

TARRAGONA, JUNE 20-21



A DECOLMAD WORKSHOP: PSY-DISCIPLINES AND PRIMITIVISM IN POSTCOLONIAL TIMES

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DECOLMAD Workshop: Psy-disciplines and primitivism in postcolonial times

This workshop will bring together scholars and researchers to discuss the intersections between psychiatry and primitivism from a historical and anthropological perspective. The primitive has been a controversial figure in the history of psychiatry, anthropology, and philosophy, especially since the mid-20th century. In the nineteenth and early twentieth centuries, in a European colonial context, psychiatry, neurology, and anthropology provided "scientific" frameworks such as eugenics and hygienism for the understanding of "cultural" and "racial" differences between Western and "primitive" societies. Various historians, anthropologists, and psychiatrists have described how those frameworks represented "primitives" as racially inferior, sexually impulsive, and mentally disorganized. Since the aftermath of WWII and during decolonization, psychiatrists and anthropologists have tried to leave behind these conceptualizations and languages. They have attempted to set a more horizontal communication with non-Western peoples. These new political and ethical commitments to a "common humanity" have led researchers to seek universal psychological traits and psychopathological mechanisms across different societies, redefining the relationships between culture, race, and the mind and shaping the notion of "global psyche."

However, historians, social scientists, and psychiatrists have provided invaluable critical insights into the enduring impact of colonial tropes and concepts on contemporary psy-disciplines and the reproduction of primitivist representations. For instance, they have criticized the Eurocentric nature of psychiatry, the essentialization of culture as a fixed and homogeneous entity, the use of dichotomous categories like "traditional" and "modern," "developing" and "developed," the idealization and romanticization of community-based care in developing countries, and the reproduction of hierarchical frameworks in "languages of emotions" (e.g., expression of emotions versus somatization). In sum, they have highlighted how psy-disciplines have reproduced two opposing perspectives of primitivism. On the one hand, a "barbaric" perspective that equates primitive societies with degeneration, disruption, and pathogenesis and, on the other hand, an "arcadian" one through which primitive individuals and communities become pristine, harmonious, and therapeutic.

This workshop will also focus on historical debates about how psy-disciplines and primitivist representations of otherness have interacted with political ideologies and nation-state projects in different contexts. Specifically, scholars and researchers will examine how global historical processes, geopolitical influences, international scientific exchanges, political ideologies, ideals, moral frameworks, and local health traditions intertwine with research and intervention programs in post-colonial times. For instance, Jean-Michel Bégué has described how Antoine Porot and Jean Sutter proposed the concept of the "primitivism of the native Algerian" in 1939, trying to describe the "primitive part of Algeria," which was in the middle between "the primitive and the developed Westerner." Similarly, Ana Antic has described how the focus on the "primitive patient" defined Yugoslav psychiatry and its domestic and transnational engagements with modernity after WWII.

Furthermore, in this workshop, researchers will discuss how the contemporary entanglements between evolutionary psychiatry and genomics developments have re-rede-

fined our understanding of the human mind and mental disorders by situating their etiological scale at the genome/ancestry level. These entanglements have impacted at individual and community levels, reshaping perceptions of self, mental disorders, and deviancy, and have provided new languages and frameworks for political identities and biosociality. Despite promoting a new universality based on our shared origins, evolutionary psy-disciplines have reproduced a colonial epistemic domain reorganizing racial order in the so-called post-racial era. For example, some studies have associated specific genotypes with gang membership and weapon use, and other studies claim that children of absent fathers engage in sexual activity -and impulsivity and substance abuse, among others- at an earlier age due to genetic traits inherited from their parents rather than as the influence of environmental aspects.

Based on these historical and anthropological discussions, this workshop will seek to address the following questions:

- How have psy-interventions and global mental health reproduced colonial legacies and enacted primitivist representations of otherness in different contexts?
- How has psy-research reproduced colonial legacies and enacted primitivist representations of otherness in post-colonial times?
- How have the entanglements between psy-disciplines and genomics re-defined our understanding of the human mind and mental disorders and impacted at individual and community levels?
- How have psychiatry and primitivist representations interacted with ideologies and nation-state projects in (post)colonial times in different contexts?

