

## The Birth of the *Klinik*:\* A Cultural History of Haitian Professional Psychiatry

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To the memory of Marie-Thérèse "Ti Tap" Joseph,  
who is sorely missed.

### Introduction

The Republic of Haïti, long saddled with a reputation as an impoverished and backward outpost of exoticism, has few professional psychiatrists. This fact, like so many others concerning Haïti, conceals far more than it reveals, for it suggests a provincialism that is not borne out by ethnography. Many anthropologists would be startled by the fluency with which Haitian psychiatrists discuss the social construction of illness categories, the myriad ways in which culture shapes psychopathology, and other topics that are, in most settings, the province of medical anthropologists alone. Interviews with Haitian psychiatrists reveal them to be on far more familiar terms with anthropological concepts than, for example, their North American and French counterparts.<sup>1</sup>

In this regard, Haitian psychiatrists resemble other intellectuals from that country. Often drawn to European and American academic fashions and frequently trained in the "First World," they are nonetheless aware that the categories and disciplinary boundaries of metropolitan knowledge are socially constructed. In other words, the content and contours of this knowledge are the products of historically and culturally peculiar preoccupations and bound indissociably to certain linguistic categories. To cite Louis Mars, the *doyen* of Haitian psychiatry: "By deepening (our understanding) of the relationship between *culture* and *personality* in the Haitian setting, we came to understand the flimsiness of the French categories that we were using so uncritically, mechanically imposing Western concepts on Haitian reality" (Mars 1966:8).

\*Haitian patois for "Clinic."

For most of this century, the imposition of Western concepts on Haitian reality has been regarded with profound ambivalence by the very people who employ these concepts. Haitian intellectuals are caught on the horns of their own contradictions, both internal ones and those stemming from their country's position in a larger cultural and economic system. These contradictions are reflected in the fact that the majority of Haitian psychiatrists now practice in North America. They are reflected in the confusing and contradictory conventional wisdom about things Haitian. The country is the hemisphere's "poorest," we are told; Haïti, land of painters and poets, has the richest cultural traditions in the Americas. Haïti is the most illiterate of American states; its intellectuals have produced more books per capita than those of any other New World nation, with the exception of the United States.<sup>2</sup> Haïti's mentally ill are the subject of abuse and cruelty; the burden of stigma is lighter in Haïti than many other places, and the mentally ill are the beneficiaries of humane therapeutic alternatives that evolved in the absence of biomedical care.

Any revealing study of Haitian professional psychiatry requires not only an historical approach that would sketch the development of the specialty in Haïti, but also an understanding of the contradictions that continue to mark the careers of psychiatrists, as well as the illness experiences of their patients. An account with explanatory power must be fully alive to political economy and, especially, to history.

### Madness and the Burdens of History

The Republic of Haïti is Latin America's oldest independent nation. In 1791, in the confusion that reigned after the collapse of the French *ancien régime*, a slave revolt began in the colony of Saint-Domingue, the "Pearl of the Antilles" and the source of more than two-thirds of all French colonial wealth. Under slave and mulatto leadership, the revolt took on the dimensions of a veritable war of liberation. Although Napoléon dispatched an enormous armada to reconquer the territory, the French could not match the combined effect of tropical diseases and the slaves' desperate determination. In November 1803, Napoléon's troops surrendered to the former slaves, and the independence of Haïti was proclaimed.

Despite the importance of Saint-Domingue to the French economy, investments in health-care infrastructure had been negligible. On the eve of the Revolution, there were a few miserable military hospitals. The white minority was treated at home. The black majority received care in plantation sick bays, or not at all. From the detailed testimony of the colony's most careful observer, we may surmise that the mentally ill also lacked care. Shortly before the Revolution, Morcau de Saint-Mery (1984:1034-1035) wrote of "madmen severely locked-up in jail or poorly kept by their mas-

ters," and deplored the absence, in Port-au-Prince, of "a place to receive the most unfortunate of all beings, those who, while not sunk to the level of brutes are nonetheless deprived of the Creator's greatest gift to man."

Regarding the conditions a decade later, at the close of the war of independence, Bordes (1979:16-17) offers the following summary: virtually all of the island's doctors and surgeons had fled. The majority of hospitals and other institutions had been destroyed; only the military hospitals in Port-au-Prince and Cap Haïtien (formerly Cap Français) remained. The towns were in shambles, without sewers or latrines. What little care could be delivered was offered by orderlies who had worked in hospitals, or by midwives, herbalists, and bonesetters. Bordes writes of a

host of technically unprepared health workers in the presence of a population newly liberated from slavery, living for the most part in primitive huts, without water or latrines, and undermined and decimated by the infectious diseases against which they were so poorly protected. Oppressive legacy from our former masters, thirsty for profits, and little interested in the living conditions and health of the indigenous population.<sup>3</sup>

This oppressive legacy continues to mark the course of a nation born too soon, a nation whose Enlightenment ideals swam, and often drowned, in a sea of racism and proslavery sentiment. For Haïti was quite literally an island of radical anthropology, the sole voice of racial equality in the Americas. These geopolitical arrangements were darkly mirrored in academic circles. Haïti's elite emulated European fashions in literature and science, but were confronted with prejudices that they could not comfortably accept; members of this elite represented, after all, the world's self-proclaimed "Black Republic." The struggle to counter the dominant, racist models of human capacity may well be the chief reason that anthropological concepts have played such an important role in Haitian academic, literary, and political discourse.<sup>4</sup> Such concepts have played a key role in the evolution of a properly Haitian psychiatry, although not until this century. During the nineteenth century, it seems clear that the role of biomedicine in treating mental affliction was minor.

