

## AROGYAM Workshop on Globalizing Mental Health

17<sup>th</sup> – 20<sup>th</sup> of December, 2015

Venue: Prince Islands outside of Istanbul, Turkey

The main workshop began on 18<sup>th</sup> December with a session by Dr. Mohan Rao, Jawaharlal Nehru University, India and Dr. Anindya Das.

The third day had only one session entitled '*Ayurveda: Old and New*' which was moderated by Dr. Murphy Halliburton, Queens College and the Graduate Center. The first speaker was Dr. Ananda Samir Chopra from Kassel/Heidelberg who walked us through '*The Formation of Contemporary Ayurvedic Psychiatry in the context of tradition, medicine and identity.*' He was followed by Dr. Claudia Lang, Institute of Ethnology, Studtstr. 21, 48149 Münster, who spoke on '*(Re) Invented Ayurvedic Psychiatry and Global Mental Health in Kerala: Reconfiguration, Translation and Autonomy*'.

The last day of the workshop had four sessions. The first session entitled '*Indian Psychiatry*' was moderated by Prof. Dr. Johannes Quack, University of Heidelberg and the speakers were Dr. Stefan Ecks, University of Edinburgh, speaking on *WHO approaches to Global Mental Health since the 1990s: North, South, Up and Down* and Dr. Murphy Halliburton speaking on *The House of Love and the Mental Hospital: Zones of Care and Recovery in South India*.

The second session entitled *Alternative Views of "Mind"* began post tea break. The moderator was Dr. Harish Naraindas, Jawaharlal Nehru University, India. The first speaker of the session was Dr. Roman Sieler, University of Heidelberg, speaking on *The Siddha Quest for the Mind: Some Preliminary Observations on Siddha Psychiatry* and he was followed by Prof. Dr. Johannes Quack speaking on *Profession in Praxis: Asymmetrical Systems of Well-being*.

The third session of the day was entitled *Technopsychadelics* and it was moderated by Dr. Bo Sax. In this session Dr. Harish Naraindas spoke on *Psychedelic Therapy: The Kaleidoscopic world of German Psychosomatic Medicine* and Dr. Projit Mukherjee spoke on *Technospectrality: Ghosts, Addicts and the Pluriversality of Bengali Technomodernity*.

The final session of the day was moderated by Dr. Projit Mukherjee and had Dr. Bo Sax speaking on *Outsourcing Possession: media, modernity, and the Jinn*. The workshop ended with a wrap up discussion that summed up the arguments and points presented and discussed in the conference.

## **ABSTRACTS**

### **1. The formation of contemporary āyurvedic psychiatry in the context of tradition, medicine and identity**

By: Dr. Ananda Samir Chopra (Heidelberg/ Kassel)

The professionalization of Ayurveda in the 20<sup>th</sup> century entailed a restructuring and demarcation of ayurvedic specialties on the model of modern cosmopolitan biomedicine. In this process traditional concepts and modern biomedical knowledge are very often integrated in a complex process of reinterpretation, translation and assimilation.

The formation of ayurvedic psychiatry, named Manovijñāna evam Mānasaroga in official parlance, is in general not an exception to this phenomenon. In the process of forming and demarcating āyurvedic psychiatry classical āyurvedic concepts, which are embedded in a context of humoral pathology (or doṣic pathology to use the āyurvedic term better suited here), have to be integrated with modern psychopathology, in itself a contested and constantly developing framework. In addition general discourses on modern Indian society and identity influence the formation of āyurvedic psychiatry much more than in the case of other āyurvedic disciplines. The self-image of modern Indians as representing the more spiritual other to European society, the strategies of disciplining the mind as mentioned in the Bhagavadgītā, a religious text, which exerted an enormous influence on the formation of a modern Indian identity, these and similar phenomena are clearly visible as being formative factors of contemporary āyurvedic psychiatry. In this paper these aspects will be discussed by focusing on the formulation of āyurvedic psychiatry as it is found in standard text-books and the ways this is interpreted by contemporary āyurvedic scholars.

