Cultural Psychodynamics in Health and Illness

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Man lives in an intimate relationship with the society. The important relationship between man and society has been extensively studied and variously interpreted. In the context of mental health and illness, just like those are dependent upon individual psychological variables, they are also dependent upon socio-cultural factors. The culture may exercise powerful pathogenic and pathoplastic, as well as health-sustaining influences. In this paper, we shall examine such socio-cultural factors and its relevance to psychiatry.

Since the turn of the present century, the Western man has been increasingly aware of and interested in other cultures. To start with, this was possibly mainly an idle curiosity in cultures grossly different from the Western culture. Anthropologists and other social scientists from North America and Western Europe undertook studies of the non-Western cultures, primarily the primitive, pre-literate, “exotic” societies. Some of the greatest figures in cultural anthropology who stood out as giants in the entire area of human thought, such as Radcliffe-Brown, Franz Boas, Sir J.G. Frazier, R. Linton, W.H.R. Rivers, Bronislaw Malinowski, Ruth Benedict and Margaret Mead participated in this exploration. To start with, it was discrete quests into other cultures, the emphasis being on them being alien, different, peculiar, “quaint”, “exotic”. Thus we have a Samoa here, a Trobriand there, Alor, Kwakiutl,

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Hopi, Zuni, Arapesh and others indifferent part of the world. The emphasis all through was on them being "Oh, so different". It was only later that anthropologists started looking at these different cultural forms as comprehensive, viable solutions to the problem of human existence. As Ruth Benedict exclaimed, is it not wonderful that there can be so many different solutions to the problem of human existence and isn't it great that they all seem to work. Benedict developed the theory of functionalism, namely that each cultural form, norms and institutions, roles and expectations that hold a culture together fit with each other to produce the cultural whole just like pieces of jigsaw puzzle without necessitating readjustment and realignment of the other pieces. These insights paved way to the theories of cultural relatively and functional integration.

There was a parallel, though later, development in the field of transcultural psychiatry. To start, with contact with non-Western societies, Western psychiatrists became aware of the apparently unusual and peculiar presentations of psychopathology in the non-Western societies. A number of so-called culture-bound syndromes were identified and described and specific names were applied to them. Thus, there was an amok and a latah here, a koro there, a piblokto in the third place. One side aspect of recognition of these was a pejorative connotation assigned to these - these illnesses were the preserve of the "primitive" and did not affect the civilized Western man. It has been only much later that an appreciation is dawning upon the scientific community that the so-called culture-bound syndromes do not represent specific entities, but illustrate the influence of cultural factors in modifying the manifestations of psychological upheaval - the pathoplastic influences of the culture and that there is nothing about them qualifying them as specific, clearly different clinical entities. Pfeiffer (in Al-issa) has considered this issue in detail. Additional credence to the scope and extent of the degree to which cultures can mould presentation and natural history of the "universal" illnesses, e.g. schizophrenia, depression, etc. came from internationally monitored studies, e.g. the U.K., U.S.A. study and studies on schizophrenia, depression carried out under the aegis of the international organizations, e.g. the World Health Organization which, using standardized instruments and uniform methodologies, brought to light important trans-cultural differences.

Transcultural psychiatry need not only be of esoteric importance, only an academic exercise, but may be of relevance and importance to all mental health professionals. As the phenomenology, course and outcome of mental disorders may be dependent to a great extent on socio-cultural factors, analysis of the transcultural differences in these may be helpful in separating out the culturally-generated features from others. Whereas the differences across cultures may be related to the interaction of the illness with the socio-cultural variables, the similarities, "the universals" of the illness may reflect the "core" and basic nature of the illness. In this fashion, transcultural psychiatry may be helpful in facilitating greater insight into the basic nature and concept of a mental illness, and the socio-cultural factors which must be taken into account not only in understanding the illness, but also in planning its treatment.

Transcultural psychiatry has, thus, come to be recognized as a specialty within psychiatry. However, although there have been a few exceptions, the model remains basically descriptive and phenomenological. There is every need to correlate the transcultural differences in phenomenology, course, outcome and treatment of mental illness with the cultural variables, so as to
arrive at a dynamic model of transcultural psychiatry. The need is to switch from "what" to "how" of the issue. The role of socio-cultural variables in the transcultural differences must be understood and correlated with each other. However, the relationship between the two must be visualized not as a static but as an on-going dynamic interchange. In this fashion, a dynamic synthesis may be effected in transcultural psychiatry.

The Dynamics of Culture and Mental Health

A number of workers, anthropologists and psychoanalysts, have tried psychodynamic interpretations of cultures. "Benedict showed that the first-order facts of a culture,....could be transcended by finding abstract qualities linking domains of life like war, menstruation, death, puberty and others.....This method gave anthropology a new maturity and opened the way for other bases of interpretation using, for example, psychoanalytic theory to find new meaning in familiar cultural forms" (Honigman 1972).

Although culture evolves as a group solution to the problems of human existence and should thus be something positive and beneficial to mankind, it has often been viewed as constraining and limiting human beings; as having a generally undesirable and deleterious effect. In a way, this view can be linked to the increasing complexity of life, especially since the industrial revolution, thus leading to viewing "cultivation" as bad and holding a fond wish for the return of the primitive. Even Freud was not immune to this bias and "when he turned his attention to social phenomena it seems to have been with the intention of indicting society for its deleterious influences on personality" (Hall and Lindzey 1968). The negative approach also manifests itself in blaming "culture" for mental illness, in religious renunciation and in glorifying the primitive.

The Theory of Cultural Defences

However, not every one has taken a negative view of culture. Civilization can be viewed as reducing source of acute fear, disgust and anger; reducing variability in the environment and making it more predictable and manageable (Lindgren 1969). Fromm (1959) viewed this issue in a larger perspective: "It is the belief of the progressive forces in society that such a realisation is possible, that the interest of society and of the individual need not be antagonistic for ever. Psychoanalysis, if it does not lose sight of the human problem, has an important contribution to make in this direction. This contribution, by which it transcends the field of medical speciality, was part of the vision Freud had".

Conflict is an integral part of human existence. Conflict can be said to exist intrapsychically when a particular wish or impulse cannot be readily realized in an harmonious relationship with one's super-ego and the external reality, including the people in it. When faced with such a conflict, the individual brings into play certain mental defense mechanisms, genetically determined and unconsciously operating to reduce the anxiety and the guilt, and permit partial gratification of the wish.