### The Nineteenth Century: Dominance of the "Folk" Sector

In his history of the first 100-odd years of Haitian medicine, Ary Bordes says almost nothing about the care of the mentally ill. His omission might merely reflect a consensus that cut across many classes: mental illness was beyond the scope of physicians and other "secular" healers. The scant literature on mental health in nineteenth-century Haïti presents a somewhat monolithic picture. It suggests that the vast majority of the population believed that mental problems were of "supernatural" origin and not amenable to

treatment by physicians; however, the universality of any one etiologic theory is dubious. In addition, no professional psychiatrists were practicing in the country during that period. It is not surprising, therefore, that, during the nineteenth century, the treatment of mental illness in Haïti was almost exclusively in the hands of "folk" practitioners or in the popular sector.

Writing of twentieth-century problems and using contemporary census data, Kline (1960:4-5) poses a question also relevant to nineteenth-century Haïti. Noting that psychoses tend to have a worldwide incidence of between three to seven per one thousand population, he estimates between twelve thousand and twenty-one thousand psychotics in Haïti. Aware that the professional sector is not involved in the care of these persons, he asks: "Does the extended family system care for psychotics in such a way that they do not need hospitalization? Does it reject them and, if so, where are they? Dead, perhaps? Are psychotics able to function with at least partial productivity in the extended family system?"

Kline's questions were somewhat rhetorical, as he believes that psychosis in rural Haïti was treated in the folk sector. The study of Haitian professional psychiatry thus requires consideration of the therapeutic systems that preceded, are classed with, and occasionally complemented the newer professional psychiatry. In this chapter, "popular sector" refers to family-based and social nexus-based therapy, as well as self-care. The term "folk practitioners" is used to describe a heterogeneous groups of nonprofessional or nonbureaucratized healers. In Haïti, this group might subsume voodoo priests and priestesses (*houngan* and *mambo*), herbalists (*dokte fey*), Catholic priests, and Protestant pastors. Although the research presented here has been largely within the professional sector of health care, it also is necessary to examine the far larger popular and folk sectors. These spheres often overlap so much that such terms are useful only with considerable caution. (See Kleinman [1980] for the model of the local healthcare system.)

We know little about the home-care afforded the mentally ill. Bijoux (1982) reports that those who could, confined their family members or sent them, in the manner of lepers, to a small island off the northern shores of Haïti. Writing of an unspecified "past," Douyon (1965:61) says that "mental problems constituted a shame for the family. If they did not wander like shadows throughout the house, unnoticed, non-persons, these patients were relegated to a room, off-limits to visitors." Further, we do not know which units of analysis—household or extended family or community—are appropriate to a discussion of care in the popular sector.

There is, however, a vast literature on voodoo, and interviews with Haitian psychiatrists indicate that psychiatric interventions are most often compared with this religious system. Voodoo looms large in virtually every study of, or commentary on, mental disorder in Haïti. Mars (1966:7) suggests that the bulk of "ethnopsychological works in Haïti have stemmed

from the study of voodoo possession crisis and from research on mental illness." Although the psychotherapeutic nature of voodoo has not been the subject of a major investigation, many researchers have provided impressionistic accounts of its role in treating the nation's mentally ill. Given the synchronic nature of these studies, we are obliged to suspend temporarily our historical approach, even though voodoo clearly is changing, and twentieth-century analyses have only limited relevance as regards the role of voodoo in earlier periods.<sup>5</sup>

A few of these studies offer comparisons between Haitian and cosmopolitan therapies. Kiev (1961:260) asks whether "the Voodoo priests' functions could meet minimal criteria for what could be considered psychotherapy." In this and subsequent publications, he describes "native theories of psychiatric illness." He concludes that there are striking similarities between modern psychiatry and the therapeutic system afforded by voodoo; between psychiatrist and voodoo priest: "The *hungan* can diagnose a number of syndromes suggestive of depression, the schizophrenias, hysteria, paranoia, and mental deficiency" (Kiev 1961:475). Kiev presents a brief case study of the treatment, by a voodoo priest, of a woman with a history of mania. Some of his research examines emic constructions. He notes, for example, that possession "is explained in much the same way as *folie*—the *loa* supplants the soul of the possessed and takes control of his mind and body" (Kiev 1961:471-472).

Just as it is possible to exaggerate opposition, so too is it possible to exaggerate similarities. In tracing the commonalities between the two systems, Kiev relies heavily on categories borrowed from North American psychiatry. In fact, he refers to voodoo as "native psychiatry." The fact that voodoo healing takes place in a highly ritualized, group setting, while therapy is most often a dyadic relationship, is significant. Some Haitian observers have highlighted differences, rather than similarities, between the two therapeutic systems. A brief essay by one of Haïti's most prominent psychiatrists, Dr. Legrand Bijoux, deals with the "psychiatric aspects of voodoo." In a historical overview written in 1982, Bijoux suggests that some agitated patients were severely beaten and tortured in "voodoo exorcism ceremonies." A more thorough examination of voodoo exorcism reveals an altogether tame ritual, and underlines the need of many to see voodoo as "barbaric" (see Trouillot 1983, Hurbon 1987, Métraux 1972).

Many conclusions have been drawn from such anecdotal research. One is that the chief determinant of choice of practitioner is the perceived etiology of the illness.<sup>6</sup> Other factors, such as perceived severity and course, cost of treatment, and access to various alternatives, usually are not considered in these studies, but are of primary importance in this poor and agrarian nation (see Coreil 1983). Further, there is significant ideological and religious heterogeneity among the peasants and urban poor. Many of these

papers perpetuate an assumption of cultural uniformity among Haitians. Voodoo is depicted as providing the ideological background for one and all. Haitians who profess other faiths are either dishonest or repressing.

Research in Haitian villages suggests that explanatory models of illness are much more complex. These facile oppositions between natural/supernatural and, let us say, psychiatric/nonpsychiatric, are not often so neat. Illnesses classes as "natural" may be referred to as "God's illness" (*maladi bondye*), but they are also caused by microbes, stress, and ill fortune, to name only a few oft-cited factors.<sup>7</sup> Conflicting beliefs about etiology may be simultaneously entertained by the sufferer, within the family, and by the larger group of consociates who play some role in managing illness. A number of factors other than ideas about causation enter into the unfolding negotiations that result in help-seeking. For most Haitians, choice of practitioner is constrained by economic considerations, religious affiliation, sex, and age, all independently of etiologic belief.

