Cross Cultural Psychiatry

Marginal Man
By Tanveer Ahmed
My Bio

♣ Trained initially in medicine with an anthropology side interest
♣ Left medicine for two years to pursue a career in the media - worked as tv journo for SBS (mainly foreign affairs)
♣ Returned to psychiatry training
♣ Very well suited for the department!
Introduction

♣ Terrorism has put focus on Muslim communities throughout world
♣ London bombings in particular placed focus on “in house” muslims
♣ Problem of smooth integration probably much more long standing
♣ What can mental health contribute to the debate?
British South Asians

♣ 1999 Health Survey of England found suicide rates for South Asian women, aged 15-35, twice the national average

♣ Similar survey in 1991 found the rates were similar

♣ No real equivalent in Australia
Case 1

♣ 19 year old Bangladeshi-Australian girl presented after trying to poison herself
♣ Seen in ED, 2005, by myself after resuscitation
♣ Her attempt precipitated after a rejection by a boyfriend
♣ Recent history of depressive episode- poor compliance with ssRIs- no previous suicide attempts
♣ No psychotic symptoms
♣ No family Hx, no drug and alcohol
♣ Very religious family
♣ Mental state- thin teenager, flat, psychomotor retardation, thoughts dominated by rejection and worries regarding family conflict
♣ Regret over suicide but could not guarantee safety
Case 2

♣ 22 Kurdish Turk female presented with an attempt at overdose to ED (2006)
♣ Precipitated by family conflict after separating with husband
♣ Woman came to Australia around age 7
♣ Arranged marriage at age 16
♣ 2 children
♣ Diagnosed by mental health services with personality disorder
Case 3

♣ 19 year old Pakistani-Australian medical student
♣ Arrested by AFP for joining a banned terrorist group Lashkar-e-Taiba
♣ Acquitted recently
♣ He said he didn’t belong here before going to Pakistan
Studies in Britain primarily from psychology perspective

Complicated the usual functions of adolescence

Erikson stages - identity vs role diffusion

October 1998- writings from the Psychological Medicine: Barry et al

Questionnaires of muslims/south asians who presented to social workers- sample of 122
Interviewed the social workers - they talked of great difficulty in engaging with the issues.

Muslims and south Asians led "compartmentalised lives" "threatened ego identity" - cannot maintain inconsistent senses of self through to adulthood.

Cases of "fundamental change".

Muslim life just one example - Sikhs or Hindus has similar examples.

Sociologist Stonequist coined the term marginal man - "person unwittingly initiated into two traditions, languages and political loyalties" - he saw it optimistically.
Aussie Data?

♣ Limited research - different migration patterns
♣ Most related to seeking help - Arabic background least likely to seek help; most under-represented group in community health centres (Tobin 2000) and also have low rate of voluntary admission - 21% less likely (Mcdonald and Steel 1999)
♣ Chinese women and eating disorders - Tamara, Humphrey from Deakin. The study couldn’t differentiate between acculturated and traditional women
Feb 2005- Psychiatry Clinical Neuroscience
Jennings et al (UWA Psychiatry Dept); compared Asian and Caucasian women and then compared subtypes of Asian women

Parker et al; Psychological Medicine Oct 2005; acculturation resulted in greater reporting but experientially there was no difference
International Data- Boston University Medical Centre Hospital, Department of Psychiatry

Study of suicide among Indian immigrants- looked at data MEDLINE and looked at date on completed suicides for the past 30 years

Found the women had double the rate of suicide; it was usually violent methods and precipitated by family conflict; affective disorders underdiagnosed
Links To Terrorism?

♣ London bombings dominated by Pakistani-Brits (grown up in UK)
♥ No psych history among any of them although there was a criminal history among a couple
♣ Studies- Sageman looked at 400 case reports of terrorists under trial; no mental illness, generally middle class; collective nature of pathology
Gerrold Post, professor of psychiatry, political psychology and international affairs at George Washington University; he saw four different types of terrorists (national-separatists, social revolutionary, right wing, religious extremists).

Post believes it’s very difficult to be accepted to a terrorist group if you have a mental illness.

Durkheim and “anomie” - usually does not present to mental illness without a major stressor.

Suicide bombing a form of pathological collectivism? (depression and individualism)
Race Riots?

♣ Religion only vaguely related
♣ Strong class and territorial dimension
♣ Lebanese sub group in Sydney over represented in mental health, school delinquency and crime
♣ Fits Gerrold Post’s model of collective action
Current Policy

Some measures being taken regarding recognition of this category - mental health stigma remains very high in ethnic groups.

Onus really needs to be on families to some degree.

Religion comes later to fill lack of a sense of belonging - Hillsong church is similar example.

Australian values - what does it mean for national identity and immigration.
Implications

♣ Future of nationalism
♣ Difficulties in forging strong identities in the age of globalisation
♣ Power of images; ?brand Islam
“it is recommended that we all give up just a little bit of what we consider to be us to better feel like a we”

Stonequist 1937- referring to the prospect of multiculturalism