I have proposed the thesis (Varma 1982a) that similar to individual defenses, there exist a number of "cultural defenses" which are the culturally determined mechanisms of allaying anxiety. These are available in a readymade form for all members of the society to utilize them in appropriate situations. Cultural defense has been defined as: "Psychological defense mechanism, genetically determined and unconsciously operative, which allays anxiety and enables partial gratification and where the mechanism is provided in the form of institutions, customs, traditions, rituals, sanctions, prohibitions, folkways and symbo-
Cultural defenses are similar to the individual defense mechanisms in that these are brought into play to alleviate anxiety and permit gratification. However, rather than the individual using his ingenuity to fabricate, as it were, a defense mechanism, he utilizes one, readymade, provided by the society for use of its members in similar situations.

Culturally determined filters — perpetual as well as cognitive—serve such defensive functions. The child is taught early in life that it is wrong to see, think, or know about certain things. In this way, the individual is spared the anxiety which can be invoked by such conflictual areas. We live through our lives utilizing similar blinders. Also, social institutions, for example marriage, family, school, church, caste and class systems reduce uncertainties and channelize gratifications in an acceptable form, and hence can be considered to be subservient defensive functions.

A study of the customs and rituals is a rich source of understanding defenses. Although some customs and rituals are understandable as serving realistic, useful functions, many other rituals and customs do not appear meaningful and useful. The question arises as to why are they practiced. The thesis is put forward that in addition to serving realistic functions, they also operate at a symbolic level to serve as defense mechanisms. In so far as these are available to be shared by all members of the society, these can be called cultural defenses.

A simple example of defensive functions of the customs is illustrated by the ritualized group-mourning process associated with the death of a family member. Elaborate customs prevail in practically all cultures to permit this communal mourning. In our own set-up in India, the process in Hindu...
has been shown to be universal. Elaborate rules exist in different cultures in this matter and with regard to the interaction between the two sexes. “A great many cultures with pre-adolescent sexual license require marital fidelity and a great many which value premarital virginity in either male or female arranging their marital life with great license” (Benedict 1959). This as well as the institution of marriage regulates the gratification of the sexual need and removes uncertainties about the process. In many cultures, including our own, self-sacrifice and privation are associated with the rituals of marriage. Among the Hindus, the bride and the bridegroom fast for varying number of days before the wedding. In some societies, voluntary abstinence is practised for a number of days after marriage. Such privation could, like the initiation ceremonies, serve to reduce the guilt associated with sexual act.

The naming of an infant is an important activity. Many cultures practise “teknonymy,” namely calling someone not by his given name but as so-and-so’s father, mother, son, daughter, etc. It has been suggested by me that teknonymy can foster identification between members of a family and can facilitate identification of a parent with his or her child.

The reaction to illness illustrates defensive functions of the customs. Ascribing illness to external malevolent influences or projection is very common in many cultures including our own country. It often leads to the aggression towards an animal or a human resulting from the projection. Introjection, i.e., blaming oneself for the illness and deliberate acts to deflect illness are also common.

It is in the rituals related to death that the cultural defenses are brought to full force. The defensive functions of the rituals can be considered under two major headings: (a) denial and (b) introjection and projection. The denial consists of such things as refusing to utter the name of the deceased, dressing up the corpse and providing it with food and other articles of everyday life. It is also manifested by the belief in after-life. Such denial may take the shape of belief in transmigration of souls like amongst Hindus or in a final resting place of the soul - Valhalla of the early Nordics and heaven and hell of Christianity and Islam. How can something as important as human life just simply disappear? It is frustrating that mankind, having developed so far intellectually, aesthetically, morally and religiously, should end entirely with death. “For, we are not born or created idly or for­tuitously; but doubtless there is some pow­er which takes thought for the race of men and which was not likely to create and fos­ter what, when it had accomplished all its toils - would sink into everlasting misery in death” (Cicero, cited in Encyclopaedia Bri­tannica, 1964 ed., University of Chicago, Vol. 12, p. 109).

Introjection and projection following death are manifested by such things as shaving or hair-cut and other forms of self-inflicted injuries, including the Suttee system. In many societies, the family members gash themselves, chop off a finger joint, tear bits of flesh from their body, cut or shave their head and carry out other acts of actual or symbolic torture. Why do they do it? How do we make sense out of this apparently meaningless activity? This is precisely where the concept of cultural defenses comes useful. Although not subserving a real function, these activities of symbolic castration can be viewed as acts of expiation or undoing for one’s assumed responsibility in the death.

Following death, projection is manifest­ed by such things as the fear of the ghosts, blaming others for the death, and taking steps to expiate the passage of the spirit. As Ruth Ben­edict comments, in many cultures, burial is an orgy of terror. In Austral-
ian tribes, the nearest of the kin fall upon the skull and pound it to bits, so that it may not subsequently trouble them (Benedict 1935). To reduce the danger of the ghosts, steps include carrying out one's duties during the process of the mourning. Also attempts are made to appease and expedite the passage of the spirit. Amongst the Hindus, there is a belief that the spirit is in the Pret yoni* for 13 days, after which it is reborn and hence no longer dangerous. Fast­ing and offerings are made to expedite the passage through the Pret yoni.

A most striking and intriguing aspect of the rituals associated with the death is the institution of death feasts. This practice appears to be widespread. It is almost incon­gruous that a period of mourning after death should be marked with feasting that generally goes with joyous occasions. I have suggested that we can make sense out of it by proposing that the death feast may serve the purpose of incorporation of the person, a symbolic cannibalism, so to say.

Thus, in the examples given above we see how culturally determined rituals and customs serve defensive functions. The defense mechanisms illustrated include denial (e.g. of death or castration), repression and sublimation (e.g. of sexual drive), projection (as exemplified by blaming others for illness or death), incorporation (e.g. death feasts), introjection (e.g. self-punitive behaviour following death), identification (e.g. teknonymy), and undoing (personal suffering and privation associated with sex and marriage).

It may have struck the reader that most of the examples given pertain to the less developed societies. By comparison, it can be said that the developed societies make lesser use of rituals. Some rituals may have fallen victim to scientific advancement making them no longer tenable. But, what about their defensive role? Would giving up one set of rituals give rise to another set, better camouflaged and appearing rational?

Wittkower and Dubreuil (1971) have expressed concern that “inhibition of these cultural strategies for the sake of the highly valued social conformity, especially in North America, may have reduced the beneficial effects of these institutionalised emotional outlets”. By denuding societies of the protection of cultural defenses, are we not exposing them to the possibility of cataclysmic and irrational outbursts of human drives – sexual, aggressive and others? The answer to this question may have very important and far-reaching consequences for human society and implications for those interested in futuristic social engineering and control.