Finally, the larger sociopolitical milieu has often loomed large as regards any question regarding voodoo. Access to this therapeutic system has often been constrained by law. During the American occupation, for example, voodoo was outlawed and its practitioners persecuted. The largely French Catholic clergy later joined forces with the mulatto elite and initiated the ignorant and equally unsuccessful "antisuperstition campaign." There have been more indigenous attempts, also without success, to extirpate voodoo. More recently, the flight of Jean-Claude Duvalier (whose father, at least, was seen as an ally of voodoo), has led to the expression of much antivoodoo sentiment. In 1986, several *houngan* were murdered, and scores of temples were destroyed. This violence illustrates the marked cultural and religious heterogeneity of Haiti, and calls into question the pat conclusions of Kiev (1961) and many others who divide Haiti into two internally homogeneous groups: the small, wealthy elite, and the large, poor majority. We turn again to this subject below, in a detailed examination of the practice and ideology of Haitian psychiatrists.

### Early Twentieth-Century Attempts to Medicalize Mental Illness

Given the cultural heterogeneity of the Haitian people, it is not surprising to learn that some representatives of "official" medicine had long tried to counter mental illness with pharmacologic treatments. According to one report, "stimulants" and "tranquilizers" were used as deemed appropriate (Bijoux 1982). From the beginning of this century, wealthy Haitians could send their mentally ill family members abroad, especially to Cuba, for treatment. Today, several Miami psychiatrists treat Haitians currently living in Haiti. But, then as now, the number of families able to afford such treatment was tiny.

Such therapeutic interventions may have been far from typical during the first decades of the century. It is hard to assess with certainty popular attitudes toward the mentally ill. In the same article that states, "there is...not the same type of stigma attached to mental illness as in certain other parts of the world," Kline and Mars (1960:48-49) observe that "as a rule (disturbed patients) were manacled inside their huts." As in Europe, the great majority of seriously agitated or violent cases often were subjected to draconian measures of restraint: straitjackets, manacles, or solitary confinement in dungeons. Those who "lost their minds" without becoming violent or in some other way dangerous, wandered the streets, exposed, reportedly, to ridicule and physical abuse (Bijoux 1982).

The first decade of the century brought delayed waves of French fashions: herbal treatments, "talk therapy," hypnotism, and pharmacologic agents. Improvement in medicalized care for the mentally ill was, at best, tenuous. The entire country was, in fact, unstable. By the turn of the century, Haitian sovereignty, ever fragile, was violated in almost continuous fashion. Haitian waters were invaded regularly by the representatives of most of the world's imperial powers. Between 1849 and 1914, the United States sent warships to Haiti's shores no less than twenty-four times, usually on the pretext of protecting the property or rights of a U.S. citizen. Germany also had significant interests in Haiti, and the North Americans were increasingly skittish about European, especially German, influence in the famous "back yard" of the United States. In 1915, the Marines disembarked, and the long and hated American occupation of Haiti began.<sup>8</sup>

As despised as the occupation was, notes one Haitian historian, the majority of North American physicians dispatched to Port-au-Prince came to command "the respect and the gratitude of the population" (Corvington 1984:177). A significant change in the treatment accorded the mentally ill occurred in 1929, when the American-directed public health department turned its attention on "wandering madmen." An empty military barracks was commandeered for the confinement of violent or otherwise bothersome mentally ill patients. At Beudet, the mentally ill, "received care which, although insufficient, had nonetheless previously been denied them" (Corvington 1987:179).

Called "Camp de Beudet" by the Haitians, and dubbed "Camp General Russell" by the North American of the same name, the new asylum was situated about two kilometers from the town of Croix de Bouquets, a market town in the Cul-de-Sac Plain. The internees, it seems, did not receive specialized care; there was no doctor at Beudet. Instead, nurses from the occupying forces were their keepers. One of these, a man named Rieser, is remembered as having demonstrated a great deal of good will toward his wards and doing much to improve the lamentable conditions at Beudet.<sup>9</sup>

The American occupation of Haiti affected the training and interests

of psychiatrists, as well as the care accorded the mentally ill. There was a sudden efflorescence of fascination with folklore. Throughout the nineteenth century, there had been marked interest in anthropology. This peculiar vocation stemmed from the rejection, by literate Haitians, of European and U.S. "scientific" racism. During that century, Haïti may well have been the world's chief source of explicitly antiracist literature. In literary efforts, the Haitian elite's self-ascribed task was to show to a sceptical Europe and North America that "the black race" was every bit as capable as they of "civilization" and "refinement." The majority of the nation's writers produced works that were largely derivative of whatever was in style in Paris.

Both of these traits of the nineteenth-century Haitian elite—widespread interest in countering the anthropology of the day and an uncritical enthusiasm for continental literary fashions—came into play in the intense debate sparked by the invasion of the United States Marines. The introduction of North American racism, which tended to class people as black or white, upset a carefully calibrated dynamic, forcing issues of race, ethnicity, and cultural identity. The Haitian intellectuals, horn to privilege, took great offense that mere foot soldiers from North America would dare to consider themselves superior to members of the Créole elite. The response to the "indiscriminate" racism of the occupying forces was a literary and political movement known as *indigénisme*. If the occupation was the stimulus for the movement, then the remarkable Jean Price-Mars was its guiding force. Price-Mars, an anthropologist-sociologist trained in medicine, deplored the Haitian elite's "cultural bovaryism," and insisted that they acknowledge their Haitianism. Within a few years after the 1927 publication of Price-Mars' influential book of essays, *Ainsi Parla l'Oncle*, literary and political discourse was ethno-this and ethno-that:

