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EDITORIAL

'Exotic' treatments and Western psychiatry

Psychiatry as a specialty is one of the youngest branches of medicine, although the ailments which are its province are probably as old as consciousness. The historical origins of both medicine and psychiatry lie in magical beliefs and practices, but general medicine has advanced much further from its origins than has psychiatry. The scientific revolution in medicine displaced most of the old remedies, though some, such as digitalis and quinine, resisted its onslaught. The influence of scientific medicine has not extended far outside the medical profession, however, and the public continues to make considerable use of herbal remedies and patent medicines. The total expenditure on medicines in the United Kingdom in 1966, for example, was £267 million, of which £188 million was for medicines prescribed in the National Health Service, and the remaining £79 million was spent by the public mainly on medicines bought without a doctor's prescription (Office of Health Economics, 1968). Apart from the use of herbal and patent medicines, certain kinds of more traditionally magical practice continue to flourish in the United Kingdom alongside the National Health Service, well-used by and well-known to the public even if most doctors are completely oblivious to them. The laying-on of hands, for example, which was used by the kings of England and France throughout the fourteenth to seventeenth centuries to treat scrofula, is still a thriving specialty in Great Britain. Whereas Charles II laid hands on a total of 92,000 people, Harry Edwards, a manual healer now aged 80, claims to have treated well over one million people since the first world war.

Alternative services such as manual healing flourish in areas in which conventional medicine is unsatisfactory. Prime examples of this are painful disorders of the musculoskeletal system (Churven *et al.*, 1974) and many psychiatric conditions. Effective psychotropic drugs are now available for a number of conditions, but it is evident that most patients need something more than an encapsulated fragment of pharmaceutical expertise. Unfortunately, the non-pharmacological techniques of western psychiatry, such as psychotherapy and most forms of social intervention, have not been adequately evaluated. We have no scientific evidence of their effectiveness in our culture, let alone in other cultures. Nor do we know much about the patterns of use and effectiveness of alternative treatments in Western countries, with which psychiatry is competing. However, a fair amount is known about this topic in 'exotic' cultures and merits serious consideration, if only because traditional healing techniques may embody therapeutic elements which are worth preserving.

In reviewing treatments for psychiatric conditions in 'exotic' cultures it is useful to categorize them as psychological, social, and pharmacological. There is an extensive literature on the psychological techniques of native healers and the belief systems in which they operate. The commonest explanation for illness is of something alien in the sufferer's body. At its most concrete, this is conceived of as a stone or a live animal such as an insect or small reptile. The native healer's technique in these instances consists of a sleight of hand by which he produces the offending object or animal from the patient's body and pronounces him cured. The most sophisticated development of this principle has occurred in the Phillipines, where native 'surgeons' perform 'operations' without anaesthetics or incisions, and after kneading patients' abdomens produce a convincing display of mesentery, blood, and organs. Forceps are then used to remove pieces of the organs. A link with less sophisticated procedures is revealed by their practice of producing beans from under patients' eyelids to cure them of ocular conditions.

A more abstract concept of pathogenesis is exemplified by the belief that madness is caused by devils or spirits entering the body of the sufferer. Possession by spirits is often invoked as a cause of psychotic illnesses, though it may also be put forward as an explanation of neurotic disorders and of

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physical illnesses (Wijesinghe *et al.*, in press). Wherever this belief is strongly held, measures are available for ridding the possessed person of the devils or spirits. These measures are usually the prerogative of the native healer, witch doctor, or shaman. The techniques of exorcism are based on an underlying assumption that spirits need a material home, usually animate but sometimes inanimate.

An anthology of folk medicine compiled by Kiev (1964) enables us to review the procedures used to achieve exorcism in various cultures and to identify a number of common elements, which are as follows: the native healer makes the spirit causing madness leave the patient and enter into an animal. The animal is then either killed, presumably putting an end to the spirit, or driven away, carrying the spirit with it. Water is often used to cleanse the patients of the evil, and sometimes flowing water is introduced to carry the spirits away for ever.

