I first became aware of Dr. Surya in 1961 while preparing for my DPM Examination in London. I saw his name in the Acknowledgements section of the famous textbook, Clinical Psychiatry by Mayergros, Slater & Roth. It was not common in those days to find an Indian being acknowledged by English authors. I was naturally curious to know more about this person. I had my first meeting with him in 1964 in Bangalore at the annual conference of Indian Psychiatric Society. He presented a brilliant paper on "Basic Concepts of Psychotherapy in the Indian Setting". I later went to congratulate him in his office. He was then an Associate Professor of Psychiatry. He welcomed me and then for the next 15 minutes spoke non-stop about the relevance of Bhagvad Gita! I was bit dazed by his vehemence, but I was nonetheless impressed with the intensity with which he spoke. Here was a man who talked out of conviction, unlike most others at the conference who only quoted foreign authors! Next year I got an opportunity to know Dr. Surya better. By then he had become Professor of Psychiatry at Bangalore and was appointed the Chairman of the ICMR's expert group on mental health while I became the Secretary of the group. For three years we worked together attending yearly meetings, reviewing various proposals submitted for funding. Psychiatric research in India was still in its infancy in those days but there were already significant trends emerging. For example, Dr. K.C. Dube's monumental epidemiological study in Agra had just started and the report was presented every year for ICMR funds. Prof. D. Satyanand had started one of the first studies on community psychiatry where a team from AIIMS, New Delhi, was going regularly to rural centre in Ballabhgarh. The ICMR expert group included stalwarts like Dr. Bhaskaran, Dr. Kirpal Singh and late Dr. N.N. Sen, the clinical psychologist, who was known for his sharp criticism of methodological shortcomings. In these meetings, I saw another side of Dr. Surya - not only his academic excellence but his intense humanity. Unlike some other members of the Committee, he seemed keen to help young scientists to improve their research designs and not to intimidate them with criticism. I came close to Dr. Surya during those three years and spent many delightful days in his company. In 1968, I became Professor of Psychiatry at the Postgraduate Institute at Chandigarh. I was looking forward to greater contacts with him when I got the sudden news that on 15 December 1968, Dr. Surya voluntarily resigned his post as Professor of Psychiatry and Director, All-India Institute of Mental Health (Now NIMHANS) and has decided to permanently settle in Sri Aurobindo Ashram, Pondicherry to pursue the study and practice of Yoga. At that time, I could not understand his decision. Dr. Surya was then only 52 years old. He was at the height of his career when he took this unusual step of giving up what was perhaps the highest post in Indian psychiatry at that time and along with that, the usual name, fame, and all material comforts. Since then he has lived in Pondicherry pursuing his chosen spiritual path. Many of his students, friends, and admirers including myself, occasionally go and meet him in his new surroundings and feel enriched by his company.

Dr. Surya was never formally my teacher but I have learnt a lot from him both in psychiatry and in personal life. Though he was in active academic psychiatry in India, barely for 10 years from 1958 to 1968, he has left a powerful impact on shaping the psychiatric thinking in his country.

Medical career of Dr. Surya

Dr. Surya was born in 1916. After passing his B.Sc. from Madras University he completed MBBS from Andhra University in 1940.
He was in Indian army from 1947 to 1952 as a medical specialist. In 1952 he went to UK where he worked at the Institute of Psychiatry, London, and at Leeds University where he did his DPM in 1955. During this period, he also learnt the Russian language. In 1958, he joined the All India Institute of Mental Health (now NIMHANS), Bangalore, as an Associate Professor and later became a Professor in 1964. From 1961 to 1963 he went on deputation as Head of the Department of Psychiatry at Medical College, Pondicherry. In 1965, he took over as the Director of the Institute in Bangalore and remained there till he voluntarily left it in December 68. He also remained the Adviser to the Ministry of Health, Government of India, from 1967 till he retired.

