WORLD ANTHROPOLOGIES

Interview

Anthropology in the Consulting Room: An Interview with Salma Siddique by Virginia R. Dominguez

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Salma Siddique is an academic and clinical anthropologist in Scotland. She obtained her doctorate in anthropology from the University of St. Andrews and later became a practicing psychotherapist and clinical supervisor. She is an honorary lecturer at the University of St. Andrews and teaches psychoanalytical anthropology. She lectured for five years in psychotherapy at the University of Aberdeen and for ten years before that across the disciplines of mental health and complementary and alternative health at Edinburgh Napier University. She has also served as the national project manager for minority ethnic communities across Scotland for the National Health Services (NHS). Salma is a fellow of the Higher Education Academy, a fellow of the Royal Society of Arts, and a fellow of the Royal Anthropological Institute of Great Britain and Ireland. She is currently the external examiner for the Welsh Psychotherapy Institute in Cardiff, Wales, ,a regular contributor on the psychodynamic and psychoanalytical professional psychotherapy training programs at Human Development Scotland and participant on the Social Engagement Committee for the International Transactional Analysis Association (ITAA). She is a proponent of the use of ethnography and auto-ethnography in psychoanalytical psychotherapy (culture and psyche) research. She argues that anthropology can make important contributions to the mental health field, as it encourages the therapist or researcher to journey alongside the individual or group being observed and to make meaning of complex symbolic systems in their lives such as child-rearing, sexual desire and the reenactment of the defence mechanism, and political violence to understand the therapeutic processes that shape mental well-being and the unconscious processes where one person ends and another begins for attending to ones own embodiment and subjectivity intrapsychic process.

Virginia R. Dominguez (VRD): What do you do for a living, and why? Do you consider yourself a practicing anthropologist? I know that you are an honorary lecturer at the University of St. Andrews in Scotland but that most of your work entails psychotherapy. Is there a contradiction there?

Salma Siddique (SS): I work as a clinical anthropologist, especially with people who have trauma resulting from oppression, abuse, torture, and the experience of fleeing disaster and conflict zones. In my work and clinical practice, I engage with the tension between collective guilt and personal responsibility, especially that which arises from the experiences of identity and belonging through displacement, racism, and systemic oppression.

I don't experience a contradiction between my practice as an anthropologist and my practice as a psychotherapist, but I do think putting the two disciplines together requires of me a creative process born of the productive tensions of opposing ideas. As a practicing clinical anthropologist, I am keenly aware of client–practitioner relational ethics, the relationship between observer and observed mediating the tensions and challenges inherent in the work of therapy (Siddique 2016). As a therapist, I am trained to listen to what is said while offering a refuge for the suffering to express his/her inner psychological conflict. The therapist supports the traumatized individual to correlate a polyphonic narrative, (re)constructed memory, and intersubjective (re)membering, helping to restore the voice of those who have been devastated by sudden social and political change.

Like psychotherapy, the discipline of anthropology observes the complex unconscious symbols that give meaning to everyday lives. As a clinical anthropologist, I am outside as an ethnographer and inside as a therapist. This

in-betweenness can both cause discomfort and transform the experience of all who engage in the process and enhance the quality of the research and therapeutic practice.

VRD: What do you bring to that job as an anthropologist that is different from the work of a psychotherapist?

SS: Both disciplines offer a mode of inquiry through observation and the felt sense of symbols, relational processes of the unspoken, and unsaid states of mind. There are some broad-stroke differences between anthropology, as a discipline that explores culture, customs, rituals, artifacts, political and economic systems, collective memory and affect, and meanings that belong to larger groups, and psychology, which studies human behavior, the brain (particularly focusing on neurology and cognition), and emotions, usually of individuals or smaller groups. However, both examine what it means to be human from a particular perception, perspective, and context.

I approach psychoanalytical methodology in my clinical work much like Vincent Crapanzano (1992) did. I stress how people live and how they practice their everyday lives. I use ethnography, especially the emphasis on observing and experiencing, to focus on the subjective experiences of the self in relation to the other. I do this in order to make sense of disturbances (Siddique 2011). I bring ethnography together with Freud's (1958) cathartic method of "remembering, repeating and working-through." I see individual growth and development as being both fragmented data and interlinked, and I like to apply Lévi-Strauss's (1962) concept of bricoleur: (the ethnographer and the psychotherapist) as the craftsperson who make relations between objects from the surrounding bricolage.

