Shared Pain, Shared Perspective

// The Value of a Distributed Healing Approach to Mental Health

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From "Stormy Skies (Diamonds)" – Josie Man
When I go quiet
You say that I look good in the silence
Thought I was way too deep, but you're diving
Right in wherever I go

And when I'm crying
You say that all my tears look like diamonds
You're lying through your teeth but be honest
Make a promise you'll let me know
If my diamonds get too heavy to hold

Job 2:13
Now they sat down with him on the ground for seven days and seven nights, but no one said a word to him because they perceived that the pain was very severe.

27 Tevet 5784 – Abstrakt

Despite unprecedented advances in psychology, neuroscience, and pharmacology, the proliferation of mental illness in Western societies has left experts guessing at solutions. However, a review of indigenous and traditional approaches to neurodivergence reveals that social interventions support not only better outcomes in recovery and reintegration, but also have benefits for societies involved in such support. These claims are supported by elements of Western literature as well, strongly indicating that distributing the care load away from "experts" and onto family members, friends, and communities is a superior approach.

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I. Introduction & Contextual Literature

Despite unprecedented advances in psychology, neuroscience, and therapeutic techniques, the proliferation of mental illness in Western society continues to baffle and preoccupy many researchers and practitioners[1].

Indeed, the sheer amount of people now seeking or requiring mental health treatment is so vast that hospital resources like emergency rooms are now becoming primary points of care for many mental health patients[2]. With tens of millions of North Americans suffering from serious mental illness annually, and with some Western mental healthcare beginning to flirt with euthanasia as a viable "treatment" option for mental illness[3], the need for comprehensive and scalable solutions has never been greater.

Yet paradoxically, as knowledge about mental health, trauma, and therapeutic tools has grown over the past few decades, the mental health epidemics faced by Western nations have only worsened. This indicates that something is "missing" from the West's current approach, as sophisticated and "scientific" as it may be.

CONSIDERING OTHER PERSPECTIVES

Although the Western scientific mainstream presents itself as a product of pluralistic debate and evidence-based decision making, psychology in particular lacks the kinds of rigor one would typically expect of a science[4]. Moreover, the field is rife with corruptions and falsifications, which have misled many people terribly about the nature and potential of human beings[5].

Indeed, the often-corrupt monopoly of Western experts on matters of the mind has not only spawned such ill-advised treatments as the lobotomy, but has created a form of scientific tyranny where the latest theories reign supreme over acute mental health care, inpatient psychiatry, pharmacology, and much of private therapeutic practice.

As might be expected, the philosophies and practices instantiated by Western experts, which routinely involve various forms of violence against the mentally ill, have many critics. Among them are former mental health patients[6], experts on medical law[7], indigenous peoples[8], artists[9], human rights activists[10], and even non-Western practitioners conveniently excluded from mainstream "scientific" discussions.

Most interestingly, indigenous approaches to mental health "disorders" like bipolar or schizophrenia are dramatically different from more "scientific" treatments popular in Western contexts. In some West African and South Asian cultures, people with such neurodivergences are often designated as a shaman[11] and are placed within specific social structures to support a new social role[12]. These perspectives and methods stand in stark contrast to the treatment of mentally ill people in Western society, where people afflicted with "mental illness" are seen as threats or liabilities.

Despite these profound differences in attitudes and treatment modalities, Western experts, ensconced within their safe networks of journals and professional associations, have largely exempted themselves from having to compare their methods against best practices from around the world[i].

THE AGE OF RECONCILIATION

Fortunately, Western scholarly thought has been experiencing a trend towards the unification of knowledge and the reconciliation of discoveries between disciplines[13]. Over the past two decades,

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[i] Many studies also focus solely on Western, Educated, Industrialized, Rich, and Democratic populations, which are not representative of the human species.

this has allowed for the harmonization of disparate fields and the development of new and more sophisticated perspectives on subjects such as human nature and healthy social living[14,15].