Transcultural Differences in Psychopathology

With increasing awareness of other cultures, differences across cultures became noticed. As mentioned earlier, to start with, attention was mostly directed towards the so-called culture-bound syndromes which were considered to be culture-specific manifestations of mental illness. Gradually, the attention shifted to the “universal” illnesses, e.g. schizophrenia, depression and neuroses. The trans-cultural differences can be considered with regard to incidence, types, manifestations, natural history, course, outcome and treatment of mental illness.

Schizophrenia

Earlier, there has been a notion that mental illnesses, in general, and schizophrenia, in particular, are functions of increasing complexities of life. The value judgement is evidenced by such a statement as calling African schizophrenia as a

* Spirit phase, an intervening period between death and rebirth.
poor imitation of the European forms" (Gordon 1934). Gradually, it has come to be known that schizophrenia is universal and about equally prevalent in all societies. Certain studies, including the International Pilot Study of Schizophrenia (IPSS) (WHO 1973, 1979) have, however, pointed out cross-cultural differences in it. Observers from both Africa and India agree that paranoid formations in schizophrenic patients under their care are less systematized than in Euro-Americans (Hoch 1959, 1961). Wittkower and Dubreuil (1971) comment on the paucity of delusional content in these patients. "While chronic schizophrenic catatonic states have become rare in Europe and America, they are common in India and other Asiatic countries" (Wittkower and Dubreuil 1971). The philosophical tenets of Hinduism and Buddhism which consider emotional withdrawal as an acceptable mode of reacting to difficulties have also been implicated by Wittkower and Dubreuil. The current transcultural literature has been recently summarized by Murphy (Al-Issa 1982). According to him, "that Christians should have more delusions of destruction...is most probably because of wrathful character of Old Testament Scriptures...."

Those psychiatrists who have had clinical experience in both the West and the East can attest to other differences. The intense emotional anxiety of the West is seldom seen in the East where confusion and perplexity predominate in early schizophrenics. The highly systematized, bizarre and idiosyncratic (i.e. culture discordant) delusions of the West are also less well seen in the East. The on-going WHO study "Determinants of Outcome of Severe Mental Disorder" has brought to light an interesting finding. Whereas there are differences across centres in the one-year incidence of first-incidence functional psychoses diagnosed clinically, translating the data to computerized CATEGO diagnosis gave incidence figure fairly comparable across the twelve centres in nine countries. The incidence rate on the basis of clinical diagnosis was one of the highest in Chandigarh which fell to about one-third when CATEGO criteria were applied, thus indicating that in Chandigarh (as also in some other centres), there is a sizeable incidence of non-schizophrenic psychotic breakdowns. Furthermore, the IPSS has documented a more favourable course and outcome of schizophrenia in the developing countries. It may be that, in the developed countries, the illness has a greater tendency to get more deeply entrenched and, hence, less amenable to therapeutic change.

Depression

The literature pertaining to depression is highly complicated. Till only decades ago, it was widely believed that depression did not occur in the non-Western, developing world (Carothers 1948). Ideas of sin and unworthiness were thought to be almost non-existent. Opler (1956) has tried to explain it on the basis of the individual's tendency to minimise free will, and to shift responsibility to groups or to shift grief to group rituals.

However, more recent research using more reliable tools and diagnostic criteria with cross-cultural validity has pretty much demolished the earlier notion regarding the incidence of depression in non-Western cultures. Not only depression occurs everywhere, the incidence of at least the endogenous forms is comparable. Relating it to less of guilt in developing countries is also being questioned. Ideas of sin or guilt are not uncommon in the East, although often these may be assigned to karma or to the deeds of a previous birth in groups subscribing to such beliefs. The tendency to somatize seems to be more common in the East. This may be related to the tendency to convert the anxiety from the psychic to the somatic. The current status of trans-cultural literature on depression has been summed
up by Engelsmann (Al-Issa 1982). He makes an interesting comment "...the non-Western cultures differ not in frequency, but in content of guilt feeling. Criteria for separating guilt from shame are difficult to establish...".

**Mania**

The classical effusiveness and frank grandiosity seen in the West is seldom encountered in India. What is usually seen is some sort of dysphoria, irritability, impatience and hostility.

**Neuroses**

There are considerable difficulties in defining neuroses to permit cross-cultural comparisons. The definition and diagnosis of neurosis is influenced to a considerable degree by the subject's perception of illness which may vary to a sizeable extent across socio-cultural groups. To illustrate, if a person comes complaining of a subjective sense of anxiety or sadness which he considers out of proportion to the external situation and which he views as an illness, to a very large extent, we also shall diagnose him to be suffering from the respective neurosis. Most of the cross-cultural differences in the incidence of mental illness, therefore, no wonder, pertain to the area of neuroses.

Certain types of neuroses require special mention though. It is a common knowledge that hysteria, especially in the form of convulsive "grand hysteria" has virtually disappeared from the West. In the West, in the last 80 years, there has been a steady influx of psychoanalytical material influencing all aspects of life: popular literature, art form, etc. The average man is inundated by the onslaught from such psychological material. It has been said that the reduction in hysteria has been related to the increase in psychological sophistication that has resulted from that. After all, hysterical conversion or dissociation represents relatively "naive" solutions to the problem of emotional conflict.

You can almost see through the symptom; the camouflage is unsuccessful.

At the same time, virtually all cases of multiple personality have been reported from the West. In a paper (Varma, Bouri and Wig 1981), we have tried to speculate on the reasons for it. Multiple personality must be distinguished from possession syndrome. In possession syndrome the personality establishes identity with a known person, his spirit or with a deity, whereas multiple personality represents expression of certain personality propensities not based on a specific, real person. It has been suggested that whereas polytheism may be related to possession syndrome, multiple personality represents the culturally sanctioned mechanism of role playing in the West.

**Acute/reactive psychosis**

Briefer, psychotic illness, often precipitated and supported by external events, have been reported from all cultures. There is reason to believe that it is more common in the non-Western countries. It is possible that the incidence of such psychotic illnesses represents a greater vulnerability of the basic personality to break down and to use psychotic rather than neurotic or normal defense mechanisms in the face of stress. Why do certain individuals or people in certain cultures use more of psychotic rather than neurotic or normal defense mechanisms? We shall speculate upon the reasons for it in a subsequent section. The WHO "Outcome" study has given some credence that such psychotic conditions represent non-schizophrenic, functional psychoses in certain cultures. It is possible that, partly, as these illnesses run a more benign and circumscribed course, the course and outcome of "schizophrenia" from the cultures rich in reactive psychoses has been reported to be more favourable.

