Western Psychiatry and Traditional Healing: Postcolonial Perspectives

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Abstract
This review takes as its starting point the chasm separating Western psychiatry from the indigenous healing traditions–especially in the North American context. The principle arguments of this paper are twofold: that this state of affairs is unlikely to change unless there is a greater understanding of the sorts of factors that are underpinning and perpetuating this chasm and secondly, that indispensable to this understanding, is a perspective that takes into consideration the way in which Western psychiatry has historically related to and continues to relate to the indigenous world in a manner that reproduces and reinforces colonial values. A greater awareness of the enduring impact of colonialism and its legacies promises to illuminate the problematic nature of the relationship between Western psychiatry and indigenous or traditional systems of healing.

Key Words: Western psychiatry, traditional healing, Psychiatry and traditional healing, Psychiatry and colonialism

Introduction:
I share with several authors (Belmaker, 2010; Grof, 2011; Harner, 1980), a critical attitude towards the materialistic biases and commitments that dominate psychiatry. Such biases are arguably, reflected in psychiatry's seeming reluctance to accommodate or honor spiritual or indigenous ways of knowing as well as by an apparent chasm that separates Western psychiatry from indigenous or traditional systems of healing.

Harner (1980), who has arguably spearheaded the contemporary Western renaissance of shamanism and shamanic studies claimed that Western psychiatry is biased in two ways: it is ethnocentric (that is, it posits its own view of the human psyche as innately superior to the views of the human psyche in non-Western cultures) and it is cognicentric (it only considers as valid and legitimate those experiences that have occurred in ordinary

consciousness). These two biases and features of Western thought articulated by Harner may well assist in beginning to understand why it is, at least in so far as psychiatry in the Western world goes, that there would appear not to have been any sort of serious dialogue with indigenous healing traditions. One might also reasonably speculate that were such a dialogue to become possible, new therapeutic horizons could emerge, supporting integrated approaches to the treatment of individuals suffering from mental illness.

My aim is to understand better the sorts of factors that might be contributing to and maintaining the present chasm between Western psychiatry and the indigenous world−including indigenous healing. I contend that this chasm is a reflection of Western psychiatry's narrow conceptual commitments and ultimately, it is my hope that such an understanding will potentially facilitate some sort of rapproachment and that psychiatry's "ontological matrix" (Wautischer, 2008) will undergo a long overdue expansion that would bring it in line with the recent paradigm shifts seen in such disciplines as consciousness studies (Penrose, 1994; Stapp, 2006) and anthropology (Turner, 2008;Young & Goulet, 1994). As valuable and as profitable a greater understanding of the relationship between Western psychiatry and indigenous healing systems might be, there has been, perhaps surprisingly, a lack of scholarly attention to understanding this important interface. The relationship between mainstream psychiatry and indigenous peoples in North America remains problematic. This statement is supported by several observations including the fact that psychiatry has been unable to imbibe those elements of indigenous healing that may have the potential to be of therapeutic benefit for patients as well as by the fact that there are significant problems with under-utilization of mainstream mental health services by North American First Peoples (Sue, 1977).

Following Unschuld's (1976) schema for conceptualizing the relationship between Western medicine and traditional healing systems, it can be seen that the relationship between Western psychiatry and North American indigenous healing systems can only be characterized as one of "competitive co-existence." Similar observations by Ruiz and Langrod (1976) led them to characterize the relationship as a "dichotomy" (p. 95). Ruiz and Langrod's call for greater dialogue and integration between mainstream psychiatry and indigenous healing practices have not been realized. The central arguments of this paper are twofold; that this relationship of competitive co-existence is unlikely to change unless there is a greater understanding of the sorts of factors that have led to it and that are perpetuating it−and secondly, that a perspective that is aware of the enduring impact of colonialism on present psychiatric thought and practice, especially to the way in which psychiatry relates to indigenous world, is indispensable if we are to move towards a greater understanding.