This growing level of harmony between disciplines has also generated tremendous insight regarding the human condition, including a physics-based understanding of human lifespan development[16] and an understanding of how resource flows in society are related to the Gibbs Free Energy equation[17]. Furthermore, much of these insights are now being linked with religious and indigenous wisdom to improve human life sustainably and find new solutions to persistent mental health issues in Western life[18].

II. Mental Illness in the West

Although the investigation of mental phenomena has a rich tradition in Western thought, modern psychology largely began with the publication of Sigmund Freud's psychoanalytic theories. Freud, who linked mental abnormalities in adults to their childhood traumas, was followed by a variety of researchers from Pavlov to Maslow, each with their own unique perspectives on the brain and human mental activity[19]. These collected insights were then redeployed, often haphazardly, in mental health care, with revisions made to documents like the Diagnostic Statistical Manual as new information was discovered[20].

Perhaps because of its roots in trauma and recovery, and perhaps because of the terrifying mystery that mental illness presents, one of psychology's primary focuses has been helping sick people get better[21]. While this has resulted in the development of many effective treatment methods and has saved many lives, one of the field's blind spots has been its preoccupation with "averages" instead of peak performance[22].

While viewing human beings through the lens of a normal distribution makes sense in some contexts, one of the persistent problems with such approaches is that they exclude many outlier groups from proper analysis and therefore obfuscate potential treatment options for those demographics. For example, literature regarding the education of children with special needs came relatively late in psychology's history, with researchers like Alice Miller, Kazimierz Dabrowski, and Laszlo Polgar only publishing their work in the last several decades. Similarly, a great deal of research on high-performing adults and the unique developmental stages they occupy[23] has yet to reach not only the psychological mainstream, but public audiences that desperately deserve to know their true potential.

COMPASSION FOR THE MENTALLY ILL

Although Western professionals may be reluctant to admit it, their focus on population averages and "normal functioning" has come at a great cost to many demographics, especially people who experience neurodivergence and mental illness. By implicitly framing these conditions as "abnormal" and in need of a "cure", Western psychologists place the entire burden of recovery on the individual and exclude their surrounding social system from proper analysis[24].

This amputated and simplistic mindset, sold to the public through poor-quality scientific journalism and unrealistic portrayals of mental illness in popular culture, has led many to believe that mentally ill people are deficient, dangerous, incapable, or problematic for society. Indeed, despite paeans to compassion in the form of public awareness campaigns and other signals of virtue[ii], the level of patience and compassion many people receive from friends and family is minimal at best. In many cases, people suffering from mental illnesses are left to fend mostly for

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[ii] See #BellLetsTalk in Canada – a cheap grift and farce.

themselves, with occasional conversations with a therapist as their only conversational outlet[25].

Perhaps one contributing factor to the isolation endured by many neurodivergents is how "scientific" psychology has become. Talking to another human being about their pain is no longer something that friends and family do, but rather is a "professional" role that one needs special training and education for. While it is certainly the case that a professional education in therapy is useful, the notion that therapists are the only people who can treat trauma or mental illness vastly underestimates the power of positive regard[iii] from friends, family, and community members.

III. Mental Illness in Other Cultures

While Westerners suffering from mental illnesses face additional burdens from stigma, neglect, familial abandonment, and social rejection, researchers documenting how other cultures respond to mental illnesses have discovered radically different approaches.

In West African indigenous contexts, for example, people experiencing phenomena labelled as bipolar or schizophrenia are treated as uniquely gifted individuals – even as shamans[26]. Instead of seeing neurodivergence as an opportunity to fix someone and make them "normal", shamanic practitioners see opportunities to help them grow and develop into a new social role[27].

Whereas the Western medical systems resort to sedatives and talk therapy to treat mental illnesses, shamanic practitioners emphasize a mixture of spiritual discipline and expression for their so-called "patients". Indeed, through a combination of psychotechnologies that facilitate navigation of altered mental states[28], as well as methods of artistic expression[29], shamanic

healers have been able to help individuals considered untreatable by Western science.

