Beyond the Color Bar: Sharing Narratives in Order to Promote a Clearer Understanding of Mental Health Issues Across Cultural and Racial Boundaries

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46.1 Introduction

The ‘back story’ to this chapter is a long-term collaboration between the authors—one British black man (Colin) and three British white men (Simon, Bill and Steven)—aimed at getting ‘beyond the colour bar’ towards better understanding of their respective cultural perspectives.

Their four narratives (written independently) reveal their very different perspectives on their experiences to date. As such, it might seem that their collaboration has failed. But as they describe in their co-written commentary, held together as they are by the premise of mutual respect, the differences between them point to new understanding of the factors driving the diagnosis and treatment of mental health issues.

46.2 Colin King’s Narrative

I am a black, African, mental health diseased case, one dimensional in terms of the culture of the individuals I associate with. I cannot work in a cultural vacuum with other people who do not declare or wish to look at their dimensions of their world they accept without been attached to an identity based on race [1]. They can only see themselves through me, it is a deceit that goes unchallenged particularly when given the badge of the mental health survivor. I see the deadness of their soul [2]

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when they talk and how they act in the cultural contexts in which we give meaning to our relationships, asking for my experiences as the knowledge they need to research me. They rarely exchange their experiences, their heritage, the foundations of who they are, they hide behind the scientific exoneration of detachment. In this culture exists the process of white denial, black emotional expression, white rationality, black feelings of despair and injustice. Culture is a whiteness understanding its whiteness through black experiences of becoming mentally ill. Listening through its theories and models that protect its whiteness, that rationalises what it hears and sees in the culture of the black people it interacts with, so it has no responsibility, it is absent in this cultural space, the space that Rosaldo [3] sees as cultural truths.

Culture has emerged in my experience as an entry into a whiteness that is never visible [4]. It is walking into academic institutes and meeting with white academics who talk in cold tongues, look at you as a mystery and activate indifference to an examination of their white codes, which Ladner [5] sees as old colonial reference points. Race, racialisation and discrimination appear to detach its ability for self-reflection. The culture of whiteness I enter cannot be articulated or evidenced in the contexts in which we meet. My capital remains my mental health diagnosis, my 'schizophrenia', my power is my ability to articulate and express without threatening the culture of whiteness that does not expose itself as a culture. Similar to Littlewood and Lipsedge [6] it is something that happens as the unknown, undetected and absent. I enter a culture in which I am made visible and the other, white men, white women, are invisible. They chose when to become visible, they are not vulnerable to their experiences of their culture being labelled and constructed as a mental disorder. Culture in this process of researching, writing, and discovery of the truth of partnership working, is assumed and never discussed. It's part of a culture of deceit, we meet periodically and enter each other's world, in a meeting room, a café, McDonald's, the National Film Theatre, we have no appreciation or invitation to announce how our external world and values enter us and form the culture in which we work in these contexts. It is the terror of what whiteness can do if discussed [7], the terror of being guilty of a truth that is culturally painful to own.

I live in and through a culture where whiteness gives me inferiority, cultural differentials and self-narcissism, what Fanon [8] refers to as 'negrophobia'. I consequently take part in a culture in which I form distance and an alien response to those who are alien to my world. I talk, drink coffee, listen and then go home waiting for the next meeting interspersed by emails or even a phone call. This is the social distance with the white other, I maintain as a cultural distance in which I avoid contamination. I don't feel part of their culture in which I am defined, rarely do they offer themselves as part of sharing their culture. I rarely enter into their personal social world, what Goffman [9] calls their back stages, unless it is academic, scientific, or research based. Rarely do I see the culture behind what Fanon [8] refers to as the 'white mask'. I am left in a culture of emptiness and failed promises that materialises where I experience cultural inequality, where I am always the black diseased schizophrenic.

46.3 Simon Clarke's Narrative

Our collaboration has given me opportunities to work in a way that is co-operative, that seeks to build bridges between methodologies which are generally seen as being in conflict. I have learnt through coproduction to value processes that facilitate change, that question assumptions about working methods and approaches to Mental Health and well-being. As a white practitioner I have begun to open up, to reflect on how my whiteness informs my view of the world. I have had to come to terms with the fact that my whiteness can impose a view of reality that is not shared by people whose cultural references and norms are different from my own. My learning has come through the experience of facilitating the workshops and seminars that we have run under Colin's leadership, from taking part in the regular meetings we have to review progress and from the work I have done in supporting Colin in editing a book that he is writing about the processes that we are exploring.

The glue that binds our work together is the drive that we all have to improve communication between professionals and service users in terms of assessment and diagnosis in mental health services. We want to promote ways of working that will ensure that all voices in the process are given equal weight, that peoples' lived experiences are valued and understood. For me this has meant being prepared to see how my experiences as a white middle class man are shaped by privileges that are not so readily available to others. I'm reminded of what the musician Archie Shepp said when he was asked about the blues. 'The blues (is what) we have every day as black folks—going to school, going to work, going to play.' (Quoted in a Radio 3 Profile-January 2019) It is hard to be yourself if every day you feel you have to watch yourself or justify yourself just for being you.

