

ETHNO-PSYCHIATRY AND FOLKLORE PSYCHIATRY

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On several occasions, in Congresses and through publications, I have tried to define folklore psychiatry and to delimit its field with the goal of initiating authentic interest in what I consider an important and neglected aspect of modern psychiatry.

A DEFINITION

We may accept as the task of folklore psychiatry the study of the concepts, beliefs and practices concerning psychiatric conditions and their treatment and cure, maintained in a different culture by popular tradition (Seguin, 1971).

DELIMITATION

If we really want to understand its meaning and relevance, we must try to clearly limit the field of folklore psychiatry. Its separation from our text-book psychiatry does not need any emphasis. This (or pretends to be) an orthodox discipline, subject to all the postulates of modern scientific thought and experimentation, while folklore psychiatry, as we shall see shows quite a contrast with those *desiderata*. There is another group of phenomena from which folklore psychiatry must be clearly and definitively differentiated. These phenomena are studied under several names—"folk psychiatry" (Kiev, 1964), "prescientific psychiatry" (Kiev, 1966), and others—all of which, in my way of thinking, could be called more precisely "ethno-psychiatry" (Ellenberger).

Prescientific psychiatry or folk psychiatry deals with the study of the psychiatry of "primitives"—that is, the beliefs and practices of peoples belonging to prescientific or not sufficiently scientifically sophisticated cultures. Kiev (1964) defines them: "By 'primitive' (*naturels* or *Naturvolken*) we mean those societies isolated from the mainstream of Occidental or Oriental civilization, nonliterate, and organized on the basis of small groups, with simple nonspecialized economics and technologies."

Ellenberger characterizes ethno-psychiatry as "the study of mental illness as a function of ethnic or cultural groups to which the diseased person belongs."

We see then—and I want to emphasize the point—that ethno-psychiatry, folk psychiatry, prescientific psychiatry and other names under which these studies are clustered deal with the study of ethnic

or cultural groups in their own setting (Ackernecht, 1943). Folklore psychiatry, on the other hand, studies the concepts, beliefs and practices of the people *as maintained in the midst of our "modern" cultural setting.*

The differentiation will be clearly seen if we consider that ethno-psychiatry constitutes an important part of the culture in which it is practiced; it is legally incorporated into the mores and ways of living of the society to which it belongs and cannot be separated from the web of its daily beliefs and uses. Folklore psychiatry, on the other hand, existing amidst a culture which openly denies its value and its postulates, goes against the law and is persecuted.

The men who embody the duties and powers to treat psychiatric conditions in "primitive" cultures are quite well-known as studied by anthropologists all over the world. They are the "witch-doctor," the "shaman," the "medicine-man," legitimate, respected and even distinguished members of their group, with a definite role to perform in it. Their actions are grounded on the basic beliefs of the culture in which they live and act; their methods are inspired by the "official" philosophy and the accepted religion, and their position is one of the most important in their community.

In clear contrast, folklore psychiatry is practiced in "occidentalized" cultures, in cities and among societies living the daily life of sophisticated technology and under the influence of stern "scientific" regulations. The men who are in charge of the treatment of the sufferers are the *native healers* (the *curanderos* of the Latin American countries). They act and tend their "patients," not as lawful members of their society and standard-bearers of its philosophy and religion, but, contrariwise, against the law, which persecutes them and forces them to act in secrecy.

The differences between ethno-psychiatry and folklore psychiatry are, then, quite clear. It is, I think, very important not to confuse them.

Another delimitation is necessary: the one between folklore psychiatry and the wide world of the "quack," the "fake," the "charlatan" and so forth. This distinction, however, is not always clear. Folklore psychiatry, historically linked to the cultural traditions of each society, maintains very definite relations with the ways of the quack, because he has, especially in underdeveloped countries, some connection with the folklore of his people and his cultural region.

However, even if the quack be sometimes inspired by cultural tradition, his purpose and his ways of acting are distinct enough to differentiate him from the honest practitioner of folklore psychiatry. The quack is a swindler, someone who tries to take advantage of human weaknesses for his own profit. He does not believe in what he

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preaches or practices and is devoid of human compassion or love for his "patients." The practitioner of folklore psychiatry, the true "native healer," on the other hand, acts because he is convinced of the power of his resources and the results of his procedures. He is guided by the cultural tradition of his people, he belongs to the group he treats and is related to it in ways which show a clear interest and love for its members. His relationship with the community is rooted in the sharing of beliefs coming from the historical background of their culture, and his methods have the strength of the tradition, having been transmitted from generation to generation.

ON THE ROLE AND MEANING OF FOLKLORE PSYCHIATRY

This kind of medical practice can be found mainly in underdeveloped countries—countries "which have not as yet overcome immature stages of civilization," as he who is an advocate of "progress" and rationality would like to believe—but not only there. In New York, in Paris, in Tokyo or in Rome, with the logical differences due to environment and opportunity (and sometimes to fashion), folklore medicine and folklore psychiatry flourish and have many convinced and fervent "clients." This phenomenon forces us to think that they fulfill a social role and satisfy group needs. Their existence against all odds would be otherwise inconceivable.

