Transcultural psychiatry and psychology:

institutional racism (esp. stereotyping)
cultural dissonance,
limited knowledge base

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RACIAL AND CULTURAL ISSUES IN ENGLAND
(reported since the 1980s and still evident)

Black / Ethnic Minorities more often:
- Diagnosed as schizophrenic
- Compulsorily detained under M. H. Act
- Admitted as ‘Offender Patients’
- Held by police under S. 136 of M. H. Act
- Transferred to locked wards
- Not referred for ‘talking therapies’
  (and find these therapies do not ‘make sense’)

(similar lists in various reports over the years)
HISTORICAL CONTEXT OF PSYCHIATRY

Historical Events

1418
Portuguese voyage to West Africa

1492
Columbus reaches America
Vasco da Gama lands in India
Plunder of America

Genocide of Americans

1577
African slaves landed in America
Triangular trade: England
cloth, iron,
tobacco
America
slaves
Africa

1621
‘Anatomy of Melancholy’ (Burton)
1632
Medical Governor of Bethlem
1546
Bethlem Priory given to laity
1403
Bethlem Priory admits lunatics

Growth of Psychiatry

1713
Hospital for the Insane at Norwich
1734
‘The English Malady’ (Cheyne)
1744
Vagrancy Act
1774
Private Madhouses Act
1792
The Retreat for the Insane at York
1808
County Asylums Act
1841
Association of Medical Officers of Asylums
1858
‘A Manual of Psychological Medicine’
1863
Broadmoor Hospital
1890
Lunacy Act
1930
Mental Treatment Act
1959
Mental Health Act
1963
British Journal of Psychiatry
1971
Royal College of Psychiatrists
1983
Mental Health Act

### Educational Legacy of Imperialism

Based on table by John Wilinsky (2009) in *Learning to Divide the World. Education and Empire’s End* p 256

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<thead>
<tr>
<th>Disciplines</th>
<th>Legacy</th>
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<td>History</td>
<td>Portrayal of the other</td>
<td>Students</td>
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<td>Geography</td>
<td>Treatment of distance from the West</td>
<td>Families</td>
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<td>Science</td>
<td>Placement of the non-Western outside history</td>
<td>Teachers</td>
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<td>Language</td>
<td>Suggestion of evolutionary differences along moral, cultural, and/or psychological lines</td>
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<td>Construction of racial differences</td>
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<td>Others</td>
<td>Equation of culture and/or nationality with race</td>
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DIVERSITY OF TRADITIONS
(concerning ‘mind’, health/illness, ‘mental health’)

[Western] ‘scientific’ psychology (objectifies the subjective)

.. at a crossroads ... between the subject and the object, between within and without, between lived experience and knowledge’ (Foucault, 2006: pp. 529-30)

‘Other psychologies’ are often buried in religion, healing and philosophy - e.g. Maori, Buddhist, Hindu, Sufi, African indigenous knowledge, Anishinabi, etc.

‘Psychiatries’ (??) i.e. systems dealing with complex human problems in terms of (primarily) ‘illness’ model is seen in several cultural traditions
Whiteness of knowledge in clinical psychology

In psy disciplines
What is taught as ‘knowledge’ is largely derived from ideas about madness and mental health problems that are derived from western (European) cultural sources, based on western ideas about human nature, the ‘mind’, the purpose of life, etc.

Black academics seem to be side-lined and cannot get their views heard and do not get promotion if they are critical of main stream practice. Or they ‘disappear’—e.g. emigrate to North America

Policies and training reflect the above.
E.g. BPS-DCP policy “Understanding schizophrenia and psychosis”

Why Is my curriculum white?
https://www.youtube.com/watch?v=Dscx4h2l-Pk

CULTURE OF WESTERN PSYCHOLOGY & PSYCHIATRY

Mind-body dichotomy

‘Natural’ (understandable) causes of illness / distress

Mechanistic view of life: cause and effect

Materialistic concept of mind (more-or-less)

Segmental approach to ‘mind’

Spirituality as a ‘thing’ apart from person

Māristāns (mental hospital)
Aleppo, Syria

Photo by Questier: http://www.questier.com
Therapy in the māristāns

... mixture of Galenic Greek medicine with pre-Islamic folk medicine and over-arching principle of divine causation (Dols, 1992).

... blissful union of science and religion (Graham, 1967)

... ‘sort of spiritual therapy .. Involving music, dance and theatrical spectacles and readings of marvellous stories’ (Foucault, 2006)

Muhammad Zakariyā Rāzī
al-RAZI, Abu Bakr Muhammad Zakariyya
(Latinized name: Rhazes or Rasis)

Born: 854 CE
Rey (near Teheran)

Died: 932 or 925 CE
Rey, Iran

Persian polymath, physician, chemist, philosopher, court physician and chief physician of Baghdad and Rey hospitals

Prolific author
Wrote texts on melancholia and other mental illnesses

Ref: Dols, 1992
Moses Maimonides (1135-1204)
(Statue at Cordoba)
'Psychiatry' (?) in Tibetan Medicine around 12-13 Century

‘...complex interweaving of religion, mysticism, [Mahayana Buddhist] psychology and rational [Ayurvedic] medicine.’  
(Clifford, 1984: p. 7)

Psychology involved with insanity ['psychosis'?] is the same as that required for pursuing enlightenment: ‘...it all depends on whether it is accepted or not ...’  
(Clifford, 1984: p. 7)

York Beach, Main: Samuel Weiser
Snippets from research

1. WHO’s International Pilot Study of Schizophrenia (IPSS) 1960s and 1970s; 3-5 yr and 13-15 yr follow-ups

**Better outcome in non-western locations**


**Outcomes as good as with bio-medical psychiatry**

3. Kerala study (2004) of 100 ‘patients’ attending (a) Hindu / Muslim / Christian locations for healing; (b) Ayurvedic Hospital; and (c) Allopathic Hospital for ‘mental illness’

**By shopping round, one third benefited from each**
Healing systems in the Kandyan region of Sri Lanka

Western (allopathic) medicine
Ayurvedic medicine
Healing rituals such as *Thovil, pujas*
Astrological consultation, fortune-telling, spirit-healing, instruction to perform rituals
Practical advice based on (Buddhist) dhamma, *Pirit* rituals, meditation (including mindfulness)

(Adapted from Vogt, 1999, p. 12)
Plurality of Mental Health Services
some services in Southern Province, Sri Lanka

Government (free) out-patient clinics (western psychiatry)

Government (free) out-patient clinical (Ayurvedic)

Private psychiatrists (Western psychiatry mainly)

Private psychologists (psychosocial approaches) (very few and far-between)

Religious organisations (worship, counselling, support) sometimes in liaison with out-patient clinics (at churches (e.g. St Jude), mosques, temples

Private Indigenous medical practitioners

Private non-religious healers (kovil, kattadiyas)

Non-governmental organisations (NGOs) providing counselling, psychosocial support
Thank You!