The whiteness of knowledge in psychology and psychiatry

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Racial inequality and cultural issues in mental health services are well known.

Slide 1: Race and Culture issues

There has been a great deal of discussion but we seem to be stuck as far as any feasible remedies for the 'racial inequality' (injustices) that these issues represent. Things did seem to be getting better in the 1990s and early 2000s but now seem worse than ever. There was DRE (Delivering Race Equality) between 2003 and 2007 which raised some hopes but ultimately made no difference. (I have written about this elsewhere.) In the 1980s and 1990s there were many NGOs (voluntary organisations)—the black voluntary sector—but they have been decimated over the past decade, mainly through lack of funding. *Race—and even culture—is off the national agenda.*The few that are left carry on valiantly but often face threat of having to give up.

More recently, when racial inequality is discussed, the emphasis is shifting to black families looking after their own; and that the problem stems from stigma and something being wrong with black and some Asian and minority ethnic families. The message is—it's your own fault, racism has been remedied and we are all post-race now; if you use services early and trust them implicitly, all will be well. The current anti-stigma campaign *Time to Change* fits in with this approach.

In academic circles, people have eased off discussing race and culture problems in mental health and even the general (black) public seem to be so frustrated about achieving improvement that in a way they—we—are turning in on ourselves, blaming each other—sort of black on black between subgroups of BAME people. During the last decade or so, junior professional staff from BAME communities, trainees and junior staff, seem afraid to speak up. And there seems a reluctance of senior staff to discuss racial inequality.

Overt racism has indeed declined a lot from what it was like (say) in the 1960s and even early 1970s. But institutional racism has not shifted. This is a sort of hidden racism, racism in the way institutions go about their business—in the case of mental health,this involves different

parts of the mental health system including psychiatry, psychology, social work and so on.First tabled in an official report in the Blackwood Report in 1993 concerning deaths at Broadmoor that called this 'subtle racism' (perhaps a better name) and then the Macpherson report specified 'institutional racism'.And the term 'institution' is not meant to be bricks and mortar but activities of the people who work the systems..

Slide 2: Institutional racism

In the last decade or so (since about 9-11), this sort of racism is coming out of its hiding being expressed in near-overt racism. For example, in 2009, we saw the serious suggestion being made on the back of the Aesop study done at the Institute of Psychiatry that there should be social engineering of black families—that if only black families worked like white ones, there would be less schizophrenia (see Lewin, 2009). The mental health czar at the time (Lewis Appleby) took it seriously and said he would institute plans to bring this about! He changed his mind possibly because of a strong open letter and article in the Guardian.

In 2014 the report by Division of Clinical Psychology (DCP) *Understanding Schizophrenia and Psychosis*(Cooke, 2014) was criticized for ignoring the experience of black British people, and when read carefully had near-racist language and inaccuracies apparently designed to cover up racism in the system. Both represented institutional or subtle racism which bordered on being overt racism.

Increasingly in recent years, students from BAME backgrounds seem afraid to question clinical practice. When I gave a lecture recently on race and culture to trainee clinical psychologists, the only questions were from the white students. But at the end nearly all the other 4 or 5 BME students came and spoke with me individually.

What I sense is happening in psychology and psychiatry is in line with a general tendency that it is OK to express near-racist ideas, seen for instance in discussions on immigration (often preceded by 'I am not racist') and sometimes even by black people themselves. In the fieldsof psychiatry and clinical psychology, senior professionals who in the past would have openly advocated against any suggestion of racism now just keep quiet. And we see that in the current protests against the Islamophobia about the way Prevent legislation is being pursuedvia the channel strategy,and most professionals do not want to get involved. It

required much prompting to even get the College of psychiatrists to issue a position statement and all it did was to question the scientific basis for identifying 'radicalisation' that school teachers and NHS staff are being instructed to follow. And psychologists say nothing.

I know that some of us in mental health services still continue to strive for change but something we have overlooked I think is the important part played by the psy professions (clinical psychology and psychiatry) through the way its education and training is pursued—the extent to which it is based on what we call 'White knowledge', the Eurocentric nature of what is taught as good practice;and more importantly, its rejection of knowledge that comes out of non-western sources.

Slide 3: Heading (Whiteness of knowledge)

So let me say a few things about institutional racism in the education of professionals; the whiteness of knowledge associated with ideology of white supremacy. Mainly about what students and trainees are <u>not</u> taught. I shall ignore psychiatric training for lack of time and focus more on what goes on in clinical psychology

Slide 4: Whiteness of knowledge in clinical psychology

<u>In psy disciplines</u>

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

Black British academics seem to be side-lined and cannot get their views heard and do not get promotion if they are too overly critical of main stream practice from a cultural perspective. They are 'disappeared' from positions of importance. So those who remain are the people who collude or at least keep quiet.