ORGANIZERS

ERC-project Decolonizing Madness? (DECOLMAD), Center for Culture and the Mind (CULTMIND) University of Copenhagen, in collaboration with the Medical Anthropology Research Center (MARC), Rovira i Virgili University.

VENUE

Medical Anthropology Research Center, Campus Catalunya, Universitat Rovira i Virgili. - <https://www.marc.urv.cat/en/>
Av. Catalunya 35, 43005, Tarragona, Spain.

DATES

Thursday, 20, and Friday, 21, June 2024.

PARTICIPANTS

Ana Antic - **University of Copenhagen**, Ana Gómez Carrillo - **McGill University**

Ángel Martínez Hernández - **ICREA / Universitat Rovira i Virgili**, Dörte Bemme - **King's College London**

Elena Vogman - **Bauhaus-Universität Weimar / ICI Berlin**, Fernando Vidal - **ICREA / Universitat Rovira i Virgili**

Francisco Ortega - **ICREA / Universitat Rovira i Virgili**, Gabriel Abarca-Brown - **University of Copenhagen**

Hugo Sir - **Concordia University**, Janis Jenkins - **University of California, San Diego**,

Lamia Moghnieh - **University of Copenhagen**, Mauricio Carreño Hernández - **Universitat Rovira i Virgili**

Mayssa Rekhis - **Gothenburg University**, Nofit Itzhak - **Universitat Rovira i Virgili**

Shilpi Rajpal - **University of Copenhagen**, Thomas J. Csordas - **University of California, San Diego**

PROGRAM

DAY 1: THURSDAY, JUNE 20.

10:00 - 10:15 hrs

Introduction Gabriel Abarca-Brown, Ana Antic, Angel Martínez-Hernáez, Francisco Ortega

10:15 - 11:40 hrs

Panel 1: Psychiatry and Primitivism in historical perspective

Chair: Fernando Vidal

- Schizophrenia, 'primitivism' and decolonisation (Ana Antic - University of Copenhagen)
- The Aesthetics and Politics of Madness Against Primitivism (with Tosquelles and Fanon) (Elena Vogman - Bauhaus-Universität Weimar / ICI Berlin)

11:40 - 12:00 hrs

Coffee

12:00 - 14:00 hrs

Panel 2: Religion, (neo)shamanism, and the primitive

Chair: Shilpi Rajpal

- The Devil and the Primitive (Thomas J. Csordas - University of California, San Diego)
- Who stole the pumpkins? Reimagining the Demartinian theory of the magical world and the crisis of presence from an ethnographic example (Ángel Martínez-Hernáez - Universitat Rovira i Virgili)
- The Very Repugnant Other: Anthropology, and the Case of Neo-Shamanism (Nofit Itzhak - Universitat Rovira i Virgili)

14:00 - 15:30 hrs

Lunch

15:30 - 17:30 hrs

Panel 3: Global mental health, community and primitivism

Chair: Dörte Bemme

- Mind the Gap: Missteps and Derailment in Global Mental Health (Janis Jenkins - University of California, San Diego)
- Primitivist tropes around community in global mental health controversies: the case of Brazil (Francisco Ortega - ICREA / Universitat Rovira i Virgili)
- Dancing with silence above the tree line: towards decolonizing clinical practice in Nunavik (Ana Gomez-Carrillo - McGill University)

DAY 2: FRIDAY, JUNE 21.