**Personality disorders and sexual deviation**

These conditions are reported much less
frequently from the developing countries. It is not clear, if the true incidence of these is lower in the general population in these countries. However, possibly these are not perceived as illness, and, hence, not brought to the attention of the mental professional. These, as also drug dependence, may be viewed more as “habit” or “nature” rather than illness.

Dynamic and Formal Explanations to the Transcultural Differences

As I mentioned earlier, so far the model of transcultural psychiatry has remained at a phenomenological, descriptive model—in terms of describing either the so-called culture-bound syndromes, or to the transcultural differences in the manifestations, course and outcome of the different illness. The need now is to go from the descriptive to explanatory. More specifically, it needs to be seen how the transcultural differences in the personality configurations and psychological operations can be correlated with the cross-cultural differences in psychopathology to arrive at an understanding of these.

To start with, a number of explanations are needed. Individuals vary both within and across cultures in personality structure and psychological mechanisms. However, in comparing individuals, where inter-cultural differences appear greater than intra-cultural variations, the role of culture can be said to be significant. It is not said, by any means, that all individuals in a particular culture are alike, or that individuals in diverse cultures lack any commonality. However, commonalities in certain traits and variables bind individual members of a society with each other and differences, in general, on these as compared to other societies separate the members of the different societies from one another. Although there may well be a considerable overlap across cultures there is such a thing as a particular national personality or character.

Just like we are able to surmise the general differences in psychopathology across cultures, transcultural differences in the personality dimensions can also be concluded and the two correlated with each other. I have tried to offer formal and dynamic explanations for the transcultural differences in psychopathology on the basis of the differences in terms of the following variables.

National Character/Modal Personality

Cora Dubois, in her study of the people of Alor, gave the concept of modal personality, as the personality that is modal among the adult members of a particular culture. This concept, although apparently useful, has been widely criticized. Those critical of this concept point out that it obscures intra-societal differences and gives rise to stereotypes, often with pejorative and prejudicial connotations. The fact, however, remains that there is such a thing as a German personality, an Italian personality, a Japanese personality. To an outsider passing through the above three countries, the people in general will appear different across the countries. This is not meant to obscure individual differences within a culture, but to highlight how the cultures generally seem to differ from each other. The German is seen as perfectionistic and exact, Italian as gregarious and emotional, and so forth. Not all Germans or Italians will fit the above. However, the idea and purpose of developing such stereotypes is primarily as an aid in cognition. You cannot separately analyze and remember each individual, but can do so by lumping them into groups. The events, the observations, the objects have to be categorized as aids to cognition it does not and should not imply, by any means, that all observations of objects in a particular category are exactly alike. Furthermore, such cate-
CULTURAL PSYCHOLOGY IN HEALTH AND ILLNESS

gorization should not give rise to value judgements or discrimination.

At a later stage, Inkeles and Levinson (1954) gave a definition of national character as follows:

“National character refers to relatively enduring personality characteristics and pattern that are modal among the adult members of a society.”

The task of describing each one of the societies in terms of its modal personality would be very difficult, if not well nigh impossible. Hsu (1972b) and his collaborators have tried to discuss a number of representative personalities. The emphasis has lately shifted from the simple, primitive societies that cultural anthropologists studied in the beginning of this century to the more complex national societies today. A number of major ethnic groups have been identified around the world, e.g. Western Euro-American, Japanese, Indian, Chinese, Sub-Saharan Africa, etc.

As an illustration to the interaction between culture, personality and mental illness, I propose to compare the “East” and the “West”, with India and Euro-America, respectively, representing as the prototypes of the two. It is not assumed, by any means, that these two represent all the personality configurations in the different societies around the world. The two, however, stand in contrast in a number of ways, contrasting the developing, traditional with the developed, industrialized and urbanized. In this way, the two may represent extremes on a particular continuum. Also, the two represent large societies with long histories. Furthermore, India is clearly more relevant to us for obvious reasons, and America may represent the resultant of future changes that may be facing us, with its own problems and results not all of which may be desirable. Also, it is clearly conceded that it would be a folly to lump together all developing, pre-industrial societies in one basket and ignore the considerable differences across them. Many such societies may represent what I have labelled “island cultures” with lesser tradition rootedness and being more easily swayed by all external influences. Also, Western Europe and North America have been rapidly changing societies with new challenges being experienced and handled with each passing decade. It is with all these qualifications that the following contrast is offered.

1) Dependence vs. autonomy: “Dependence is an integral part of human existence. It has been pointed out that on account of the disparity between the dimension of the birth canal and the projected head size, the human infant must be born incomplete, partly ‘baked’ so to say, and much of development must be completed after birth, thus giving rise to a protracted period of dependence. The early dependence thus created influences all inter-personal relationships throughout life.” (Varma and Malhotra 1975).

Dependency as a key attribute of the Indian mind and culture has been earlier commented upon (Neki, 1975, 1976a, 1976b; Varma, 1982c, 1985b). It has been pointed out that the Indian person is more dependent upon each other than is the case, for example, in the Western setting. As children, we depend upon our parents. As we grow older, there is dependence upon peer group and spouse. When we grow old, the tables are turned, we come full circle, and we start depending upon our children. In this you have a beautiful system of inter-dependence with everybody leaning on everybody else. Many manifestations of this inter-dependence in social intercourse, and colloquial language and idioms and folklore have been pointed out by Varma (1985b). Most of the folklores as also popular literature and art-forms are centred around giving and receiving, a sense of piety, sacrifice,
submission and gratitude, and idioms give references to oral activities (e.g. he ate up the money, he digested the money, etc.)

A related attribute of the dependent personality is the strong sense of identity with the primary, filial group. Much of the life seems to revolve around the family groups and one's responsibilities and obligations towards it. Accordingly, there are different codes of conduct for those within and those outside the primary group. To illustrate, although Indian hospitality has been highly praised, it applies only to the members of the primary group, or to those who can be brought into the primary circle (hence need to draw outsiders into filial relationships). The Indian person can be quite rude and callous to a stranger and the Western egalitarian value of according respect and consideration to someone simply because he is a human animal appears to be relatively lacking.

Another related attribute is that pertaining to the concept of “fairness”. Such a concept, in the Western sense, does not seem to exist. All actions of others are interpreted in personal terms, i.e. whether it is favourable or unfavourable to oneself. You are either a member of the in-group, in which case you are expected to do everything in the interest of the person; or else, you are an outsider.