### **2. The House of Love and the Mental Hospital: Zones of Care and Recovery in South India**

By: Dr. Murphy Halliburton, Queens College and the Graduate Center, CUNY

While recognizing the importance of studies that examine “zones of abandonment” in contemporary ethnographic settings, this paper answers Joel Robbins’ call to look beyond the “suffering subject” and examines a case of success in treating mental illness in a resource-poor setting paying special attention to the importance attributed to “sneham” or love by patients and healers in coping with psychopathology. Based on recent fieldwork in Kerala, South India, this paper attempts to explain the provocative finding by WHO epidemiological studies that

developing countries—and India in particular—showed better rates of recovery from severe mental illness when compared to developed countries. The role of family support and informal work in promoting recovery is examined along with an ethnographic portrayal of illness and healing at government mental health centers and a psychosocial rehabilitation center known as Snehaveedu, or “House of Love,” which caters to the destitute mentally ill. While epidemiological studies have pointed to “family support” as a factor in recovery, little is known about how this works in particular peoples’ lives. During fieldwork, I was struck by how often patients and healers stressed the importance of sneham, roughly “love” – perceived here as a particular quality of “social relations” – in recovery. This analysis attempts to take seriously the role of love, along with policies of the leftist governments of Kerala and efforts by activists in enabling recovery for individuals with severe mental illness while also challenging some of the premises of the movement for Global Mental Health which aims to increase the use of western-style psychiatric interventions in India.

### **3. (Re)Invented Ayurvedic Psychiatry and Glocal Mental Health in Kerala – Reconfiguration, Translation and Autonomy**

By: Dr. Claudia Lang, Institute of Ethnology, Studtstr. 21, 48149 Münster

Mental healthcare in Kerala includes not only mainstream psychiatry and various forms of religious healing but also Ayurvedic psychiatry. Although there have always been vaidyas treating various forms of mental distress and illness, the institutionalization of Ayurvedic psychiatry as a separate discipline and as a clinical and educational field of specialization is a recent phenomenon. It is perceived to offer a less invasive, less debilitating and also a genuine Indian alternative to mainstream psychiatry, the latter being mainly criticized by patients and their families for the heavy side effects of psycho pharmaceuticals. Yet, asymmetries with regard to knowledge, validity, evidence and research make global and local mental health policy planners and mainstream psychiatrists “structurally blind” (Sax 2014, Quack 2012) for Ayurvedic psychiatry. The aim of this paper is to explore how the reconfiguration of bhutvidya into Ayurvedic psychiatry engages the Global Mental Health discourse in which mainstream psychiatry is hegemonic and produces itself as an actor in the field of mental health care sponsored and supported by the state. How, I ask, is Ayurvedic psychiatry “translated” (Latour) into the language of mainstream psychiatry and GMH? How do Ayurvedic psychiatrists enter and challenge mainstream psychiatry’s knowledge regimes? How are global psychiatric nosologies appropriated, translated and resisted in Ayurvedic psychiatry? How is scientific evidence construed? How do Ayurvedic practitioners engage and implement community psychiatry policy?

Using a Latourian concept of translation, I argue that these translation processes serve to enroll Ayurveda into the network of global and local (glocal) psychiatric

mental healthcare while at the same time keeping its basic incompatibility. It is from this incompatibility that the possibility of autonomy arises, autonomy as a fresh recognized alternative healing system legitimized as a player within the mental health field. It is exactly translation in the Latourian sense of making incommensurable frames of reference once again commensurable that produce this (re)invented discipline as an at once credible and autonomous actor in the field of mental health care. I suggest that the double notions of translation and autonomy might be better placed to describe this engagement than were former notions of hybridization or creolization.

#### **4. Technospectrality: Ghosts, Addicts and the Pluriversality of Bengali Technomodernity**

By: Dr. Projit Mukherjee

The summer of 2014 saw the launching of SHUT [Service for the Healthy Use of Technology] by NIMHAS, Bangalore. The move was part and parcel of a larger global move by the psychiatric establishment since the DSM V in 2013 to assert its authority over the variety of new obsessive pathologies emerging in our increasingly technology-saturated everyday lives. Internet addiction, mobile phone addiction, obsessive fears about being outside mobile coverage areas etc. are all either already recognized as psychiatrically valid pathologies or being considered for such recognition. Yet, psychiatry's claims to define and treat these pathological forms of technophilia are far from being uncontested. In the Bengali-speaking regions of South Asia a range of Hindu and Muslim spirit-workers are also developing new explanations, techniques and vocabularies for dealing with such technophilias. Since both regimes of meaning-making and treatment are responding to the recent growth in a shared, global techno-material culture made up of computers, mobile phones etc., it is barren to try to force the two regimes into the misleading boxes called 'tradition' and 'modernity'. Instead, using Walter Mignolo's framework of a 'pluritropic hermeneutics', I want to dwell on the cosmological border that is constantly produced and reproduced on and around the responses to the new pathological technophilias.

