

*Revenge of the Windigo: The Construction of the Mind and Mental Health of North American Aboriginal Peoples.* By James B. Waldram. (Toronto: University of Toronto Press, 2004. xii + 414 p., notes, ref., index. ISBN 0-8020-8600-4 pb. \$35; ISBN 0-8020-8826-0 hb. \$70.)

Jody Decker

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***Revenge of the Windigo: The Construction of the Mind and Mental Health of North American Aboriginal Peoples.* By James B. Waldram.** (Toronto: University of Toronto Press, 2004. xii + 414 p., notes, ref., index. ISBN 0-8020-8600-4 pb. \$35; ISBN 0-8020-8826-0 hb. \$70.)

This is an excellent and important book about how scholars, researchers and mental health professionals have constructed misleading notions of the Aboriginal over the past century, and how destructive these deeply embedded paradigms have been and are to Aboriginal peoples. James B. Waldram poses two main questions of epistemology and ontology: what do we know about Aboriginal health, and on what basis do we think we know it? As Waldram makes clear, he is *not* writing about the mental health of Aboriginal peoples, but the knowledge others have generated about the subject. It is a vast literature (or “scholarly industry” as he calls it) in which Waldram skilfully assesses the main themes and influences and critically deconstructs facts all too often bereft of context. Methodologies that engage with such complex, comprehensive and interdisciplinary material are often written in an arcane and tortured fashion, but Waldram’s writing and analyses are clear and easy to follow from paragraph to paragraph, and chapter to chapter. I intend on having my graduate students read excerpts of this work as a model of how to write a clear, succinct and interesting literature review and analysis.

The book is divided into three parts. Part A, “Constructing the Aboriginal,” looks at the constructions of Aboriginal personality and the links between culture and personality in North American populations. It is here that Waldram lays the groundwork for psychoanalytical anthropology and examines how the threat of disappearing Indian cultures led to a battery of tests intent on understanding their individual and group personalities. He details the University of Chicago’s Indian Education Research Project that explored cross-cultural, interdisciplinary research techniques such as the Rorschach or Ink-blot test which contributed to concepts such as social atomism. Despite its unreliability as a method for assessing personality cross-culturally, the Rorschach test remained prominent as a data source in anthropology for decades. Today, it is considered to be a “culture-free” tool used in psychology but is rarely used by anthropologists (p. 67). In the fourth and last chapter on “Measuring the Aboriginal” in Part A, Waldram looks at the more recent developments in the measurement of Aboriginal culture, personality and intelligence, with case studies of the Minnesota Multiphasic Personality

Inventory (MMPI) and the Wechsler series of intelligence tests. He concludes that “whatever culture is, it is certainly *not* simply a variable” (p. 101). How culture has been conceptualized and operationalized in the study of Aboriginal mental health is one of Waldram’s main themes that emerges clearly in this chapter, and throughout the book.

In the five chapters of Part B, “The Disordered Aboriginal,” Waldram looks at the alarmingly high *reported* rates of pathologies such as alcoholism, suicide and depression, and post-traumatic stress disorder, each of which suggest that Aboriginal peoples live dysfunctional lives. What Waldram argues, however, is that researchers need to look at their own assumptions and appropriate use of methods, many of which are erroneous propositions based on the past and on treating Aboriginal cultures as homogenized, essentialized groups. The chapter on alcohol discourse best sums up the accepted assumptions of causality and the tendency to search for psychopathology, rather than understanding what makes healthy individuals and communities. As he argues, while “some Aboriginal peoples drink for the same and varied reasons as non-Aboriginals, overwhelmingly the argument is firmly anchored in discourses of historical oppression, cultural loss, and economic marginality, processes affecting the collective that produced unique patterns of consumption and related problems” (p. 166).

In the final chapter in this section, Waldram examines three culture-bound syndromes,—windigo psychosis, *pibloktoq* (commonly known as “Arctic hysteria”), and ghost sickness—part of the exoticism of “othering,” which does not pertain to contemporary societies, he argues, but which persists in our hunt for cultural difference. It is the tenacity to cling to this ill-conceived knowledge and construct it as truth, that is the “windigo’s revenge.”

In the final Part C, “Treating the Aboriginal,” Waldram moves away from an emphasis on group profiles and application of instruments to capture the essence of the Aboriginal, to first looking at conventional psychotherapeutic approaches with clinicians, and then to a chapter examining how notions of “traditional” and “healing” have been constructed as alternative treatment approaches. This is an important discussion on the discourses of Aboriginal holism versus European dualism because many scholars assert that traditional healing is the best way to correct colonial legacies. But Waldram argues that many contemporary approaches to traditional healing borrow heavily from non-traditional ones (p. 305).

In his conclusion, Waldram summarizes how Aboriginal peoples have been overpathologized and subjected to the ill-conceived gaze of primarily non-Aboriginal researchers and clinicians. We have failed to

understand the contemporary cultural reality of Aboriginal peoples, he argues, and we have failed to conceptualize culture beyond its usage as a variable. Waldram apologizes for his lack of solutions to the problems of culture and mental health, but he is underestimating the impact and scope of his work.

First, his post-colonial perspective, wherein he critically examines scientific hegemony around mental health issues, is a theorized yet very accessible approach for all social scientists and medical researchers to understand. This is a very readable book, albeit disturbing at times in its subject matter, with an extensive reference section backing up his assertions, and not one you will easily put down. Secondly, he has laid down the gauntlet for us all to come to terms with our racist beliefs, our sloppy research, our ethnocentrism, and the power of labelling of a disease. This challenge extends beyond the "aboriginal problem" to one of all minorities who are caught between two worlds and trying to cope with unprecedented cultural change. Lastly, Waldram introduces into his analysis the emerging notion of creolization, of bounded communities which the processes of globalization have all but obliterated. This notion he says, challenges us to explore the construction of self and identity within the context of cultural heterogeneity and to be sensitive as to how the false assumptions of cultural homogeneity have led to spurious universal truths.

This is a highly significant book that is as important for the history of medicine as it is for contemporary researchers and clinicians.

JODY DECKER

*Wilfrid Laurier University*