The “Western” personality, on the other hand, is characterized by a sense of autonomy. The control over one's sphincters becomes the prototype of autonomy. This is my body, and I have complete control over and the responsibility for everything that it does - over my thoughts, emotions, actions and behaviour. This later gets generalized into greater self-reliance and a more acute awareness of one's responsibilities, duties, rights and prerogatives on an individual basis. He should be able to look after his needs and aspirations and to resolve his problems. As he is self-reliant, he expects others also to be so, to look after themselves.

Associated traits of autonomy include competitiveness, acquisitiveness and orderliness. These indicate the adequacy of fulfillment of his roles vis-a-vis those of the others. There are limitations not only in expending, but in some ways, accepting help. In the Western literature and idioms, one finds copious references to “anal” activities, like messing up, dirtying, and abhorrence of loss of control over oneself.

A related concept, most developed by Marriott (1976, 1977, 1979) is that of ego-boundaries. A sense of personal identity requires that the person is able to distinguish between himself and others - “me” vs. “not me”. This is my corpus and everything that lies outside is not-me. As Marriott has pointed out, in contrast to the generally closed, homogeneous and enduring mental integrations attributable to the adult persons in the West, the Hindu adults are posited as persons “who are open, composed of exogenous elements, substantially fluid... and thus necessarily changing and interchanging in their nature... Given the vulnerability of open Hindu persons to a cosmos of interpersonal flow, persons as wholes cannot be thought of enduring or bounded ‘egos’ in any Western sense”.

Thus, the Indian person functions in an on-going close relationship with the society. Rather than perceiving himself as an individual in his own right, he mostly looks upon himself as an integral part and parcel of the social systems; the boundaries between “me” and “not-me” get blurred. The individual needs and aspirations, values and conflicts become indistinguishable from those of the society.

The dependent individual accordingly develops certain other characteristics attributable to dependence. For example, being simply a part of the society, he is most
“open” and lacks the sense of confidentiality as compared to the autonomous individual. That a person can have secrets in relation to the society at large is not acceptable as a social value. The rules and dictates are not clearly seen as emanating from without but something in which the person has direct role to play. Accordingly, the blind obedience to external authority may be lacking and morals may be more flexible and, at times, may appear more corruptible.

The autonomous individual on the other hand makes sharp distinctions between him and others. He likes to look after his own needs and not to have to depend on others for its. He is more aware of his individual rights and prerogatives. He also likes to maintain complete control over his body; over his actions, thoughts and emotions. As the individuals are viewed as relatively separate from each other, it leads to a greater amount of competitiveness and acquisitiveness. Greater adherence to orderliness, cleanliness and punctuality are also necessary.

However, it is obvious that neither total dependence nor total autonomy are possible in any society. Dependence and autonomy are always relative. A total dependence which results in total submission and reduces a person to almost non-existence will not be tolerated. At the same time, complete autonomy is not possible. The concept of complete autonomy actually negates that man has social needs. No man can be an island into himself. As Hsu (1972 a) has beautifully pointed out: “But American self-reliance is a militant ideal which parents inculcate in their children. This is the self-reliance about which Ralph Waldo Emerson wrote so eloquently and convincingly in some immortal pieces. ... However, it is obvious that no individual can be self-reliant. In fact, the very foundation of

the human way of life is man’s dependence upon his fellow human beings....”

(2) Social ethos and communal responsibility: In certain ways, there seems to be a selfish outlook as far as the Indian Person is concerned. To illustrate, although personal cleanliness is highly valued, e.g. taking bath once or several times a day, washing, etc., one does not bother much as to where the polluted water goes and how it may affect others adversely. Such selfishness is also manifested in one’s relationship with God. For the holy dip in Ganga at the time of Kumbh Mela one does not mind even if he has to trample over ten women and twenty children, as long as he succeeds in attaining the holy dip. In a way, “everyone is responsible for his own salvation”.

In a larger sense, the rules of social interaction in the Indian context are defined largely in an ego-centric and intuitive way. According to a Sanskrit saying, the code can be simply summed up in three things: considering all women as mother, considering things of others as valueless and considering all human beings as oneself. Do unto others as you would want them to do to you. This simplicity contrasts greatly with the elaborate social codes developed in certain religions. One is reminded of the Jewish Rabbi sitting over two centuries in Tiberias developing, in minutest details, the moral and social codes.

(3) Omnipotence and narcissism: A sense of narcissism prevails to different degrees in all cultures and can be said to have psychological survival value. After all, man cannot reconcile himself to the fact that he is just one out of 4.8 billion men on the earth, which itself is a mere speck in the universe. Denial of this fact results in emergence of man’s narcissism and omnipotence. As Popper has pointed out, the clear

* An important religious fair held every 12 years in which devotees take a dip in the holy Ganga.
sky above (which reminds him of the universe) and his own intellect (which helps him comprehend and transcend the universe) are the two most important aspects of human existence. The same sense of omnipotence militates against the idea that human life itself is finite in time (Varma 1985a). In the Indian setting, such omnipotence betrays itself in epics and folklore. When Arjuna shoots one arrow, it can kill a thousand foot-soldiers, but when a thousand arrows hit Arjuna, it injures his chest only slightly.

(4) Obsessionality: One thing that strikes the Westerner in India is the lack of compulsion in performing a job. The predominant approach towards work seems to be to do it as casually as you can get by with. There seems to be a lack of pride in doing a job well. "Chalta hai" (will do) seems to be the prototype of one's responsibilities. The Western work ethic and compulsivity, meticulousness and thoroughness are generally at a low premium. One is reminded of the saying of Lord Chesterton: "If anything is worth doing at all, it is worth doing it well".

It is not easy to explain the East-West differences in the above. It can be speculated that like all obsessional traits, the Western obsessionality also has a magical quality. As long as you do everything perfectly, all will be well and dangers will be avoided. On the other hand, it can be said that with our long history and tradition, we have gradually become somewhat more cognizant of the futility of obsessive adherence to details. Perhaps, at some time in our historic past, we have tried these and found them to be inadequate to answer the basic issues of human existence.

(5) Duality in value systems: In-built contradictions in moral and social values abound in virtually all cultures. The contradiction between free-will vrs. determinism prevails, more or less, in all cultures. Your fate is pre-ordained, but you must do things to improve it, though even your wisdom is pre-determined. In the Western context, as Hsu (1972a) has pointed out, the following illustrate some of the contradictions in social values:

"1. Christian love with religious bigotry.
2. Emphasis on science, progress and humanitarianism with parochialism, group-superiority themes and racism.
3. Puritan ethic with increasing laxity in sex mores.
4. Democratic ideals of equality and freedom with totalitarian tendencies".

(6) Preoccupation with peace and fear of aggression: In the Indian society, one is struck by a great deal of preoccupation with peace. The religious functions begin and end with incantations for peace. Such an over-preoccupation with peace may indicate a decadent rather than a developing society.

