

INTEGRATION OF INDIGENOUS HEALING PRACTICES OF THE KALI CULT WITH WESTERN PSYCHIATRIC MODALITIES IN BRITISH GUIANA

PHILIP SINGER AND LOUIS AARONS
Albany Medical College, Albany, New York

ENRIQUE ARANETA
British Guiana Mental Hospital

Despite much descriptive work in the methods and concepts of cross-cultural psychiatric research, such findings have not been translated and integrated into therapeutic applications. Psychiatry conceptualized as a medical specialty dealing with emotional disorders as disease entities views work with "witch-doctors," "obeah men," "black-hearts," practitioners, "curanderos," "shamans," and other folk mental health specialists as medically regressive. Indeed, euphemistic rationalizations may be resorted to by the psychiatrists when such folk-healers are employed, such as referring to "full treatment of the mentally ill by utilization of inherent dynamic resources of the social environment as the principal therapeutic technique." (Lambo, 1964, p. 447).

However what is medically regressive, or primitive, and what is medically progressive and developed in relation to mental illness is more often an interpretative bias rather than self-evident fact. Thus, for example, in Lima, Peru, at least in 1955, therapy for schizophrenics consisted of electro-convulsive treatment with ventricular lavage once or twice a week. It is reported that this treatment would be carried on for as long as six months. (Masserman, 1958, p. 209).

The first Pan-African Psychiatric Conference, held in Nigeria in November, 1961 was very much concerned with the problem of the utilization of folk healers and their integration into modern practice. Among the countries represented were the Sudan, Nigeria, Basutoland, Guinea, Kenya and Ghana. Lambo's work in Nigeria is particularly well known. Here, however, full responsibility for the patient apparently rests with the medical practitioners of Aro Hospital, a very modern 200-bed hospital. It is very clear that medical

responsibility for the patients rests with the qualified medical personnel. Lambo indicates how daring he was when he says:

"... Dr. El Mahi and I have for a number of years made use of the services of African 'witch doctors,' especially selected for epidemiological work and other aspects of social psychiatry (for example, a community attitude survey), a procedure that is indefensible by Western standards." (Kiev, 1964, pp. 449-450).

Witch doctors directly involved with patients, as in "social and group activities" in the villages, are always under the guidance of Lambo and his associates.

The issue of medical responsibility, or, to put it another way, "who is responsible for the patient," is only now becoming relatively acute in the United States. This is an outgrowth of the development of the concept of community psychiatry, and such institutions as the Day Hospital, employing non-medical "ancillary personnel." The question of responsibility in non-organic mental disorders is particularly acute in any underdeveloped country. Under such circumstances, the psychiatrist must learn to "let go," just as he must learn to "let go" of the patient in more traditional analytic psychotherapy. If he does not "let go" and learn to share responsibility with the folk healers, he will simply not be able to handle the fantastic demands that will be made upon him.

In British Guiana there is just one qualified psychiatrist. He is medically and legally responsible for patients in a hospital whose inpatient census is between 500 and 800 patients. The majority of these patients receive custodial care. Recently, electro-convulsive-therapy has been introduced. About 37% of these inpatients are East Indian, the others mostly African. He is also responsible for five outpatient clinics, scattered along the coast, where he sees about 2,000 patients monthly, 90% of whom are East Indian.

At this time, the only indigenous healers that the director of the Mental Hospital is actively working with are the East Indian Hindus of the Kali Cult. This is largely due to the fact that the Mental Hospital is located in Berbice, in a predominantly Indian region, and because four of the five outpatient clinics are in the same area.

The distribution of ethnic groups in British Guiana according to percentage are:

East Indian	50%
African	36%
Mixed	8%
Amerindian	4%

There are also a smattering of Portuguese, Chinese and Europeans.

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The inpatient and outpatient percentage distribution in diagnostic categories for the two major population groups are as follows:

	<i>Mental Hospital</i>		<i>Corentyne Clinics</i>	
	East Indian	Negro	East Indian	Negro
1. Neurotic-Depressive Reaction	8	8	16	4
2. Hysterical	2	2	8	2
3. Manic Depressive	1	1	2	2
4. Involuntal	4	4	*20	6
5. Schizophrenic	15	30	15	15
6. Organic	7	8	6	4
†7. Acute Dissociative Reaction	---	10

* This figure represents a dramatic reversal from 1963 when there were almost no involuntal patients among East Indian women.