Contribution of Dr Surya to Indian Psychiatry

In a short span of 10 years at AIIMH, Dr Surya made significant contribution in psychiatric research. During 1950, there was growing international interest in the field of psychiatric epidemiology. At that time the only notable work in psychiatric epidemiology in Asian countries was the pioneering study by Tsung-Yi Lin conducted in Formosa (now Taiwan) in 1946-48. In India, Dr Govindaswamy planned the first major study in Bangalore and obtained an ICMR grant for that. Unfortunately it never got published. To Dr Surya, goes the credit of publishing the first community field survey of mental morbidity in India at Pondicherry (reported in Transactions of AIIMH, 1964). This was much before other workers took up psychiatric epidemiology in India. Another of his "first" in psychiatric epidemiology was the introduction of detailed statistical analysis of admissions and discharges at mental hospital, Bangalore. A paper on the "Trends in the rates of admission to a mental hospital" was published in the Journal of AIIMH in 1959. Also it was during his period as professor of Psychiatry in Bangalore that the well-known Sakalawada rural project on Community Mental Health was started and postgraduate students were sent for training in community psychiatry. He was equally distinguished as a teacher. Most of his students remember his intimate style of teaching, full of original knowledge, mixed with his sarcastic wit. He would always give more importance to the personal observation by the student than what is written in the textbook. He was rigorous in training. He started his career as a physiologist and often took pride in calling himself a neuropsychiatrist rather than a psychiatrist. In his earlier years, he had also written some papers on experimental neurophysiology in Russian journals.

Dr. Surya will however be best remembered for his talks and writings on "Transcultural Psychiatry" or perhaps more appropriately, for conceptualizing an Indian model of psychiatry based on Indian philosophical thought. In this area, he wrote with singular insight and clarity, repeatedly challenging the assumptions of "Western" psychiatry which at that time was heavily loaded with psychoanalytic theories. For the present younger generation of psychiatrists it may be difficult to visualize the psychiatric scene in India in the 1960 when European and American textbooks dominated our teaching. There were very few studies on Indian-based data. The academic papers in psychiatry of that period whenever written, mostly tried to fit in their observations to well known theoretical framework of Western psychiatry, may it be on psychiatric diagnosis and classification or etiology or psychotherapy. In this context we find Surya a true pioneer who not only raised his voice against our "colonial" mentality but also dared to offer alternative models of understanding "Indian" mind and its psychopathology.

It is sad that most of the writings of Dr Surya are not easily available. In fact he has not published very much and many of his publications are often in lesser known journals like "DHAMMA" the Journal of Mahabodhi Society, Bangalore or ADVENT, the Journal published from Aurobindo Ashram Pondicherry. Some of his best academic psychiatry papers were published in the Transactions of All-India Institute of Mental Health, Bangalore, from 1958-1966 which are again very difficult to trace for an average reader. It would be great service to Indian psychiatry if the major writings of Dr Surya could be republished either by the National Institute of Mental Health and Neurosciences, Bangalore, or by the Indian
Psychiatric Society. In 1993, some of Dr Surya's friends have brought out a small book titled "Aham" which happily contains many of his well-known psychiatric writing as well as some of his religious and cultural essays written during 1970s and 1980s. Unfortunately this book is privately printed and not available at bookshops. It may interest the readers to know that Dr Surya is also the author of a novel "The Being and the Becoming" and has also written books like "Tales from Indian Mythology".

Out of all his writings, if I were asked to choose only two papers which I consider as the most relevant for any student of Indian psychiatry I would name the following two. In my opinion, these two papers should be essential reading for any postgraduate student of psychiatry in India. These are:

1. "Some observations on the field of transcultural psychiatry" and "The structure in the Hindu joint family - some theoretical considerations". This paper (which in fact are two related papers) was read by Dr Surya at the conference on mental health in Asia and Pacific, March 28 to April 1, 1966 in Honolulu, Hawaii. Dr Surya revised them after the conference and they were published in the proceedings of the conference.

2. A series of six lectures on Mental Health delivered by Dr Surya as a part of postgraduate extension lectures for University of Mysore during 1965-67. First printed in "DHAMMA", journal of Mahabodhi Society, Bangalore in 1967. Later a slightly shortened version has been reproduced in the book "Aham" in 1993.

