

Roast breadfruit psychosis: disturbed racial identification in African-Caribbeans[†]

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A little black girl yearns for the blue eyes of a little white girl, and the horror at the heart of her yearning is exceeded only by the evil of fulfillment.
(Morrison, 1994)

Mental illness in 'non-Western' people has always been a source of debate and controversy in psychiatry. It was initially suggested that mental illness was rare in Black people (Halliday, 1824) as their brains were not thought to be sophisticated enough. With the coming of psychiatry, the personality of the rural African was described as that of a leucotomised European, with a pronounced lack of higher moral judgement and a tendency to psychopathy (Smartt, 1956). The Africans who were taken to the Caribbean during the slave trade were, however, reared and schooled in the ways of Europe, and the English speaking Caribbean has certainly been shaped by England (Lewis, 1968). Thus, the wave of migration to England that began in 1948 was founded on great expectations. The Caribbean population in Britain is now, in the words of the British psychiatric literature, experiencing an epidemic of schizophrenia (Glover, 1989). This has prompted enormous research interest with regard to identifying its causes, but little investigation of the nature and meaning of psychotic symptoms themselves in these individuals, and whether comparisons can be accurately interpreted on the basis of these symptoms which may have been recorded in the context of cultural dissonance between the client and the psychiatric status quo. There is also a continuing reluctance in psychiatry to explore the validity of diagnosis itself, preferring instead to dwell in the dubious succour of standardised diagnostic instruments and international classification systems which have been generated entirely by Euro-American perspectives. The historical relationship between Britain

and the Caribbean as it applies to definitions of normality and acceptance and the direction of power relationships has also been ignored, especially as it pertains to expressions of psychological distress.

The cultural behaviour of Caribbean people has as a result drawn pejorative interpretations of pathology, as evidenced by the paper presented at the Joint American Psychiatric Association/Caribbean Psychiatric Association Meeting in Ocho Rios, Jamaica in 1969 by Ray Prince (further details available from the author upon request) who concluded that Rastafari beliefs were the product of a group delusion, and Littlewood (1993) who interpreted a culturally sanctioned response to broken love-affairs as a kind of depressive disorder. Pejorative interpretations of their indigenous history and self-identity has also occurred within the minds of some colonials and this was understandable as it was seen as the only route to acceptance in Caribbean colonial societies.

Frantz Fanon, a Black Martiniquan psychiatrist (1967), described the phenomenon whereby Black colonials could become and believe themselves 'White' by the integration of the colonisers language and culture into their own psyche in an attempt to completely assimilate the coloniser's dictates. Hickling & Griffith (1994) have suggested that cultural movements that are rooted in the experience of the people such as the Rastafarians, can provide a vehicle for psychological transformation that is necessary to overturn the problems of racial identity that have arisen from the Caribbean experience of slavery and colonialism. This identity problem can be identified as the roast breadfruit syndrome, and refers to people who though Black skinned, see and identify themselves from a White and Eurocentric perspective.

The roast breadfruit is a peculiarly, though not exclusively, Caribbean dish, and describes the cooked version of the breadfruit (*Artocarpus altilis*), which grows in profusion all over the Caribbean having been brought there from

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Malaya by transatlantic traders. It is also found widely in many Pacific islands. When roasted, the breadfruit's green skin becomes charcoal-black, while the inner flesh is white in colour and doughy in consistency with a similar taste to bread. Its characteristic appearance has aptly lent itself to the description of Black people who think themselves White. The phenomenon has also been alluded to by Littlewood & Lipsedge (1989) who presented case studies illustrating the quotation by Lugard (1929) that "there is no class . . . which is less welcome to the lay Englishman than the 'black white man' who has abandoned his racial integrity and is quick to learn European vices".

She is not seen by herself until she hallucinates a self. (Morrison, 1994)

We therefore propose that African-Caribbean individuals in an attempt to rationalise their identity may develop psychotic symptoms arising out of the confrontation of the roast breadfruit syndrome, this we term the roast breadfruit psychosis. This rationalisation of identity may be central to the reports of high rates of psychosis in Britain, especially when combined with socio-economic deprivation.

The characteristic features of the syndrome include an overwhelming desire for acceptance by European society, being ashamed of one's indigenous culture with an exaggerated rejection (in language and manners), and attempts to alter skin colour to appear more White. This can be exacerbated to psychosis by experience of social difficulties because of racism, and/or experiencing abuse because of an inability to succeed on European terms. The psychotic symptoms themselves defy easy categorisation and have a significant affective component as well as psychotic phenomenology encompassing issues of self and identity. We stress, however, that they may find expression in protean ways and clinical situations. The progression from syndrome to psychosis may be insidious or acute but is likely to be precipitated by recognition that the immutable inferiority lumbered on Black people by European racism is difficult to dislodge.

Issues of misdiagnosis apart, it is becoming increasingly clear that the psychiatric problems of this population are grounded in their social experience in Britain. The risk for illness and also dissatisfaction with services is increased in the second generation (Parkman *et al*, 1997) and since findings from the Caribbean reveal no excess risk among host populations there (Hickling & Rodgers-Johnson, 1995; Bhugra *et al*, 1996), it suggests that there are factors affecting them specifically in Britain. It may also be that they are not able to access protective factors that have worked for their forebears or indeed the

indigenous White community, such as a sense of community or belonging.

In this context, we have presented this discussion to highlight that psychopathology in formerly colonised and oppressed peoples can take a form that reflects continuing problems with their identity arising out of the ambivalence and anomie fostered in their collective and personal history. It is suggested that a significant number of psychoses in Black people in North America and Europe arise out of the double jeopardy of the confrontation of abnormal racial identity (the roast breadfruit syndrome) with the cruel and harsh racist environments found in those continents.

In a study of White immigrants to a Black country, Hickling (1996) demonstrated that the White immigrants did not develop schizophrenia at a higher rate than Jamaican controls matched for age, gender and social class. In every study of the patterns of mental illness in migrant populations around the world, it has been demonstrated that migrants consistently develop schizophrenia at an increased rate compared with native controls (Cochrane & Bal, 1987). The Jamaican study represents the only study of White migrants to a Black country, and demonstrates that wherever White people are in the former colonial world, they carry the power and sense of ownership of their environment that has been incorporated into their being. This may act as a protective factor from psychopathology.

The sense of cultural control of the environment may be what distinguishes the life of Caribbean people within the Caribbean from those in Britain. In the Caribbean context, Caribbean people have been able to culturally validate themselves in modes of expression ranging from religion to music, which to a large extent has protected them from the psychic challenges of their history.

There is a clear need for the introduction of not only a culturally sensitive but also a culturally specific form of therapy. The confrontation of social identity in a White society where skin colour is the greatest signifier in daily life, and determines the degree of social acceptance, is in itself a considerable stressor. When that colour is intimately associated with social disadvantage, dangerousness and inferiority, the stress can only increase. The need for a restorative cultural strategy is especially relevant to doubly transplanted Caribbean people because of their involuntary migration from Africa and the forced engagement with European culture.

Attempts to address the cultural identity problems of clients in Britain through the route of ethnic matching is also no guarantee of success, as many non-White caregivers are themselves battling with the roast breadfruit

syndrome and are unable to breach the cultural barriers that inhibit the appropriate treatment of those who may suffer from the exacerbation of this condition.

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