† All come from Georgetown and are usually quickly discharged.

The director of the Mental Hospital notes that psychotic patients are not as frequent among the East Indians as among the Africans. Most of the East Indians seem to suffer from neurotic disorders, somaticised depressions and hysterias. It is for this reason as much as any other that close cooperation is possible with the indigenous healers who relieve symptoms through public and private religious ritual. Unlike practices of native doctors in Africa, patients do not receive inhuman treatment such as starvation, purgation and herbal medicines. (Forster, 1962).

Indeed, the indigenous Kali healers of British Guiana do not use herbal medicines, and patients usually see the Western physician first, *before* going to the native healer.

Cooperation between the Mental Hospital and the East Indian Kali healers was initiated in 1963, when the anthropologist lived at and studied a Kali temple located about 15 miles from the Mental Hospital. On several occasions, the director of the Mental Hospital, Dr. D. Panday, visited the anthropologist in the temple compound and observed the healing rituals. This psychiatrist is Guianese, of East Indian origin, and trained in the Maudsley Hospital of London. He was succeeded by Dr. Araneta in 1964. At the present time, Dr. Panday is pursuing further studies at the Maudsley Hospital.

As a result of these visits a decision was made to take some patients from the Mental Hospital to the Kali temple for "treatment." Five patients were selected. One was a 38-year old diagnosed as schizophrenic, paranoid type. He had been arrested for attacking a neighbor with a cutlass. Another was an epileptic man about 40, who had been hospitalized for six years with no obvious disturbance other than epilepsy. A third was a 41-year-old woman

diagnosed as schizophrenic reaction, schizo-affective type, hospitalized for about 17 years. A fourth was a 49-year-old farmer with a manic depressive psychosis, depressive phase, who had a record of previous admissions with a diagnosis of schizo-affective type. The fifth was a 36-year-old woman admitted as a depressive with symptoms of "things" crawling over her face, head, hands and back. She had been referred by the sugar plantation physician where she worked, after having been treated with "injections." Two other patients were rejected by the Kali healer as unfit for Kali therapy. One was a long-term hospitalized male patient schizophrenic, the other a senile woman.

The five patients were diagnosed by the healer as having disorders amenable to "Kali Work" treatment. Arrangements were made with the Director of the Mental Hospital that they receive special food which they could cook for themselves with special utensils. It was also agreed that they would be brought to the Kali Church for eight successive Sundays to "do the work." All five showed marked improvement. The epileptic's family appeared for the first time in six years and took him home. The schizophrenic woman also was discovered to have some kin in a nearby village who began to visit her. The woman with crawling sensations returned to work and was seen on an outpatient basis by both the Kali healer and Hospital psychiatrist. The farmer began to hear voices telling him he would get better after doing the work. The schizophrenic paranoid type, escaped from the hospital and did not continue with the treatment.

The Kali healer's diagnoses are all "working diagnoses" concerned with reality problems and treatment. The diagnostician-healer is very concerned with the motivation of the patient and his sincerity in coming for aid. Little or no attention is paid to the differential subtleties of diagnosis with regards to the patient's behavior. This approach prevails because outside of motivation, *prognosis* does not depend upon diagnostic shadings in Kali Work, which is basically concerned with emotional disorders. The Kali healer, as a member of the culture, knows what can go wrong with persons in the culture.

The Goddess Kali who is the divine mother is believed to have originated among the pre-Aryan Dravidians as they changed from food gatherers to cultivators. All growing things were regarded as representing the female principal and the earth mother gradually became the Mother Goddess.

Monier Williams says:

"If Siva is the great God (Mahadeva) of the Hindu Pantheon; to whom adoration is due from all indiscriminately, Vishnu is . . . its most popular deity. He is worshipped in his incarnation as Rama or Krishna. Siva is better known and worshipped under the names of Durgā and Kali, which is associated as a ghastly ritual. Animals must be slain to appease her lust for blood; and men and women make offerings who desire boons or to avert her wrath." (Ruhoman, 1947).