Colonialism and Psychiatry

A burgeoning recent literature (Diouff & Mbodj, 1997; Ernst, 2010; Jackson, 2005; Keller, 2007; Mahone & Vaughan 2007; Sadowsky, 1999) has examined colonial psychiatry in Senegal, India, Zimbabwe, Nigeria, and North Africa as well as in other colonial contexts. Much of it brings to the study of this aspect of history a distinctly new form of historicity and self-conscious reflexivity that was rare before the 1970s/1980s. In this respect, referring to the new history of colonial medicine, Ernst (2004) wrote that it "distanced itself in no uncertain terms from previous, traditional accounts that portrayed the history of colonial medicine as the successful and relentless unfolding of Western progress and rationality and the eventual triumph of Western science " (p. 58).

The review will begin by providing an overview of some of the literature on psychiatry in the colonial period that has emerged in recent decades highlighting major themes and conceptual orientations. This will be followed by an overview of some recent literature which, in interpreting contemporary psychiatry in the light of colonialism, holds that the biases, values and commitments which characterized and infused colonial psychiatry are also seen in contemporary Western psychiatry− suggesting continuity between the two.

Psychiatry as colonial discourse

Bhabha (1994) wrote that "the objective of colonial discourse is to construe the colonized as a population of degenerate types on the basis of racial origin, in order to justify conquest and to establish systems of administration and instruction" (p. 70) and Colonial psychiatry did, as Kirmayer (2007) noted, serve to justify and maintain the social order of colonial regimes. There are few better examples of this than the concept of drapetomania, a psycho-pathological term coined by an American physician Samuel Cartwright in 1857, referring to a slave who desired to flee captivity (Littlewood & Lipsedge, 1989).

The very notions of primitivity and psychopathology as legitimate objects and subjects of discourse, contributed to the colonial articulation of what Waldenfels (2007) referred to as doubled otherness and the colonial project was very much served by the Europeans' hypertrophied valuation of reason and rationality, and the juxtaposition of this with the view that reason and rationality are lacking in the so called "primitive". An influential publication by the French Anthropologist Levy-Bruhl (1926) Primitive Mentality supported and reflected this dualistic conceptualization, positioning the mentality of the civilized European as superior, and as representing a more advanced state, in teleological and evolutionary terms, compared to the mentality of the primitive. Influential intellectuals such as Levy-Bruhl then, contributed to a primitivist discourse, and Lucas and Barrett (1995), in explicating the notion of psychiatric primitivism showed how psychiatry also contributed to this. Undergirding the argument of Lucas and Barrett, and Ingleby (2006) is that the colonial relationship between colonizer and colonized was predicated on a notion of fundamental difference, indeed hierarchized difference, and that psychiatric discourse reproduced and reinforced this. Kraepelin, often dubbed the Father of comparative psychiatry, also understood psychopathology in terms of a developmental hierarchy: Kraepelin (1904) explained his observation of the relative absence of delusions and hallucinations among the Javanese, for example, on the basis of their presumed lower stage of intellectual development.

Colonial Psychiatry's Stance Towards Traditional Healing

Traditional medical systems were not only ignored by colonial administrators as Unschuld (1976) suggested, but they were actively subjugated as Diouff and Mbodj (1997) suggested in writing about Senegal under the French empire and as Ernst (2010) described with regard to the Indian context. The motif of folk medicine, applied by the British such indigenous medical practices such as Ayurveda in India, according to Ernst (2010), displayed an attitude of denigration on the part of the colonizers. One sees throughout the colonial period, the widespread deployment of psychiatric and psychoanalytic rhetoric to denigrate indigenous worldviews. The late nineteenth century saw a decline in the influence and authority of the church in the Western world and the authority of positivistic science and psychiatry stepped in to replace the resulting explanatory void (Jilek, 2005) and against the background of this new "episteme", to borrow Foucault's (1972, p. 191) term, the shaman was increasingly constructed as a case of psychopathology. Read (1920) and Hambly (1926) considered the shaman's voluntary movements to be suggestive of epilepsy and anxiety respectively. The psychoanalytically oriented anthropologist Devereux (1961) was a particularly strong proponent of the prevailing pathological hypothesis, stating that "the shaman is psychiatrically a genuinely ill person" (p. 262) and that "the Mohave shaman is a fundamentally neurotic person" (Devereux, 1957, p. 1044). An important influence on Westerners' assumptions (starting in the late nineteenth century) about the pathological nature of shamans, according to Znamenski (2007), was a body of accounts from ethnographers and explorers, linking arctic hysteria to shamanism, to imply a connection between native spirituality and insanity.