Surya's Views on Transcultural Psychiatry

During the 1950s there was growing interest in the subject of "Transcultural Psychiatry". How psychiatric symptoms and syndromes differ from culture to culture. Do cultural factors modify psychiatric symptomatology? Is psychotherapy, as evolved in Europe and USA suitable and effective in other cultures? These were some of the questions being raised at many international psychiatric forums (e.g. see WHO'S I.P.S.S. 1973). Psychoanalytical theories were dominating the psychiatric scene and most of the cultural variations were explained on the model of psychoanalytical theories, as was done, for example in the anthropological writings of Margaret Mead (1935) and Ruth Benedict (1935). Very few Indian psychiatrists wrote on this subject and whenever they did it was usually an inadequate effort to apply psychoanalytical concepts to Indian situations. Somewhere from mid-1960s, we see a significant emerging trend in Indian Psychiatric writings of what one may call "Indianization of Psychiatry" (Wig & Akhtar 1974). Dr. Surya, in many ways, was the forerunner of this trend.

Many of us over the years, have lamented the inappropriateness of our psychiatric training abroad as a preparation for our work in India. See how beautifully Surya puts it in the introduction to his paper on Transcultural Psychiatry, in 1966: "My basic medical training was in British India (1940). My medical practice was in the United kingdom (1952-1958). When I returned to India I was faced with Indian psychiatric practice. Many of the concepts and terms I learned abroad in psychotherapy and interpersonal interaction seemed to make little impact. After considerable struggle with myself I located the difficulty - I was an Indian facing Indian patients and Indian situation but in dealing with this I was completely out of tune as I was applying totally different value systems, alien both to myself as well as to the patient."

When Surya wrote his paper, research in transcultural psychiatry was quite popular or one might say fashionable in international circles. One of the common methods used in transcultural epidemiological studies has been translation and back translation of research questionnaires by a bilingual research worker. In recent years such methods have been criticised by a number of anthropologically oriented psychiatrists (Kleinman 1986, Littlewood 1990). It is interesting to note that Surya had sensed the limitations of such methods of transcultural research much earlier. In the same paper, in 1966, he writes:

"Most transcultural studies involve the use of questionnaires arrived at in a Western setting and sample areas of behaviour meaningful to them.
Such questionnaires are then applied to different culture. A concession to culture is made by conceding a translation, often laboriously arrived at. However, a mere translation does not solve the problems. For example, question on psycho-sexual maturity, management of hostility and so on. But, it is conceivable that a particular culture does not give the same emphasis or significance to this zone of behaviour. More damaging is the interpretation placed on such grafted questionnaires, either in terms of pathology or diagnosis. He continues in the same vein, a little further in the paper:

"The true value of transcultural studies will evade us if such studies were to occupy themselves with attempts to reduce all phenomena encountered to words and terms already accepted and familiar to us. This is very necessary, no doubt. But, the qualitative richness of phenomena is lost if some energy were not expended in understanding the difference in the phenomenon encountered. In constructing or operating personality theories it is highly uneconomical and unproductive and even disadvantageous to start with well-developed concepts imported from outside and then to attempt laborious amendment and annotation. This does not touch even the fringe of the problem. One has not to attempt laborious amendment and annotation. This does not touch even the fringe of the problem. One has not to neglect the theories of personality, one's own culture has accepted-one has to travel this road by intensive and extensive interaction with the people and then make the necessary amendments and deviations.

In another place in the same paper he illustrates the limitation of the "objectivity" of perception in every culture with remarkable insight.

"The adjective superstition is applied to beliefs that are not current in one's own culture. The fundamental, basic fact is denied, pushed away, that all normal perception is based on omission and addition of objectively non-existent data. The respectable words 'selectivity' of perception; 'mental set'; 'situational set'; anything but hallucination is used for this purpose. Each culture chooses its own areas of selectivity of perception and experience, and their own criteria of reality. Greater care is needed in using such words as superstition, hallucination, etc. in reference to cultures and people as a whole".

