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**Why has it Become so Easy to be Decolonial?
 Historical Provocations from the Workshop
 “Culture and Psychiatric Paradigms During the
 Cold War”¹**

The workshop explored the intersection of culture and psychiatry during the Cold War, focusing on the shift from psychosurgical interventions to psychotropic medication and the rise of culturally-oriented therapeutic approaches. I organized this event in partnership with the Institute of Ethnology and Folklore Studies with Ethnographic Museum (Bulgarian Academy of Sciences) and the Institute for the History and Ethics of Medicine, Charité Berlin. The workshop was part of the ERC Synergy Project “Leviathan.” Here, I briefly share some of the discussions and provocations that took place during the event held from June 18 to 19 this year in Berlin.

The idea for the workshop originated from my recent research on the Brazilian psychiatrist Nise da Silveira (1905-1999) and her relationship with Carl Gustav Jung (1875-1961), art therapy, and the anti-asylum movement. I observed a shift in psychiatric strategies during that period. When the confinement of psychiatric patients and psychosurgery began to be questioned – as early as the 1940s in Silveira’s case –

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psychiatry changed its strategy of appeasing the subject by using psychotropic drugs. From the 1950s onward, psychosurgery could no longer be sustained as a means of keeping the “mad” calm and within acceptable social standards. One hypothesis is that there was a change in technique, but not necessarily in the psychiatric paradigm: were drugs still being used to control subjectivity toward a socially acceptable “normality”?

One of the main questions was whether the move from psychosurgery to drugs in the 1950s signified a fundamental paradigm shift or just a technical update within the same framework. Drawing on the pioneering work of Brazilian psychiatrist Nise da Silveira (1905-1999), my presentation explored how art therapy and the anti-asylum movements challenged traditional psychiatric approaches during this transformative era, taking into account both gender and decolonial perspectives.

Nine international researchers participated in the workshop. Each was given ten minutes to present their research, followed by thirty minutes for questions, comments, and discussion. Papers had been circulated among participants two weeks in advance, and the sessions’ discussions were based on the brief presentation and reading of the texts. The aim was to foster an environment for in-depth debates on each research project, thereby enhancing the quality of the investigations.

On the first day, we had two sessions of presentations and discussion. **Marietta Meier** opened with “The Emergence of a New Subject Order: Psychosurgery, Psychotropic Drugs and Personality Concepts in Post-war Psychiatry”, highlighting the rise and fall of psychosurgery and the introduction of psychotropic drugs in Switzerland. **Tiago Pires** followed with “Combating Psychosurgery: The Cultural Clinic of Brazilian Psychiatrist Nise da Silveira (1905–1999)”, emphasizing her resistance to invasive psychiatric practices like lobotomy and electroshock in mid-20th-century Brazil.

In the second part, **Gabriel Abarca-Brown** presented “Psychiatric Experiments During the Chilean Road to Socialism (1970–1973): Luis Weinstein and the Center of Medical Anthropology”, addressing psychiatry and utopia in Chile from the socialist era to neoliberal times. Right after, **Romain Tiquet** presented “Culture, Patient Voices, and Imported Psychiatry: The Fann Method Through a Patient File (Dakar, Senegal, 1960s)”, which examined a patient file compiled within the psychiatric care framework at Fann in Dakar during the 1960s. **João**

Tavares concluded the first day with “The Silence Angel” - Haloperidol’s First Official Trial in 1958”, presenting an in-depth analysis of haloperidol trials in different contexts. After the discussions, we spent some time watching a documentary on the medicalization of life, followed by a provocative and insightful debate.

The second day began with **Ketil Slagstad’s** “Making Prognosis, Making Schizophrenia. A Praxiographic Analysis of a Clinical Research Project”, discussing a 1960s research initiative on schizophrenia carried out by psychiatrists in West Germany. We continued the discussions with **Francesco Toncich**, who presented “Reactivating a Shared Psychiatric-Medical Culture: Cross-Border Deinstitutionalization Reforms in the Upper Adriatic During the Détente Era”, analyzing psychiatric reforms across Italy and Yugoslavia during the Cold War from a transnational perspective.

In the second session of the day, **Valentin Kalinov** presented “From Psychotherapy to Parapsychology and Beyond: Nonpsychiatric Mental Health Care in Socialist Bulgaria During the Cold War”, investigating the overlap between psychotherapy and parapsychology in Bulgaria. After that, **Windson Lin** presented “The Making of Culture-bound Syndrome in the Post-war Period: Reassessing the Works of Yap Pow Meng”, reassessing the legacy of Yap Pow Meng in the development of transcultural psychiatry and culture-bound syndromes. After final comments, the workshop concluded with some informal conversations.

Methodological Challenges: The Patient Voice

One of the major challenges addressed was the long-standing difficulty of accessing patient voices in psychiatric records. The workshop emphasized the ways traditional psychiatric documentation has systematically marginalized or filtered patient experiences through medical language, creating significant gaps in our understanding of how individuals truly experienced and interpreted their mental states. This methodological challenge becomes especially visible when studying cross-cultural contexts, where Western psychiatric (particularly Anglo-Saxon) frameworks often obscured non-Western perspectives on psychological distress and healing. The workshop participants debated how to reconstruct patient experiences from incomplete archival materials, institutional records, and therapeutic artifacts, while recognizing the inherent limits of sources embedded in systems of confinement and control. This challenge goes beyond mere historical methodology to raise

fundamental questions about whose knowledge is considered legitimate in the history of mental health. Future research directions include developing methods that can access patient voices through culturally appropriate channels, elaborating on non-Western terminologies for describing mental states that cannot be translated into Western psychiatric categories, and creating therapeutic approaches that originate from specific cultural contexts rather than adapting Western techniques.

Contemporary Implications: The Unfinished Decolonial Project

The case studies demonstrated that recognizing cultural differences was often the primary form of “decolonial” efforts during this period. Mental health professionals would observe cultural differences in symptom presentation or treatment response without questioning the underlying assumption that Western psychiatric categories were the universal standard against which other approaches were measured. This limited cultural sensitivity, while advanced for its time, fell short of deeper decolonial critique.

The workshop revealed that the Cold War era marked significant shifts in psychiatric practice. However, some integration of cultural perspectives remained limited by Western epistemological assumptions. The challenge for contemporary scholars and practitioners is to move beyond the tentative cultural acknowledgments of the mid-20th century toward a more radical reimagining of mental health frameworks that genuinely embraces diverse ways of knowing and healing. Only through such efforts can the decolonial project in mental health shift from aspiration to a more concrete social and intellectual process.

Recognizing cultural differences and the Other, along with alternative ways of dealing with existence and suffering, may be a first step toward decolonizing psy-knowledges. But is this merely a European “decolonial” obligation? I believe that decolonizing subjectivity and psy-epistemologies is a project that demands much more audacity. To avoid being anachronistic, I would say that in the second half of the 20th century, we took the first still hesitant steps in this long and challenging process of decolonizing mental health, its professionals, and its epistemologies. Much remains to be done, not only by historians and researchers in the humanities, but also by health professionals and policymakers.