

Debating the First Principles of Transcultural Psychiatry

Religion and Mental Health: Democratizing Responsibility?

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My own interest in this area has to do with the ways in which psychiatry and religion/spirituality have co-evolved in India and Japan across the twentieth century, their ideas and practices developing in dialogue. The Japanese dimension of the research focuses on two prominent first-generation psychoanalysts, both of whom had a great deal to say about religion and meaning in their work, as well as – implicitly, via the ‘East-West’ rhetoric of their day – about transcultural problems in psychiatry.

In cultural-historical terms, Japan is a fertile context for thinking through some of the basic principles and problems of transcultural psychiatry: on the one hand her modern history made her into a beacon of western values, technology, and infrastructure in Asia, with strong German and American legacies in medicine (including psychiatry); on the other hand Japan has been the focus of both Japanese and non-Japanese discourses of exceptionalism, or nativism, since at least the 1920s – and this has had a powerful legacy in cultural psychology and psychiatry from Ruth Benedict’s famous *The Chrysanthemum and the Sword* (1946) onwards.¹

Our reading and discussions as part of the *Debating the First Principles* project has been invaluable for me in establishing some basic problems in this area, which I hope to take forward into my research on Japan in the coming months. In this short piece here I will focus briefly on just two areas of concern that I have come across in the context of the project. Firstly, I’d like to offer some thoughts on where responsibility seems to lie in transcultural psychiatry. I think this connects up with some of the potential ways in which, if we allow ourselves to consider existing and new religious movements as cultures or sub-cultures – a move that is not without problems, of course – transcultural psychiatry might offer some analytical tools in the ongoing critical dialogue between religion and the psy disciplines. Secondly, I would like to point to some of the apparent shortcomings of existing work in the area of transcultural psychiatry – at least on the basis of what I currently know of it.

With Mohammed Rashed’s article on ‘Religious Experience and Psychiatry’ in mind, along with related work by Bill Fulford, it seems that responsibility is a powerful implied theme in the debate on religious experience and transcultural psychiatry.² I appreciated Rashed’s attempt, where there are mental health concerns arising from behaviour with religious connections and content, to offer a model of clinical encounter that emphasizes a broadly informed psychiatrist trying to listen carefully and to play the part of a mediator between various potentially conflicting accounts of

¹ Peter Dale’s *The Myth of Japanese Uniqueness* (1986) offers a useful summary and some powerful objections to this nativist theorizing, known in Japanese as *nihonjinron* – ‘theories about the Japanese people’.

² Mohammed Abouelleil Rashed, “Religious Experience and Psychiatry: Analysis of the Conflict and Proposal for a Way Forward,” *Philosophy, Psychiatry, & Psychology* 17, no. 3 (2010): 185–204. Mike Jackson and K.W.M. Fulford, “Spiritual Experience and Psychopathology,” *Philosophy, Psychiatry, & Psychology* 4, no. 1 (March 1997): 41–65; *ibid.* K.W.M.B. Fulford and G. Stanghellini, “The Third Revolution: Philosophy Into Practice in Twenty-First Century Psychiatry,” *Dial Phil Ment Neuro Sci* 1 (2008): 5–14.

an individual's inner experience. There seemed to be at least two weaknesses here, however.

Firstly, there was the perhaps rather obvious weakness that it will presumably be a rare psychiatrist who has the time available to him or her to do the kind of justice to a particular case that Rashed seems to require – bearing in mind that Rashed is talking about what ought to go on in an early, perhaps even an initial encounter, before any diagnosis that might require extended meetings with the patient. I'm sceptical about whether the kind of 'linguistic resonance' that Rashed hopes for – the notion in itself is a powerful and attractive one – could usually be established within realistic timeframes, even in wealthy countries where longer consultation times are possible. One reason is that, as our discussion thread on Rashed's article seemed to hint, the radically pluralistic, subjectivist approach to epistemology that Rashed bases his ideas on, is likely to be objectionable to many ordinary people, whose understandings of the world are based on assumed forms of philosophically realist, correspondence-theory-type truth claims. Pluralism in areas like belief works well in theory, and indeed in many areas of life; but psychiatry, like the law, is one of those areas where fairly concrete decisions have to be made and some sorts of incompatibility simply cannot be allowed to stand. So there are two related assumptions here – about the length of clinical encounters, and about the fundamental beliefs and understandings on the basis of which patients and families might reason and negotiate – that are potentially problematic for the kind of solution that Rashed proposes.