Dès lors, les écrivains commencèrent à se référer avec orgueil à leur couleur noire, considérée jusqu'alors comme une tare; ils reconnurent l'héritage de l'Afrique ancestrale et proclamèrent avec joie leur négritude. Aux dieux de vaudou qui avaient été relegués dans les hounforts et traités avec mépris, on reconnut alors droit de citer. "L'asoor" remplace la flute occidentale. (Castro 1988:167)<sup>10</sup>

Although the effects of this vogue were seen most clearly in *les belles lettres*, the trend paved the way for the advent of Haitian ethnopsychiatry. The desire to understand human behavior in scientific terms led Dorsainvil (1931) to discuss trance and other dissociative states in voodoo as pathologic, and he proposed neuropsychiatric explanations of such phenomena. Price-Mars countered prevailing prejudices by asking, "Is voodoo possession a form of hysteria?" It most certainly is not, he concluded, and his work led to a heightened awareness of the effects of culture on behavior,

and threw into doubt any firm line between the normal and the abnormal. In fact, the eminent French anthropologist Roger Bastide credits Price-Mars with the succinct statement of this central problematic:

Dr. Price-Mars was thus the first to open the way to the modern theory of the cultural or sociological normalcy of possession, and that is (because), in examining and analyzing (possession), he refused to cloak himself in class prejudices and to accept the biased viewpoint of the elite. (Bastide 1956:200)

### 1936: The Advent of Cosmopolitan Medicine

The United States, now uncontested in its quest for control of Haïti, withdrew its Marines in 1934. At least one of the North American nurses remained at Beudet, however, to care for his charges. But despite the good intentions of a few expatriate nurses, the care there remained purely custodial until 1936. That year marked the return of Dr. Louis Mars, the first Haitian physician to receive specialty training in psychiatry. When he reached his homeland, he reported, quite naturally, to the sole institution concerning itself with the mentally ill. His impressions of Camp de Beudet remain vivid, as a recent commentary would suggest:

What a frightful reality it was! The quarantine of the mentally ill like the plague-stricken of the Middle Ages, in Europe; their physical and mental deprivation: no beds, no medication, no supplies, no trained personnel. Decrepit chambers from which rose screams, calls, lamentation. These men, these women, these children: nonpersons.

By then, this twenty-bed facility housed 250 patients.<sup>11</sup> The building was indeed decrepit, and becoming more so, with holes in the roof and little in the way of maintenance. There was little in the way of medication, for that matter: the total *monthly* budget for Beudet was no more than \$20. Malaria, avitaminosis, and malnutrition were rampant (Kline and Mars 1960).

"The history of (Haitian) medicine," notes Bordes (1979:v), "is largely the history of institutions and of individuals. Little doctrine and few important works." So it was with psychiatry. In his brief history, Bijoux (1982) speaks of two periods: "before 1936, or before the return of Louis Mars, and after 1936, or after the return of Louis Mars." Mars' initial shock at Beudet spurred him to action. He initiated the nation's first serious campaign to improve the lot of the mentally ill. In the first decades after the end of the Occupation, Mars stood alone in his attempt to inform the Haitian elite about mental illness. In the context of the present account, Mars' tireless energy to improve care for the mentally ill is not as striking as his second vocation, anthropology. Louis Mars, physician-anthropologist, was the son of another physician-anthropologist, Jean Price-Mars.

Louis Mars later became, with Roger Bastide and Georges Devereux, one of the founders of Europe's first school of ethnopsychiatry.<sup>12</sup> The psychiatrist's "intellectual activism" followed the example of his father. Mars *filis* approached political, religious, and other leaders to accomplish what Bijoux has termed the "systematic medicalization" of the care offered at Beudet. Emblematic of this change: the "camp" became the "asylum" after the occupation ended. Dr. Mars made repeated attempts to educate the literate minority through newspaper articles, seminars, and speeches to different clubs and organizations in Port-au-Prince. In 1941, he established the Ligue Nationale d'Hygiène Mentale. His work was reinforced by the activism of several others, including Jean Price-Mars, who in the same year founded the Institut d'Ethnologie. Dr. Louis Mars was honored with a post in psychology and began to teach at the institute.<sup>13</sup>

In 1946, a 133-page booklet entitled "La Lutte Contre La Folie" (The Struggle Against Mental Illness—ed.), intended for nonprofessionals, was published. Mars lobbied successfully for the introduction of psychiatry into the curriculum and vocabulary of students of medicine and nursing. He continued to teach anthropology, and his interest in the discipline seemed to deepen. In 1946, Louis Mars was named Director of the Institut d'Ethnologie, which became formally affiliated with the Université d'Haïti.

Despite the fact that he located pathology within individuals, rather than in the sociopolitical sphere, Mars occasionally engendered the ill will of those in power. His work, he recently noted, was "not without danger." The Haitian authorities "threatened with imprisonment those who attacked it by describing the sordid misery of the insane, the Asylum's total lack of equipment, the enormous difficulties that confronted the students and volunteers who brought their help to these unfortunate persons." In 1941, Mars secured international funding for a psychiatric hospital, but the project was blocked by the Haitian government. Mars persisted, and in 1948 he was able to lay the cornerstone of the new edifice. "Shortly thereafter," he notes, "the work stopped. The funds had disappeared."

It took another decade of commitment for Mars to build an enduring resource for mentally ill Haitians. The Centre de Neurologie et Psychiatrie Mars et Kline was built and organized through the combined efforts of Mars, the Haitian government, the late Nathan Kline (a U.S. psychiatrist), three pharmaceutical companies, and sectors of the Haitian public. The establishment of the clinic, the explicit goal of which was to "make available to the public the advances of modern psychiatry," constituted an important milestone in the evolution of professional psychiatry in Haïti.

