Magic, faith and healing: studies in primitive psychiatry today, edited by Ari Kiev, New York, Free Press, 1964

Ari Kiev (1934–2009) was an American psychiatrist and psychoanalyst, but curiously also a hedge fund ‘coach’, who spent some time with Aubrey Lewis and Michael Shepherd at the Maudsley Hospital in London and then at John Hopkins University. He carried out fieldwork in Haiti and Puerto Rico and also worked with West Indian immigrants in London, which resulted in a short textbook on cultural psychiatry (Kiev 1972). In this 1964 collection, he gathered together a number of then eminent social anthropologists, psychiatrists and psychoanalysts. The book is interesting as it is on the cusp between the older American culture and personality theorists, strongly influenced by psychoanalysis, and the later, more empirical cultural psychiatry, influenced by European social anthropology and the developing field of medical anthropology. The collection remains well known not least for the first publication of Raymond Prince’s Indigenous Yoruba Psychiatry and more particularly Victor Turner’s An Ndembu Doctor in Practice.

The introductory chapter, by Jerome Frank, authored in 1961 of the influential Persuasion and Healing, is followed by the editor Kiev who develops Frank’s ideas to argue that the task of therapy is principally ‘to mobilise hope and raise morale’ and takes as his paradigm western psychotherapy, but this is the psychotherapy which was developed before Sigmund Freud and which does not involve ‘insight’ in the psychoanalytical sense but rather a transference cure (as Fenichel put it) which remains the basis of many of our western ‘alternative’ healing practices. Kiev notes that evidence for the efficacy of more specific psychoanalytic therapies for psychoses is poor and that, as Erwin Ackerknecht (1959) had proposed, any effective results are due to confession by the patient and suggestion by the therapist, plus the ‘non-specific factors’ which include ‘faith’, the personality of the therapist, payment and local conceptualisations of mental health and illness.

Kiev’s emphasis on the immediate dynamics of healing, rather than on the place of the healer in their own society, misses much of the concordance between social cognition and healing events. Weston La Barre contributes an interesting chapter on confession and catharsis among North American indigenous peoples: breach of an Inuit ‘taboo’ may result in the loss of food animals and individual illness. Jane Murphy describes how with the decay of Inuit shamanism, increasingly eccentric individuals take up that role and a persistent theme in the book is the perversity or abnormality of the shaman, although we have moved beyond the earlier twentieth-century assumption of the near-universal pathology of the shaman. Raymond Prince is rather enthusiastic about the possibility of Yoruba medicine being useful for treating psychosis (an issue dealt with more pragmatically later in Lambo’s account of the Aro therapeutic villages of Abeokuta) but is critical of certain local practices such as keeping the patient as a prisoner in the healing compound until the relatives have raised the full fees for the treatment.

Most of the authors are happy to use such terms as ‘primitive’, ‘superstitious’ and ‘ignorant’ (of biomedical theorising) and argue that their local populations have no concept of ‘cause and effect’. Their general attitude is not malicious but rather paternalistic. The key exception to
such valuation is Turner whose copious and ethnographically detailed ‘Ndembu Doctor’ goes far beyond the cursory summaries and lists of locally recognised illnesses provided by the other contributors. The paper is too well known for me to summarise it here: suffice to say that he shows how the identified patient occupies the social fault lines of a particular community. The paper is of course now used extensively in training in group therapy and psychodrama. One anxiety I still have is that it is too perfect: the therapy just works too well. And this prompts the thought that all too seldom do we describe in detail how a particular local therapy fails: one notable exception being Gilbert Lewis in 2000. Another exception to the psychiatrists’ tendency to offer lists of illnesses and types of healing is the anthropologist Robin Fox who shows in detail how among the Cochiti (Pueblo), those illnesses not caused by witchcraft are ‘treated’ by adoption into a new clan.

Some general themes emerge. All of these 16 communities – African, Amerindian, South East Asian, Australasian and Middle Eastern – make the distinction between what biomedicine terms mental illness and what it terms mental handicap (learning disability), although an ultrahuman agency may be common to both: ancestral anger is a common course of congenital mental handicap, and most papers describe how the dead ancestors still seek to be remembered or to have their wishes met. A reminder that our use of the how/why distinction in medical anthropology goes back to the 1930s is useful. Another common theme is the pathological idiom of ‘infestation’ which seems common in Africa, both East and West, but not elsewhere.

Many papers rely on rather American ideas of psychological normality and a paper on rural Turkey employs Werner’s idea of the constricted self: the lack of initiative, curiosity or change because of the weight of tradition. Autonomy is not encouraged there during Erikson’s (psychoanalytically derived) period of childhood autonomy; sorcery and magical accusations can be considered as elements of ‘covert aggression’ whilst the therapies involved in this ‘passive-aggressive’ culture do not enable the ego to ‘mature’. Faulty id-ego differentiation ‘must contribute’ to schizophrenia among the Apaches, says Bryce Boyer, and the ‘inconsistently maternal’ policies of the Bureau of Indian Affairs have reinforced Apache-dependent needs and ‘irresponsibility’. Mexicans in Texas are described in similar terms. Whether psychodynamic explanations seem more plausible when used for communities such as these, on the edge of a wider, more powerful, psychologising society, is not considered, and some authors refer to now rather dated psychodynamic ideas such as bipolar illness (manic depression) being caused by the child being ‘pushed forward’ by the parent. Even Lambo, the British-trained psychiatrist, refers briefly to ‘transference’ as an explanation.

Kiev’s (1972) text on cultural psychiatry was to contain much less on psychology and personality, more on particular pathological patterns described by clinicians. This 1964 multi-author collection was already to seem somewhat dated but it does contain certain issues which are still of interest in 2018. Are these ‘primitive’ therapies effective with psychosis? How relevant are confession and catharsis, two concepts which have now almost vanished from the literature? (And what anyway is ‘catharsis’? Is it still a valid psychological pattern?) How does illness change as a population shifts with globalisation to a more psychologised and ‘internalised’ notion of understanding themselves? How does the idea of ‘insight’, so essential to psychoanalysis, fare in the new comparative field? And what of that old chestnut, ‘faith’? Does it have a new lease of life in a less homogenous society where we have a plurality of possible patients so remaining a variable individual measure? If the contravention of a norm may lead to Inuit food animals disappearing, how does such breaching of a taboo fit with anthropological ideas of ‘pollution’? Are those who are polluted dangerous to others? How?
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