Generally, in her iconic representations, she has four hands. In one she holds a bloody sword, in another a severed human head. Her right hands offer benediction, blessings and security to those who are her devotees. She often has three bright eyes.

Chaudhuri, an Indian psychiatrist believes the Kali represents a derivation of an infantile, ambivalent image of the mother, that the grotesque aggressive endowments of Kali are the expressions of aggressive feelings derived from anal, urethral and phallic phases of psychosexual development. Also, the gnashing teeth, protruding tongue, blood down the cheeks, relate to cannibalistic wishes of the child to the mother figure. Further, the blackness of the skin is an overall "investment" of the mother figure with cruelty and ill-feelings. These are derivatives of the anal-sadistic phase of development, etc.

The Kali healer's explanation, in Guianese, which doesn't distinguish gender, was as follows:

"She holding head because when de country was all shake up, de rakshasa (devil) come, she cut off de neck. That show she destroy all the evil people. At that time he show no sympathy for anybody at all. He have four hand to show you are a man, you have two hand, so he have four, double amount you strenth. On hand hold cutlass, one holds tirsul (trident) one holds head, one holds udkey (drum). When he wants to enjoy, he plays drum. When he stik out tongue he have power to kill."

Diagnostic categories are always related to specific, stereotyped dreams. This type of stereotype is similar to the universal symbolism of the orthodox analyst. The ability to produce a particular dream for a particular therapist is also a common phenomenon in Western psychiatry, although not interpreted as such.

The diagnosis bears the name of the two major dreams:

(1) *Kateri*: (This is the Madras name. The Hindu name is Churile.)

This dream is related by both Hindu and Muslim women and follows this theme according to the healer:

"When a woman dream a woman play with her children, or with her breast, this is Churile. When this dream happens, the baby will die. In the dream, the Kateri will give a woman a baby. She is black with long hair. The Kateri usually visits a dirty place or 'nasty place.' This is a room or the place where a baby has been born and it remains dirty, or 'nasty' for nine days. This is the 'lying in' or 'linen house.'"

A pregnant woman often has a spontaneous abortion following this dream. Sometimes the Kateri "can take a man shape" which "dreams her." The healer pointed out that women having this dream are between 30-45 years old and usually are not married.

(2) *Dreaming Dutchman*: (more common among men) Here the assumption is that the individual has rested or napped in a spot where a Dutch-

man was buried, or where he buried his wealth after the British defeated the Dutch. The healer says:

"The Dutchman hold you because you don't give anything, not even a little rum. Den you get fever. Go to dactah. Dactah do injection, medicine, tablets, etc. De dactah say he can't manage 'me no find you complaint.' Neighbors tell go see priest. Me go devote de Mudder. Me ask: Can you remember where this bai go shot or where go walk and so on:. Whilst me talk, Dutchman come and start to play pon de bai. Den me put some babut (sacred ash) on he forehead and me tell he what work he go to do."

Because of space limitations, only one abbreviated case history follows to illustrate illness and therapy. This case was recorded as related by the healer.

Dey come to me, tell me dey sick. Me asks if dey been to dactah. Dey tell me he bin to all de dactah. Say nah feel good. Me tell em, look me going to tell you what happen. Me tell em: —at night, when you sleep, what kind dream you have? Say he dream a lady and a man. Dis lady try to to rub he belly in de night. Den man want to perform sex with he all night. So dat make he feel broke up. Me ask he if he use any nourishment, like tonic and so on.

