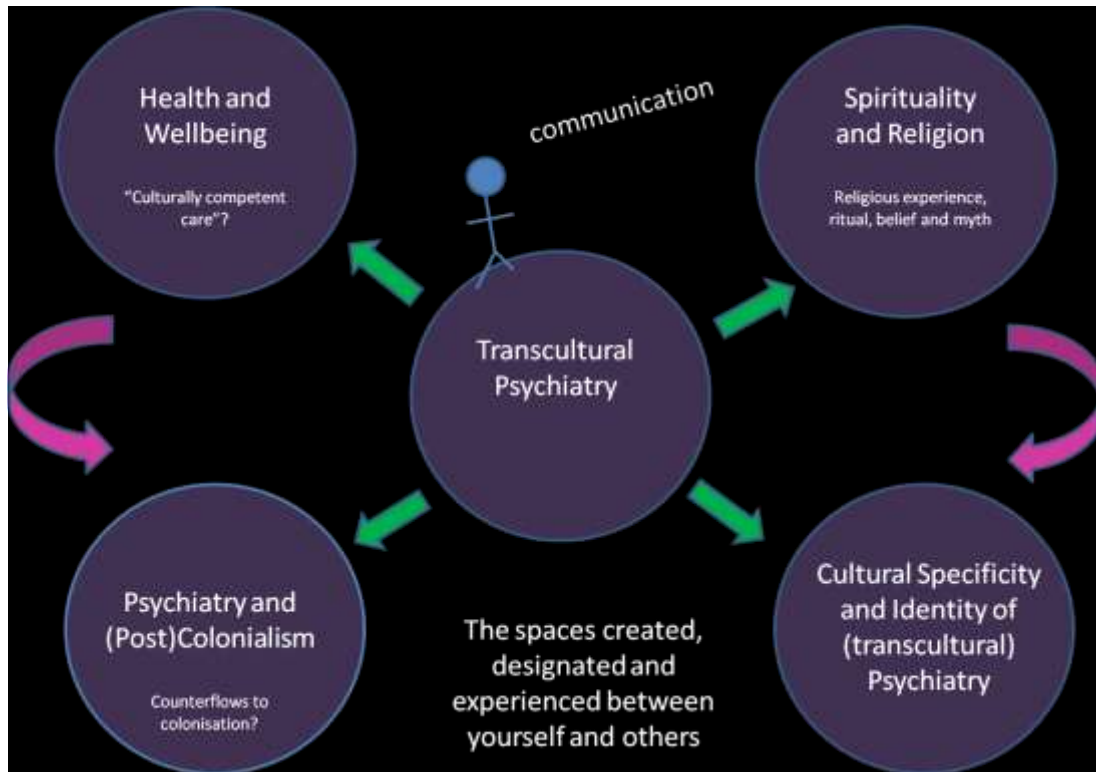# Moving Across and Beyond the Landscapes of Transcultural Psychiatry: Some Personal Reflections.

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Personal mind map of the project

> Psychiatry may outline a science of the psyche and its disturbances but it also reflects a cultural interpretation about personal experience, responsibility, social behaviour, and the requirements for social order. The cultural character of the psychiatric enterprise itself, just as much as the characteristics of its disorders, constitute the subject matter of cultural psychiatry (Fabrega, 2001: 391).

> The move away from the singularities of "class" or "gender" as primary conceptual and organizational categories, has resulted in an awareness of the subject positions – of race, gender, generation, institutional location, geopolitical locale, sexual orientation – that inhabit any claim to identity in the modern world. What is theoretically innovative, and politically crucial, is the need to think beyond narratives of originary and initial subjectivities and to focus on those moments or processes that are produced in the articulation of cultural differences (Bhabha, 2006: 2).

As a human geographer, the understanding that places are continually in flux, changing in form, function and human dynamics across space and time, has great appeal. But to consider the consequences of these fluxes at the differing scales of mental health and its care through the lens of transcultural psychiatry is an

intriguing – yet dauntingly complex – venture. This project, centring on debating the first principles of transcultural psychiatry, has brought to light a number of challenging questions about the complex connections between psychiatry and (post)colonialism, the cultural specificity and identity of (transcultural) psychiatry, and differing understandings and implementations of "culturally competent care". For me, a crucial component when reflecting upon transcultural psychiatry is to consider the notion of *movement*: the crossing of people, ideas and practices across real and imagined borders/boundaries at a variety of scales. Indeed to ponder upon what this could mean for those individuals caught within the networks of these new landscapes of care?

An important aspect of debate in this project centred on the individuals receiving psychiatric care and the ways in which culturally based positions and assumptions can direct the perspectives that patient and clinicians encounter in therapeutic communication (see Moffic, 1983). Of paramount importance, perhaps, is the nature of the spaces created, designated and experienced between individuals in the psychiatric encounter in an increasingly globalised world. Cross-cultural communication through processes of exchange and negotiation of cultural differences, and prioritising the quest for inter-culture knowledge could be seen as possible routes forward in the search for more "culturally competent" clinical care (see Chowdhury, 2004). However, perhaps in conjunction with these elements one aspect to consider further in the transcultural project, and to therefore be more attentive to, is that of the spaces themselves. For Tseng and Streltzer (2004), virtually all clinical practice can be seen as transcultural as even when clinicians treat patients who share similar cultural backgrounds to their own differences still inevitably exist. Such issues are very usefully explored in this context by Neil Aggarwal (2012) through his work on hybridity and intersubjectivity in the clinical encounter.

Grown out of a frustration with the DSM-IV Outline for Cultural Formulation Aggarwal's work attempts to address the mutable nature of cultural identity – which he labels as hybridity – based on the dynamics of the clinical relationship – which he sets within the framework of intersubjectivity following the postcolonial theorist Homi Bhabha – through examining the case of Mr. Raju. By carefully tracing Mr. Raju's journey through a number of different medical spaces and clinical encounters, such as the Emergency Room, inpatient unit, psychosocial residential rehabilitation and private consultation, the author was attempting to open up the smaller spaces of exchange that occur in such practices in order to seek out new models for clinical interaction. For Aggarwal (2012: 134), Mr. Raju lived *between* cultures and occupied a hybrid space that uniquely fused the many groups from which he drew meaning, and in this case these ranged from being a man, Indian, American, a veteran and health professional. Through his transition between different medical spaces and

clinical encounters, his cultural identity shifted, as did the narratives he used to convey them, until he found one that provided him with the most meaning with clinical significance. Aggarwal (2012: 135-136) argues that using notions of hybridity and intersubjectivity helps us to recognise how patients and clinicians inhabit multiple identities and subject positions simultaneously that impact upon the exchange of information in different situated encounters. Thinking more explicitly about these small spaces of exchange and encounter within the therapeutic setting alongside the larger institutional and political spaces that the former is caught up within could, therefore, open up further points of (dis)connection to future modes of understanding that the transcultural path could follow.

Just as places are never static nor are the individuals who inhabit their hinterlands. As the horizons of psychiatry continue to blur within the changing economic, political, social and cultural landscapes of care across the globe there can arguably be no better time to debate the differing theories and practices of a transcultural approach. Although this project has undoubtedly raised more questions than it can hope to answer the processes involved in unravelling and challenging such approaches, by moving across and through the different terrains of transcultural psychiatry, has inspired a new way of looking at mental health care that will continue to reverberate through my future engagements with the subject.

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