In addition to unique treatment methods employed by shamans at the individual level, the social networks of shamans and their apprentices are much more accommodating[30]. Because shamans are acknowledged as eccentric-yet-gifted individuals by their colleagues, they are at much greater liberty to be "weird" or "different" when compared to their city-dwelling Western counterparts. Indeed, whereas any deviation from social norms can be catastrophic in many Western settings, the odd comments and inconvenient observations of a shaman are relatively welcome from people who know who they are and what they "do".

This unique relationship between shaman and community is detailed extensively in the social sciences, with mainstream sources finding that shamans play the role of spiritual mediator in many indigenous settings[31]. Some researchers have also noted that the shaman's use of mind-altering practices is actually a way to develop novel insights on problems[32], which gives their role as spiritual mediator the potential for genuine social utility.

From a cynical Western viewpoint, what shamanic practitioners have accomplished with their techniques and approaches is an accident of evolution or folklore. On further investigation, however, the shaman's unique blend of psychotechnologies, their specific role within their society, and their network of social support creates a dynamic where they can "offload" some of their psychological "burden" to their colleagues without fear of rejection. Moreover, indigenous societies are often structured to take maximum advantage of shamanic individuals, rather than on trying to "fix" or "heal" them.

[iii] "It is astonishing how elements that seem insoluble become soluble when someone listens." — Carl Rogers

IV. The Thermodynamics of Social Life

The role of shaman as mediator and messenger has deeper implications than many Westerners realize, particularly when the laws of physics are brought to bear on social systems. Indeed, the average Westerner's reluctance to entertain conversations with eccentrics, lunatics, and visionaries is tremendously inefficient, when all things are properly considered.

INFORMATION AS ENERGY

During the nineteenth century, some researchers investigating digital communication discovered that the flow of information between people operated in similar ways as the flow of energy in thermodynamic systems[33]. In addition to supporting tremendous developments like Karl Friston's *Free Energy Principle*[34], these discoveries have helped researchers think of the human brain like a kind of computer, and even as social systems as a collective computing system.

One of the logical conclusions of this work, mostly based on the Gibbs Free Energy equation, is that individuals and societies are always learning, growing, and developing in response to new information[35]. In the case of communities, nations, and civilizations, the _folkloric_ information flow between individuals is one of the primary methods by which people learn collectively[36,37].

From this perspective, it can be seen that some individuals, such as neurodivergents, shamans, or artists, likely have "new information" that needs to be shared with the social system for progress to be made. However, whereas Western societies prevent neurodivergent and mentally ill people from contributing through a mixture of ostracization, neglect, and stigma, indigenous cultures provide such people with specific social roles, new ways to express themselves to the community, and even ancient ways of navigating altered states of consciousness.

Ironically and tragically, through its attempts to "heal" and "fix" people, the West has created two thermodynamic bottlenecks. First, it has deprived itself of whatever information is being carried by individuals currently diagnosed as "bipolar" or "schizophrenic". Second, it has placed the entire burden of care on overtaxed medical systems instead of distributing it amongst the individual and their social system. Third, the implicit bias that many Western professionals operate within has blinded them to so-called "folkloric" approaches that are, in some cases, strictly superior to Olanzapine and hospital psychiatry.

AVOIDING COMPLEXITY

Recent research in computational neuroscience has also revealed that individuals in social systems must continually adopt more complex perspectives after each peer interaction[38]. In the contexts of mental illness and neurodivergence, what this means is that people who know someone with a mental illness is called to develop a more sophisticated worldview – perhaps with a more expansive view about human nature, or perhaps with a new perspective on what relationships are like.

Sadly, however, a great deal of research has also indicated that most people dislike being exposed to new information, and are averse to the notion of adopting more complex perspectives[39]. This suggests that much of the stigma that neurodivergent people face is a form of _laziness_ on the part of their social system. Indeed, all of the conversations that people simply refuse to have with "crazy people" adds up to painful thermodynamic bottlenecks for both individuals struggling with mental illness as well as the societies that fail to capitalize on available assets.

V. Reviewing Western Approaches

As can be seen from even a cursory review of other approaches to mental health treatment, the West's preoccupation with diagnoses,

pathologization, and "treatment" is not only inefficient for healthcare systems, but introduces thermodynamic bottlenecks into social systems and recovery trajectories. By designating almost all neurodivergence as a liability and attempting to "fix" it at the individual level, Western experts have not only contributed to the atomization of folkloric social networks, but have placed themselves in the unenviable position of being the sole point of contact for the West's profound levels of mental illness.

