

Psychiatry must reform its theory and practice in the west before it exports it elsewhere

I was recently invited to give a few lectures at a conference in one of the Gulf states. My hosts proved to be warm, welcoming and hospitable. As an Arabic speaker I felt at home with the people, the language, and the local culture. However, I did not feel so comfortable with the face of globalised psychiatry that I witnessed.

Walking into the foyer of the conference centre the first thing that faced me (as with so many psychiatric conferences in this country) were the drug company representatives surrounded by their large advertising billboards. Later in my visit I was taken by one of the young consultants, who had trained in the west, in his plush, top-of-the-range Mercedes, to visit the local psychiatric hospital. I visited a couple of the male wards – an experience that left me shocked and saddened by what I saw. The wards were locked and used a traditional Middle Eastern architectural design – a large, enclosed courtyard in the middle of the ward (where the nursing station was located) with all the dormitories and other rooms going off this central structure. Apart from single sex wards, there the similarities with Middle Eastern culture ended. In addition to the dormitories there were three other rooms: a dining room, a lounge with a television, and ‘state of the art’ ECT suite.

Apart from the television, there were no recreational activities. It was clear that high doses of medication were in use, as patients shuffled towards me with drooping eyes, some barely able to speak. In the context of a locked ward where (I was told) daily ECT occurs, I think prison would have been a far preferable place to be. Later that evening, back in my hotel, I read about the extra billions of dollars that this particular country had made in profits from the recent rises in oil prices. As I read further about the desires of this nation’s government for attracting greater investment from foreign companies, I reflected on how much psychiatry was a part of that aggressive, competitive, global, capitalist project that leaves a trail of exploitation of the forgotten and most vulnerable groups in society.

Sadly, even authoritative bodies such as the World Health Organisation have been sucked into assisting the project of globalising the narrow constructs of western psychiatry, thereby promoting

more the interests of psychiatrists and drug companies than the vulnerable and exploited whose interests they should primarily be protecting. This can be seen in the pronouncement by the World Health Organisation that depression is set to become the second biggest global health problem within a couple of decades, without mentioning the problematic nature of assuming that there is a culture-free, value-neutral, universal medical condition called ‘depression’ (that presumably needs ‘medical’ treatment with antidepressants).

Similarly, the WHO has been campaigning for all countries in the world to have some form of mental health legislation. In principle this may appear laudable and desirable, but I have a great fear that, while we remain so wedded to the pretence that western psychiatry’s system of classification is made up of non-political, objective medical conditions, then such legislation is more likely to benefit the state and its psychiatrists than protect the human rights of patients. My fears about this were confirmed when, during a presentation at this conference, one of the psychiatrists lamented the fact that there was no mental health legislation to enforce the injection of a depot anti-psychotic on a patient in the community who had decided to stop taking her medication. As a result he had taken matters into his own hands. No doubt this psychiatrist felt he was doing a benevolent deed and trusted the hierarchical nature of Middle Eastern culture to protect him from any accusations of assault. However, he used this example as the very basis on which to argue the necessity for mental health legislation for his country in order to be able to carry out ‘treatment’ such as this, against the person’s consent, without fear of being legally compromised.

I left this Gulf state thinking that this export of the very worst aspects of western psychiatry will only add to, rather than help expose, the exploitation and misery that free market globalisation can bring. A new, more radical, liberatory psychiatry is needed that confronts, debates and reforms its theory and practice in the west before it exports it elsewhere if psychiatry is to stand any chance of making a positive contribution to helping those in distress around the rest of the world. ■

mht frontline

outside
the box

The monthly column by consultant child psychiatrist Sami Timimi that tests the boundaries of mental health politics and practice

Sami Timimi’s book *Naughty Boys: Anti-Social Behaviour, ADHD and the Role of Culture* is published by Palgrave MacMillan, price £17.99 ISBN 1 4039 4511 X

mentalhealth today June 2006 19