Ernst's (2004) perspective typified the recent turn in the humanities alluded to above. It understood psychiatric practice during the colonial period in India against a backdrop where European attitudes of superiority over Indians were closely intertwined with European colonizers' assumptions of the superiority of their rational worldview over what was assumed to be the Indians' backwardness and irrationality. Ernst argued persuasively that within this frame, rationality and all that was scientific increasingly came to be pitted against all that was irrational and backward in a binary configuration. The practice of mesmerism, despite promising beginnings, failed to flourish−for it fell on the wrong side of the rationality/irrationality divide. Despite attempts by its

most ardent champions in India to emphasize its scientific basis, mesmerism's perceived closeness to magic and Eastern tradition as well as the fact that many Indians themselves expressed interest in it influenced, according to Ernst, its eventual demise.

Persisting colonial commitments in contemporary psychiatry

There has recently been increasing acknowledgment of the links between contemporary and colonial psychiatry, of the persisting, often implicit, colonial commitments of Western psychiatry. Taylor (2003), an anthropologist, brought attention to the assumption of universality in Western medicine in general. It is often assumed, argued Taylor that Western medicine does not have a culture, that it is a "culture of no culture" (p. 555). In her thorough meta-analysis of scholarly publications between the 1940s and 1980s, O'Nell (1989) persuasively demonstrated that colonial forces have continued to influence research on mental health among American Indians and Alaska natives, often through covert universalist commitments. O'Nell showed that this has been operant in several areas of research including pathological categories (nosology), epidemiology and diagnostic instruments. Gaines (1992) noted and objected to the same universalist tendencies in psychiatry and went so far as to suggest that the term ethno be applied as prefix to psychiatry in the West (ethnopsychiatry) to rescue it from pretensions of its own aculturality. In their theoretical analysis of some aspects of Western cultural psychiatric literature, Lucas and Barrett (1995) demonstrated that Western psychiatry continues to relate to the non-European in ways that are strongly characterised by a primitivist orientation. That is, it conceptualizes the other by employing one of two opposing perspectives: the barbaric and the arcadian. The former equates primitive society with degeneration and pathogenesis and the latter treats it as pristine and harmonius. Whether expressed in the form of barbarism or in the form of its polar opposite: arcadianism, Lucas and Barret persuasively showed that what they have referred to as psychiatric primitivism, has been a continuous theme over the course of more than a century: apparent in the comparative psychiatry of Emil Kraepelin, in debates in recent decades about the possibility of differing rates of schizophrenia in different cultural groups, in Western constructions of shamanism, as well as in contemporary psychiatric classification systems.

Tracing the roots of the Western enterprise of ethnopsychiatry to racist routes in colonial ethology with special reference to the African context, Bidima (2000), writing in a polemic style, found ongoing evidence in ethnopsychiatry's contemporary forms, of ongoing evidence of essentialism and culturalism. Bidima warned of the dangers of both extreme contextualism as well as universalism in the conceptualization of the cultural other. Contextualism runs the risk of pathology being overlooked and universalism risks the assumption of the universal relevance of European constructs and concepts. One of the most compelling claims of this paper, throughout which, the author is concerned with discourses of power and relationships of power, is the fact of the absence of the voices of African therapists from discussions about ethnopsychiatry and so, by bringing a postcolonial sensibility and by persuasively linking ethnopsychiatry and many of its contemporary tendencies with racist colonial ideology, this paper proposed to consider the sorts of biases that attend ethnopsychiatry to the present day. A tone of activism permeated through this paper as did a de-centred perspective which was committed to honoring the emic reality of what ethnopsychiatry has only known as the cultural other. Bidima's commitment to honoring emic subjectivity was also expressed through a concern about the problematic nature of translation.