Witch-doctors, shaman or medicine-men have been studied in their different cultural environments by sociologists and anthropologists who have been able to understand their action in the communities as the product and, at the same time, the cause of their position and social role, since they are an essential part of the structure of the group, a part interlocking with all the others and weaving with them the warp of their respective cultures. Any analysis of a society will very soon reveal that each of that society's elements, from the most important to the ones that appear trivial—from the chief or the priest to the slave or the pariah—exists in close relationship with all the others in such a way that the whole would collapse if any of them were to be cancelled or were to disappear. Of course, the role of shaman must be, and has been, understood in that light (Kiev, 1964a; Devereux, 1958; Field, 1960; Frazier, 1922). The same thing could not be said concerning the native healer who acts, not in "primitive" cultures, but among our "civilized" societies. We must ask ourselves about his social role and the importance of it. His very existence, if we take into consideration his illegality, the persecution he suffers as well as the repudiation of the "cultivated" and the "enlightened," and the many other factors against him, demands an explanation.

Some clues, if not a clear understanding of all the elements at

play, may be offered by the characteristics of the relationship between the native healer and his "patients" in contrast to the one between the doctor and his. The mechanization and technological orientation of modern medicine, as well as its parallel dehumanization, has produced the kind of physician who applies academic knowledge to "the case," while the patient needs something completely different—understanding and protection, human closeness, sodality—which cannot be offered by the doctor who belongs to another cultural environment, is guided by beliefs and concepts quite apart, lives in another level of "civilization" and, practically, speaks a different language. This may be one of the reasons, but by no means the only one. There are many others, rooted in the basic constitution of human nature and human society, which are clamoring for study and clarification.

THE IMPORTANCE OF THE STUDY OF FOLKLORE PSYCHIATRY

As stated previously, folklore psychiatry is a neglected chapter in the field of modern psychiatry. The ever-growing emphasis of our specialty on being scientific has led to an attitude of contempt towards research that is not carried out in the laboratory or that does not lend itself to the statistical handling of data and the experiment. The treatments used by, and the ideas of, "uncivilized" people have been thought of as unworthy of consideration, being only remains of a primitive and unscientific past that ought to be forgotten as soon as possible.

If we look at this matter from a different point of view, we will be able to realize that folklore psychiatry, as well as all other manifestations of folk art or folk medicine, is the product of deep cultural patterns and carries with it a wealth of meanings that cannot be neglected.

As a matter of fact, folklore psychiatry today is a synthesis, let us say, of cultural anthropology and social psychiatry, both of which are in the limelight of modern trends in our specialty. If our interests have progressed from individual problems to group problems, and from these to social ones, folklore psychiatry enables us to study them in a cultural anthropological context.

On the other hand, the common trend of close collaboration between psychiatry and such disciplines as sociology, anthropology or psychology finds folklore psychiatry a very fruitful field.

From the point of view of the psychiatric specialty, I can say now, after some years of experience, that we have a lot to learn from our colleagues, the native healers. We have a lot to learn, not only in the field of new plants and drugs which they use and we do not know, but in something we are just now discovering: the handling

of family problems and groups—our group dynamics, group therapy and family therapy—as well as the management of social and community problems, which we approach as novelties and which they handle traditionally and skillfully.

On the other hand, we have to remember what is happening in the underdeveloped countries in relation to psychopathology. There are simply not enough psychiatrists and most of them live in the big cities. This reality is shocking in such countries as ours, in Latin America, in which there is a terrible contrast between the human resources and the needs of psychiatric assistance. In Peru, for example, there are about 120 psychiatrists in practice, 100 of whom are in Lima, the capital. Of approximately 2,000 beds for psychiatric patients, 95 per cent are in Lima. Similar conditions exist throughout our subcontinent—not to mention Haiti, where, for a population of five million inhabitants, there are four psychiatrists and nineteen psychiatric beds! I have no doubt that in other continents, such as Asia or Africa, the situation is the same if not worse.

But folklore psychiatry is important not only for underdeveloped countries. There is no country, whatever its degree of development may be, where similar manifestations could not be found. In all the big cities—and, of course, towns and villages—of Europe and North America, there are practitioners of folklore psychiatry, more or less dependent on the autochthonous culture (Borgolts, 1960; Garbo, 1960; Leighton, 1959; Tanzi, 1890). To ignore or to despise them is neither scientific nor practical.

I consider as essential and urgent (as I have insisted every time I have had the opportunity to do so) not only a serious and methodical study of folklore nosography and therapy, their relationship to the sociological and anthropological factors of each country and culture and their transcultural comparative examination, but also the inclusion of a very extensive chapter on folklore psychiatry in the psychiatric textbooks. Nowadays our young residents will know everything about the latest theories on the biochemistry of the brain, but will be at a loss in many of their daily activities. They may be up to date in procedures of diagnosis and therapy, but completely ignorant about what they are going to meet daily in their own country, much more so when their practice is inland.

Every student should know what is going on in the reality of psychiatric practice and every resident should be familiar with folklore psychiatry. In this way a dangerous void would be filled, and the physician of the future would be prepared to manage skillfully the many problems he finds in his professional life, and would be stimulated to do research in a field which promises vast and useful results.

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