10:00-11:40 hrs	Walk and Talk
11:40-12:00 hrs	Coffee
12:00 - 14:00 hrs	Panel 4: Body, trauma and primitivism Chair: Ángel Martínez-Hernáez <ul style="list-style-type: none">• Body-psychotherapies: Embodied Universalism and neo-coloniality (Mayssa Rekhis - Gothenburg University)• The Israeli Invasion of Lebanon in 1982: Psychiatric and Cultural debates on Trauma, Modernity and War (Lamia Moghnieh - University of Copenhagen)
14:00 - 15:30 hrs	Lunch
15:30-17:30 hrs	Panel 5: Evolutionary psy-disciplines, genomics and ancestry Chair: Francisco Ortega <ul style="list-style-type: none">• Reshaping the mind: Evolutionary psy-disciplines, universality, and the legacy of the “primitive” in understanding human nature (Gabriel Abarca-Brown - University of Copenhagen).• “We are not irremediably irresponsible, we are hunters!”. Reweaving social critique, scientific speculation, and political imagination around the ADHD’ hunter etiology (Hugo Sir - Concordia University)• “We should learn some lessons from our ancestors”. Complex trauma, attachment, and juvenile delinquency in Chile (Mauricio Carreño Hernández - Universitat Rovira i Virgili)
17:30-18:00 hrs	Concluding remarks
20:00 hrs	Dinner

PRESENTATIONS

Schizophrenia, 'primitivism' and decolonisation (Ana Antic - University of Copenhagen)

This paper aims to explore the continuity between colonial and postcolonial discourses on cross-cultural mental illness by zooming in on psychiatric discussions and reconceptualisations of schizophrenia in the twentieth century. It will demonstrate how the concept of schizophrenia became a site for reinterpreting relations between different societies, cultures and civilizations, and for understanding the complex social and cultural reality of late colonial and post-colonial periods. Post-colonial global research into schizophrenia aimed to explore the cross-cultural applicability of this diagnostic concept and related psychiatric research instruments. A series of global studies showed that chances of recovery from schizophrenia are higher in the developing world, and generations of psychiatrists engaged in a variety of follow-up explorations in order to examine the link between socio-cultural environments and the course and outcome of schizophrenia. This talk focuses on psychiatric research in the field of family relations and their effects on schizophrenic patients, primarily the WHO-led Study on Determinants of Outcome of Severe Mental Disorder (DOSMED), which drew a number of conclusions about the relationship between family and mental pathology in different cultural settings. I argue that, through this study and other global discussions, schizophrenia emerged in the midst of decolonisation as a site for redrawing cross-cultural and international boundaries, and for re-imagining transnational relations. Transcultural psychiatry tried to renounce its colonial connections by minimizing the psychiatric relevance of any cultural differences, and it very much relied on debates about the role of cultural factors in the onset, course and outcome of schizophrenia to redefine its own global imaginary, and to reconfigure its own attitude towards the decolonising territories and their populations. In many ways, the global schizophrenia studies served to delineate a new universalist vision of the post-colonial world. As it turned out, however, the resulting arguments were often not very different from those produced by colonial psychiatry. In the second half of the 20th century, discussions around schizophrenia in the developing world reproduced many colonial ideas about the relationship between schizophrenia, modernity and 'primitivism', and resuscitated some problematic assumptions about social, cultural and economic realities in non-Western societies.

Dancing with silence above the tree line: towards decolonizing clinical practice in Nunavik (Ana Gomez-Carrillo - McGill University)

An encounter is always with the other and it is within such encounters that the contours of a culture come into focus. As we construct the other, literally, or imaginatively, we draw explicitly or implicitly on our own languages and discourses, our own sense and meaning making. Clinical practice is inherently marked by a power dynamic that turns subject into object. From this backdrop actively striving to escape the pervasive dichotomies, reductionisms and stereotypes that colonize psychiatric practice becomes imperative. More so, when instead of description, discourse, and narrative you have silence. Silence is easily populated with our own ghosts and projections, constructing other as primitive – be it to romanticize or cultivate. When silence is what you have to work with the limits of psychiatry's technologies and its carefully curated professionalism become painfully tangible. Through a combined approach of self-reflexivity and autoethnography of my clinical practice as a child and adolescent psychiatrist in Nunavik,

the northern region of Quebec that is home to Inuit, I engage with the experience of silence in clinical practice. Like other Indigenous Peoples in Canada, Inuit have experienced profound effects of colonization, sedentarization, and social change that have had transgenerational effects on mental health, contributing to a very high suicide rate among youth. Clinical work with adolescents often involves working with gaps and silences to build trust and understand youths' predicaments. This requires an approach that goes well beyond the technology of psychiatric nosology like the DSM, to work in a liminal space that invites connection and collaboration.