He say, Uncle, me use all kind tonic. Me not get bettah. Me asks, you want me try with you? He say yes, and me try. Me aks em, tell me truth. When you husband want to sit down talk a good discourse with you, he tell me say me must get passion. When he get passion, he want to lick de husband, beat em, make em go way. Me tell em, when you want to talk with you husband, what make you husband left you and go away. Also, me say, tell me truth, why you money no can circulate in de house? Say he no know. Before Saturday, all de money gone. Me say, what you want me do den? Dey say, try, uncle. He beg me try with dem, help em. Me going tell em, say, if you want me try with you, is not me, you gotta beg de mudder. He say yes, Me say, you got to come at church five week, you and you husband must come to make a devote. But you must devote between yourself. Nobody must know what you devote. If de husband say no come, den de lady got to punish. De work no can done, He bring he husband. Me tell em, skipper, tell me struth. When you sleep at night, you dream any woman? He tell me yes. Me say, what dis woman come do with you? He say woman is come like me mistress and like play and talk together and so on. Me try coax em to perform sex. Soon de woman is open heself to me. When me perform de sex, I tought he me wife. When I wake up, me mistress separated from me. When me look, she sleep sid so and me mess up all me shorts. De woman want to know what happen. Me tell he me perform sex with her. He say no! Den de woman tell he. Man dis thing happen with me too. Me feel you talk with me and you *forcey* to hold me up. Den she discharge.

Dem tell me all dis story.

Me tell em, if you want me try, you got to come five weeks to church. Get new saucepan, milk, sugar, bananan, coco, camphor, samba, anie, pan, suppari, sendur, come and devote. But de first week what you come, you got to get a new dress, what you

no use yet. A lemon (dye) color dress. All you underwear must be dye. Just so when you sleeping at night, you underwear must be dye. You husband must get a dye shorts, and both of you can sleep at home.

When you come to church, and you cook done, and you eat, you mustn't go nowhere (nowhere). Don't matter you brudder dead, don't matter who dead. If you going, you going break dis fast.

Dey say: Oh uncle. Ah won't go. Me punish. All dem dactah me bin.

When dey perform dis five week work done, me aks em, "between dis five weeks, how you feel?"

Some say, de lady a come, but he no can come a me. He far.

The healer never makes any prognosis. He does not accept the principal responsibility. His job is to assist in the devotions. Occasionally, as in the Kali Puja, which is the healing ceremony, he will invoke the gods. A clear distinction is made between *invoke* and *devote*. When Mother is invoked she must help. She then moves through the body of the healer who is in a trance. When invoked by the healers the Mother must speak and say what is wrong. The people devote. The effectiveness of the therapy is always the patient's responsibility. Thus the patient participates directly in his therapy. His contribution does not depend on his fee, i.e., his gift to the temple, which is given *after* he gets better. Because of these procedures, the healer is never manipulated. He never makes any promises or collects fees thereby issuing in effect, a promissory note.

There is no overt counter-transference per se. The transference itself is to the Kali, through the healer as the transference agent. Together, the healer and the patient both "beg" the Mother and are ready to "regress," i.e., prostrate themselves before the mother. Guilt is always turned inward because the patient is always at fault in the performance of his "devote" which can never be perfect. There is introjection of the good object, which is the food prescribed by the healer, blessed by the Mother and cooked and eaten by the patient.

In 1964, Dr. Araneta became director of the Mental Hospital and continued the association with the Kali healers begun by the previous director. During the next two years there was a marked increase in hospital admissions and outpatients of East Indian origin. Many of these patients came to the clinic because they were referred there by the native healers. Significant to this increase is that no longer were symptoms such as "head swinging," "trembling," "helpless feelings" and "bad dreams" passively accepted as outside the scope of Western medicine. Seeking help at the outpatient clinic denotes in effect a change in their cultural life-style and expectations.

For example, many female patients between the ages of 46-55 (post-menopausal) now attend the outpatient clinics. Before 1964 no East Indian women in this age group were in the Mental Hospital and very few visited the

clinics. Because the matriarchal authoritarian family structure of the East Indian gives the mother-in-law much prestige and authority at about this time, the psychiatrist had assumed that they thereby avoided the involuntal depression common among women in the United States. The presence of these women currently in the clinics (200) and hospital (70) suggest that they may have had problems all the time, but with no place to take them.

In fact, many patients now come with complaints that may not be regarded as pathology but rather thought of as "situational stress reactions." Some of these complaints are: "My husband doesn't love me, he works far away"; "my rice isn't being sold because of this black government" and other complaints of infidelity and infertility.

