

Brief Encounter with the Taos Institute September 2023

Ancestral Knowledge and Collaborative-Dialogic Practices

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Ancestral knowledge and collaborative-dialogic practices: A generative encounter, is the title of a chapter we contributed to the book edited by Harlene Anderson and Diane Gehart, *Collaborative dialogic practice: Relationships and conversations that make a difference across contexts and cultures* (Routledge, 2023). In it we explored how ancestral knowledge—conceptualized as a set of experiences and practices of people and communities that have existed for thousands of years—are indeed collaborative-dialogic practices. When Kanankil (an institute in which the curriculum is anchored on social constructionism and collaborative-dialogic practices) was founded, the name was chosen for its multiplicity of meanings: “in conversation,” “being side-by-side with others,” “generating knowledge with others.”.

Working in the Mayan region of Yucatan, Mexico, also led us to reflect upon the ways that different ancestral cultures have thought about mental health. The concept of mental illness varies among individuals, families, ethnicities, and cultures. Indeed, cultural and spiritual teachings often influence beliefs about the origins and nature of mental illness and shape attitudes towards people we consider as mentally ill. Therefore, understanding cultural beliefs about mental illness is essential for implementing effective mental healthcare approaches, although each individual's experience is unique. For example, the view of health as being related to “harmony” with one’s environment underscores how vital it is for mental health practitioners to understand their clients’ context. Many ways in which we live are informed by ancestral knowledge passed from one generation to another. In this postmodern world, the limits and strict divisions between dualistic notions are blurred. This non-dualistic way of looking at, understanding, and constructing reality is also central for many indigenous and First Nations peoples.



When Mayan people speak of individuals, their bodies, and their identities, they describe them as a replica of the cosmos. Individuals are defined by their relationships. The “I” does not exist without the “you,” and the relationship between “you” and “me” constructs the “we.” However, “we” cannot exist but in relationship with “them.” It is a concept called *nosotricidad*, in which I/you/we/they only exist in relation, and those relationships are constructed within a community. The spiritual dimension has a central meaning since, in this dimension, the Mayans conceive the world in a relational way, with unity between soul, body, community, plants, animals, earth, and those who have walked on this planet before us. Disease is conceived as a breakdown of order

and balance between the individual, the community, and the deities. The healer's task is to rebuild order and balance, and act as an intermediary between the three. If the person feels ill, it means they have violated local norms of reciprocity with the community, the ancestors, and the gods. That violation affects the whole family and other members of the community. The spiritual world is always present even when it is not named; therefore, as therapists, teachers, and community workers, we need to recognize how to use these energies to facilitate the re-integration of the individual's "soul." Our clients' ancestors' presence and their opinions or "feelings," as if they were alive, is frequently considered.

The invitation we extend is to give value to other traditions; to give them a place at the table, offering dialogue in a participatory space. From here on, there is hope that together we can create new forms of life, realities, and possibilities, which will allow us to sustain an enrich life for all people—a task where dialogue constructs realities rooted in different cultural contexts.