What, precisely, were those advances of modern psychiatry? For Mars, the chief advance was the advent of effective antipsychotic medications. As the institution's name suggests, Mars wished to incorporate neurology, again emphasizing the material foundations of psychiatry. But there

were other reasons for pharmacologic interventions. Those involved in building the Center knew that thousands of psychotic Haitians were entirely unattended by physicians. Long hospitalizations were out of the question. Above all, perhaps, was the unexpressed fear that the new facility might come to resemble Beudet. The goal was thus to provide, during very brief stays, medications to individuals experiencing acute psychotic breaks. Therefore, its prime movers refer to the center as "the first deliberately and consciously drug-centered treatment program" (Kline and Mars 1960:50–51), and they advance it as a model for other countries. The influence of Dr. Mars would have been even greater had he not been banished during the reign of another physician-anthropologist, François Duvalier. After two decades in exile, Mars has recently returned to his country, where he continues to write and teach.

### Haitian Professional Psychiatry: The Current State of Affairs

What professional-sector psychiatric care is currently available in Haïti, and to whom is it available? Given the expressed desire to "make available to the public the advances of modern psychiatry," what has happened to this cultural system, elaborated, after all, in radically different settings? If indigenization denotes the process by which a therapeutic system is altered following its export to a new cultural setting (Kleinman 1980), how has professional psychiatry been *indigenized*? In an attempt to answer these questions, I interviewed practitioners of what might be called "Haitian ethnopsychiatry." I counted nine such psychiatrists in Haïti.

Before briefly examining the experiences and ideology of a rather remarkable psychiatrist, I will sketch the status of professional psychiatry in Haïti. The specialty is still an urban commodity. However, it is no longer available solely to the wealthy and to the acutely psychotic. There are several psychiatric facilities in Port-au-Prince and the surrounding area: the Centre de Neurologie et Psychiatrie Mars et Kline, which opened in February of 1959, saw almost forty thousand patients in the first twenty years of operation. Its main objectives remain the diagnosis and treatment of acute cases requiring short-term hospitalization and long-term follow-up. Both the services and the treatment regimens are heavily subsidized and are intended for people from a broad spectrum of economic backgrounds. Still, there remains a silent minority of those unable to seek care there. An inability to purchase expensive medications is often responsible for termination of care in the professional sector.<sup>14</sup>

The Asile de Beudet is now the Hôpital Défilée de Beudet, and it continues to house and care for some relatively stable, chronic patients. It is still a grim and depressing place. Although improvements have been made, it remains overcrowded, understaffed, and grossly undersupplied. In 1979,

the Clinique d'Hygiène Mentale of the Faculté des Sciences Humaines opened to offer services to certain patients with "behavioral disorders." There are several private psychiatric clinics, all in the capital, of which four offer inpatient care. Dr. Legrand Bijoux reports seeing, in twenty years of private practice, more than five thousand patients: some sixteen hundred children and adolescents, and thirty-four hundred adults.

Psychiatry is now part of the formal curriculum at the national medical school. Theoretical courses are taught by a psychiatrist, and clinical clerkships are offered at the Centre Mars et Kline. Psychiatric nursing is taught at the nation's three nursing schools, again through theoretical courses and clinical rotations at the Centre. Versions of the discipline are taught at the Faculté d'Ethnologie and the Faculté des Sciences Humaines, where anthropologists, sociologists, psychologists, social workers, and mass-communications technicians are trained. Students of practical nursing at l'École Nationale d'Infirmières Auxiliaires de Port-au-Prince receive some theoretical instruction and also visit the Centre Mars et Kline. Similar instruction is planned for the rural auxiliary nursing schools, although many of these efforts have been hampered by the social unrest of recent years.

The term *la vulgarisation* refers to attempts by the practitioners of professional psychiatry to disseminate their ideology in the popular and folk sectors. A kind of planned indigenization, *vulgarisation* is accomplished through the publication of books written for nonprofessionals, newspaper and magazine articles, conferences, and addresses of the sort initiated by Louis Mars, and continues by his students and successors. Haïti has low rates of literacy; regular radio programs are broadcast in Haitian Creole by Dr. Jeanne Philippe. At the time of this writing, seven psychiatrists now practice in Port-au-Prince and contribute to educational and *vulgarisation* services.

What have been the results of *vulgarisation*? One Haitian psychiatrist makes bold claims for the campaign that was initiated by Louis Mars:

The past 30 years have been marked by a remarkable evolution in the popular conception of mental illness. It has gone from the idea of behavioral troubles as the result of a curse or a spell cast on an individual or a family (concept of supernatural illness) to (the idea) of a natural illness affecting the brain. (Bijoux 1982:19)

The process of indigenization is not one that is fully amenable to conscious control. The impact of the psychiatrists' campaign is far less palpable in rural Haïti, where long-standing ways of configuring mental disorder continue to shape the contours of illness realities. Although the version of reality advanced by the physicians have not replaced the more indigenous understandings, some of the categories and treatment modalities of psychiatry have been incorporated into rural Haitian responses to madness. Anthropologists

have demonstrated that new illness categories and ideas about them are often "adopted" by older interpretive frameworks. "As new medical terms become known in a society," notes Good (1977:54), "they find their way into existing semantic networks. Thus, while new explanatory models may be introduced, it is clear that changes in medical rationality seldom follow quickly."

Thanks in large part to the contributions of Price-Mars and Mars, psychiatrists in Haïti have never been hostile to voodoo. They have, however, competed with *houngans* and other adepts for patients, and voodoo remains the therapeutic system with which professional psychiatrists compare their own services. Some psychiatrists, aware of the importance of indigenous models and familiar with the ethnography of their country, have attempted to co-opt popular discourses on mental illness and the explanatory models embedded in them. Dr. Bijoux, for example, declares that he will welcome the day when all voodoo priests declare to their mentally ill clients: "Your supernatural problems are resolved; your spiritual uneasiness dissolved. The rest of your treatment must be offered by a mental-health technician" (Bijoux 1982:19).