What is, after all, peace. Peace can be said to be the opposite of violent activity, maybe all activities which upset things, maybe a reversal to the primordial state, like the Nirvana. Such a peace is also exemplified by the Islamic greeting "Assalam Aalekum" - peace be with you.

(7) Tradition — orientation: In view of its long, unbroken history, it is not surprising that the Indian mind is highly tradition-oriented. Nehru in his "Discovery of India" spoke of our tradition-rootedness as an impediment to change and development. In a way, such traditionalism makes for a certain stability in the social structure. Progress, in the present sense of technological progress, must not be viewed simply as a matter of moving forwards or upwards. There are many forces which restrict, retard or undo such "progress". In this matter, we Indians can be said to differ from several small na-
tions with traditions not going so far back in history and which are more easily swayed by every passing external influence (the so-called island cultures).

To contrast, the predominant North American, Western personality traits can be summarized as consisting of the following (Coleman 1940, Cuber and Harper 1948).

1. Concern with lack of control over oneself
2. Righteous indignation, punitive super-ego
3. Compulsivity, pride in doing a job well, Activity and work highly valued.
4. Reference in colloquial language about messing, dirtying
5. High guilt-proneness
6. Acquisitiveness
7. Insecurity, lack of permanency, competitiveness
8. Abhorrence of dependence
9. Contradictions in social values
10. Belief in equality of all, Humanitarian and egalitarian mores.
11. Belief in individual freedom

It is understandable that an autonomous individual will be concerned with lack of control over oneself. As he is supposed to have total control over oneself, he alone has to accept responsibility for any lapse and he cannot share it with others. At the same time, he expects others to be self-reliant and in control of themselves, thus giving rise to righteous indignation. Compulsivity, competitiveness and acquisitiveness may be viewed as attributes of the autonomous personality. With weakening of social bonds and increasingly ephemeral relationships, he feels insecure.

The Indian mind, thus, lacks certain attributes of the Western personality. The concern with lack of control over oneself is not so great or so anxiety- or guilt-provoking. The responsibilities are shared. The punitive super-ego and righteous indignation of the Western, Puritanical, Calvinist society are difficult for an average Indian to understand. Finally, as opposed to the Westerner, the Indian is better able to extend support to and accept it from his fellow human beings.

In the larger sense, the transcultural differences in personality configurations can be understood in terms of the basic human needs. These can be conceptualized as follows:

(1) Biological needs: We are all born with certain undeniable biological needs. These include nutritional, eliminative and sexual needs. Societies differ in the manner in which such needs are handled. Denial, projection or reaction formation may characterize our attitudes towards these basic, biological needs. On the other hand, there may be more ready acceptance or sublimation of these. Denial seems to characterize how the Indian mind reacts to these requirements. Denial of nutritional needs are characterized by observing fasts and food fads. Eliminative and sexual needs are shrouded in mystery. As a matter of fact, the so-called “modesty” is mostly related to the denial of the eliminative and sexual needs.

In a way, it can be said that the Western man is similar to the Indian in the basic attitude towards biological needs. This is not surprising considering the commonalities in our history. It must be understood that the present, apparent permissiveness in the West in matters of sexuality does not represent a basic change in their values. They do it, often with a vengeance, but at a tremendous emotional cost in terms of guilt and anxiety. On the other hand, the Orientals, e.g. the Chinese and the Japanese, seem to have a more open and accepting attitude
towards biological, especially eliminative, needs.

(2) Social relationships and needs: Man is a social animal. His altriciality, his ability to communicate with other humans and his capacity for empathy underline his relationship with the society. This relationship has been most conveniently understood on a dependence-autonomy continuum. Personal vs. group identity and delimitation of ego-boundaries may also be related to it.

As the super-ego represents internalization of the social and moral values, one other aspect of the social relationship is the nature and configuration of the super-ego. In different cultures, the super-ego may be more or less assimilated in the psyche, thus giving rise to guilt-or shame-orientation. In secondary-group dominated societies, where independence is emphasized, super-ego is more deeply internalized giving rise to guilt-orientation (Varma 1985c). On the other hand, where interdependence weaves the social pattern, and control of behaviour continues in the form of interpersonal surveillance, the society develops shame-orientation (Neki 1976a).

(3) Cosmic, existential and religious needs: Societies can differ from each other in terms of cosmology and existential-religious belief systems. Some concept of cosmology has been reported from all societies and it is truly one of the “universals” of human societies. The cosmos can be viewed as finite or limitless, within or outside one’s control. Also, some speculation of the nature and meaning of one’s existence permeates most societies. Man likes to know where he came from, where he will go, what was here before he came and what will it be like after he is gone and what happens to him after his death. He tries to transcend his own existence, admittedly though with limited success. Narcissism will not let him accept that he is simply like other matter and that life is finite. The concept of the continuity of life finds expression either in the belief of re-incarnation or of a final resting place after death.

The concept of God evolves as one of the most important belief systems of man. To start with, God was conceptualized to explain the unexplainable, especially natural events, particularly the cataclysmic and catastrophic ones. In the beginning, most societies were accordingly nature-worshippers. God represents an abstraction of the forces and laws of nature. However, the amount of concreteness vs. abstractness in the concept of God varies from society to society. The various gods worshipped by Hindus also represent varying levels of abstraction.

Ages of Mankind

As the society is a conglomerate of individuals, it can be argued that the needs of the society should be comparable to the needs of the persons. Dynamically speaking, the problems of human existence can be understood in terms of man’s coming to terms with, adequately mastering, as it were, his drives in harmonious relationship with his environment, including the people in it. Just as the individual personality develops in an attempt to master and fulfill the basic human needs in an optimal manner, the society also develops by its attempt to enable fulfilment of the same biological and psychological needs of man, as well as additional socially generated needs.

Depending upon the major biological concerns, societies can manifest variable degrees of “oral”, “anal” and “general” traits which may find reflection in the individual personality. It can be said that, so far, the different cultures have been primarily battling with the fulfilment of basic biological needs, especially nutritional eliminative. It is hoped that, in the centuries to come, we shall advance not only to the “ge-
nical" level based on full acceptance of sexual needs, but would go further to what Erikson has so well described as creative, generative and integrative personalities.

Linguistic competence

Language is a species-specific attribute of Homo sapiens. "Every human society has a language and no animal society has one" (Brown 1965). However, the various communities of man differ from one another in type and organization of languages used. Languages differ from one another in such basic things as classification of words and rules of syntax. The Indo-European classification of words into nouns, verbs, adjectives, etc. is not universal, and word order is not very important in some languages.