Surya’s Views on the Ego Structure in Hindu family

In this related paper, Dr Surya begins by arguing that a psychological concept originated in one culture cannot be just transposed to another culture without being distorted. It is often the beginning of subsequent difficulties. He writes:

"I cannot enough emphasise this point. For example, even the word 'Ego' is too much in current respectable use to be challenged as a concept. However, one should not forget that the whole network of associations and uses this word has acquired are rooted in a sociocultural historic setting and philosophies and practices relevant to that. The word 'Aham' in Sanskrit, is a desiccated equivalent. The Indian operates with this word, its implications and anticipations. The Indian Psychiatrist who tries to interpret Indian personality and interact with whole conceptual head-loads based on the word EGO can hardly have transactional influence on questions of mental health of his people".

One of the cornerstones of psychoanalytical theory is that early childhood influences greatly shape the development of the adult personality. In the transcultural field this has resulted into many studies on childhood rearing practices in different cultures with a view to understanding how different family influences in different cultures shape different cultural personalities. Many Indian psychiatrists and psychologists over the years have written on this subject (See Varma 1992). Again we find that few have equalled the clarity and originality of Dr Surya's writings in this matter. Many of the later authors have expanded on the points first made by Dr Surya in his paper in 1966 (Neki 1976). Since his formulation on the subject is important, I quote him at length:
The important items of background in which an individual develops in the Hindu joint family are:

i) Exposure to social relationships is spread over a number of persons - grand parents, uncles, aunts, parents, sibs, etc. The parents do not have the explicit or implicit privilege of being the sole agents for structuring social relationships and regulations for the child.

ii) As the individual grows up he or she progresses through an unending series of dependency relationships with a large kinship circle although with varying degrees of intensity and duration. There is no point of time as at which one can look forward to a relatively free and full independent individual responsibility.

iii) Marriage does not connote a landmark to the development of a fully independent unit. It marks the beginning of a new set of relationships - the recurring decimal of dependency relationships.

iv) The ever-lasting and ever-recurring dependency relationships are governed by concepts of inherited status. A relatively rigid status concept is divorced from the concept of role.

v) The concept of 'mine', 'not mine' is poorly developed. In an average, large joint family what rightly belongs to one and does not is never clearly demarcated.

Perhaps one of the most original and significant parts of this paper is Dr Surya's observations on the concept of "dependence which is an integral part of psychoanalytical theory. To the best of my information, Dr Surya was the first Indian author who openly questioned the relevance of the concept of 'dependence' in Indian setting. After Surya, there have been others who have written more extensively on the subject (Neki 1976, Varma 1985), but the seeds of this line of reasoning are inherent in Surya's paper in 1966. I quote him on the subject:

In the West (UK,USA) the goal of maturity is an independent existence. There, unacceptable and unrecognized dependency longings become the focus of psychotherapy the logic and psychotherapy attempts to resolve these dependency needs in a manner that satisfied the requirements of a culture that idealises individual submergence in complex interdependence.

In the use of the word 'dependency' relationship we can already discern the language distortion and interpretation distortion I spoke of. A Western value judgement is unwittingly thrust on the people. There is no real equivalent word conveying the same value judgement. One speaks of 'Bandha', 'Sambandha', 'Bandhvyaa' - bond, bondship, kinship etc., not of dependency. It would be hazardous to import this word dependency into the Indian psychotherapeutic scene.

"Intergation of personality functions is the Westen aim. But some degree of dissociation and ideally a detachment of the higher from the lower functions is the ideal. One can speak of 'My body is suffering. I can only watch - or I do not mind. My eyes weep but I am helpless'. The witness function of the Ego-emphasised by the Hindu thought is an important step in psychotherapy. One is encouraged to be first a non-participant 'witness' of one's own reactions, before corrections can occur."

"Ours is a complex civilization. Mere cataloguing of the numerous characteristics of our people from trait questionnaires drawn up in the west will give a very contradictory and distorted picture. The Kiplingisque importunate, docile, dependent untrustworthy Indian and the firm, gentle, but stern and unflinching Gandhain Indian are two facets of the same coin."