### Theory and Practice in Haitian Ethnopsychiatry

As noted at the outset, a number of Haitian psychiatrists have demonstrated striking familiarity with concepts more native to anthropology than to medicine. Although Dr. Mars was familiar with the reigning concepts of cultural anthropology and clearly appreciated the role of culture in shaping psychopathology, he was in no sense a radical relativist. It was the brain—not some immaterial "mind"—that was altered in madness. His intent was to medicalize not only the treatment of mental illness, but also his compatriots' beliefs about its etiology. Because Mars believed the etiologies of mental illness to be fundamentally organic, the obvious remedies were pharmacologic:

The concept of mental illness as a form of medical disease is virtually unknown in Haïti, not only among the potential patient population but among the population in general. When the first few patients treated with drugs showed rapid improvement, a spokesman for a group of natives asked one of us (Dr. Mars) if he was an *houngan*, i.e., a voodoo priest, because the voodoo priests are supposed to be the only people skillful enough to cure such ailments. (Kline and Mars 1960:48)

The "organicist" position may have been overstated because it was perceived to be a politically expedient one, although it failed to shield Mars from the political currents that have swept through (and occasionally swept away) all professions in Haïti. For Mars clearly suggested that the role of culture could be quite determinant in psychopathology.

In North American psychiatry, concepts such as 'person' and 'self' are rarely problematic. Yet unexamined folk notions of personhood exert



determinant effects on diagnosis and treatment of mental disorder, as Gaines (1979, 1985) has demonstrated in a number of studies. Writing of North American psychiatry, he notes:

The key conception of person *organizes* cultural knowledge which gives rise to the explanatory model of patient and healer. That is, a nonmedically focused notion, that of person, lies behind and organizes patients' and healer's thinking about sickness episodes. Put another way, we may say that a cultural or folk theory underlies and gives shape to cultural knowledge and direction to cultural thinking about sickness. (Gaines 1985:230-231)

In his work with psychiatrists in such diverse settings as California, Hawaii, and "Bible Belt" North Carolina, Gaines has found that psychiatrists' conceptions of person are most often implicit or "unconscious." Not so among the Haitian ethnopsychiatrists who, unprompted, will hold forth at great length about the significance of these constructs to the experience of mental illness. Haitian psychiatrists demonstrate a heightened awareness of anthropological concepts. Highly elaborate commentary on "the notion of person" serves as an example of the effects of such sophisticated theory on the practice of Haitian psychiatry. Appreciation of the cultural construction of the notion of person or self—which is not the same as the widely shared appreciation of the process of socialization into individual personhood—seems to lead Haitian psychiatrists to a relativism rare outside of anthropology or philosophy. For example, Dr. Jeanne Philippe, citing barriers to the indigenization of psychotherapy, offered the following observations:

In Haïti, in general, people are very reticent. They don't like to answer question.... There is always an aura of mystery, of suspicion. Certainly, this is extreme right now (1986), but we have always had this in Haïti. Perhaps it is not surprising, then, that the most common mental illness in Haïti is paranoia, paranoid reactions. Nor is this surprising, at least to me, as mental illness is, in my opinion, the exaggeration of the cultural temperament. In this way, culture shapes psychopathology, and helps to determine the sorts of problems one seems most often.

When pressed as to the lineaments of this cultural temperament, Dr. Philippe turned directly to the concept of the person. A chief source of dissonance between Western psychiatric theory and Haitian ethnopsychology was, she said, differing notions of the person, of the individual:

Even in the middle classes, there is a tendency to live in and for the group. To use the expression of Dr. Louis Mars, this renders the Haitian idea of the individual very "diffuse." There isn't really an individual distinct from the group, or distinct, even, from the universe. And thus can one be harmed: there are so many strands linking one to the social and material world.<sup>15</sup>

If personality is socially and culturally constructed, as many Haitian psychiatrists insist, then it stands to reason that nosologies and etiologic theories elaborated in radically different settings will have limited applicability in Haïti. The difficulties confronted by Dr. Philippe in attempting to apply her Canadian psychiatric training in a Haitian setting will not surprise anthropologists, but her response to these difficulties are thoroughly Haitian:

Right away, I found it impossible to apply what I had just learned. I knew there was an anthropology department (at the state university), and so I enrolled. And I learned anthropology. I completed my master's degree there. Since then, I have never received or treated a patient without taking into account all relevant aspects of his or her social, economic, religious background. I seek the full cultural complex.

Seeking the full cultural complex later led Philippe to the Institut des Hautes Études of the University of Paris, where she completed her doctorate in anthropology. Her advisors there were Roger Bastide and George Devereux.<sup>16</sup> This intellectual genealogy serves as another reminder that the high level of awareness of such implicit categories is due not to the recent resurgence of anthropological interest in self, but is rather a recognizable bend in the stream of French anthropology. Devereux was a student of Marcel Mauss, who offered, as the 1938 Huxley Memorial Lecture, an analysis of the notion of person.<sup>17</sup> Lévi-Strauss (1950:xxii) notes the relevance of Mauss's theory to any critical understanding of the boundary between normal and abnormal:

The very notion of *mental illness* is to be questioned. For if, as Mauss suggests, the mental and the social merge together, then it would be absurd, in instances in which social and psychological are in direct contact, to apply to one of these two orders a notion (like illness) that has no meaning without the other.

## Conclusions

Recent anthropological study of biomedicine has shown that Western medicine, including psychiatry, is an enormously varied *potpourri* of ideology and practice (see Hahn and Gaines 1985). But most social scientists interested in biomedicine have worked in industrialized countries in North America, Europe, and Asia. Impressionistic accounts of cosmopolitan medicine in "Third World" settings have tended to be dour assessments. Stories about the medical bourgeoisie or the misapplication of Western medical knowledge in non-Western settings are intended to shock—or amuse. Biomedicine in the Third World is seen as a parody of the profession as practiced in the industrialized countries.