Secondly, it seems as though the burden of broad learning that Rashed's solution places upon a psychiatrist to acquire the necessary tacit or hinterland knowledge where cultures and religious traditions are concerned – enough, at least, to lead to a meaningful process of negotiation – is unattainable in many or most situations. There is also a question mark over whether a psychiatrist is the right person to be looking to for the mediation of such situations in the first place.

Rather than ask so much of – or cede so much to – the clinical encounter, I wonder whether it is worth thinking about ways in which transcultural psychiatry already is, and how it can further be, democratized: made to be a society-wide undertaking. How, for example, might we build upon the basic mental health awareness that is already a part of professional training in key relevant institutions – schools, hospitals, religious institutions, etc. – to include findings from research in transcultural mental health research. This would increase the chances of experiences and forms of behaviour akin to those discussed by Rashed (and by Fulford and Jackson elsewhere) being understood and discussed within the cultural context from within which they have arisen, without necessarily requiring the involvement of a third party from the psychiatric profession. Perhaps there is more that Rashed and others working in the area of transcultural psychiatry can do to address these sorts of audiences. In the case of Femi, discussed by Rashed, had this broader awareness been in place, and had the religious community of which he was tacitly a member been more closely in touch with him, he may not have ended up in the hands of the psychiatric profession at all. Rather, he might have had support from people who shared his terms of reference yet were able to incorporate *into those* a form of psychiatric awareness.

An obvious problem with trusting in the first instance to local contexts and communities is that irresponsible individuals or organizations might easily do more harm than good in a situation like Femi's, either by allowing someone who is potentially a danger to themselves or to others to go untreated or by using psychiatric

referral as a way of establishing normative criteria for belief and behaviour in their community. Nevertheless, the notion of a democratization of the formulation and application of transcultural criteria remains worth considering both in practical terms, given the pressures on psychiatric services, and also ethically because of its potential to protect cultures and sub-cultures – ‘communities of intelligibility’, to use Robert Bellah’s phrase – from unwarranted external interference.³

With this in mind, then, I wonder whether it is possible for what Roland Littlewood calls the ‘ironic simultaneity’ of differing understandings of inner experience to be held and negotiated at both the individual and local community levels, without having to involve the psychiatric profession more than is essential in any kind of adjudication. The work of Nikolas Rose on narrative identity and Lawrence Kirmayer’s discussion of ‘discursive psychology’ could be of use here, alongside the theological anthropologies of world religious traditions.⁴

The second area, which I’ll deal with very briefly, and which emerges as particularly important from the preceding discussion, concerns some of what has seemed so far to be lacking in the writing on transcultural psychiatry. Firstly, the discussions where religion and spirituality are concerned have been mostly confined to so-called psychotic phenomenology. Historically, much of the debate between psychiatry and the psy disciplines has in fact focused mostly on areas like neurosis, anxiety, depression, and allegedly aberrant forms of faith and belief – and I’m wondering whether transcultural psychiatry has something interesting to say about these. Secondly, it strikes me that patient experiences have not been much discussed – we have tended to look at clinical professional and anthropological angles, which are of course important, but I wonder what is out there from patients’ point of view. This latter is a problem mirrored, of course, in historical research on psychiatry and religion – it tends to be professional and institutional voices that are heard, alongside those of prominent critics – and it ought to be a priority for researchers, as far as is practically possible, to address this. Otherwise there is a risk that the multi-professional paternalism (medics, psychiatrists, therapists, and clergy) always lurking in the religion-psy debate goes more or less uncommented upon and unchallenged.

³ Robert Bellah, ‘Religious Pluralism and Religious Truth’, in Robert N. Bellah & Steven M. Tipton, *The Robert Bellah Reader* (2006), p. 483.

⁴ L J Kirmayer, “Beyond the ‘New Cross-Cultural Psychiatry’: Cultural Biology, Discursive Psychology and the Ironies of Globalization,” *Transcultural Psychiatry* 43, no. 1 (March 2006): 126–144. Nikolas Rose, *Governing the Soul: the Shaping of the Private Self* (1999).