This is also about acknowledging the historical contexts that underpin belief systems and being prepared to question, rather than accept things at face value, particularly when that face is a white face speaking from a position of entrenched privilege. Indeed, what I find so refreshing and new about this coproduction project is the fact that Colin has focused our work on bringing together methodologies from across the board so that we can learn from Fanon as well as Foucault, from Freud as well as Du Bois. We can draw water from many different wells.

46.4 Steven Gillard's Narrative

Before I started to work with Colin, Simon and Bill my thinking about mental health research and race was probably something along the lines of 'should do more, could do more'. Actually I think I did do more once, when I was working in the voluntary sector. That was around the time of the 'Engaging and changing' agenda, when there was at least some acknowledgement that it wasn't so much the case that people from BAME communities were 'hard to engage'; rather that mental health services, such as they were, could be really hard to engage with. And in the voluntary sector we had a freedom to try things, to do something a bit different, running

'culturally-specific' versions of the services we provided with our evaluations demonstrating at least a measure of approval from the people we sought to engage.

But we know that, over the years, with this and other policy initiatives not really impacting on the inequalities that plague mental health services, this kind of cosmetic modification of what we habitually do somehow isn't enough. On top of that, having since moved into the big, bad world of clinical academic research, even that reasonably modest approach suddenly becomes difficult, and this in a world where there are no rewards for being difficult. It is a stultifying paradox of academic peer review that asking bold, step-change questions is met with an ingrained scientific risk aversity, with an incremental approach to enquiry grounded in mutual citation the way to go in career development. So we give ourselves a pat on the back for remembering to collect data on ethnicity and performing an underpowered subgroup analysis. After all, 'you can't do everything at once', 'someone else will do the race stuff better'. I've been doing research for nearly 20 years now that places people with lived experience of mental distress at the heart of designing and doing research. Isn't that somehow enough?

I'm guessing that in reading this you have, by now, noticed something about my voice that it has taken me these 20 years to realise. That my first person plural, my 'we', is White. (And my third person plural, my research subjects, are Black, are Other). In effect, I find myself hard-wired to objectify both the mental health system and its academic bedfellow as ubiquitously White, always asking 'how are we going to make things better for them'. Not only does this efface the existing achievements of colleagues of colour who bring far more insight and expertise than I will ever manage; it also fails to acknowledge that the solutions here might not be the exclusive preserve of White clinical academia. Indeed, that the origins of race inequality in mental health might in themselves lie in this tacit refusal to relinquish control over the production of knowledge about mental health; to open up that productive space.

I think that is the main lesson I have learnt—to date—from our 3 years of working together. This is where I think we have attempted to locate our coproduction. It is in the acknowledgement that none of us actually brings anything complete, in and of itself, to this process. There is no 'I' or 'him', or at least not in the sense that we might privilege the first person when we speak of ourselves (and subjugate the third person—each other—as an object of study or treatment). So the bit I think I've managed to do so far, to some extent, as a researcher, lies in not asserting what I think I might know, in being ready and willing to give up control over a research process, to let others do and decide, shape and create, even if I'm convinced it might be done better, done 'properly', my way.

46.5 Bill Fulford's Narrative

'Is a puzzlement!' Reflecting on several years working with Colin and (latterly) Simon and Steven I find my state of mind kin to that of the King of Siam in the Rogers and Hammerstein musical The King and I—and I suspect for much the same reasons.

Colin and I go back to 2004 when we worked on a project exploring concepts of mental disorder for a mental health NGO. I was an advisor to the project. Colin was the successful applicant for the post of Lead Researcher based on his innovative and

challenging ideas for how the research should be carried out. The project was at one level a complete success—it produced important findings that were published in a report from the NGO in question. But it also failed in that instead of implementing Colin’s ideas it morphed into a very different (and less innovative and challenging) form. Colin’s plans involved direct exploration of the ‘front stage/back stage’ values driving psychiatric diagnosis. But what we actually did was a series of on-line questionnaires. There were at the time good reasons for changing the project in this way (such as the limited extent of our funding). But the effect was de facto colonisation.

*Over this same period Colin and I worked together separately on his intellectual autobiography. Here I can claim a degree of at least partial insight. I had published a chapter-length version from Colin in a collection on *Reconceiving Schizophrenia* [10] and encouraged him to develop his ideas into a book. Yet despite being an experienced and several times published author, Colin seemed completely unable to do this. It took a year but I finally realised I was asking him to write in a language (my language) in which what he had to say, simply could not be said.*

Thus far is the extent of my insight. I recognise that I failed to get beyond the colour bar in our original research project. I also recognise that I failed again in the first iteration of Colin’s intellectual autobiography. Not only that but I recognise that getting beyond the colour bar is important at many levels in mental health. There are, in particular, good reasons (from my own field of values-based practice) to believe that our failure as a culture to get beyond the colour bar lies at the root of the disproportionate use of compulsory psychiatric treatment in young black men. But here my insight fails. It fails with the all-important experience of whiteness. Despite Colin’s best efforts over several years the very concept of whiteness remains to me almost entirely opaque.