This disparaging cliché does not hold true among Haitian psychiatrists, whose engagement with both North American and French professional psychiatry has tended to be critical and reflexive. At least three reasons explain this awareness. One of these is unique to Haiti but reflects the experience of physicians from Africa, Asia, and Latin America who have sought psychiatric training in the Northern Hemisphere. Social construction of psychiatric theories and nosologies is much more apparent to one who does not share the cultural knowledge (such as the notion of person, or the boundary of normal/abnormal) underpinning the psychiatric orthodoxies of the moment. Dr. Philippe expressed this idea when she said that she "found it impossible to apply what I had just learned."

A second major reason is peculiarly Haitian and reflects the role of antiracist anthropological discourse in the world's first "Black Republic." The birth of the first large black elite in the periphery of the European capitalist system meant that Haitian intellectuals depended on European readings of the world—the were often schooled in Paris—but were required to challenge those readings as ethnocentric and socially constructed. In Haiti more than any other setting, the social construction of categories is taken as a given. The majority of Haitian psychiatrists would agree with Dr. Legrand Bijoux: "All good psychiatry must draw on sociology and anthropology." Such a dictum would occur to few North American or French psychiatrists. Similarly heightened sensibilities are of much more recent vintage in sub-Saharan Africa and the rest of the Caribbean.<sup>18</sup>

The third reason for the heightened awareness of anthropological issues among Haitian psychiatrists also is related to history and political economy. In a small country with an extremely low literacy rate and little upward mobility, the literati becomes a sort of intellectual jack-of-all-trades, hence the profusion of hyphens among the small elite of physician-anthropologist-statesmen, poet-senators, novelist-engineers, etc. The specialization that has for decades characterized cosmopolitan medicine is less common in Haiti.

What barriers to the indigenization of an exogenous therapeutic system might one encounter in Haiti? Three main types of barriers—cultural, political, and economic—are easily discerned. These are not, of course, discrete categories. The cultural barriers are not difficult to elucidate and include widely held models of illness that took shape in contexts in which medical response to mental disorder was simply not an option. Although its Haitian practitioners may be ahead of their North American or French counterparts, professional psychiatry has not yet come to terms with a number of behaviors that are clearly not abnormal in local context (e.g., possession and trance during voodoo ceremonies, "bad blood" in response to emotional shocks). Rural Haitian notions of self are frankly inconsonant with those held in professional psychiatry, and etiologic beliefs may lead the

mentally ill away from doctors and toward those better able to "manipulate the spirit," as more than one Haitian psychiatrist would have it.

If the models of behavior and normalcy elaborated in the First World are readily seen, by Haitian psychiatrists, as culture-bound and needing "deconstruction" before they have applicability in Haiti, how were they indigenized following their export to a new cultural setting? The most common response to this question, when posed to Haitian psychiatrists, has been "by tailoring concepts to Haitian culture." Some mentioned "anchoring these concepts in Haitian reality," and still others, such as Philippe, "sought the full cultural complex." All psychiatrists interviewed felt it their professional duty to be informed about the religious affiliations of their patients, but interviews suggested that this interest ran the gamut from respect and affirmation of the patient's beliefs to the somewhat disingenuous attempt to co-opt the explanatory models of voodoo.<sup>19</sup>

Sociopolitical barriers are also in place: a climate of fear does not foster the interchange so central to many versions of psychotherapy.<sup>20</sup> Further, a publishing, or "vulgarizing," psychiatrist runs political risks by underlining the *social* causes of mental illness. This was underlined in a review of Jeanne Philippe's *Classes Sociales et Maladies Mentales en Haïti*:

To posit the existence of sociogenesis, as does the very title of the work, is to distinguish it from two other approaches: psychogenesis leads to the elaboration of often unverifiable hypotheses; biologism...leads to no attempts to modify the environment. (Thébaud, in Philippe 1985:iv)

Shortly after the publication of the third edition of her study of the sociogenesis of mental illness, Philippe decided to pull copies from circulation to avoid the ire of a collapsing dictatorship that was suddenly attempting to silence criticism.

Psychotherapies have been, historically, largely middle-class enterprises. The near absence of such a class in Haiti—an issue of political economy—erects both logistic and cultural barriers to the indigenization of these systems. That economic barriers help to erect or maintain cultural and political ones will surprise no one who has worked in a poor, rural, and agrarian society. There are enormous problems of access to care in Haiti, a country of more than six million with only seven psychiatrists now seeing nonprivate patients at least part-time.<sup>21</sup> There also are the barriers of urban/rural bias: the country is largely rural, but every psychiatrist practices in urban Haiti. If a peasant with mental disorder does make it to the clinics of Port-au-Prince, continuity of care is threatened: medications are costly, and regular follow-up is necessary. For example, a patient living in a village in the Central Plateau may be less than fifty miles from the Centre Mars et Kline, but it takes no less than five hours on public transportation

to cover this distance. Add to this the hours of waiting in the clinic, and it is clear that a simple follow-up appointment requires an overnight stay in Port-au-Prince, an unhospitable and somewhat dangerous city.

In summary, Haitian psychiatrists have come a long way in "tailoring psychiatric concepts to Haitian culture." From French and North American clinical settings, they have ushered in the *klinik*, a properly Haitian version of clinical psychiatry. But much remains to be done before the majority of Haitians with mental illness have access to psychiatric care. Even then, the contributions of such efforts may be negligible next to the forces that keep Haiti poor. These forces contribute to pathology of every description. One of the people who encouraged me to write this chapter was a brilliant young woman, Marie-Thérèse, from a poor family from the Plateau Central, diagnosed by psychiatrists at the Centre Mars et Kline as having manic-depressive disorder. For years, she struggled with keeping appointments and purchasing expensive medications, only to die of infectious complications of childbirth. "You see," her mother said, "she died not from being crazy. It's this country that killed her."

