Beyond the common debate on culture and psychiatry

A comment to Olajide Oloyede

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In haar commentaar op Oloyede's paper onderstreept de auteur niet alleen dat cultuur en culturele sensitiviteit nodig zijn voor betrouwbaar onderzoek in psychiatrie, maar ook in bredere zin van groot belang zijn. Antropologie dient een bijdrage te leveren aan de studie van de historisch en politiek-economische context van 'mental health'. Dat geldt in het bijzonder voor Zuid-Afrika.

[psychiatrie, antropologie, context, Zuid Afrika]

Oloyede's article on mental illness and culture is a good overview of the discussion between psychiatry and anthropology about cross-cultural psychiatry and culture-bound syndromes. The paper has many references that are important for students who want to know how issues of conceptualisation of mental illness have been during several decades.

What is interesting about this article, is that the motivation for it was that post-graduate students of anthropology in South Africa felt discomforted when they were presented with interview schedules that were "biomedical driven" and were not perceived as culturally sensitive. This is not uncommon in itself; the argument that modern psychiatry is not so culture-sensitive has become almost common knowledge in anthropology, in migrant mental health care and even in biomedical psychiatry itself. In fact, one reason for the students' discomfort was that they were "fed on a diet" of anthropology; one can expect these reactions.

However, the discomfort takes on a specific meaning in the context of South Africa, especially when one looks into its history and recent developments. Oloyede gives us a clue when he writes: "The rather more white-coat approach to the study of mental illness was seen as problematic by the young black South African post-graduate students …" Although Oloyede does not elaborate on this issue at length, it is clear that the uneasiness is fuelled by the recent transformation of South Africa from a colonial and Apartheid State into a democracy in which the former oppressed black and coloured populations struggle to obtain their own identity. Black opposes white, and not in "culture-sensitive" psychiatry alone. In the South African case, mental health is one of the domains that illustrate the processes of identity formation and liberation in the

country; perhaps even stronger as in other domains because the "identity" of a normal (or abnormal) person in society is discussed in mental health care on an individual and collective level. There is an extensive body of literature on the effects of oppression and racism on mental health (cf. Swartz 1998). Swartz states that as early as the 1980s the relevance of mental health care was being contested and that these debates were especially focussed on the "western" roots of mental health care. He further argues that political and social factors were mentioned in the discussion of failure of mental health care (Swartz 1998: 169-170).

The reactions of the students and Oloyede's "need" to write his paper raises the issue of identity and belonging even more intensely, when the interview schedules could make clear that people who are treated in mental health care do not have a clear reference point for their identity when mental health care is oriented to a biomedical perspective. How would they know when and in what way they are "normal" again when "western" concepts of identity and normality are the reference point, while at the same time their social groups are struggling for their own Xhosa, Coloured, Khoi or San identity? Due to policies of segregation during the era of Apartheid, the lives of most South Africans have been shaped by troubled and ambiguous experiences of identity. From this point of view, the resistance against a biomedical psychiatry becomes well understandable; if they acquiesced to it, people would feel themselves oppressed again. Therefore, it is a pity that Oloyede does not provide us with examples from South Africa, and instead only provides the reader with classical examples of culture bound syndromes and the need for culture-sensitive mental health care. This would have strengthened his arguments.

It is certainly important to have the focus on "culture" in South African mental health care contexts. However, it is equally important to realise that even the "biomedical" approach in South African mental health care differs very much from, for example, the approach in Dutch biomedical mental health care for migrants. The White Papers of mental health and mental health care of the South African government speak of equal rights of access to health services and equal treatment. There is a strong urge to have mental health care in the community. However, the practice in many communities (for example the townships of Cape Town, the city, which serves as an example and "laboratory" for health care in the entire country) show that the "biomedical" approach in psychiatry often is limited to *ad hoc* and pharmaceutical treatments of persons with severe mental illness. It is my opinion that this is not only related to "white" psychiatry but also and even more to financial problems, overload of work and powerlessness of the mental health professionals who see their community centres flooded by people with urgent and serious health needs.

I certainly agree with the conclusions of Oloyede. I agree that cultural systems can be directive. I agree that cultural systems serve in the creation of cultural identities. I agree that culture plays its part in aetiology and explanation of mental health and illness. I also agree that to function in a group, people will have to learn to communicate in order to understand behaviour in a proper way. But I disagree that in mental health and in mental health care only culture (and language) have to be the main and only focus. The contribution of anthropology to issues of mental health and mental illness

can also be the study of the broader historical-political-economic contexts in which people have to live. In my opinion, like disability movements and community-based rehabilitation, psychiatry in South Africa could also contribute to processes of liberalisation and identity-making by translating its struggle in the communities into the "language" of empowerment.

Note

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Reference

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