Who stole the pumpkins? Reimagining the Demartianian theory of the magical world and the crisis of presence from an ethnographic example (Ángel Martínez-Hernáez - ICREA / Universitat Rovira i Virgili)

The concept of "crisis of presence" (crisi della presenza) was coined by Ernesto de Martino in his theoretical books and developed in his ethnographic studies of magic and ritual in the Italian south. This notion directs our attention to the fragility of presence (esserci) in a world that threatens to collapse subjectivity, resulting in loss of the distinction between subject and object, between thought and action, between representation and judgment. For De Martino, one of its radical expressions is latah, a Southeast Asian culture-bound syndrome and dissociative state in which the person becomes vulnerable to external influences in such a way that the distinction between presence and the world is lost. Based on data from my ethnographic work among the Kulina (the autonomy is Madija or Madiha) from Amazonas (Brazil), in this paper I propose a redefinition of Demartianian theory where presence and its crisis are understood through an ontological refiguration of the subject/object duality. More specifically, my proposal is to understand the tendency towards the subjectification of the world characteristic of certain Amerindian ontologies, such as the Madija, not as a risk of indistinction between presence and world, as De Martino pointed out, but as a guarantee of presence and its rescue through the logics of reciprocity (manaco in the Madija language). For example, the reciprocity characteristic of the symbolic universe of Madija shamanism can be defined as a manaco that includes the different beings to which consciousness and intentionality are attributed. In the logic of Madija shamanism, to restore the manaco is to socialise the world by recognising the subjectivity of different beings; and to subjectivise is also to subsist.

The Aesthetics and Politics of Madness Against Primitivism (with Tosquelle and Fanon) (Elena Vogman - Bauhaus-Universität Weimar / ICI Berlin)

Institutional psychotherapy emerged in the 1940s in the French Lozère as a movement of resistance against European fascisms and the extermination policy directed towards mentally ill during WW II. It highlighted the irreducible role of the "historical" and "social context" for the definition of mental disorders. "The structural characteristics of schizophrenia," claimed the psychiatrists François Tosquelle and Lucien Bonnafé, "cannot be found in a type of internal organization of the personality, in a form of life, or in a type of relationships between the self and the world considered outside of the historical context." Against the primacy of primitivist models in psychology and anthropology which favoured a structural association of "mythical, poetic, childish, and morbid" thinking, institutional psychotherapy focused on the notion of the "lived experience" in its historical and phenomenological acuity. It advanced "social therapy" as a production of a "milieu" in which the patients could unfold as full life as possible in a process of a radical restructuring of psychiatric institutions. Combining Gestalt psychology of Kurt Goldstein with a Marxist rereading of psychoanalysis, it situated mental disorder at the threshold between the singularity of an experience and the social alienation seen as an estrangement of the self from its participation in the "milieu." My talk will analyze Frantz Fanon's transposition of "social therapy" at the psychiatric clinic of Blida-Joinville against the racist and primitivist doctrine of the Algiers School. In particular, I will

discuss the experimental use of film and other social and aesthetic practices aimed at transforming the segregationist colonial environment of the clinic, which was built in the 1930s under the close supervision of Antoine Porot.

