Review: Empathy and Healing: Essays in Medical and Narrative Anthropology by Vieda Skultans

Daniel Côté

This is an Author's Original Manuscript of an article submitted for consideration in the Ethos, vol. 37, no 3, 2009, p. 1-3.
Ethos is available online at: http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1548-1352
DOI: 10.1111/j.1548-1352.2009.01060.x
Review: *Empathy and healing: essays in medical and narrative anthropology*  
by Vieda Skultans

Vieda Skultans.  

Daniel Côté, Ph.D., Research Coordinator in Occupational Rehabilitation,  
Occupational Health and Safety Research Institute Robert-Sauvé (IRSST),  
Montréal, Québec

Daniel Côté  
IRSST  
505, De Maisonneuve West Blvd.  
Montréal (Québec)  
H3A 3C2  
cote.daniel@irsst.qc.ca  
Office: (001) 514.288.1551 ext. 229  
Fax. : (001) 514.288.6097
Vieda Skultans’ book is a collection of previous articles she has written from 1970 to 2005. The book focuses on three important aspects of illness experience: emotions, suffering, and the role of empathy in the healing process, and is structured in 15 chapters, describing ethnographic fieldworks in Southern Wales (Great Britain), Maharashtra (India) and post-Soviet Latvia in the Baltic region. Other chapters, more theoretical in nature, focus on the interface between anthropology and psychiatry, their inability to define illness or disease, and especially the possibility of operating a universalistic vision of mental illness, psychic processes, and the dangers attached to it.

This review is part of a project initiated by Ethos, consisting in asking more than one reviewer to comment a new publication. Joan Koss-Chioino, Cameron Hay, and Jack Friedman are the other reviewers. My review focuses on chapters 2, 5, 6, and 15. Chapter 2 deals with empathy and healing, and provides an overview of Spiritualist rituals in South Wales using the metaphor of “currency exchange” to address the way a personal illness can be negotiated through ritual displays and how it can be “exchanged” from one sufferer to the spiritualist healer. Skultans describes how the participants come to express empathetic feelings regarding the afflicted one. Few cases are presented to develop a practical view of how so-called psychosomatic problems (with medically unknown etiology) are understood as symbolic statements about social relations and social roles, including matrimonial relationships. Spiritualist circles seem to be concerned about suffering and how it is communicated to others. They address the blurry distance between somatic pain and suffering so that personal life expectations may be discussed instead of narrowly focusing on reaction to illness and symptoms. In this way, spiritualist circles consider their practices as complementary to those of biomedicine (towards which they don’t necessarily express opposition).

Chapter 5 is about women and affliction in Maharashtra (India). Skultans conducted fieldwork in the Mahanubhav temples in this State, interviewing pilgrims and their family members, and religious specialists. Mahanubhav temples are locally recognized for their healing virtues. Skultans describes how different patterns of seeking help and different patterns of reactions to personal affliction may be function of gender and caste. Gender-based differences in response to illness are expressed, for women, in terms of shame, loss of family honor, and social stigma, while male suffering is understood in terms of sorrow, leading to a display of familial solidarity and cohesion (p.67, 91). While afflicted men go there as a last resort when medicine or psychiatry provided no clear answer or no positive outcome, women attend the temple as a first resort, since they barely can rely upon family cares and acceptance. It is through a collective process where trance may take place that the meaning of affliction is negotiated. Trance healing provides opportunities for the families to regroup, but Skultans insists that affliction is difficult to cure because it is difficult to find a way of remedying the breakdown of family relationships (p.62). As for the healing rituals described in Chapter 2, there is a process of “exchange” here also, a “sacrificial ritual” where a woman living with her in-laws enters into trance to absorb the curse
impinged on the suffering men. This is what Skultans calls the “hydraulic model” in regard to the idea that affliction may be seen as fluid and convertible (p. 90).

Chapter 6 concerns the relation between anthropology and psychiatry. It is stated that both disciplines have a common history and long-ago shared a similar vision of social and cultural evolutions. Both disciplines spoke of “primitive mentalities” characterized by “primary thought processes” destined to instinctual gratification, greater suggestibility, a proneness to disassociation, and extroversion resembling that of hysterical reactions. Cultural patterns such as possession, witchcraft, and black magic were associated to neurotic defense mechanisms such as displacement or condensation, close to Freud’s psychoanalysis. Divergent voices soon came to widen the divide between anthropology and psychiatry, especially when anthropology abandoned her evolutionist model to immerse into the native point of view, putting into question the claim for universality of mental disease held by transcultural psychiatrists. Divergences in social sciences are also explored by comparing Durkheimian views and characterization of madness to those of Marxian and Foucauldian sociologies. Skultans warns us against a radical relativism that would compromise the project of a comparative anthropological science; she argues that epistemological relativism is not a license to remain at the level of ethnomethodological descriptions (p. 103).

Chapter 15 is a more empirical chapter describing the results of fieldwork undertaken in post-Soviet Latvia psychiatry clinics. Here, Skultans seems to adopt a more Foucauldian view of psychiatry, as she constantly refers to Soviet psychiatry as a political instrument and a mechanism of power. This chapter also concerns the social changes that affected Latvia after the collapse of the Soviet regime and their impacts on the redefinition of psychiatric paradigms. Post-Soviet Latvian psychiatrists shifted from a moral coercive model that defines political dissent as a form of schizophrenia, to a hyperindividualistic model associated to Western psychiatry that fragments and decontextualizes personal suffering. Skultans discusses the possibility of translating a reality into words (medical discourse) that does not take into account the cultural reality, emotions and subjective experiences lived and recounted by the patients. Skultans argues that empathy would be a prerequisite to understanding illness and suffering in order to better situate them within the context of cross-personal relationships, social processes or social change that may disrupt personal life trajectory and continuity.

These chapters bring together interesting reflections on the possibility of crosscultural comparison and how personal affliction may be addressed in order not to distort the cultural pattern or social milieu in which it evolves. Skultans’ book arrives at a time when genetic determinism and neurophysioloical processes have acquired a hegemonic voice in Western science, as well as in social representations of health and illness. Disease perceived as an “it” (Cassell 1976), detached from personal life trajectory and from personal emotions, is still challenging the doctor-patient relationship and the conditions of its efficiency. In this regard,
Skultans’ book is an excellent instrument to develop among clinicians empathetic and cultural competence that must not be assimilated to technical skills (Kleinman and Seeman 2000). Empathy in healing may bring constructive elements in the clinical encounter so that the patients feel supported in their self-reconstruction process (Charmaz 1999), because the clinical encounter, as is the ritual healing discussed in this book, is also a process of meaning making necessary to reappropriate one’s own illness in a more proactive manner.

REFERENCES CITED:

Cassell, E. J.
1976 Disease as an "It": Concepts of Disease Revealed by Patients' Presentation of Symptoms. Social Science & Medicine 10(3-4):143-6.

Charmaz, Kathy

Kleinman, A., and D. Seeman