In much similar vein, but with a much better informed understanding of the breadth of cultural psychiatry and of the different traditions constituting it than is conveyed by Bidima (2000), Kirmayer (2007) considered cultural psychiatry from within an historical perspective which reveals sensitivity to the post-colonial context. Factors influencing the presently changing landscape of cultural psychiatry (such as increasing numbers of mental health professionals in the West hailing from diverse ethnocultural backgrounds) were accurately and astutely observed and Kirmayer brought attention to the various social forces that helped to mount a challenge to the hegemony of Western accounts of history in the mid twentieth century. Throughout his paper, Kirmayer showed a keen awareness of the surviving influence contemporary psychiatric discourses, of colonial assump-

tions – including assumptions of human and social progress. According to Kirmayer, residues of this kind of thinking can be identified in some of the writings of British psychiatrists from as recently as the 1980s. In this respect, Kirmayer brought attention to Leff's (1981) argument: that there is a progressive differentiation of the emotional lexicon in Indo-European languages – with British English being conceptualized by Leff as the most differentiated. For all the strengths of this paper, and for all that it achieves in providing an overview of the history of cultural psychiatry from a laudably critical perspective by appropriately considering relevant social and historical forces, the paper is not propped up by anything that comes close to matching the tone of activism or advocacy as one sees in Bidima and Kirmayer's concerns in this paper, though clearly striking an unequivocal note of criticality, did not extend to any serious attempt to champion the cause of the subaltern, those whose voices remain excluded from Western cultural psychiatric discourse.

Western Psychiatry and Indigenous Healing

Frank's (1961) Persuasion and Healing represented an attempt by an American psychiatrist to reflect on psychotherapy from a comparative perspective. Frank's concern encompassed modern Western schools of psychotherapy and healing in non- industrialized settings including shamanic healing and his central argument was that the superficially diverse therapeutic traditions share a common concern with rhetoric (persuasion) and hermeneutics (meaning). There is no evidence of the author having phenomenologically engaged with the indigenous healing practices he described and this contributed to this work's "experience far" flavor– that is, distant from direct experience. The interpretations made and the attempts to conceptualize indigenous healing were characterized by a strong etic bias in their over reliance on Western psychotherapeutic concepts and categories. Nonetheless, if one is to follow the thesis advanced by Prince (1981), Persuasion and Healing did contribute to some rapproachment between Western psychiatry and traditional healing because, through its espousal of common therapeutic factors in Western and traditional therapy, it made traditional medicine more intelligible to Westerners. Jilek's (1982) Indian Healing stood apart as comprehensive study of indigenous healing by an anthropologically orientated psychiatrist. This study, of shamanic ceremonialism in the Fraser Valley region of British Columbia, was based on the author's immersion in "the field" over several years and the study benefited from a multidisciplinary perspective which drew on existing ethnographic literature, direct ethnographic observation, and the author's extensive knowledge of concepts from Western psychotherapy. The drawback of this work was the author's uncritical and un-reflexive use of terms from the Western psychiatric and sociological lexicon such as anomie, depression and somatization as well as a "one size fits all" prescriptiveness about what the author considered to be best for all "Indians". Jilek inadvertently then perpetuated an essentialism in his view of the indigenous other and a further shortcoming was the conspicuous lack of first person narrative from indigenous people in this work. Jilek and Todd's (1974) paper, detailing the authors' work with British Columbia's Coast Salish community also accomplished much: Over a four year period, outcomes of 24 individuals who had gone through a "winter spirit dance initiation" were described in qualitative as well as quantitative terms. The sequence of events in the winter ceremonial were described: symbolic clubbing to death of the initiate in the smokehouse followed by relative seclusion for at least four days before a symbolic rebirth in the presence of cheering crowd and rhythms of drums. Out of 11 cases of anxiety or depression or somatic illness, 7 showed significant improvement. Out of 13 cases of behavioral disturbance or aggressive tendencies, 13 were rehabilitated and 4 were described as having improved remarkably. The authors claimed then that collaborations between Western psychiatrists and traditional healers were associated with empirically demonstrable favorable outcomes. This quantitative information was complemented by five detailed case reports and ethnographic descriptions of indigenous healing (including the spirit dance initiation) and this made for what was a methodologically eclectic paper. The case reports suggested that indigenous healing lead to clinical improvements in many cases where the efforts of Western psychiatrists had failed. Unfortunately, there were some methodological shortcomings in the study's design that precluded general conclusions to be drawn about the efficacy of spirit dance initiation as a treatment for psychiatric disorder: The overall sample size was small. In terms of psychopathology in the subjects, the sample represented an overly heterogenous spectrum of pathologies. Claims of efficacy were also weakened by the lack of a control group. Details about the manner in

which subjects' progress were rated were lacking in that there was no mention of any independent rater or the use of rating scales/instruments. Nor were there details about the time period over which follow up occurred. Examples such as this and Dick's (1971) project in Arizona in which psychiatry and Navajo healing practices were integrated, unfortunately, for all their merits, failed to have sustained or wide impact on practice.

