James Waldram’s book is a productive and provocative critique of the key concepts and methodologies in virtually one hundred years of anthropological, psychological and psychiatric research on the mental health of North American Aboriginal Peoples. This book’s rich substantive material is divided into three parts: Constructing the Aboriginal, The Disordered Aboriginal, and Treating the Aboriginal. In the first section, Waldram discusses different classificatory approaches and their methods that were used to define a culturally distinct population in order to better understand their mental health. The second part deals with particular kinds of mental afflictions that researchers thought affected Aboriginals in unique ways, such as alcoholism, depression and posttraumatic stress disorder. The so called culture bound syndromes of Windigo, Pibloktoq and Ghost Sickness are critiqued here as well. Finally, in the third segment, Waldram gives an overview of clinical approaches and their assumptions of Aboriginals’ nature and therapeutic needs.

Waldram makes a convincing case that despite a massive quantity of research and clinical work, our understanding of Aboriginal mental health is still rudimentary. By and large, this research and clinical work has homogenized and essentialized North American Aboriginal cultures and experiences, relying on and reproducing tropes of valorized Arcadian Aboriginals or Barbaric primitives incapable of adjusting to social change. In the process, the research has continuously reinscribed and emphasized differences from non Aboriginals almost solely on cultural grounds.

This book will be of obvious relevance to anthropologists concerned with mental health and the history of social scientific definitions of Aboriginal culture and identity. Researchers interested in the relationship between scientific knowledge and non Western cultures more broadly will be fascinated by Waldram’s work. Individual chapters or the entire book might be included in senior undergraduate or graduate courses in the history of anthropology or medical and psychological anthropology. Because Waldram specifically deconstructs the methods of anthropology and psychology, this book is of pedagogical importance for exemplifying critiques of social scientific methodology.

Waldram adroitly accomplishes his goals for this book. For me, his solid analysis stimulated complementary questions that would have been impossible to address within the already expansive purview of this book. These concern the broader social context of scientific knowledge and how its power and effects are
experienced by individuals in that context. While undertaking fieldwork, Waldram heard his Cree and Ojibwa informants casually dismissing the notion of ‘Windigo’, an analytical staple for students of Algonkian Cultures and mental health. Waldram’s ethnographic experience points to an example of a discourse that is not embodied by people in its intended social context. The discursive category became part of Waldram’s object of critique. But is it then faulty discourse alone that explains why individuals refuse the subject category it offers? Alternately put, what other locally and historically specific factors come to bear on whether individuals can reject or accommodate scientific knowledge? I see this question as important since the power of scientific discourses can be amplified or neutralized by their articulation with others, notably state and religious discourses, not extensively discussed in this book.

Readers looking for solutions to the problem of how to heal the mental suffering of North American Aboriginal Peoples may be disappointed. The premise of the book is that we need to first critique precisely those prescriptive strategies that have presumed to heal the mental health of First Nations’ Peoples without consistently positive effects. As an academic, and not a practitioner, I see this as a courageous stance. Although he maintains that a full scale condemnation of science and Western culture is naïve, Waldram does conclude that scientific knowledge needs to be considered part of the political, historical and economic oppression that has affected the lives of First Nations’ Peoples. Such a statement has implications beyond the context of the mental health of North American Aboriginal Peoples, since intervention in non Western societies is often justified on the basis of scientific health improvements. As crucial as it is for clinicians and social scientists to be engaged in the facilitation of the well being of North American Aboriginal Peoples, it is also important to be self critical of the assumptions and contexts that privilege scientific knowledge. Waldram’s book is an important contribution towards this goal.

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