Such is the nature of partial insight that I can see why this might be so. I can see that my own values of whiteness may be a barrier to self-understanding. I can see too that this may be in part adaptive. My whiteness after all, set besides Colin’s blackness, brings with it a tension that may in the end prove to be productive. It would be easy (though to be sure not that easy) for me to disown whiteness for blackness (or for Colin vice versa). This is indeed how the King of Siam’s puzzlement is resolved in the musical. On the King’s deathbed his eldest son and now acknowledged heir apparent decrees that the country will move decisively to Western values. But the aims of our project—consistently with the dissensus of values-based practice—admit no such one-sided resolution. So for me for now it remains ‘a puzzlement’.

46.6 Commentary: Mutual Respect of Bust?

Values-based practice is neither black nor white. It is, rather, essentially and irreducibly, plural. It is from the pluralism of values-based practice that its key strengths but also its deepest challenges are derived. Both are evident in these four narratives. As to its strengths, the four narratives show the positive role played by the premise of values-based practice in mutual respect for differences of values. This operates at several levels. First, it is through mutual respect that notwithstanding the highly challenging nature of the differences between them, the group holds together. Colin,

drawing on the background experience he brings to the group, writes of ‘the deadness of their soul ... when they talk ... asking for my experiences as the knowledge they need to research me. They rarely exchange their experiences ... (hiding) behind the scientific exoneration of detachment’.

Colin’s experience is thus of being made visible as a Black man by contrast with his white colleagues’ elective invisibility. There is a particular irony here. Within the very group that aims to get beyond the colour bar there is a colour bar indeed, the colour bar of whiteness. Yet the holding power of the premise of mutual respect is such that instead of the group breaking apart in the face of ‘failed promises’, it survives and, indeed, thrives. Colin, working initially with Bill and latterly with Steven, has generated significant research outputs (his work on racism and sport has been recognised with a national award). Working with Simon and Steven, he has set up the very active Whiteness and Race Equality network within the Collaborating Centre for Values-based Practice run by Bill (valuesbasedpractice.org). These tangible products of the group’s work reflect the premise of mutual respect actively at work. It is easy for those of like mind to collaborate. What is evident here is those of unlike and potentially conflictive minds collaborating to good effect.

One particular output from the Group is a growing awareness of the importance of whiteness as a tacit culture. Steven makes the point in terms of his habitual use of personal pronouns in research: ‘my first person plural, my “we,” is White. (And my third person plural, my research subjects, are Black, are Other)’. Colin, similarly, though drawing on the work of the mid-twentieth century French West Indian psychiatrist and philosopher, Frantz Fanon, writes: ‘In this culture (of the Group’s meetings) exists the process of white denial, black emotional expression, white rationality, black feelings of despair and injustice. Culture is a whiteness ... that protects it ... that rationalises what it hears and sees in the culture of the black people it interacts with ... it has no responsibility, it is absent in this cultural space ...’. And again, later ... ‘Rarely do I see the culture behind what Fanon [9] refers to as the “white mask”’.

Here, then, with this insight into whiteness is progress towards the Group’s aim of getting beyond the colour bar. Yet with this comes a sharp reminder of the challenge of pluralism noted in the introduction to values-based practice (chapter 1, “Surprised by Values: An Introduction to Values-Based Practice and the Use of Personal Narratives in this Book”). This is in evidence here. We may identify in principle with Simon’s call for us to ‘... draw water from many different (methodological) wells’. But achieving this in practice, as Steven describes, requires breaking free from a scientific research culture based on peer review that adopts ‘...an incremental approach to enquiry grounded in mutual citation ...’. Peer review and mutual citation have a proven track record as powerful ways of driving scientific advances. But herein lies precisely the challenge for values-based practice. For the very power of peer review and mutual citation is the power of monism not pluralism.

46.7 Conclusions

This chapter has presented four very different perspectives on the experiences of its four authors (one black man and three white men) of working together over a number of years. The shared aim of the group is to bridge their cultural divide (to get

‘beyond the colour bar’) and thus come to an understanding of (and thereby remove) the current disparities in mental health provision between black and white.

An emergent finding from their collaboration is the importance of an implicit culture of ‘whiteness’ as a factor potentially driving inequalities in mental health. That their collaboration has been in this way productive notwithstanding the differences between them reflects the premise of mutual respect at work. This brings with it the challenge of pluralism inherent in values-based practice. The experience of the Group to date suggests that the premise of mutual respect will have a key role to play in overcoming the challenge of pluralism inherent in values-based practice.

46.8 Further Information

For details of the Whiteness and Race Equality Network please go to: [valuesbased-practice.org/what do we do/networks](http://valuesbased-practice.org/what-do-we-do/networks)—and scroll down the page.

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