Voices of Resistance

Solomon and Wane (2005) articulated their concerns about sharing aspects of indigenous healing practices, arguing that "scientific paradigms are often used to deny or refute out time-tested, reliable, valuable, and successful practices" (p. 53). Such contemporary resistance discourse was also powerfully captured by the research methodology deployed by Joseph Gone (2008) in his extended ethnographic interview with an Amerindian elder from Northern Montana, for it allowed for the articulation and expression of one individual's views towards Western psychiatry.

Several themes emerged in Traveling Thunder's discourse which Gone (2008) enunciated.
Traveling thunder very much acknowledged the epidemic rates of pathology among native peoples, but as Gone (2008) noted, Traveling Thunder emphasized "the spiritual and sociohistorical" (p. 376) level of analysis is over the "intra-psychic and biogenetic" (p. 376) in locating understandings of pathology within the context of colonial trauma. He saw Western psychiatry in oppositional terms, as an institution of relevance only to the "white man" (p. 381) and considered indigenous ceremony as a far more appropriate therapeutic intervention. Specifically, space and place emerged as strong themes in Traveling Thunder's understanding of indigenous therapeutic intervention. This study profited from the explicit rendering by the author of important details about Traveling Thunder's background so that the reader obtains a sense of Traveling Thunder's positionality and biases (as a self-proclaimed traditionalist).

Traveling Thunder's is one of an emerging chorus of North American indigenous voices who consider the apparent incompatibility between Western psychiatry and indigenous traditions , with the latter perceived as more holistic in its conceptualization of health and healing. (Adelson, 2007; Cohen, 1998; Vukic, 2011). The major shortcoming of this research was that, despite the richness and candid nature of Traveling Thunder's narrative, no generalizable conclusions can be made from such a single interview. Traveling Thunder's views against psychiatry were extreme to say the least and they cannot be held to be typical or representative of indigenous people. It is difficult to imagine how such views could leave any room for meaningful dialogue between indigenous people and psychiatry. Gone (2008) failed to address these important issues.

Conclusion

A growing literature positions Western psychiatry on an historical continuum with colonial psychiatry. An increasingly self-reflexive and self- critical orientation among several psychiatrists towards the heritage of their own discipline in the West has contributed to an increased awareness of the way in which psychiatry has, and continues to relate to indigenous peoples and to indigenous systems of healing.

Elements within Western cultural psychiatry have concerned themselves with indigenous healing but their interpretive frameworks and paradigms have often precluded an understanding of indigenous healing on its own emic terms. In the rare instances of some sort of integration and mutual dialogue having been achieved, lasting or tangible impact on Western psychiatry has not been seen. This review also points to the existence of significant currents of resistance, of anticolonial discourse, from an indigenous perspective, against Western psychiatry and the literature hints at but fails at this point to satisfactorily elucidate the meanings(s) carried by the signifier indigenous healing within what can be said to be the nexus of social and discursive power relations which constitute it and within which it (and psychiatry) are embedded. Any contemporary attempt to understand better the relationship between Western psychiatry and indigenous healing systems can ill afford to ignore the full spectrum of semiotic significance indigenous healing has in the present postcolonial landscape. In

the service of this task, it is high time that a systematic attempt be made to gather the perspectives of those whose voices have historically been under-represented in Western academia. To date, little scholarly attention has been given to ascertaining the perspectives of indigenous healers, specifically in the North American context, on the relationship between their healing systems and modern Western mainstream psychiatry, and this has not certainly been done through the explicit lens of postcolonial theory. Kirmayer (2007), in endorsing its relevance for the understanding of alterity and identity in the contemporary world, acknowledged that postcolonial theory has as yet, failed to make much impact on cultural psychiatry. This literature review supports Kirmayer's contention.

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