Surya's views on the concept of mental health

The gist of Dr Surya's views on mental health are contained in a series of six lectures which he delivered at Mysore University in 1965 and again in 1967 (already referred to above). Here we find Surya at his best - original, forthright and devastating in his sarcasm, about the current Western concepts on the subject. When he talks about Indian heritage he knows his subject and he talks with conviction. However, what makes this paper as outstanding among dozens of similar papers from India is that rare insight with which the author has grasped the essence of
what constitutes mental health according to Indian traditions. In a nutshell, Dr Surya makes two significant points in this paper. First, he refuses to accept the "average or statistical norm" as a basis for mental health. Instead, he suggested that "ideal norm" as a basis for mental health. Secondly, he succeeds in offering a simple three-point definition of mental health based on Indian cultural tradition. In my reading of psychiatric literature over the years, I must have come across many definitions of mental health by different authors. I still find Dr Surya's definition as the simplest, most elegant and very Indian. But rather than me, let Surya speak for himself. Here are the three quotes from this paper:

"Each culture provides positive and negative cues and modes of reaction leading to integrative and creative behaviour in the culture. It also provides how positively and negatively to meet threatening changes. But, in all cultures a majority of the people can only represent the negative or lower levels of behaviour - so to say a vast majority become reflex victims of their own culture. Only a minority are the reflective, conscious representatives of the best in their culture, so to say the leadership. The codes are provided by the religion, philosophy and such other structures.

"Moreover, some cultures are statistically oriented. That is to say for them a person is in good mental health if he or she is like every other John or Jean in the neighborhood of same status. Economic self-sufficiency, capacity to take pleasure in occasional gossip, moderate addiction to alcohol, god and morals, is one norm. Christ and Gandhi become abnormals, fit subjects for sarcastic humour or polite patronage. There is great fear of being different from your neighbor.

Other cultures are idealistically oriented. Mental Health, then, becomes an ideal goal to strive for and to achieve. Computer calculated averages of behaviour do not call for emulation. Striving towards the ideal even at the risk of being different from the neighbor becomes praiseworthy even if unsuccessful.

"The Indian culture pays attention to the ideal norm of its culture and striving towards that ideal is considered by even the average person as an important component of sound mental health."

The signs of good mental health
1. The degree to which you have an inner sense of comfort in as many situations as possible is the measure of your mental health.
2. The faces of your intimate associates are an index of your level of mental health. The more unhappy and tense they look, or the more happy and relaxed they look in your presence is the minus and plus of your store of mental health.
3. Your account may be very poor in the above two, but the degree and duration of your aspiration and effort to change for the better is the most positive index of the state of your mental health."

It is sad that Surya's views on mental health have not received the attention they deserve. Once again he was ahead of his times. At the time when he expounded his views in 1960s, the limited number of Indian psychiatrists were preoccupied with clinical and hospital work. Thirty years later when we are reaching out to the community and talking repeatedly about promotion of mental health, we have to first tell our people what we mean by mental health. It is here that Surya's views become very important. Statistical norms may serve us when we are dealing with illness but concept of health is based not only on the current scientific knowledge but also on the inherent value system of a culture. Science alone can not set the rules for human behaviour. Dr Surya has been a true pioneer who has left an indelible mark on Indian psychiatry. He taught us how western science and medicine is to be understood and applied in the context of our own cultural heritage. Dr Surya continues to lead an active life in Pondichery reading, writing and providing service at a clinic. Some of his students are continuing his style of psychotherapy at Sri Autobindo Ashram under his guidance. Time has not changed him much. It is a pleasure to be in his company. He continues to be sharp, provocative and delightful in his wit and humour. I close this paper with his invocation in the beginning of his book AHAM:
"Lead Us From Light To Delight"

Acknowledgements

I am grateful to Prof. R. Srinivasa Murthy of NIMHANS, Bangalore, for his helpful advice and suggestions during the preparation of this paper.

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