columbus reaches America</td>
</tr>
<tr>
<td>1500</td>
<td>Vasco da Gama lands in India</td>
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<tr>
<td>1500</td>
<td>Plunder of America</td>
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<tr>
<td>1546</td>
<td>Genocide of Americans</td>
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<tr>
<td>1546</td>
<td>African slaves landed in America</td>
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<td>1577</td>
<td>Triangular trade: England</td>
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<tr>
<td>1546</td>
<td>Slavery</td>
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<tr>
<td>1764</td>
<td>British Occupy Bengal</td>
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<tr>
<td>1764</td>
<td>Plunder of India</td>
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<tr>
<td>1807</td>
<td>Abolition of Slave Trade</td>
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<td>1839-42</td>
<td>Defeat of China in Opium Wars</td>
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<tr>
<td>1861</td>
<td>British occupy Lagos</td>
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<tr>
<td>1884</td>
<td>Berlin Conference: Scramble for Africa</td>
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<tr>
<td>1947</td>
<td>Plunder of Africa</td>
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<td>1957</td>
<td>Liberation of India</td>
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<td>1963</td>
<td>Commonwealth Immigrants Act</td>
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<td>1971</td>
<td>Immigration Act</td>
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<td>1981</td>
<td>British Nationality Act</td>
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### Growth of Psychiatry

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<tr>
<th>Year</th>
<th>Event</th>
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<tr>
<td>1403</td>
<td>Bethlem Priory admits lunatics</td>
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<tr>
<td>1546</td>
<td>Bethlem Priory given to laity</td>
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<tr>
<td>1586</td>
<td>'Treatise on Melancholy' (Bright)</td>
</tr>
<tr>
<td>1621</td>
<td>'Anatomy of Melancholy' (Burton)</td>
</tr>
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<td>1632</td>
<td>Medical Governor of Bethlem</td>
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<tr>
<td>1713</td>
<td>Hospital for the Insane at Norwich</td>
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<tr>
<td>1734</td>
<td>'The English Malady' (Cheyne)</td>
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<td>1744</td>
<td>Vagrancy Act</td>
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<td>1774</td>
<td>Private Madhouses Act</td>
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<td>1792</td>
<td>The Retreat for the Insane at York</td>
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<td>1808</td>
<td>County Asylums Act</td>
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<td>1841</td>
<td>Association of Medical Officers of Asylums</td>
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<tr>
<td>1858</td>
<td>'A Manual of Psychological Medicine'</td>
</tr>
<tr>
<td>1863</td>
<td>Broadmoor Hospital</td>
</tr>
<tr>
<td>1890</td>
<td>Lunacy Act</td>
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<td>1930</td>
<td>Mental Treatment Act</td>
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<tr>
<td>1959</td>
<td>Mental Health Act</td>
</tr>
<tr>
<td>1963</td>
<td>British Journal of Psychiatry</td>
</tr>
<tr>
<td>1971</td>
<td>Royal College of Psychiatrists</td>
</tr>
<tr>
<td>1983</td>
<td>Mental Health Act</td>
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HISTORY OF MELANCHOLIA AS ILLNESS
(=DEPRESSION)

- Hippocrates (4th Century BC)
- Galen (2nd Century BC)
- Ali ibn Rabbân at-Tabarî (d. c.240/855)
- Ishāq ibn ‘Imrān (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
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).
(Berkeley LA and London: University of California Press).
Basingstoke pp. 29-47.
## CULTURE AND ‘MIND’


<table>
<thead>
<tr>
<th></th>
<th>Western tradition</th>
<th>Eastern Tradition</th>
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</thead>
<tbody>
<tr>
<td>Mind and body</td>
<td>Distinct entities</td>
<td>Indivisible whole</td>
</tr>
<tr>
<td>Analysis</td>
<td>Reductionist</td>
<td>Holistic</td>
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<tr>
<td></td>
<td>Mechanistic</td>
<td></td>
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<tr>
<td>Tools for study (understanding)</td>
<td>Objective</td>
<td>Subjective</td>
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<tr>
<td>Spirituality</td>
<td>Add-on</td>
<td>Integral</td>
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</table>
IDEALS OF MENTAL HEALTH


**Eastern traditions**

Integration and Harmony
- between persons
- between families
- within societies
- In relation to spiritual values

Social integration

Balanced functioning

Protection and caring

**Western traditions**

Self-sufficiency

Personal autonomy

Efficiency

Self esteem
LIBERATION / THERAPY
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:
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)
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)


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
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.