Policies and training reflect these processes—e.g. BPS-DCP policy "Understanding schizophrenia and psychosis".

Slide 5 Diversity of traditions that inform 'mental' matters

There is diversity of tradition that informs 'mental' matters. While Western psychology is said to objectify the subjective but get rather lost in the process, 'other' psychologies are often buried in religion, healing and philosophy—and we have to respect—restore dignity—to these 'other' psychologies in training, especially if the population to be served is multicultural.

If psychiatry is concerned with the study of human problems medicalised as 'illness', several 'other' cultures too have done this but we fail to draw on the wisdom of these others. Why?

I shall give you a few examples very briefly of how white knowledge is biased.

The first mental hospitals were called mãristãns (Arabic name) because they were in the Islamic Empire of 10th to 14thcenturies (medieval times), stretching across North Africa from today's Iraq to today's Spain.

Slide6: Mãristãns in Aleppo

This building housed one of these referred to in the BMJ article about six or seven years agoas still running then but as a western-style asylum.

Slide 7: Therapy in the mãristãns

One description of the therapy provided in the mãristãnswas briefly referred to by Foucault as 'a sort of spiritual therapy ... involving music dance and theatrical spectacles' and so on.Quite apart from knowledge derived from the practices in the mãristãns, even their very existence for three hundred years is not even mentioned in psychology and psychiatry education.

The next two slides show twomost famous physicians who practiced at the time ——they would be called psychologists in today's language.

Slide 8: Rhasis

Rhazes practised mainly around Bagdad where the western caliphate was based. And ...

Slide 9 Maimonides

.... Maimonides was a Jewish Rabbi and doctor who was the court physician to the Eastern caliphate at Cordoba. In his extensive writings on mental illness, he described the connection between mania and melancholia (morphed now into depression) as two sides of the same coin—800 years before Kraepelin, the so-called father of western psychiatry, did. This combination is now called bipolar illness.

Slide 10: Psychiatry in Tibetan Medicine

And then there was the sort of psychiatry that had emerged in Tibetan medicine in the 12th century. 'A complex weaving of religion, mysticism, Buddhist psychology and rational medicine.'It seems, Tibetan psychiatrists describedthinking patterns (psychology), possibly a sort of mental crisis, that would have led either to 'psychosis' or liberation or enlightenment.

Finally let me mention some bits of research done fairly recently that are seldom referred to in psychiatry and psychology training.

Slide 11: Snippets from research

The IPPS done by the WHO in 1960s and early 1970s found that people diagnosed as having 'schizophrenia' had better outcomes in Nigerian, Indian and Columbian centres (where western psychiatric treatment was few and far between) when compared to similar individuals in UK, USA and Russia. The other two studies essentially they show that healing centres and the only Ayurvedic hospital for mental illness in South India are highly beneficial for people who would be diagnosed (in western system) as suffering 'schizophrenia'.

Slide 12: Books on non-western psychologies and healing

Finally this shows a selection of books—largely ignored by psychologists.

Conclusion

Racism and cultural biases embedded in systems based on professional practices that are seemingly scientific / medical are often overlooked. Yet, historically, a racist agenda was central to the process of psychiatry almost from the beginning of (western) psychiatry when (for example) escaping from planation slavery was constructed as *drapetomania*, an illness characterised by the symptom of 'running away'. Academic psychology too was closely tied up with (racist) thinking at its very beginning—for example eugenics was part and parcel of psychology at University College London (UCL). Various racist ideas developed during slavery and colonialism (see Fanon) fed into post-WW2 transcultural psychiatry.

Two further points: Psychologists trained purely on the basis of white knowledge may have no notion of psychologies that some of their Asian and African clients / patients may have been brought up in. The culture-clash that results may well lead to the 'trained' psychologist judging a client from a non-western cultural background as being primitive or unintelligent. Further, by ignoring the fact of there being a *variety of global psychologies* (and not just one, *western* psychology), students (say) from India or Ghana may be seen by white students and their teachers as 'primitive' in their ideas if they question the ideas taught as 'psychology' or talk about the ideas about mental matters in their home countries in a positive way. Thus training itself promotes racist notions of white supremacy.

Finally what I suggest is that attempts to redress issues of so-called 'racial inequality' in the mental health system have been ineffective partly because they failed to challenge current professional practices and the whiteness of knowledge (with implications of white supremacy) that they are based on. So may be mobilising against racism in the mental health system may lie in collaborating with critical movements in the psy professions and moving towards promoting training that is truly unbiased and restores dignity to cultures and people from all parts of the world; and counteract racist attitudes that currently demean professional practice and unfair to service users.

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For references or details look up books by Suman Fernando (see http://www.sumanfernando.com or e-mail request to sumanfernando@btinternet.com