Whereas bricolage is an anthropological term that describes the practice of using what is available within a cultural context to create something new, often using mythology, artifacts, and fragments to form new configurations. I aim to co-create a safe (liminal) space for individuals to explore this fragmentation and encourage individuals to see themselves and their lives more holistically by drawing together, to (re)organize into some sort of recognizable coherent narrative from diverse sources of material/data, models of symmetrical schismogenesis (Bateson 1936), modes of inquiry into comparative dialectics (Maybury-Lewis, 1979) and interpretations of how group affiliation is intertwinned with complex systems of transmission of risks, rights, and responsibilities of kinship relations.

Historically, the works of anthropologists have been of interest to psychologists and psychotherapists. For instance, Gregory Bateson's (1958) monograph *Naven*, a study of the Iatmul in the 1930s, clearly demonstrated how the (liminal) spaces and emotional geographies of the anthropologists and the peoples they study are interwoven, how they constantly change, and how they are (also) a product of one's own cultural upbringing. My work has been influenced by anthropologist and physician William H. R. Rivers, whom I relate to as both a medical practitioner and a practicing anthropologist. As a researcher, Rivers was an early promoter of the partic-

ipant observation methodology, encouraging researchers to immerse themselves in the culture of the other by observing, learning the language, and participating, blurring the divisions between the researcher and the researched. This methodology encourages researchers to ask questions from a wide social context and to find meaning in culture, events, and lifeworlds. Inspired by his experiences in the Solomon Islands (Rivers 1926), where indigenous healers cured disturbed members of the community through dialogue and reflexivity, Rivers advocated the use of a "talking cure" for soldiers of World War I who, having borne witness to so much suffering, we would now say were experiencing post-traumatic stress disorder (PTSD).

As I've written about previously (Siddique 2016, 2019), the ethnographic psychotherapist explores the "experience-near" of "being there" or "presence" through the "experience-distant" of "getting with," developing therapeutic relationships by deepening understanding of the client's culture as well as the therapist's culture. Clinical anthropologists, informed by the knowledge of early anthropology's relationship to colonialism, are attuned to similar dynamics in the therapeutic relationship. We examine our cultural assumptions and work to keep ethnocentrism, Eurocentrism, and exceptionalism at bay. I continue to learn about issues related to white fragility (DiAngelo 2018) and to work to recognize my own internal defensive responses to the suffering of others. I draw on Fabian's (1990) work. I am especially interested in his ideas of recognition and representation in the "authorial presence" and how the distribution of dominance and oppression can lead to potential understanding of the unspoken. I appreciate it when he and Crapanzano (1990, [1980] 2013) argue that these create ambivalent and ambiguous feelings of liminal space for the dialectic between the interlocutor and the ethnographer. These are, after all, colonial interpersonal relationships.

I realize in myself and others who have faced gaslighting racism in the consulting room, ethnographic field, or educational setting that we find ourselves hiding in plain sight by attempting to avoid future conflict or trauma by appeasing others by the need to be the "good child" to escape mistreatment by a neglectful care provider. This is known as "internalised trauma," and excessively pleasing people to protect and keep yourself safe from attack is known as a "fawn response." A survival technique to attempt to avoid or mitigate further trauma, fawning tends to result in co-dependency, entrapment in toxic or abusive relationships, and emotional withdrawal. It is a common safety strategy adopted by those who have experience gaslighting racism or related forms of oppression and manipulation. This is an area that warrants further research in the time of pandemics and scarcity, and the perceived absence (Levi-Strauss 2013) of more pressing concerns of First World problems offers a reflexivity into what expressions of what it means to be human can teach us.

The recently published national report (Mamluk and Jones 2020) concluded that COVID-19 has affected individuals identifying as BAME disproportionately in the

pandemic. In particular, these individuals working on the front lines to protect the public and save lives while risking their own could have been "an avoidable crisis." I would welcome a strong mechanism for ethnographic research on race, difference and indifference in clinical and institutional centres to better understand the COVID-19 pandemic.

