

## Comment

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The field of psychiatry as we know it is relatively young, and many working in the field could, by default, be considered pioneers. Enchanted by the incredible rewards of interacting with the extremes of the human psyche, we encounter a range of experience that can be daunting in its challenge. In the adventurous spirit of our ancestors in psychiatry who first dared to examine and relate to unknown and baffling states of consciousness, we are raising the issue of cultural-centrism in psychiatry. We feel that this topic is so important that we have chosen to take a potentially provocative stance.

### **Cultural-centrism**

By and large the criteria for what is commonly considered “normal behavior” are based on western European cultural standards. The rules which we consciously or unconsciously live by in part define culture. In many cases cultural norms, and thus cultural-centrism, unconsciously work in the background as we evaluate others for normalcy. Cultural-centrism tends to assume that all people who live in a predominately European-derived culture are also from a European background and should thus behave accordingly. Cultural-centrism means that common behaviors which make sense in one culture are considered abnormal or inebriate when practiced in another. For instance, in India, standing in a river or pond and praying is normal spiritual practice. If a group of people trundled down to our local river to pray in the water, they would be seen as either an extremist religious sect, completely mad, or both.

This rather blatant example illustrates that behaviors which are transplanted from one cultural context to another may be considered abnormal. Similar evaluations of “abnormal” behavior happen in many small ways in everyday life. For example, the mainstream communication style in the United States values speaking in relatively quiet tones, not interrupting, keeping one’s body still and holding back emotion in public situations. A person from a background which values simultaneous speaking and open expression of emotion with large gestures (such as southern European) will be evaluated by the mainstream as too emotional, odd or even sick.

For our purposes, we define the mainstream in the United States as consisting of people and values of more or less western European descent. A high value has been placed on assimilating into or trying to “pass” as belonging to the mainstream. This value leaves us with a doubly restrictive situation. The rich differences brought by people from diverse cultures are at best not valued and at worst seen as suspicious or pathological. Also, behavior that is not supported in the mainstream is easily projected onto different cultures. Projection can prevent the mainstream from noticing that both positive and negative qualities ascribed to non-mainstream groups may be unconscious aspects of themselves.

The mainstream in any culture defines and reinforces societal norms. Up to a point this is positive, since a certain amount of stability is necessary to maintain culture. Thus, the mainstream has a natural tendency to resist change in order to keep society intact. However, if the mainstream becomes overly stable, favoring one aspect of the culture over others (for example valuing only a linear, calm communication style), cultural impoverishment may result. Non-mainstream elements are left with the task of fitting in, being judged or stretching mainstream norms. In the history of the United States numerous minority groups have benefited from the leadership of African Americans who, through the civil rights and other movements, led the way in challenging and eventually changing mainstream values. Concur-

rently, other tendencies attempt to stretch the boundaries of mainstream culture. A possible explanation for various trends, ranging from fascination with violence and the paranormal to the recent surge of fundamentalist Christianity, is that the culture is attempting to rediscover aspects of itself which have been excluded. One way to discover what is trying to come to consciousness in a culture is to look at groups, trends, tendencies and extreme states which disturb and contrast with mainstream values.

### Social issues and cultural projection

Projections, either positive or negative, can be harmful to groups and individuals receiving the projections. They objectify and dehumanize people, depriving us of the chance to see them as unique. Why are we talking about social issues and cultural projection in an editorial about psychiatry? For the following reasons:

1) Traditional diagnostic practices derived from mainstream norms have a tendency to judge as abnormal any experience that doesn't fit the mainstream. For example, we once had the opportunity to be present at intake interviews in a psychiatric hospital in Cape Town, South Africa. A Black African woman was presented. She had been relocated from her home and sent to live with a brother, who was abusing her. She complained of being possessed by a spirit in her stomach which told her to do bad things to her brother. As we listened to the psychiatrists talking about her, one mentioned that in the woman's own culture this experience was well known and had a name. Even though in the context of her own culture there was a name, an explanation and a treatment for her experience, she received the diagnosis of schizophrenia. In this case, cultural-centrism restricted the psychiatrist to a narrow range of descriptions and treatments for illness. Wouldn't it have been wonderful if the mainstream psychiatrist and the healers from the woman's culture could have worked together to help her translate the messages from the spirit into the means to protect herself from her brother?

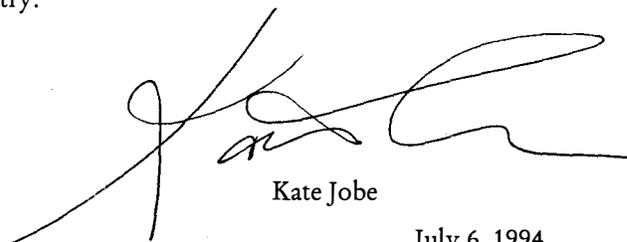
2) Elements that are projected onto other cultures, groups and races also appear in extreme states. The reoccurrence of these elements may indicate that they could be useful in the development of the mainstream. For example, many acute schizophrenic episodes in the United States include both highly sexualized and/or spiritual content. Sexuality is frequently split off by the mainstream and projected onto minority groups. Similarly, mainstream culture in the United States has become more and more secularized. Graphic sexual hallucinations and spiritual encounters may appear in extreme states in part because they are trying to work their way back into collective consciousness. (See Mindell, *City Shadows: Psychological Interventions in Psychiatry* (1988) for a complete discussion of this idea.)

### Questions in conclusion

This brief discussion barely touches on the complexities of cultural-centrism as it relates to psychiatry. The topic deserves extensive research and ongoing consideration. Many questions need to be asked. For example: Who has the responsibility for waking up the mainstream to cultural assumptions and centrism? Should the mainstream take responsibility for awakening itself? Or, as has largely been the case historically, should the responsibility remain with minority groups and individuals? (See Dawn Menken and Arlene and Jean-Claude Audergon in this issue for exploration of the effect of cultural-centrism on women involved in the psychiatric system.) Currently, we are fascinated with how we diagnose our own extreme states, and about the tendency to self-medicate wild states with common substances, e.g., pulling ourselves out of deep catatonia-like states with endless cups of coffee. As we begin to explore how cultural-centrism affects our own lives, we are encouraged about the possibility of growth in many aspects of mainstream culture, including psychiatry.



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