

POLITICIZATION OF SCHIZOPHRENIA

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I hope to tell you a bit of how, starting with the critiques (of psychiatry) that Laing offered in the 1960s, how the use of ‘schizophrenia’ as a diagnosis appears to have changed, becoming sort of ‘politicized’ or one could even say ‘racialized’—perhaps in a way that Laing himself may have foreseen could happen judging by some of his writing (eg. in *New Left Review* Laing 1964).

Having been trained as a psychiatrist in the 1960s, I was of course influenced by Laing’s work—especially reading *The Divided Self* and hearing about the work at Kingsley Hall.

Slide: Laing 1960s

Early in my career, working in multicultural settings in London, my interest was drawn to wider social and cultural aspects of what we designate as ‘mental’—wider than ‘family’; and then to ‘transcultural psychiatry’, the application of a culturally ‘western’ discipline to people whose backgrounds are culturally ‘non-western’.

The Transcultural Society (TCPS) in the UK was central to this interest in the late 1970s into the early 1990s. The focus of our work was at first ‘culture’ but that shifted to issues of ‘race’ (as well as culture) influenced I think by what our patients and clients told us about *their* experiences in the ‘mental illness’ system, and also by British cultural studies, for example, of the Birmingham group led by Stuart Hall and colleagues—*Policing the Crisis* and *The Empire Strikes back*.

Slide: Cultural studies from Birmingham (book covers)

Essentially the Birmingham group proposed that what were called ‘*cultural*’ issues resulting from the post-war influx to Britain of migrants from ex-colonies were really about their perceived ‘*racial*’ nature. After all Britain was quite used to accepting migrants but this influx of the ‘*racial other*’ was something new. The crisis that Stuart Hall referred to (in ‘policing the crisis’) was really about the state (people in power) dealing with, controlling, ‘race relations’.

In the field of psychiatry, this crisis was manifested in these sorts of issues.

Slide: Racial and Cultural issues since early 1980s

At our TCPS meetings in Bradford, London, Birmingham, and in other places where there were significant numbers of ‘black people’, the discourse among professionals concerning

these issues was initially about ‘them’ but also turned to looking at the nature of psychology and psychiatry. Talk about

Slide: Talk about

By the mid-1980s, the discourse—and indeed protest—was, and still is, predominantly about the “*over-representation issue*”; that being black seems to attract the diagnosis of ‘schizophrenia’ and / or ‘psychosis’.

Slide: Discourse in the 1980s

In the 1980s, we had the ‘race riots’ in several major British cities. At that time, ‘cannabis psychosis’ was a common diagnosis given to black people only (McGovern and Cope, 1987). The 1985 Silverman inquiry into the cause of the riots in Handsworth (Birmingham) was told by Dr Imlah (1985), a local psychiatrist, that the cause of rioting was cannabis consumption by black youth. Being *black, mad, and high on drugs* was emerging then as the image of violence. A BBC Horizon programme in 1989 called ‘black schizophrenia’ portrayed ‘schizophrenia’ as ‘largely a disease of black people that is associated with violence’ (to quote from a letter to the Director of the BBC by Shaw and Fernando, 1989). By the 1990s, cannabis psychosis seemed to lose its popularity but over-representation (as ‘schizophrenic’) got worse, higher in the case of British-born black people than it was among immigrants. ‘Black schizophrenia’, was sometimes identified as a medical ‘epidemic’ presenting a physical danger to white people but more often as a violent form of madness necessitating control of (mainly black) youth.

Slide Psychiatric statistics (Aesop study) 19978

Over-representation applies not just at the hard end of psychiatry—places like Broadmoor—but all over the place, in community care, out-patient setting etc. The diagnosis seems to justify locking up and / or medicating (controlling) black ‘schizophrenics’—and have parallels in ethnic statistics in our criminal justice system and education.

Slide Stop and Search 2013

Slide: British citizens in prison in England & Wales 2013

Slide: School exclusions 2009-10

To get back to schizophrenia; in today’s British society, I suggest that Laing’s ideas still resonate but there is more, *much* more, when looked at from a transcultural perspective, from a social-political perspective.

Slide: Understanding schizophrenia the black experience in Euro-America

Laing talked about the '*politics of experience*'—how human experience, especially that of young people, was structured by power. Also, he pointed to the importance of *context* when experiences are socially constructed into symptoms (of 'schizophrenia') such as hearing voices, passivity feelings and feelings of being controlled by external forces. From a transcultural perspective, much of what the psychiatry identifies as 'symptoms' seem on closer examination to be felt as perfectly *natural* experience in many parts of the world. And, there is little evidence that such feelings / experiences are seen as requiring 'treatment' or 'healing' in non-western medical systems or non-western psychological systems of healing—'understanding' perhaps in some instances but not 'treatment'. Incidentally, what slightly alarmed me even in the 80s, (Fernando, 1988)—and alarms an increasing number of people today (Fernando, 2014; Mills, 2014; Watters, 2010)—is the globalization of Eurocentric psychologies and diagnoses across the world, a cultural imperialism, driven by neo-liberal policies and the profit-motive of corporations.

Slide: Globalization of the Western Mind

Slide: Globalization of psychiatry

The concept of the double-bind and importance of family-life as the context in which we grow up runs through *Sanity Madness and the Family* (Laing, 1970) and gives insight into how powerful family systems can be.