Virtually all the accounts we have of exorcism by native healers date from the last 100 years. However we are fortunate in having a written record of an exorcism by a native healer that was carried out almost 2,000 years ago. This is Mark's account of the casting-out of devils performed by Jesus. The patient is described by both Mark and Luke, enabling us to build up a picture of a man who wandered about naked, with no fixed abode, but who usually returned to a cemetery, where presumably he found some shelter from the elements. His violent behaviour caused him to be put in chains, but he had broken out of this restraint. His illness is described as chronic and he is recorded as shouting and cutting himself with stones, behaviour that may have been either self-mutilation or attempted suicide. The history is more consistent with a chronic psychosis than with a hysterical condition. Jesus's way of dealing with this patient is worth quoting in full.

> 'But when he saw Jesus afar off, he ran and worshipped him, and cried with a loud voice, and said, What have I to do with thee, Jesus, thou Son of the most high God? I adjure thee by God, that thou torment me not. For he said unto him, Come out of the man, thou unclean spirit. And he asked him, What is thy name? and he answered, saying, My name is Legion for we are many. And he besought him much that he would not send them away out of the country. Now there was nigh unto the mountains a great herd of swine feeding. And all the devils besought him, saying; Send us into the swine, that we may enter into them. And forthwith Jesus gave them leave. And the unclean spirits went out, and entered the swine: and the herd ran violently down a steep place into the sea (there were about two thousand) and were choked in the sea' (Mark 5; 2–13).

In Jesus's healing technique we find all the elements that are common to the procedures used by native healers throughout the world when dealing with mental illness. He commands the devils to leave the possessed sufferer, he transfers them into the bodies of animals, and the animals are subsequently killed. There is the additional element of water to wash away the evil spirits. The persistence of a particular form of ritual over two millennia and its current world-wide distribution are, of course, no guarantee of its effectiveness. Rain-making ceremonies are also found in various cultures throughout the world. However, the spread through time and space of exorcism ceremonies for psychiatric conditions suggests that at least they are catering to some aspect of the patients' disturbed state of mind. One important feature seems to be the provision of an explanation that is acceptable in terms of the beliefs of the patient and his relatives.

In the case of the above procedures the belief involved is that madness is caused by an alien substance or essence which has entered the patient and has to be expelled. Many Western psychiatrists would give no credence to the beliefs inspiring these procedures and would ascribe any benefit to the patient entirely to 'suggestion'. However, apart from its psychological aspect, the identification of a spiritual source of the patient's symptoms often has social implications. The native healer commonly demands a sacrifice to placate the angered spirits and to ensure a cure. The sacrifice is generally an expensive item, such as a goat, and likely to be beyond the means of the patient himself. Hence the patient's relatives have to contribute money or goods for the sacrifice and are thus involved in his cure. This form of treatment for psychiatric conditions stresses the relatives' responsibility for the patient's well-being and strengthens the social bonds between them (Mbog, 1971).

Another form of diagnosis and treatment which emphasizes social as well as psychological aspects

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and which is used by native healers in many cultures is divination. Among the Yoruba, divination takes the form of casting 16 kola nuts 16 times (Maclean, 1971). The outcome of each set of four throws is noted in terms of marks made upon a wooden Ifa tray covered in sand. Patterns of marks refer to specific verses within the *Odu* or corpus of sayings relating to Ifa. There are a total of 256 verses corresponding to all the possible combinations of the 16 throws. The babalawo or 'father of mysteries' interprets the contents of the oracle for his client, drawing on his knowledge of the person to make them appropriate. The throws may point to disturbed relationships within the family and the remedies prescribed after divination are concerned with the reordering of the patient's relationships with the spiritual world or with members of his own society.

A similar technique of divination is used by the Kalanga of Botswana and involves the throwing of four separate and clearly distinguishable pieces of ivory, each with two surfaces. Werbner (1973) points out that the diviner and his congregation communicate through highly stylized language about immediate events and matters of personal history. The chance outcome of the casting of lots is interpreted in terms of the client's life circumstances, often with moral implications. Werbner emphasizes that

> 'Sometimes, it is too much information, rather than too little, which preoccupies a diviner and his congregation, from the outset. Both may begin with an abundance, perhaps a superabundance, of fine, very specific, mutual understanding about the personal circumstances of the congregation's members . . . A diviner may have to extinguish some highly specific implications that are troublesome . . . this is especially likely at seances where the diviner and his congregation are all intimates and neighbours'. One way in which the Kalanga diviner accomplishes this is to use 'riddles, paradoxes, and equivocal figures of speech, with barbed emphasis in rhetorical questions' (Werbner, 1973).