We owe to Benjamin Whorf (1950) the Sapir-Whorf hypothesis that language and thought go together and that language limits (and facilitates) particular concepts. When linguists became able to examine widely different languages, they noted that language "is itself the shaper of ideas, the programmer and guide for the individual mental activity, for his analysis of impressions, for his synthesis of his mental stock in trade" (Whorf 1961). "Language is a determinant of the conception of reality, a model shaping the mind as well as a code connecting minds" (Brown 1965, P.314). It is reasonable to conclude that "the language and thought of a people develop together" (Brown and Lenneberg 1954).

The differences in the world view between languages may be in such simple things like the number of colours names to more complex differences in temporal and spatial relationships. Time can be taken as a flowing system or as a static material. "...as U.N. translators observe, different languages seem to imply different attitudes - the English pattern is said to be pragmatic and inductive, the French generalizing and deductive, the Russian intuitional and particular" (Lotz 1961). Languages promote greater precision in expression of those things that matter most in a particular society. Thus, you have 92 varieties of rice in Hanunoo in the Philippines as opposed to 92 varieties of engineering at the H.I.T. There are approximately half-a-dozen equivalents of 'uncle' in Hindi. There is no clear Hindi equivalent of "how often".

On the basis of the considerable transcultural differences in the phenomenology and outcome of mental illness on the one hand and languages on the other, I have put forward the hypothesis (Varma 1982b) that the two can be inter-related. More specifically, it has been proposed that the linguistic competence (i.e. the intrinsic ability) importantly determines the phenomenology of schizophrenia.

In the context of schizophrenia, Arieti (1955) has outlined an innovative, longitudinal view of the mental operations. The first stage starts from a period of intense anxiety, panic, confusion and perplexity and culminates in achievement of psychotic insight: "Aha! I am not afraid for no reason, but because people in general and so-and-so in particular are conspiring to harm me". However, this regression into a psychotic insight does not fully resolve the anxiety. As Arieti (1955) has pointed out, the anxiety leads to regression to but not an integration at a lower level of functioning, thus leading to further regression.

Whether schizophrenia is based on an intense anxiety psychogenetically determined or on an organic "defect", I have proposed that language may take over from the intense anxiety or organic defect, and set into motion a reverberating cycle, with increasing elaboration of delusions. As the delusions do not fully bind the anxiety, a vicious cycle results causing the delusion to become more and more systematized and elaborated and also entrenched, thus mak-
ling them less amenable to therapeutic change. It has been proposed that a high linguistic competence may lead to the above, whereas, in case of low linguistic competence, the anxiety may remain unbound, or give rise to catatonic and somatic symptoms. The same high linguistic competence which is an advantage in logical and analytical thinking, becomes a bane when trying to resolve the psychotic anxiety or "defect". It is possible that linguistic competence can thus determine the sub-type of schizophrenia manifested, and possibly also of psychosis, neurosis, or mental illness in general.

In order to test out the above hypothesis, we have constructed a test of linguistic competence applicable to North India (Varma et al 1985) consisting of eight sub-tests. The linguistic competence thus measured is relatively independent of intelligence. It also does not differ between normals and schizophrenics which is consistent with the available literature that linguistic competence is not impaired in schizophrenia (Koplin 1968). The test of linguistic competence, thus constructed, was administered to 15 patients each of acute, paranoid and chronic schizophrenia; manic depressive psychosis; and anxiety, hysterical and obsessive-compulsive neurosis. In general, paranoid schizophrenics and obsessive and anxiety neurotics scored highest and chronic schizophrenics and manic depressives lowest on the test (Varma, Das and Jiloha 1985). The study thus suggests that the above illnesses may be phenomenological correlates of high and low linguistic competence, respectively, and thus extends support to our theory that linguistic competence may importantly determine manifestation of psychopathology. A study of the relationship of linguistic competence with the course and outcome of illnesses currently underway. It is also important to study if differences in linguistic competence can help explain the transcultural differences in phenomenology and course of mental illness, for which a cross-culturally valid tool of linguistic competence needs to be developed.

**Cognitive Styles**

Cognitive styles represent the ways in which the mind perceives the environment, interprets it and draws conclusions about it. That individuals and cultures differ from each other in cognitive styles appears to be a reasonable assumption. The cognitive style can be characterized as "analytical" at one extreme and "synthetic-gestalt" at the other. The analytical mind tries to understand a thing or a phenomenon by breaking it into parts. If you cannot understand something, break it into halves; if you still cannot understand it, break each half into two again, and so forth. The synthetic mind, on the other hand, tries to see things or phenomena in the totality and see the relationships between them. This perception is field dependent. The difference between the two styles, to a certain extent, can be viewed as between seeing things and seeing relationships. In this continuum, the Western mind has been classically analytical. The analytical reasoning that we owe to Aristotle, has served science and technology well. However, lately its limitations are becoming more apparent and it is being attacked, for example, by the general systems theorists who point out that human behaviour cannot be simply understood in parts. The Indian mind, on the other hand, is synthetic in its cognitive style. Relationships between things are more important than the things themselves. The synthetic style is helpful in quickly deriving conclusions from observations. It is also more conducive to the development of a unitary, holistic concept, e.g. of cosmology. The synthetic style is also evident by such things as attending to several things simultaneously. The Western approach, on the other hand, has been to attend to things seriatum one
thing at a time. Faced with more than one thing requiring his attention simultaneously quickly confuses the Westerner. The Indian, on the other hand, thrives on attending to several things at a time, interdigitating them with each other.

It is possible that the cognitive styles may be related to the dependency-autonomy continuum. The synthetic style may be more consistent with the useful in case of dependence and loose ego-boundaries in the relationship of individual with society. On the other hand, an autonomous individual may prefer analytical approach in his relationship with the environment.

Social Support System

With increasing transcultural research, the differences across cultures in the social support system have been correlated with course and outcome of mental illness. The same traditional, developing societies which are richer in social support network have also been shown to have a better prognosis of severe mental illnesses (WHO 1973, 1979). One aspect of this research, intra-culturally, has been the elucidation of the relationship of joint vrs. nuclear families with outcome. In the Indian context, such research have been reviewed by Sethi and Sharma (1982). The conclusion seems to be somewhat ambiguous. It may also be kept in mind that if you have many members in the family who can extend support to a mentally ill member, at the same time, you have so many more members who can perceive and be influenced by abnormality and tolerance for deviance may, accordingly, decrease.

A very fruitful area of research in the field of social network has been that of “expressed emotions”. Relatives’ expressed emotions, especially critical comments and hostility, have been correlated with adverse prognosis. As much has already been written about it, we need not discuss it here further.