Why Heal Relationship Systems?

Although many individualistic Westerners may balk at the idea that someone else's mental illness is their responsibility, the literature strongly suggests that social involvement in an individual's recovery process is quite beneficial. Indeed, meta-analyses have shown that family-level interventions support better outcomes for attachment and feeding problems in infancy, recovery from first-onset psychosis in children and adolescents, eating disorders, and other psychological issues in younger demographics[40].

The literature also indicates that some family systems can cause relapse in outpatient schizophrenics[41], and that therapeutic interventions targeted at the entire family system can lead to significant improvements in social functioning as well as a reduction in readmission and relapse[42]. Indeed, many hands seem to make light work in the treatment of mental illness.

Mental Illness & Creative Expression

While the social systems of neurodivergent people certainly have a role to play in their recovery, there is a reciprocal responsibility on the part of the affected individual that cannot be neglected. Indeed, being able to *communicate one's internal states clearly and effectively* is a prerequisite for social systems to be able to respond helpfully and appropriately.

From this, the shamanic focus on creative and artistic expression can be seen as a highly effective folkloric remedy for neurodivergence, especially when social systems are predisposed to receiving such expressions warmly. Even Western literature acknowledges that creative expression has therapeutic potential[43], providing patients with not only the ability to develop metaphorical expressions for their internal states, but also new ways to communicate with others.

Neurodivergence as Innovation Resource

Given this information, it would seem that the line between madness and insight is much blurrier than has been previously assumed. By concluding that mentally ill individuals have little to nothing to contribute, and that their social system has no role to play in their recovery, Western psychology has needlessly and painfully isolated the demographic it purports to serve.

However, with a proper understanding of neurodivergence, enough patience to sit through the occasional ramble of a "lunatic", and perhaps some creative training for the mentally ill, Western societies stand to relieve their hospitals and psych wards of many unnecessary "patients", unlock tremendous insights from the fringes of human consciousness, and give the mentally ill new social opportunities.

Ich tanze den Tanz des Narren
Und bete, dass du mich verrückt findest
Denn wenn du die Wurzel ergreifst
Du wirst mich ohne Illusionen kennen
Und finde mich der Wahrheit schuldig.

References

[1] "The Crisis is Real", Centre for Addiction and Mental Health

[2] Moreno, S., "Youth mental health crisis is overwhelming ERs", Axios (2023)

[3] Kirkey, S., "'Psychiatrists clash as deadline for opening MAID for mental illness looms", National Post (2023)

[4] Strong, Z.R.J., "Fundamentals of Integrity Psychology: A Treatise on Dignifying and Ennobling Humans" (2022)

[5] Strong, Z.R.J., "Ticket to Heaven" (2023)

[6] Sundler, A.J., Raberus, A., Carlsson, G., Nilsson, C., Darcy, L., "'Are they really allowed to treat me like that?' – A qualitative study to explore the nature of formal patient complaints about mental healthcare services in Sweden". International Journal of Mental Health Nursing (2022)

[7] Saks, E.R., "The Center Cannot Hold: My Journey Through Madness", 2008

[8] Stewart, S.L., "Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada", International Journal of Health Promotion and Education (2008)

[9] Kesey, K., "One Flew Over the Cuckoo's Nest" (1962)

[10] "MAiD cannot be an answer to systemic inequality", Canadian Human Rights Commission

[11] Gaddis, J., "The Shamanic View of Mental Illness", Uplift

[12] Russell, D., "How a West African shaman helped my schizophrenic son in a way Western medicine couldn't", The Washington Post (2015)

[13] Wilson, E.O., "Consilience: The Unity of Knowledge", Vintage (1998)

[14] Peterson, J.B., "Maps of Meaning: The Architecture of Belief", Routledge (1999)

[15] Strong, Z.R.J., "Ticket to Heaven" (2023)