Primitivist tropes around community in global mental health controversies: the case of Brazil

(Francisco Ortega - ICREA / Universitat Rovira i Virgili)

Disputes between global mental health and its discontents have given new meaning to long-standing controversies about the universality or cultural specificity of mental disorders and their symptoms. Universalist and localist shared different views of the role of community in mental health care. GMH shares WHO guidelines for mental health deinstitutionalization and shift to community-based healthcare. Critics of GMH have challenged the abstract view of community as locus of service delivery and the focus on reducing the treatment gap through technical expertise to scale up evidence-based biomedical interventions, neglecting local and community healthcare resources. Communities are instrumentalised, ignoring the active and dynamic role they can play in shaping processes and outcomes for mental health and wider socio-political processes that condition mental illness are disregarded. Critics of GMH advance an arcadian and primitivist view of community, in which individuals and communities become pristine, harmonious, and therapeutic. Such a view corresponds to the idealization of communities in the Global South, where indigenous systems for 'mental health' had served them well until Western psychiatry has replaced them. Community in mental health, is not just a setting but a socially and politically constructed idea that serves specific purposes and agendas. In this presentation I will examine the arcadian view of community within GMH debates that romanticizes community and family-based care. This belief neglects to consider that families and communities are simultaneous sites for transgression, violence, and care. In the case of Brazil, the psychiatric reform and the deinstitutionalization process considers families as an integral part of the process and are postulated as an extension of treatment to their mentally ill relatives. Thus, a paradoxical movement is taking place: if, on the one hand, the family plays a central role in social policies, including mental health; on the other hand, the same segment suffers the perverse effects of the state's increasing lack of responsibility in social policies, especially in the most vulnerable family contexts.

Reshaping the mind: Evolutionary psy-disciplines, universality, and the legacy of the "primitive" in understanding human nature (Gabriel Abarca-Brown - University of Copenhagen).

How have psychiatry, psychology, and neuroscience engaged with the resurgence of evolutionary and adaptationist theories in the genomic era? How has the dissemination of this 'psy,' 'neuro,' and evolutionary knowledge permeated our daily lives? To what extent have these engagements shaped our understanding of human nature, the mind, and mental disorders? In this presentation, I will examine the politics and practices that have led evolutionary psychiatry and psychology to redefine our understanding of the human mind and its disorders since the mid-twentieth century. Evolutionary psy-disciplines, bolstered by recent advances in genomics, have investigated the 'evolutionary mismatches' in industrialized societies as potential triggers for mental disorders. Researchers have focused, for instance, on the relationships between mental disorders such as depression, schizophrenia, and autism and the genetic material of human species like *Homo sapiens* and Neanderthals, as well as the connection between ADHD and the lifestyles of hunter-gatherers. These theories and languages have gained traction through increasing access to genetic technologies (e.g., genetic tests at home such as MyHeritage™, 23andMe™, and Ancestry™, among others) and their dissemination through various cultural mediums. For example, various books address the origins of humanity (e.g., bestsellers such as "Sapiens: A Brief History of Humankind" by Harari (2015), and "The Dawn of Everything: A New History of Humanity" by Grae-

ber and Wengrow (2021)); the relationship between human species with capacities such as aesthetics and poetry (e.g., "The Prehistory of Mind" by Mithen (1996)); and with neurodiversity, disruptive behaviors, and mental disorders (e.g., "ADHD: A Hunter in a Farmer's World" by Hartmann (1993)). This broad scientific, technological, and sociocultural context has led to the emergence of a series of fictional narratives and imaginaries regarding our origins and nature, our psychological mechanisms, and our deviations and mental disorders, shaping new subjectivation processes.

"We are not irremediably irresponsible, we are hunters!". Reweaving social critique, scientific speculation, and political imagination around the ADHD' hunter etiology (Hugo Sir - Concordia University)