## Notes

1. My assessment is based on impressions, rather than serious comparative research. But I have worked with psychiatrists in France, and my training in medicine has included significant exposure to North American psychiatry.

2. Such, at least, is the opinion of Edmund Wilson, *The Nation*, October 14, 1950, p. 341.

3. Paragraphing altered. Translations in this paper are my own except as noted.

4. A brief historical account of Haiti's role in larger economic systems is found in Farmer (1988a). The Haitian elite lost this struggle, perhaps in part because many of its members believed themselves congenitally superior to the authentic heirs of the Haitian Revolution: the peasants.

5. See Hurbon (1987), Métraux (1972), and Trouillot (1983) for historical perspectives on Haitian voodoo.

6. For example, Kiev makes much of the indigenous distinction between "supernatural" and "natural" illness causation, asserting that "supernatural illnesses can be treated only by *hungans* and *mambos*" (1961:261).

7. The goal of this essay is not to review these complexities, but illness in Haiti and among Haitians has been discussed by many anthropologists including Bastien (1987), Coreil (1983), Courlander (1960), Farmer (1988b), Herskovits (1975), Hurbon (1987), Laguerre (1987), Métraux (1972), Murray (1976), Philippe (1985), and Weidman (1978).

8. For an excellent account of the years leading up to the Occupation, see Plumer (1988); for an important account of the era, see Castro (1988).

9. Beudet remained, however, a frightful place. That it was used for political

purposes as well as therapeutic ones is suggested by Castro (1988:205), who notes that President Stenio Vincent sent one of his rivals to the asylum in 1935, "sous prétexte qu'il était devenu fou." ("Under the pretext that he had gone mad"—ed.)

10. "Since then, writers have referred with pride to their black color which was earlier considered a defect; they rediscovered the heritage of ancestral Africa and proclaimed their negritude with joy. As for the voodoo gods, who had been relegated to the [social outcasts] and treated with contempt, one rediscovered the right to refer to them. The [indigenous] *l'assoor* replaced the Western/European flute" (ed.).

11. Kline and Mars (1960:49) note, "an amazing factor was the stability of the population at approximately 250 persons. This was achieved by virtue of the fact that the 15 admissions a month were exactly balanced by an average of five discharges, five escapes, and five deaths."

12. Indeed, Devereux credits the Haitian physician with coining the term "ethnopsychiatry." (see chapter 1—ed.)

13. The Institute (*l'Institut d'Ethnologie*) is not to be confused with the Bureau d'Ethnologie, founded the same year by another intellectual giant, Jacques Roumain. The Institute was devoted to teaching; the Bureau was a research center, and soon included a museum.

14. For example, in the village in which I have for some years conducted research, the two persons believed locally to have mental disorders have been treated by healers in both the professional and folk sectors. Long-term pharmacotherapy has been a failure due to the high cost of antipsychotics, and also the difficulty of maintaining contact with a psychiatrist in far-off Port-au-Prince. Psychotherapy has not been attempted.

15. For the reader familiar with the ethnography of Haiti, this may sound odd. Many students of Haitian culture have characterized rural Haiti as less communal than other Latin American cultures. Yet this seeming paradox may be resolved by agreeing with Dr. Philippe who argues that Haiti is sociocentric, but the unit of social nexus is smaller and more kin-determined, perhaps, than in other countries in the region.

16. The latter wrote the preface to the third edition of her thesis, in which he recalls, "Dr. Philippe arrived in Paris with her files and notes in order, her thesis topic already chosen; her project was grounded in sensible methodology, and (was) feasible."

17. Reprinted as "Une catégorie de l'esprit humain: la notion de personne, celle de 'moi'," in Mauss (1950: 331-362). ("A Category of the Human Mind: the Notion of the Person, that of the 'Self'")

18. See, for example, Fisher's excellent (1985) study of mental illness on Barbados.

19. The much-touted cooperation between the professional and folk healers may be more important on paper than in reality. There are, in any case, no formal arrangements obtaining between voodoo priests and the practitioners of psychiatry.

20. For an idea of the dimensions and mechanisms of this fear, see the excellent journalistic account by Wilentz (1989).

21. There are, it is said, more Haitian psychiatrists practicing in the city of Montréal than in the entire Republic of Haiti.

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## 10

## Psychiatrist and Patient in Japan: An Analysis of Interactions in an Outpatient Clinic\*

*Naoki Nomura*

### Introduction

The problems of communication in medical settings have been recognized in the United States since the 1950s, particularly in the setting of psychiatric institutions. Working in mental hospitals requires both attention and a great deal of sensitivity to people's expressive behavior. The latter is a consequence of the nature of patients' presenting illnesses. Several classic studies have illustrated the complexity of social interaction in psychiatric hospitals. Stanton and Schwartz (1954) documented in detail the working relationships developed among the staff, the psychiatrists, and the patients in order to create a better therapeutic ward environment.

William Caudill's classic work (1958) demonstrated how the events taking place in various parts of the hospital are in fact interrelated and form parts of an ongoing institutional social system. Erving Goffman (1961) critically examined the social situations of the patients and the staff in the mental hospital and explained the "total institutional" processes through which the patient's self is degraded, humiliated, and made to conform to institutional exigencies. Aside from these comprehensive works on entire institutions, there are many other studies concerned with aspects of the medical consultative process—interaction between patients and medical practitioners (e.g., Pendleton and Hasler 1983).

A number of studies have appeared which take account of cultural factors in psychiatrist-patient relations. In the case of Japan, Caudill and Doi attempted to characterize Japanese patterns of patienthood and doctor-patient relationship in mental hospitals (Caudill 1961; Doi 1962; Caudill and Doi 1963). According to their observations, Japanese psychiatric hospitals have a "family-like" atmosphere. Unlike American institutions, those in

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