Slide: Laing & Esterson 1964: *Sanity, Madness and the Family*

For black people caught up in the psychiatric system, what is experienced as even more powerful is the social-political system—'the state', Babylon, the Rastafarian term for oppressive state power (Cashmore 1979)—coupled with the power of the psy disciplines. And 'schizophrenia' is part and parcel of the exercise of power when 'white psychiatry' meets black identity. In the case of black people—and perhaps of others too who are seen as the *racialized outsider*—excessive labelling with schizophrenia links up with excessive stop and search, prison, and school exclusion and many other socio-political realities of lived experience. In effect, schizophrenia labelling (as in fact Laing once said) 'as a social fact, is a *political event*' (Laing, 1964: 64)—*understandable* in a context of 'race relations' as part of state control, of social exclusion, of 'othering'.

Slide: Power of psychiatry; the struggle against racism (books)

Personally I found in *Sanity Madness and the Family* a most illuminating perspective on the meaning of 'schizophrenia' but the accounts of individuals in families who were, as it were, struggling with and against each other, were perhaps too Eurocentric to be of much relevance to the lives of most people from non-western cultural backgrounds—Asian, African, African-Caribbean—in our, now multicultural, societies.

But of course ‘schizophrenia’ itself is a western construction representing a particular view of the human condition that arose in post Enlightenment Europe. The post-Enlightenment culture that bred the psy disciplines focused on positivism, causality, individuality, and so on (the bedrock of the ‘scientific approach’) but also excluded spirituality (in adopting secularism) and embraced racism as an ideology (see Toni Morrison, 1993; Eze, 1997).

Slide: European values on ‘freedom’ and ‘race’ Post-Enlightenment.

Slide: Enlightenment values on ‘freedom’ and ‘race’

Both the absence of spirituality and the racist stereotyping in clinical work are often identified by service users from black and minority ethnic communities as problems in their encounters with the psy disciplines.

I am not discounting intra-psychic experiences nor dismissing the importance of pressures on young people in family life; and certainly the existential approach that Laing took makes sense in a transcultural viewpoint. But when seen through the lens of ‘over-representation’ post-Laing, post the 1970s, social judgements about behaviour, concepts of dangerousness and fear we experience about ‘the other’, these seem more important to the understanding of ‘schizophrenia’—at least in the case of racialized people in western society today. As a report (SHSA, 1993) on deaths of black ‘schizophrenics’ in Broadmoor, put it, while drawing attention to what it called ‘subtle racism’, *the power of the ‘big, black and dangerous’ stereotype.*

To finish, I would like to turn to a book published fairly recently in the US, because it offers direct evidence of how ‘schizophrenia’ has become politicized to become a racist diagnosis in much of the West.

Slide: Protest Psychosis by Metzl (2009)

Jonathan Metzl (2009), a psychiatrist and professor of women’s studies at Ann Arbor in Michigan, perused over several years the records of Ionia State Hospital for the Criminally Insane, one of many American asylums run down in the 1970s, that closed in 1975 to re-open as a prison—with many of its black patients, still in situ, becoming prison inmates.

What Metzl (2010) found was (to use his own words in several places) ‘dramatic racial and gender shifts in persons diagnosed with schizophrenia at Ionia during the 1960s’. Before the 60s, Ionia doctors viewed schizophrenia as an illness that afflicted nonviolent, white, petty criminals, including the hospital's considerable population of women from rural Michigan. Notes spoke of the negative impact of “schizophrenogenic styles” on these women's abilities to perform their duties as mothers and wives.’ They were not seen as threatening, but as confused perhaps, lost in their own imaginary worlds. Psychiatric assessments were [for

example] *This patient wasn't able to take care of her family as she should,.... This patient is not well adjusted and can't do her housework; She got confused and talked too loudly and embarrassed her husband.*'

'By the mid- to late-1960s, however, schizophrenia was a diagnosis disproportionately applied to the hospital's growing population of African American men from urban Detroit. Hospital charts stressed how hallucinations and delusions rendered these men as threats not only to other patients, but also to clinicians, ward attendants, and to society itself. You'd see comments like *Paranoid against his doctors and the police. Or, Would be a danger to society were he not in an institution.* (Not very different I think to the symptoms and signs of 'black schizophrenia' in the UK).

What is now fairly evident is the political role of 'schizophrenia' when black people are the objects of this diagnosis—and it is far more difficult for black people (as compared to whites) to survive the consequences of this event, especially now with community treatment orders and the expanding forensic system. The social imperative to control and (as it were) punish black people for being 'the other' may now be spreading to encompass other racialized groups (groups of people seen *as if* they are 'races' in the old-fashioned negative sense)—asylum seekers, refugees, undocumented migrants, 'Muslims'.

While the struggles of the 80s and 90s in the UK, made people aware of the suffering that black people faced because of the diagnosis of schizophrenia, little attention was paid to de-politicizing 'schizophrenia'. We did not then fully comprehend the power of the psy systems involved in a political agenda of controlling the 'other', and hence in supporting state power. We did not realise that the psy disciplines themselves need changing politically. That means, not just trying to 'understand' schizophrenia as a diagnosis, a label that stigmatizes, how it may play out in family, and so on, but also to understand and address the *political event* of schizophrenia as oppression.

Slide: Thank You!