Cultural Schizophrenia
Dr Isha Mckenzie-Mavinga 2011

I have used the term Cultural schizophrenia to describe what appear to be confusion and the impact of having non-European origins, a bicultural experience and experiences of straddling the cultural discourses of living in Britain. This concept therefore applies to the experiences of anyone greatly influenced by Eurocentric thinking and living and confused by the cultural domination of an assumed superior group. Examples of this phenomenon can be seen in the struggle to survive institutional racism, a common occurrence in the workplace and education system. A type of paranoid defense system occurs when black people targeted by racism become aware of how systemized the oppression is. In an attempt to make sense of the pain behavior is modified to re-interpret our very existence, or protect from further oppression. For example, when a white man driving his car yells at me, the first thought that comes is that I am woman, or I am black, so he thinks its ok to disrespect me. When a white man offers his seat to me on the train, I am flabbergasted and wonder why me? We have come along way since Rosa Parks.

Cultural Schizophrenia can be attributed on an individual and institutional level. Even the institution of the family can perpetrate this phenomenon. Families who raise a child to believe that they need to be better than what they are to achieve equality with white peers is a false assumption based on fear of not being good enough. Would it not be better to add more encouragement and appreciation for the child's goodness? An individual who despises their black heritage, or their skin color, features or hair texture can be prone to cultural schizophrenia. The impingement of linguistic efficiency through speech lessons and a dominant language system can also create confusion. Some of these conditions attribute to mental health problems. The impact of differentness within a family and inter-generationally can add to this problem.

There has been a lack of attention given to the individual context of cultural schizophrenia in the mental health system. Statistics suggest that black people are still overrepresented in the mental health system and therefore we can assume that cultural schizophrenia may also be present in channels of referral and psychotherapeutic support. Even the silence and gagging around this problem can exacerbate a kind of schizophrenia. So the question needs to be asked. Why am I silent where did the conditioning of silencing get laid into my identity? Why do I feel fragmented, as though part of me does not belong in this land, in this family, in this institution, inside of myself? What behavioral patterns have I develop to protect myself from the pain of racism?

Multiple challenges have to be negotiated when working therapeutically in the context of cultural diversity, assimilation, spirituality, family fragmentation and mental health diagnosis. The phenomenon of cultural schizophrenia can be attributed to patient, professional and institutions involved in diagnosis and treatment, when the psychological challenges of living with diversity are not taken into account. This can mean a client's psychological experience is denied or split off from their experience of being black, from the experience of being an immigrant or from belonging to a group whose origins differ from the host population. Solutions to this problem can be found when the therapist is willing to facilitate culturally sensitive dialogue without bias or Eurocentric-laden expectations and interpretations.

P2. Cultural Schizophrenia. Isha Mckenzie-Mavinga. Therapeutic tasks

1. **Depression and mental ill health can be understood in the context of the individual's developmental process, heritage and social status as a black person in Britain.**

2. **It is important to distinguish between the client's distress, mental health issues and distress caused by institutional racism in therapeutic or psychiatric care.**

3. **Listening relationships with black clients can be supported if therapists inform themselves about African and African Caribbean customs cultures and internalization of both positive and negative images and reflections of themselves.**

4. **It is supportive to provide time and space for the client's graduation towards feeling safe enough to discuss being black.**

5. **It is important to remember that the clients may have experienced their own developmental problems, for example the experience of 'beatings' in their early life, or not being listened to. Whilst these may be common features of family life in the Caribbean islands, it is not helpful to generalize as each client has their own unique and special experiences.**

6. **Whether black issues are discussed or not, the therapist can assume that all past and present stresses and anxieties worked through with black clients support the development of their African identity.**

7. **Support for black identity development is important to mental health.**