VRD: What role does your personal background play in your work, if any?

SS: I am a great believer of *Laṭāʾif al-ishārāt*, which is translated in English as *Subtle Allusions*, a Qurʾānic commentary by scholar and Sufi master Abū l-Qāsim al-Qushayrī (2017), who lived at the turn of the first century. In my reading of *Laṭāʾif al-ishārāt*, humanity is equally cursed and blessed, giving me the sense that we are between worlds. When I was a child, my family spent summers in a rural village outside Faisalabad in Pakistan where my parents were born. I have happy memories of running along the fields of cotton and through the orange groves and making heroic crossings of rivers on flimsy rafts of driftwood with my four siblings. At night, my father read to us by the light of a kerosene lamp. As darkness fell, the flickering wick of the lamp cast shadows that would illuminate the spirit of the lamp in the narrative of Aladdin. Hearing this tale as it leapt from the black inky text of the pages of *A Thousand and One Nights* in the setting of the olive-green landscape of Pakistani village life brought the magical symbols and incantations of the Jinns (or "genies"), hiding in plain sight, to my awareness. I learned how people use medicinal plants in potions, remedies, and spells for the treatment of various ailments in consultation with traditional and spiritual healers, clergymen, and hakims. Thus, my early life experiences and sense of in-betweenness primed me to recognize the importance of cultural context to any "theory of mind." I believe this is also true of the meaning-making that happens when humans and spirits transform encounters they experience in transferences and the meaning-making of spiritual encounters. Only years later did I learn how much of the world's population uses traditional medicine and complementary and alternative medicine (CAM). These experiences have influenced my clinical anthropological practice most profoundly.

As a Pakistani Muslim woman living in the United Kingdom, I have experienced racial oppression in professional contexts, especially in the form of gaslighting, which has affected my mental well-being and has led to PTSD symptoms (Siddique 2018). The term "gaslighting" emerged from the 1944 film *Gaslight*, a psychological thriller about a young woman whose husband creates the illusion that she is slowly going insane by manipulating the lighting in their home. Gaslighting is recognized cross-culturally as a form of psychological abuse. In clinical practice, I have worked with people who experience gaslighting in their workplaces, namely higher education and health care, where my clients have been led to doubt and question their own senses of reality and judgement through victim-blaming, denial, and dismissiveness. Sometimes I wonder if this type of systemic oppression and discrimination is what Freud (1958, 145) referred to as

the "narcissism of small differences." Freud (1991) argued that individuals and groups with bordering territories, roles, or relationships have a greater potential for engaging in violence, conflict, and tensions due to hypersensitivity, leading to moments of differentiation.

Anthropologists returning from fieldwork talk about psychodynamic processes they have experienced amid violence or disaster, and they have spoken to me about the ways their memories of traumatic events are challenged, denied, or forgotten by colleagues. They feel they are rendered as irrational, damaging their credibility and compromising their sense of identity that is shaped by psychoanalytical concepts of institutional transference and individual counter-transference. One academic of color spoke to me of a senior faculty member who was dismissive and unwilling to address the traumatic experience that s/he reported (Siddique 2018). I think of this as a prime example of racial gaslighting leading to free-floating anxiety. Encountering firsthand how the emotional resonance that others felt in response to this client's traumatic memories was shaped by their racial and cultural identity had serious mental health implications for my client. With these sorts of cases, I consider the consulting room a place for meaning-making and a place to try to transform the events as experienced into post-traumatic growth. Memory that informs lived experience through building understanding by working through repeating and reclaiming conversation for truth speaking to power is the ultimate healing intervention.

The most important lesson clinical anthropology has taught me is to question the efficacy of international approaches to treating trauma. My therapeutic practice and anthropological approach to suffering and healing are informed by my own experiences of stress and trauma. When someone shares his or her experience of oppression, marginalization, and silencing through othering, I have learned to listen with my psychoanalytical ear carefully to what they have to say and acknowledge their feelings. I draw on Devereux (1967) here. He acknowledges the power of the psychoanalytical ethnographer to make meaning of the subject(s)' "disturbances, and conflicts" thinking of their own interior space of anxiety and the defenses that give meaning to observations which culturally construct a body of emotions and affects

VRD: You work on trauma resulting from oppression, abuse, torture, fleeing disaster, and conflict zones. Is this a way of saying that you work on displacement, racism, and war? And does this mostly entail refugees and immigrants in the United Kingdom ?