It is clear that as cultural expectations concerning the Mental Hospital are changing, so are self-conceptions. Just what the Mental Hospital and clinics represent to the East Indians who now go there is not as clear. Apparently, the Mental Hospital and the growing significance of the role of the Hindu Kali centers represent a major institutional vector from which new attitudes are being shaped. These attitudes have as much to do with cultural expectations as they do with so-called "mental illness." The increased volume of outpatients can only be handled by the briefest (3-5 minutes) kind of general psychiatry reinforced by observance of the various work rituals recommended by the Kali healers. The question of "who is responsible" for the patient becomes irrelevant because the problem is no longer one of "illness" but of life-style.

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ABSTRACT

Modern methods of psychiatric therapy have been integrated with traditional techniques in Africa, notably in Nigeria and Ghana. A review of Latin American psychiatry shows no activity in this area. One exception seems to be British Guiana. This country has sometimes been called an island surrounded by land, because of its unique ethnic composition, and persistence of cultural identity of origin, (51% East Indian, 31% African, 11% "mixed," 4% Amerindian, and the rest a smattering of Portuguese, Chinese and "other" Europeans).

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An integrated (modern and traditional) referral, treatment and follow-up system for primarily East Indian patients has developed from the fieldwork and collaboration of the anthropologist, the Director of the Mental Hospital, and healers of the Kali Temples. The significance of this interaction is magnified by the fact that there is only one psychiatrist in this country of about 624,000 persons and only one general mental hospital.

Inpatient census of the mental hospital varies between 500–800 patients, of which about 37% are East Indian. Five out-patient clinics scattered along the coast, treat about 2,000 patients monthly, 90% of which are East Indian. Generally, the East Indians demonstrate neurotic-depressive reactions including somaticized depressions and conversion hysterias. Since 1964 there has been a marked increase in East Indian admissions to the Mental Hospital, as well as an increase in the number of out-patients. This is due in large part to an active collaboration between the East Indian Kali healers and the director of the Mental Hospital.

The Kali healers now make frequent rounds of the Mental Hospital with the Director, who himself attends the major religious healing (*pujas*) and some of the regular Sunday healing sessions.

In practice, both healers and the people now make a distinction between "Kali Work" and "Dactah Work." Kali Work refers to those affective reactions which respond to the cathartic, tension-release and value reinforcement Kali techniques, which include, trance, rituals, sacred food preparation, beating of the possessed patient, standard dream analysis, family and community involvement. "Dactah Work" refers to the non-responsive organic and emotional disorders which are then treated by in-patient hospitalization, chemotherapy and electroshock therapy. Both chemotherapy and electroshock therapy have been enthusiastically received by the healers and patients as consonant with their own beliefs about magic and energy. "Dactah Work" and "Kali Work" effectively join in treating the patient and returning and keeping him in his family and community.

RESUMEN

Los métodos modernos de terapia psiquiátrica han sido integrados con técnicas tradicionales en Africa, especialmente en Nigeria y Ghana. Una revisión de la psiquiatría en Latinoamérica demuestra que no se ha hecho nada en esta área. Una excepción parece ser la Guayana Británica. Este país ha sido llamado a veces una isla rodeada de tierra, debido a su composición étnica especial y a la conservación de la identidad cultural de su origen, (51% hindúes, 31% africanos, 11% mixto, 4% indios americanos y el resto un grupo mezclado de portugueses, chinos y "otros" europeos).

En colaboración con el antropólogo, el Director del Hospital Mental y los curanderos de los templos Kali, se ha desarrollado un tratamiento combinando lo moderno y lo tradicional, de atención psicológica para pacientes hindúes principalmente. La importancia de esta acción recíproca aumenta por el hecho de que sólo hay un psiquiatra en este país que cuenta con aproximadamente 624,000 personas y un sólo hospital mental general.

El número de pacientes internos atendidos en el hospital varía entre 500 y 800, de los cuales cerca de un 37% son hindúes. Las cinco clínicas distribuidas a lo largo de la costa atienden más o menos 2,000 pacientes por mes, el 90% de los cuales son hindúes. En general éstos demuestran reacciones neuróticas depresivas incluyendo depresiones somáticas e histerias de conversión.