In this communication, I explore the potentials and limitations of the fictional dimension of the hunter hypothesis regarding Attention Deficit Hyperactive Disorder (ADHD) etiology. My aim is to contribute to reshaping social research on neurodiversity by critically and speculatively examining primitivism. Drawing from my fieldwork on ADHD adults in Chile between 2018 and 2019, I focus on a Chilean study and self-help group that employs the hunter etiology for reflection and self-understanding. Utilizing fieldnotes and interviews, I describe the group's origins, functioning, and links between their common experiences and this speculative evolutionary etiology. The hunter hypothesis posits that ADHD is a genetic condition originating from dopamine-gene mutations over 40,000 years ago, when ADHD-like traits were positively selected due to human migrations. First proposed in Hartmann's 1993 self-help book for ADHD adults, known as 'A Hunter in a Farmer World', this hypothesis has implicitly prompted neuro-psychiatric and paleo-genetic research in subsequent decades. While the Chilean group's experience around ADHD's hunter hypothesis may be highly particular, it underscores a crucial issue for social research on mental health, especially regarding neurodiversity: evolutionary etiological explanations appear more effective at depathologizing conditions than critical discourses, owing to their capacity for widespread dissemination, contamination, and influence on descriptions and social acceptance of biosociality. This success, I argue, is tied both to the potential and the limitations of the 'ancestral' imagination within this non-pathologizing alternative framework. Despite effectively challenging pathologizing perspectives, the hunter hypothesis fails to unsettle the conflation of moral and economic value central to the adult ADHD experience, somehow reaffirming it in positive terms. Therefore, I argue that a productive avenue for critical and collaborative exploration lies in addressing this limitation while harnessing its capacity for dissemination, through an examination of the political imaginations underpinning scientific speculation.

Mind the Gap: Missteps and Derailment in Global Mental Health
(Janis Jenkins - University of California, San Diego)

Prioritizing the 'scaling up' of services within global mental health (GMH) is premised upon the notion that the primary task of GMH consists of filling the "treatment gap" for the provision of services. I argue that there are several ways in which this is troubling for key issues concerning GMH. First, global mental health requires a well-informed understanding of the long-standing interface of anthropology and psychiatry. Such cultural and historical knowledge is not currently in evidence within GMH. Second, there are enduring features of early comparative psychiatry that are troubling with respect to mental illness and imagined differences in 'primitive' or 'modern' minds (Kraepelin, 1904). Such notions, often associated eugenic ideas of inferiority, have been empirically critiqued and denounced by early twentieth century anthropologists. Third, fundamental understandings of how to conceptualize culture within GMH are generally outmoded and superficial. Fourth, GMH requires a more complex formulation of the ways in which personal-experiential and institutional-structural features operate reciprocally as

"extraordinary conditions" (Jenkins 2015). In light of these considerations, I argue that the call to 'scale up' to address the "treatment gap" is not the central problem facing global mental health. Rather, key problems stem from oversights and omissions of social and cultural analysis in favor of neuroscience and psychopharmacology. This state of affairs, with calls within GMH to address the "treatment gap" -- in the absence of interdisciplinary 'cultural' and 'historical' research -- undermines the endeavor. Greater empirical depth and breadth is needed as a prerequisite for GMH formulations. This is true not only for GMH practice but also to be in a position to meaningfully address questions of what it means to be human and healthy.

The Israeli Invasion of Lebanon in 1982: Psychiatric and Cultural debates on Trauma, Modernity and War (Lamia Moghnieh - University of Copenhagen)

Trauma is perhaps the only psychiatric concept that has captured so much popular attention in many arenas of Lebanese life, include art, literature, film, politics, and intellectual life. Trauma is however much more than just a diagnosis. It is an elusive concept that took on various material, political, scientific, and healing values for various actors and communities in Lebanon. In this talk, I trace the psychiatric and cultural debates on trauma and post-traumatic stress disorder (PTSD) in the Israeli invasion of Lebanon in 1982. The role of psychiatric authority in shaping these debates have mostly been unstudied. While the Israeli invasion of Lebanon in 1982 was one of the wars that helped further validate the diagnosis of PTSD in the DSM III—by focusing on the trauma causalities on the Israeli side—in Lebanon psychiatrists struggled to detect and treat traumatized communities. Starting from this alleged absence of suffering from war in Lebanon, I trace the many debates and claims that ensued around this absence between intellectuals, artists and scholars, political actors, and mental health experts, and in mediated representations. Many of these debates on suffering from war centers on ideas and assumptions about Lebanese resilience, modernity and suffering, culture and primitivism to explain a trauma absence.