SS: The issues raised in my psychotherapy with people experiencing trauma are common, to different degrees, to all those who encounter therapy. This includes anthropologists returning from the field who feel disconnected and have experienced some traumatic event when working in a radically different cultural context. For the last sixteen years, I have been working with people who are marginalized and displaced, , from all walks of life and diverse backgrounds. I have long realized that Western psychology does

not fit diverse cultural contexts. I am particularly interested in cultural context and its effect on the individual, and I have found that the transactional analysis (TA; see Berne,1968) psychotherapy approach allows me to foreground those concerns and to create a meaningful working alliance within which transformation and development can occur. For the TA analyst, a transaction is defined as a unit of social intercourse through an encounter of two or more individuals, recognizing and acknowledging the presence of the other(s). Transactional analysis psychotherapy is shaped by a broad range of influences, including psychodynamic, cognitive behavioral, and existential theory, and is applied within a humanistic framework.

My current research in clinical anthropology explores the recent emergence of digital therapists and their use of artificial intelligence (AI), live chats, chatbots, and interaction with mobile phones in the therapeutic encounter. My concerns with AI-enabled mental health applications are the implications of working with nonhuman therapists and the possibility for oppressive, discriminatory, or biased guidance based on sexuality, age, ethnicity, or gender. Such existential challenges to the boundary between human and machine evoke nightmares of Frankenstein as a prophetic allegory for artificial intelligence in the form of Franken-algorithms. As Jarrett Zigon (2019, 1001) notes, "data-extracting and data-driven algorithms increasingly regulate the temporal, affective, and intersubjective modalities of everyday life." As search engines embed negative biases against Black women and highlight Black criminality (Noble 2018), my research explores to what extent these digital biases creep into digital therapies and what effects they have on clients seeking healing.

Both the anthropologist and ethnographer assume the privilege of ascribing meaning to a given paradigm, in an uneasy coupling of colonialism and interior space (Grimshaw 2001). This can trap a traumatized person with no choice but to interpret contemporary events as repeated occurrences in a transgenerational traumatic script that may have no escape. Only recently with the inequities of the COVID-19 pandemic did I realize the importance of psychoanalytical anthropology's ability to reference and frame people's lives in different ways. Decolonizing the states of mind by the observed and observeration in the consulting room offers the anthropologists a space to talk about their experiences. The acquistion of knowledge from the field may result in a position of discomfort or psychic retreat (Steiner 2011). I have found the liminal space of the therapeutic process helpful as a containing environment for the anthropologist. Persecutory and depressive anxieties of fieldwork experiences of separateness can be brought to the foreground. Fragmentation and chaotic defences against curiosity and thinking are manifested in expressions of anxiety, misery, or suffering. Psychotherapists can help anthroplogists to recognize and reclaim one's place in the world.

As Biehl, Good, and Kleinman (2007, 1) write, "Once the door to the study of subjectivity is open, anthropology and its practitioners must find new ways to engage particularities of affect, cognition, moral responsibility, and action." Ethnography is the narrative gathered through fieldwork with eyes at the door and ears to the floor. Gathering stories helps us understand how the life-world of one can potentially share the landscape of the mind through the cartography of stressful and traumatic events. W. H. Rivers's encounters in the field illustrate the importance of stories of presenting the present in resolving trauma. Clinical and psychoanalytical anthropology uses the "genealogical method" (Rivers 1910) to excavate, process, and recode and to explore the vulnerability of those who observe and those who are observed, as Ruth Behar (1996) puts it. It also stresses the variability of the human condition of the illusion of permanence . Working with the (un)conscious processes of the anthropologist is a way of finding a way out of psychic retreat and to create a relational space in our organizational cultures (university departments, NGOs, and community groups, etc.). Only then can anthropology in the consulting room begin to confront the (in)differences that emerge in the impass and transference and be worked with to resolve repetition rather than be hidden behind the defence of sameness. I would like to see more consideration paid to strengthening the link between external events and their connection with internal dynamics to allow for curiosity to flourish in dialogue.

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