Desde 1964 ha habido un aumento considerable en el ingreso de hindúes al Hospital Mental, al igual que en el número de pacientes externos. Esto se debe, en gran parte a la activa colaboración entre los curanderos hindúes Kali y el director del Hospital Mental.

Los curanderos Kali visitan frecuentemente el Hospital Mental con el Director, y éste asiste personalmente a los principales festivales curativos religiosos, llamados "pujas" y algunas de las sesiones ordinarias de los domingos.

En la práctica, tanto los curanderos como el público en general, hacen ahora una diferenciación entre el "Trabajo del Kali" y el "Trabajo del Doctor." El "Trabajo del Kali" se refiere a esas reacciones afectivas que responden a las técnicas catárticas Kali, que incluyen trance, rituales, preparación de comida sagrada, golpes a los pacientes posesos, análisis de sueños de tipo standard, etc.

El "Trabajo del Doctor" se refiere a los desórdenes psicosomáticos y emocionales que son tratados por medio de la hospitalización del paciente y del electro-shock. Este ha sido recibido entusiastamente por los curanderos y los pacientes conforme a sus propias creencias acerca de la magia y el poder.

El "Trabajo del Doctor" y el "Trabajo del Kali" se unen en forma efectiva en la atención del paciente y hacia el logro de su retorno al seno familiar y a la comunidad.

RESUMO

Métodos modernos de terapia psiquiátrica foram integrados com técnicas tradicionais, especialmente na Nigéria e Ghana. Uma revisão da psiquiatria Latino-americana nada demonstra nessa área. A única exceção parece ser a Guiana Inglesa. Este país já foi chamado de ilha rodeada por terra devido a sua singular composição étnica e a persistência de identidade cultural de origem (51 por cento indús, 31 por cento africanos, 11 por cento mixto, 4% por cento índios americanos e o demais uma mistura de portugueses, chineses e europeus).

Do trabalho de campo do antropólogo, do director do Hospital de Doenças

Mentais e em colaboração com os curandeiros dos Templos Kali se desenvolveram um tratamento integrado (moderno e tradicional) e um sistema de acompanhamento para, principalmente, pacientes indús. O significado dessa interação é ampliado pelo fato de existirem nesse país, de cêrca de 624.000 habitantes, um único psiquiatra e um único hospital de doenças mentais.

O número de pacientes do hospital de doenças mentais varia entre 500 a 800, dos quais 37 por cento são indús. Cinco clínicas dispersas ao largo da costa tratam de 2.000 pacientes mensalmente, 90 por cento dos quais indús. Em geral, os indús demonstram reações neuróticas depressivas incluindo depressões somáticas e histeria de conversão. Desde 1964 o número de admissões de indús no Hospital de Doenças Mentais vem aumentando bem como o número de pacientes nas clínicas. Isto se deve em grande parte a colaboração ativa entre os curandeiros indús da seita Kali e o diretor do Hospital de Doenças Mentais.

Os curandeiros Kali frequentemente visitam o Hospital de Doenças Mentais com o diretor que por sua vez assiste as principais festividades religiosas (denominadas "pujas") e algumas das sessões regulares dos domingos. Na prática, tanto os curandeiros quanto o povo fazem uma distinção entre o "Trabalho de Kali" e o "Trabalho do Doutor." O primeiro se refere àquelas reações afetivas que respondem às técnicas catárticas de descarga de tensão, e reforçamento do valor das técnicas Kali incluindo, transe, rituais, preparação de alimento sagrado, espancamento do paciente possuído, análise padronizada de sonhos, envolvimento da família e da comunidade.

O "Trabalho do Doutor" se refere às desordens orgânicas de origem psicossomática e emocionais tratadas pela hospitalização do paciente com auxílio do elétrico-choque e terapia química. Essas duas técnicas receberam entusiástica acolhida tanto pelos curandeiros quanto pelos pacientes pois estão de acôrdo com suas crenças sôbre magia e energia. O "Trabalho do Doutor" e o do "Kali" se unem de maneira eficaz no tratamento do paciente tornando possível sua volta e permanência na família e comunidade.