"We should learn some lessons from our ancestors". Complex trauma, attachment, and juvenile delinquency in Chile (Mauricio Carreño Hernández - Universitat Rovira i Virgili)

The idea that experiences of abuse, neglect, and abandonment contribute to juvenile delinquency has gained traction in the Chilean context. Researchers, scholars, practitioners, and activists have underscored the psychological impact of these violent experiences, arguing that the Chilean State owes a "debt" to the welfare of children and young people. In this context, concepts such as complex trauma and attachment have gained prominence in explanations for juvenile delinquency within the juvenile penal system, as well as in mental health and drug treatment programs. In this presentation, I explore how the reproduction of these concepts in psychosocial interventions with young offenders enact and reproduce primitivist representations. Drawing on ethnographic research conducted over eleven months in a youth probation program in Santiago, I argue that the entanglements between evolutionary psychology and neuroscience of trauma and attachment theory reproduce, on the one hand, a "barbaric" perspective that attributes youth involvement in crime to emotional and behavioral dysregulation—a maladjusted survival response to chronic stress. And, on the other hand, an "arcadian" one advocating for a "return" to idealized ancestral hunter-gatherer forms of parenting to prevent child neglect and maltreatment. Finally, I highlight how the discourse surrounding complex trauma and attachment has the potential to mobilize moral sentiments not only among practitioners but also in public debates, potentially legitimizing political reforms to child welfare and the juvenile penal system.

Body-psychotherapies: Embodied Universalism and neo-coloniality

(Mayssa Rekhis - Gothenburg University)

Body-psychotherapies are gaining popularity and attention, particularly in trauma therapy clinics and centers, as the focus on the body–memory component of traumatic events is growing stronger. Through an ethnographic account of body-psychotherapeutic practices, namely Dance and Movement Therapy or Trauma-sensitive yoga, in a trauma-therapy center in Sweden, targeting a diverse population of exiles, I will explore their “universalizing” discourse, potential and the challenges emanating from it. One of the main arguments for body psychotherapies’ widespread use is their universalism: they are inspired by a diversity of cultures and philosophies _that were traditionally excluded and even disregarded in the psy-world_ including traditional shamanic healing methods, and they are based on evidence from advanced research in neurosciences and physiotherapy. Beneath body-psychotherapies is an assumption of “a universal body”, and thus a potential of overcoming the challenges related to the differences in cultures and languages, and of “what is usually lost in translation” in verbal therapies. This paper will explore this “universalizing” assumption of body psychotherapies and its intertwinement with neo-colonial mobilizations of traditional, cultural, religious, and spiritual practices from other parts of the world. It will focus on the process of transforming forms of healing previously considered “primitive” into Western therapies, through the use of neurosciences, and on the specificities and implications of their implementation in therapeutic spaces targeting non-Western “others”, and in this case, exiles and refugees.

The Very Repugnant Other: Anthropology, and the Case of Neo-Shamanism

(Nofit Itzhak - Universitat Rovira i Virgili)

Neo-Shamanism is an “alternative” or “new age” therapeutic/spiritual practice based in the appropriation and adaptation of indigenous shamanic practices. These practices are conceived by neo-shamans as both ancient and universal, a kind of spiritual or therapeutic patrimony belonging to all of humanity. At the same time, neo-shamanic practice often incorporates cultural elements that are explicitly drawing on specific indigenous elements, most often of peoples from the Americas and certain parts of Europe. As such, neo-shamanism, like other “return to nature” movements today, fit into psy-disciplines’ tendency towards romanticizing indigenous “primitives” and their societies. In this talk I explore some of the anthropological literature on neo-shamanism and related practices. I argue that anthropology, particularly so in the US, has mostly tended to dismiss or reject such practices as either uninteresting or outright harmful, and neo-shamans as “primitivists” or “plastic medicine men”. While much of this critique is justified in the case of “hacksterism” or in the face of growing spiritual or shamanic tourism to the Americas, I argue that anthropology’s dismissal of this globally growing practice as mere imitation of legitimate indigeneity is anchored in the discipline’s own past and its still-charged relationship with it.