#### **5. Psychedelic Therapy: The kaleidoscopic world of German Psychosomatic Medicine**

By: Dr. Harish Naraindas, Jawaharlal Nehru University, New Delhi, India

This paper is an ethnography of a psychosomatic department in a German KurKlinik, where past-life etiologies are invoked and addressed through art, bodywork, breath-work, exotic music, trance and collective psychotherapeutic

journeys that meld the past and the present and the East and the West. This melding of therapeutic formats in the psychosomatic department is part of the larger philosophy of the KurKlinik. It combines Schulmedizin with Naturheilkunde, and the East with the West, in an attempt to transcend the divisions of mind, body and soul by offering a host of meditative, spiritual, bodily and confessional practices. This is played out against a large mountain park and a Thermeon either side of the Klinik, each of which sport Greek, Roman and Anglo-Chinese motifs in their architecture and landscape. These together function as a formal and para-formal therapeutic resource for patients, who may draw energy through divination techniques from spots in the park, or do aqua gymnastics with their ailing bodies in the Therme. This ensemble of the past and the present, the exotic and the quotidian are enabled by the therapists, some of whom traverse these several worlds literally and figuratively by interning with Brazilian shamans and Hindu gurus, and fusing them with New Age psychotherapies from California invented by Germans, along with an initial training in Protestant theology. This kaleidoscopically entangled psychedelic world, paid for by socialized health insurance and the Beihilfe, challenges us to rethink notions of the global and the local. It asks whether the local is merely a fractal, or a dissimilitude; an amalgam or an incipient creole.

## **6. Profession in Praxis: Asymmetrical Systems of Well-being**

By: Dr. Prof. Dr. Johannes Quack, University of Heidelberg

The spread of “biomedicine” across the world is creates asymmetries on different levels. One aim of this paper is to reflect about the underlying structure of these asymmetries. Based on ethnographic fieldwork in the psychiatric wing of a general hospital in India, this paper further discusses the challenges psychiatry understood as a “system”, “praxis” and “profession” faces when transplanted into a new context. It particularly focuses on how the psychiatrists I met try to do justice to their profession in praxis and the dilemmas resulting therefrom.

## **7. The Siddha Quest for the Mind: Some Preliminary Observations on Siddha Psychiatry**

By: Dr. Roman Sieler, University of Heidelberg

Quoting historical and textual evidence, Siddha doctors and researchers increasingly argue that psychiatric concepts and treatments in siddha medicine have always already been highly developed and, unlike in ayurveda, in line with modern psychiatry. However, an analysis of siddha medicine’s reputation, specializations, current research, teaching, infrastructure and pharmaceutical production does not support this claim. In fact, siddha has long been portrayed as

body-focused by research and by popular understanding, exemplified in the siddha concern to achieve jivanmukti: immortality in this life and body. But, as can be demonstrated, to argue that siddha medicine does not know the mind would be wrong—it would be more appropriate to say that the Western concept of the mind is encompassed in siddha medicine's understanding of the body. What is new therefore is the re-interpretation of siddha practice and knowledge related to mental health through a Eurocentric, biomedicentric lens. While the answer to the question of whether Western concepts of mind and body have influenced siddha is therefore yes, it is more complicated at the same time, as it can only be fully grasped before the backdrop of the historical development of siddha with regard to its status alongside that of the Siddhars, who were instrumentalised by Tamil revivalists, just as siddha literature and medicine became sanitized and popularized as part of Tamil cultural heritage. This aspect is important, as it helps us to understand the positioning of siddha to consist of paralleling biomedicine while challenging ayurveda.