

I have little doubt that racism, in its broadest sense, is one of a number of social risk factors for mental illness. The problem that researchers have had to date is unravelling its myriad effects. But, in the era of evidence-based medicine, that is the challenge we have to face if we are to move towards therapeutic and policy interventions which will improve the lives of minority communities in the UK.

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Colluding with the illusion of race

The central case which Hickling & Hutchinson (1999) are making, namely the idea that Black people from the Caribbean are vulnerable to racial identity confusion, was discussed in detail in Frantz Fanon's (1952) *Black Faces, White Masks*. Fanon's point was that the Black Caribbean historical experience of slavery and colonialism produced a particular kind of psy-

chopathology. He argued that in the historical confrontation of the Black person and the White person a dialectic was inaugurated in which the Black person perceived himself as less worthy, less human, as essentially inferior. This self-experience already existed in the Black person growing up in the Caribbean but was exacerbated when the Black person travelled to Europe.

The problem with Fanon's analysis, as with Hickling & Hutchinson's acceptance of his general conclusions, is his collusion with the illusion of race. There was a definite, if tacit, endorsement of the classification of human beings solely on the basis of skin colour into distinct categories as if this feature spoke to something more fundamental or essential about human beings. As Kwame Appiah (1992) put it: "In a sense, trying to classify people into a few races is like trying to classify books in a library: you may use a single property - size, say - but you will get a useless classification, or you may use a more complex system of interconnected criteria, and then you will get a good deal of arbitrariness. No one - not even the most compulsive librarian! - thinks that book classification reflects deep facts about books". The error is to argue from the *gross* difference in skin colour to *subtle* differences in temperament and attitude, and to assume that this reflects a deep fact about how we are made.

In putting forward the idea of a 'roast breadfruit syndrome' in which Hickling & Hutchinson claim Black-skinned people see and identify themselves from a White and eurocentric perspective, that is, in which Black people think themselves White and in characterising this syndrome as being made up of an overwhelming desire for acceptance accompanied by feelings of shame of one's indigenous culture, rejection of one's indigenous language and manners and attempting to alter one's skin colour, Hickling & Hutchinson have yet to describe in clear and unambiguous terms what this would mean in practice. What does it mean to think oneself as White? Is this a matter of actually believing oneself White when one's skin is demonstrably Black? Or is this a shorthand for saying that a Black person who happens to value highly the art of Shakespeare or Beethoven is thinking himself as White? What does the reference to indigenous culture mean in this context? Is the indigenous culture of a second generation African-Caribbean person who normally resides in Birmingham and who has never visited the Caribbean, English or Caribbean? In any case is any culture purely indigenous? Hickling & Hutchinson want to argue that altering one's skin colour is a marker of pathology. Is this also the case for White people who fastidiously tan themselves or is it only a marker of pathology in Black people and if so, why should it be so regarded? In setting

out operational criteria as Hickling & Hutchinson do for their putative syndrome and psychosis it would be helpful if they address whether these criteria are conjunctive or disjunctive in nature, that is, whether the features which they have selected are requirements which must all be satisfied for inclusion of a person in the category or whether the requirements are such that only one or more, but not all, have to be satisfied for inclusion.

Hickling & Hutchinson want to describe both a syndrome and a psychosis. They also wish to attribute the increased rates of schizophrenia to the syndrome, that is they wish to use the syndrome both as an explanation of the increased rates as well as an aetiology of the increased rates. I am distinguishing between explanation and aetiology here. In the one, Hickling & Hutchinson are providing an understanding of how the experience of racism may contribute to psychopathology and in the other they are making a specific claim, that roast breadfruit syndrome is a specific stressor with regard to psychosis. There is a need for further clarification of this position. There is a risk that the idea of roast breadfruit syndrome is being required to do more conceptual work than it could possibly bear. Several distinct concepts are being conflated.

There are, undoubtedly, Black patients who claim to be White or who claim close filial

relationship to the Queen. There are also White patients who claim that Black or Asian people are persecuting them or trying to kill them. These patients point to the significance of particular emblems in the society in which we live. I am not sure that these content of the delusions or hallucinatory voices of patients are good enough reason to erect new diagnostic structures. The case for a distinct nomenclature for these cases has yet to be made in a compelling way. The symbolism of a roast breadfruit misrepresents reality: we are all human to the degree that our insides are identical in colour and structure notwithstanding the colour of our skins. The idea of a White psychology, if that is what the White insides of the breadfruit is supposed to represent, is also a reification of an erroneous conception of the nature of Man.

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