

Interview

Interview with Roland Littlewood on 5th December
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Simon Dein

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Simon Dein: Roland perhaps I could just start by asking you how you developed your interest in cultural psychiatry?

Roland Littlewood: Well, I had never had an interest in anthropology at all when younger. I read the 'Golden Bough' in my teens, the famous book by J.G. Fraser which, at the time I thought was largely elegant rubbish; then I found myself in my late twenties working as a psychiatrist in East London, where many of my patients were from ethnic minorities and I realised I had to acquire urgently some extra knowledge about their personal lives and cultural situations, which psychiatry by itself could not produce. Very practical really. I got into social anthropology largely by reading Culture and Personality theorists like Margaret Mead, Ruth Benedict, Abraham Kardiner, Clyde Kluckholm etc and extending my interest in psychoanalysis. Not so exciting now but at that time I was aiming to have personal analysis and, when not in art school, was doing psychotherapy with people who schizophrenia. My then boss, Maurice Lipsedge, proposed to me that he and I wrote a book on mental illness and ethnic minorities. The book was 'Aliens and Alienists: Ethnic Minorities and Psychiatry' published by Penguin in 1982 when I was in the field. That was fairly easy going. I contacted Ioan Lewis who was then the professor of social anthropology at the London School of Economics, who had previously written books on religion and social anthropology (with his particular interest, of course, being Somalia and Islam) when he mentioned a possible rapprochement with psychiatry. Indeed he edited a book on symbolisation which extended from the social anthropological to the psychiatric position. Our original proposal was to produce work on local conceptions of mental illness held by people of African Caribbean origin in East London. Ioan and I put in a proposal, which was not funded. By this time he was determined I should to come along to the LSE, and so I went to lectures there by Jean La Fontaine and David McKnight. So, we did not get the money, but in the end the SSRC said to me you know there is a fellowship being offered every year, a post doctoral fellowship for people who have not done social anthropology to get into anthropology from another discipline at either doctoral level (or as in my case as a medical doctor). Okay, so I was awarded postdoctoral conversion fellowship and then went to do anthropology at Oxford. And there I discovered the *Année Sociologique*. Wow!

SD: Which writers have had the most influence on your own writing in cultural psychiatry?

RL: WHRI Rivers in the past (back to the Torres Straits!) and more recently the work of Ioan Lewis and Gilbert Lewis. But in terms of modern cultural psychiatry, specifically the Canadians, Raymond Prince and H.B.M. Murphy. Then people like Ari Kiev and so on but I have not been influenced by their particular theories; I would not actually say I have been influenced

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psychiatrically by many people at all. Kleinman latterly. And more generally Marx, Durkheim, Turner, Needham and my own supervisor, Lienhardt. I still only count up to two ...

SD: Can you tell me what your main achievements have been in cultural psychiatry over the last 20 years?

RL: Gosh, this sounds like some modern appraisal committee. I suppose largely the first study of a religious group founded by somebody psychotic, where I detailed our own passage from personal pathology to social institution. Secondly, our emphasis on ethnic minorities and psychiatry and race, and on anti-racist psychiatry. Of course, Maurice Lipsedge and I did not work alone on that but we were perhaps most influential in the late 70s, early 80s. Old hat now. Thirdly, the assumption of a structural frame for looking at individual so-called 'neurotic' disorder; in a way similar to what Bateson had tried to do for psychosis and alcoholism in the 1950s, and I think much more appropriate.

SD: Can you outline what your main areas of contemporary interest are in cultural psychiatry?

RL: About everything; at the moment I am working with you on prayers and the "voice of God", and also on the idea of agency because now we have got neurophysiological data on the correlates of agency, they are actually experienced and indeed neurophysiologically constructed. There might be a possible link between social anthropology and psychiatry although very much from the neurophysiological end. I'm pretty interested in Albania at the moment and working on ideas on agency in mental illness, comparing Albania with the Caribbean and how people forget socially in both places. And we are just off to India, occupied Tibet, to look for an order of Tibetan monks who are said to be psychotic. It sounds extremely unlikely; I will see when I actually get there. And also work that Sushrut Jadhav and I did on stigmatisation and mental illness, and also other little projects – zombies in Haiti, Druze reincarnation ideas in the Lebanon, religious stigmata at Easter in Southern Italy; lots of small projects.

SD: What do you see as the main areas in cultural psychiatry, which could be developed in the next 20 years?

RL: Well the central question remains that of the relationship between the universal and the particular: in other words the relation between *emic* categories and *etic* categories and the need to put the so called "cultural bound syndromes" into some more universal frame. At the moment cultural bound syndromes are a mixed bag of a lot of different social patterns and positions, personal traits, cultural traits and so on. As there is no particular uniformity about what they actually constitute, for instance, whether they are physiological or whatever. One can perhaps argue against the Simons and Hughes position, of some sort of uniformity in culture bound syndromes. Perhaps not. And a more vigorous epistemology looking at what actually our patterns of illness actually constitute. And my own favourite would be to discard the nature of "pathology" all together here.

SD: Would you agree with the tenet that cultural psychiatry in the present time remains a purely theoretical discipline, which has not borne its practical fruits for minority patients in Britain yet?

RL: Certainly. But for majority patients as well. Well there is a disconnection in cultural psychiatry in Europe and what it is in America. In Europe it is service driven, anti-racist psychiatry for ethnic minority groups; whilst in the States and Canada it is perhaps more of a theoretical discipline, arguing certain abstract points independent of actual clinical contingencies. Much more interesting. Here we are unfortunately less interested in theory, and very few academic papers come out on transcultural psychiatry as opposed to from North America's much more theoretical position (but quite often distant from actual practice). A lot of American cultural psychiatrists did a bit of previous fieldwork outside America and then returned to North America but largely use their new ideas to recycle the same practical stuff over and over again. I think the Brits are better at actual practical change. But no theory!

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SD: The last question is do you have any views about how cultural psychiatry can be taught to doctors?

RL: Send them off to do a whole degree in social anthropology. When you cut it up into small bits it ends up into a 'checklist' of Commission of Racial Equality (and all the rest) major festivals, beliefs and so on. I see no substitute for picking out the best people interested in this domain, sending them off for proper training in social anthropology including a PhD based on intensive fieldwork. I think anything less than that would just be a token gesture.

SD: Roland, thank you very much.

RL: Thank you Simon.