[16] Strong, Z.R.J., "Fundamentals of Integrity Psychology: A Treatise on Dignifying and Ennobling Humans" (2022)

[17] Strong, Z.R.J., "Moloch Hungers for Sacrifice" (2023)

[18] Strong, Z.R.J., "Ticket to Heaven" (2023)

[19] Hergenhahn, B.R., "An Introduction to the History of Psychology – 4th ed.", Wadsworth Publishing Co. (2000)

[20] Spitzer, R.L., "Homosexuality and Sexual Orientation Disturbance: Proposed Change in DSM-II", American Psychological Association (1973)

[21] Strong, Z.R.J., "Fundamentals of Integrity Psychology: A Treatise on Dignifying and Ennobling Humans" (2022)

[22] Maslow, A.H., "The Farther Reaches of Human Nature", The Viking Press (1971)

[23] Cook-Greuter, S.R., "Postautonomous ego development: A study of its nature and measurement", Integral Publishers (1999)

[24] Strong, Z.R.J., "Industrial Society And Its Future: A Reexamination" (2022)

[25] Samari, E., Teh, W.L., Roystonn, K., Devi, F., Cetty, L., Shahwan, S., Subramaniam, M., "Perceived mental illness stigma among family and friends of young people with depression and its role in help-seeking", BMC Psychiatry (2022)

[26] Gaddis, J., "The Shamanic View of Mental Illness", Uplift

[27] Russell, D., "How a West African shaman helped my schizophrenic son in a way Western medicine couldn't", The Washington Post (2015)

[28] Dobkin de Rios, M., "What We Can Learn From Shamanic Healing: Brief Psychotherapy With Latino Immigrant Clients", American Journal of Public Health (2002)

[29] Russell, D., "How a West African shaman helped my schizophrenic son in a way Western medicine couldn't", The Washington Post (2015)

[30] Plotkin, M.J., "Tales of a Shaman's Apprentice: An Ethnobotanist Searches for New Medicines in the Amazon Rain Forest", Penguin (1994)

[31] Walsh, R., "What is a Shaman?", The Journal of Transpersonal Psychology (1989)

[32] John Vervaeke, "Awakening From the Meaning Crisis" (YouTube series)

[33] Shannon, C.E., Weaver, W., "The Mathematical Theory of Communication", The University of Illinois Press (1964)

[34] Friston, K.J., "The free-energy principle: a unified brain theory?", Nature Reviews – Neuroscience (2010)

[35] Friston, K.J., "The free-energy principle: a unified brain theory?", Nature Reviews – Neuroscience (2010)

[36] Friston, K.J., Parr, T., Heins, C., Constant, A., Friedman, D., Isomura, T., Fields, C., Verbelen, T., Ramstead, M., Clippinger, J., Frith, C.D., "Federated influence and belief sharing" (2023)

[37] Scott, J.C., "Seeing Like A State: How Certain Schemes to Improve the Human Condition Have Failed", Yale University Press (1998)

[38] Friston, K.J., Parr, T., Heins, C., Constant, A., Friedman, D., Isomura, T., Fields, C., Verbelen, T., Ramstead, M., Clippinger, J., Frith, C.D., "Federated influence and belief sharing" (2023)

[39] Peterson, J.B., "Maps of Meaning: The Architecture of Belief", Routledge (1999)

[40] Carr, A., "Family therapy and systemic interventions for child-focused problems: the current evidence base", Journal of Family Therapy (2019)

[41] Muela, J.A, Godoy, J.F, "Chronic stress in schizophrenia: expressed emotion", Revista Electronica de Motivacion y Emocion (2001)

[42] Caqueo-Urízar1, A., Rus-Calafell, M., Urzúa, A., Escudero, J., Gutiérrez-Maldonado, J., "The role of family therapy in the management of schizophrenia: challenges and solutions", Neuropsychiatric Disease and Treatment (2015)

[43] Jay, E., Patterson, C., Fernandez, R., Moxham, L., "Experiences of recovery among adults with a mental illness using visual art methods: A systematic review", Journal of Psychiatric and Mental Health Nursing (2023)