The Devil and the Primitive (Thomas J. Csordas - University of California, San Diego)

The primitive is not a mode of being or state of culture distinct from the civilized. It is a figure that haunts civilization from the inside and serves to define it by constituting a dangerous and phantasmic Other. As a dangerous element of alterity, it is closely associated with madness and the demonic, and is a fundamental aspect of civilization's colonial enterprise. In this respect an essential aspect of decolonizing madness is to critique the primitive/pathological/demonic that persists within contemporary western civilization's colonial ethos. In this paper I engage this critique in the context of the 21st Century resurgence of exorcism from evil spirits within the Roman Catholic Church. I focus on the relation between psychiatry and exorcism, focusing on Catholic psychiatrists and who advise on whether a person is afflicted by a psychiatric disorder rather than by an evil spirit, and how psychiatric disorder and demonic possession might interact when they are discerned to be copresent. The discussion poses the question of whether this ritual complex imputes a psychic primitivism to the possessed person and exposes a cosmological primitivism in the Church's practice of exorcism.

BIONOTES

ANA ANTIC is a social and cultural historian and head of the interdisciplinary Centre for Culture and the Mind at the University of Copenhagen. Her research interests revolve around the relationship between psychiatry, politics and violence, as well as the decolonisation of psychiatric practices and concepts in the second half of the 20th century. She received her PhD in modern European history at Columbia in 2012, and, before joining the University of Copenhagen in August 2020, she worked at several UK and US universities. She authored two monographs: *Therapeutic Fascism: Experiencing the Violence of the Nazi New Order* (OUP 2017), and *Non-aligned Psychiatry in the Cold War* (Palgrave Macmillan 2022).

ANA GOMEZ-CARRILLO MD, Dr. Med, is Assistant Professor at the Division of Social & Transcultural Psychiatry of McGill University. She obtained her medical degree from Universidad Autónoma de Madrid (Spain) and completed a psychiatry residency and specialized training as a Cognitive Behavioural Therapist at the Charité University Hospital in Berlin (Germany). During her fellowship in Montreal, she received subspecialty training in cultural psychiatry, and completed a clinical observership in child and adolescent psychiatry. Her current research builds on her clinical insight and training in cognitive neuroscience and social science to advance eco-social explanations and frameworks for psychiatric phenomena. Her clinical practice is dedicated to the Quebec Northern Inuit Population and clinical ethics.

ANGEL MARTINEZ-HERNAEZ is a Distinguished and ICREA-Academia Professor at the Universitat Rovira i Virgili. His main research projects have focused on global and collective mental health, biomedical cultures, biopolitics, anthropological theory, health policies in Europe and Latin America, and Amazonian cultures. He has authored or co-authored more than 30 books and reports and 120 book chapters and articles in journals such as *American Anthropologist*, *Social Science & Medicine*, *Culture, Medicine and Psychiatry*, *BMJ Global Health* and *Medical Anthropology*, among others. His books include *What's behind the Symptom? On Psychiatric Observation and Anthropological Understanding* (Routledge, 2000), *Antropología médica. Teorías sobre la cultura, el poder y la enfermedad* (Anthropos, 2008, 2011, 2015), *Subjectivities and Afflictions in Medical Anthropology* (co-editor, 2020, Cambridge Scholar Publishing), and *Elogio de la incertidumbre* (Publicacions URV, 2023).

DÖRTE BEMME is an Assistant Professor at the Centre for Society & Mental Health at the Department for Global Health & Social Medicine at King's College London. She received her PhD in Medical Anthropology from McGill University, Department for Social Studies of Medicine. She researches the globalization and digitalization of mental health care ethnographically and has conducted a multi-sited ethnography of Global Mental Health over the past eight years. As an ethnographer and collaborator in GMH, she seeks to understand how mental health knowledge is constructed and mobilized across spatial, epistemic, cultural, and intersectional orders of difference.

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