The rural diviner is often in intimate contact with his clients and to be therapeutically effective he strives to reduce the intimacy by a formal rhetoric. The Western psychotherapist starts off at a considerable social distance from his clients and strives to maintain this. Thus there is a certain similarity between the native diviner in this instance and the psychotherapist in their preferred therapeutic relationship with the client. Furthermore, both are concerned with the client's social relationships, but, whereas the psychotherapist has traditionally focused on the individual, the native diviner is more concerned with his client's social unit, be it extended family or tribe. It seems improbable that Western psychotherapy would be a viable alternative to traditional divination in a society that places the interests of the social group above that of the individual.

Apart from psychological and social methods of treatment, many native healers use herbs, the value of which is largely unknown. Simons (1957) points out that

> 'a person trained in modern medicine . . . is usually scornful about the value of the herbalist's arts which are so obviously inferior to his own. The work of discovering and recording the remedies of the medicine man is therefore attempted by the anthropologist, who is seldom qualified to judge their therapeutic value and necessarily stresses the magical element in tribal medicine'.

There is no doubt, however, that a wide variety of vision-producing narcotics or hallucinogens of plant origin has been employed throughout the world in many wholly unrelated cultures. These include the narcotic mushrooms and morning glories of Mexico, the intoxicating snuffs of the Orinoco and Amazon basins, and the hallucinogenic fly agaric mushroom of Siberia. These plants and others containing powerful psychoactive substances are used in a number of ways. They may be employed by groups of people as a means of strengthening social bonds, like kava in the Polynesian Islands; they may be used by native healers to induce a state of intoxication in which they divine the cause of illnesses, like the South American snuffs; or they may be administered as treatment to the mentally disturbed patient (Efron *et al.*, 1967).

Unfortunately, there is still a paucity of information on this latter use, but a number of instances of the traditional use of psychoactive substances for treating psychiatric conditions are known. Nutmeg, which contains a mixture of psychoactive compounds, is used in traditional Malayan

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medicine for treating 'madness', and by Hindu folk practitioners as a sedative. Reserpine has been used in Hindu medicine for hundreds of years to treat psychiatric conditions and forms part of the herbal pharmacopoeia of African healers. It was introduced into western psychiatry only in 1954, and has been largely replaced by chlorpromazine.

This brief overview of traditional healing techniques for psychiatric conditions indicates that many examples can be found of the use of psychological, social, and pharmacological measures. What is particularly impressive is the evidence that some healers blend these different elements into a balanced regime of treatment. Thus MacLean (1971) described healing techniques of the Yoruba of Nigeria and noted that patients who live in the native healer's compound never completely lose touch with their families as a relative either stays with them or, if their home is nearby, food is regularly brought in to them. She states that Yoruba healers 'undoubtedly know the use of potent drugs, such Rauwolfia', and she stresses their eclecticism. Native healers practise divination followed by a type of psychotherapy, but often use drugs as well.

Harding (1973) confirmed MacLean's observations in a longitudinal survey of a Yoruba native healer's practice. He found that restraint by chains was used on an individual psychotic patient for no more than two weeks. The rest of the treatment consisted of active herbal therapy, including rauwolfia, care of and attention to the patient's psychological needs, and graded rehabilitation. In this particular practice the average length of stay was eight weeks, and six months after discharge 33% of the patients were completely normal.

Further studies of this kind are called for to determine how typical this practice is, but in any event it appears that principles of treatment that would be applauded by most Western psychiatrists have been utilized by native healers for centuries before psychiatry was recognized as a specialty in the west.

One of the great values of transcultural psychiatry is the perspective it gives us on what is happening under our noses. Western psychiatry has displaced many of the traditional methods of treating psychiatric complaints. But other traditional methods, such as acupuncture and yoga, have been imported from 'exotic' cultures and attract a psychiatric clientèle. There appears to be a need for such treatments in our society and rather than dismissing them as quackery we should attempt to define this need and determine how far it is being met.

JULIAN LEFF

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