Material Culture

Culture has been defined as those aspects of the environment that are man-made, including subjective environment, which consists of the beliefs, values, norms and myths and the physical environment which is comprised of artifacts like roads, bridges, buildings, etc. (Al-Issa, 1982).

It is understandable that the nature of material culture may influence the psychopathology. The same malevolent force may be perceived as a spirit of a ghost in a developing society and as X-rays and radio-waves in a technologically advanced society. It seems that now we are moving even further into implicating extra-terrestrial forces (Martiana, UFO’s, Pulsars, etc.) into our delusional systems.

Psychological Sophistication

Although hard to define exactly, psychological sophistication can be perceived as the ability to see conflicts in intrapsychic terms. In other words, the conflict is perceived as within the mind, or more specifically, between the components of the psychic structure. By corollary, the conflict is not simply lying in or due to external situations, environment or persons. Even though it emanates from without, it is due to the inability of the psyche to optimally handle it. In this way, the conflict cannot be ascribed directly, for example, to social prohibitions, external authority or malevolent spirits.

Psychological sophistication may be related to coping mechanisms and certain types of neuroses, especially hysteria as discussed earlier. It may also give rise to high introspection as a mental attribute to understand and resolve conflicts.

Personality, Coping Mechanisms and Illness

In the context of schizophrenic psychoses, Manfred Bleuler (1979) comments:
unhappiness can reach a threshold... when the patient autistically withdraws from reality under overwhelming stress, when he thinks, acts feels as if he is not in the real world but in a world... adapted to... the dysharmony between his needs and reality." However, referring to his illustrious father, he comments that “he did not answer the question of why the schizophrenic individual tries to defend his ego in the Schizophrenic way and not in the way of a neurotic or healthy person”.

It is possible that the culturally-determined personality attributes may importantly influence coping mechanisms and mental illness. When faced with emotional conflict, a passive-dependent person may be likely to more easily “give up”, throw in the towel, so to say. He may, thus, be more prone to break with reality, develop psychotic coping behaviour. On account of close ties with the society, he can more easily turn to them to be taken care of. He may also develop hysterical and somato-form disorders, so as to involve other members of the society in its resolution. On the other hand, an autonomous individual, on account of his abhorrence of loss of control and rejection of his dependency needs, may try to resolve his conflicts himself - at the intrapsychic level. He may keep on battling with the anxiety, unbound, or may convert them into development of neurotic-type distress.

There are clear limitations in the ways in which a person can react when faced with an emotional conflict. The total repertoire of human behaviour, normal as well as abnormal, clearly do not exhaust all that can be theoretically possible. The person can continue to battle with the conflict and the resultant anxiety. Alternatively: (a) the anxiety can be channelized into neurotic symptoms which magically or expediently control it, e.g. phobia, obsession, somatization or depression; (b) the anxiety can lead to avoidance of really or potentially anxiety-provoking situations, e.g. constraints in interaction as exemplified by personality disorders, or (c) it can be resolved by renunciation of reality. It is possible that the personality configuration, either individually or culturally shaped may influence the choice made. The subsequent elaboration and proliferation of the symptomatology may depend, to a certain degree, upon the various socio-cultural factors as earlier discussed.

Culture and Psychotherapy

“As psychotherapy is predicted upon a linguistic system of communication of thoughts and emotions, it is inevitable that cross cultural differences in these would be relevant to psychotherapy and must be taken into account in ascertaining suitability of and in adopting psychotherapy for a particular culture” (Varma 1985a). Wittkower and Warnes (1974) have emphasized that, to be popular, psychotherapy should be consistent with the socio-philosophical background of the people. The Western model of psychoanalysis which involves interaction, a contract indeed, between two autonomous and individually responsible adults as a relatively equal level became popular in the USA because of emphasis on individualism, rational thinking, free expression and tolerance of dissent. So became work-therapy in the Soviet Union, autogenic training in Germany and Morita therapy in Japan, in each case being consistent with the respective social values (Varma 1982c).

It is important to analyse the cultural relativity of the values and premises on which the Western psychotherapy is based, so as to adapt it to suit the needs of a particular culture. As I have already dealt with these in my other publications (Varma 1982c, 1985a, 1985c), I shall refrain from going into details regarding these. As I have point-
ed out, the cross-cultural differences in the following personality variables and social values need to be taken into account.

(1) Dependence vs. autonomy: In view of the high tacit dependence of Western psychotherapy on autonomy and personal responsibility, variation in it needs to be taken into account for the local setting.

(2) Psychological Sophistication, introspective and verbal ability: As psychotherapy requires the ability to see conflicts in interpsychic terms, to introspect and to translate one's emotions into words, the cross-cultural differences in these need to be taken into account in psychotherapy.

(3) Need for confidentiality and nature of dyadic relationship: In view of the considerable differences across cultures in the need for and right to confidentiality and to withhold information, the strictly one-to-one relationship which is the hallmark of the conventional psychotherapy needs to be examined.

(4) Personal responsibility for decision-making: Although offered as suggestions and explanations, the final responsibility for accepting interpretations and acting on it rests with the patient. In some cultures, patients may expect a more assertive and definitive attitude of the therapist.

(5) Nature of guilt vs. shame: Operating intra-psychically, psychotherapy is more suited for guilt-prone societies, as shame-prone societies require presence of others to operate. “It is possible that whereas the societies following the Judeo-Christian religions are guilt-prone on subscribing to the view that man was created in sin, and hence attempts to absolve him from such sin (Christ died for our sins, saving one’s soul, concept of damnation, etc.), the Eastern religions do not subscribe to guilt as a prerequisite to human existence” (Varma 1985a).

(6) Religious and social belief-systems: These belief systems, especially those related to cosmology, free will vs. determinism, fatalism, re-incarnation/after life and one’s responsibility in context of the above can importantly influence the conduct of psychotherapy.

(7) Patient’s expectation: The expectation with which the patient approaches the exalted position of the therapist (what Torrey, 1972, calls the ‘edifice complex’) can importantly determine the conduct and outcome of psychotherapy, and there may be considerable cross-cultural differences in the expectation, trust and faith reposed in the therapist.

(8) Social distance between the patient and the therapist: The equilitarian model on which the Western psychotherapy is predicated may not be suited to traditional societies with large social differences between doctors and patients and a tendency on the part of the patient to substitute a filial in place of a purely professional relationship.

To sum up, the conventional psychotherapy is coming under increasing attack, partly on account of its lack of flexibility. The very basic premises of psychotherapy are being questioned. It must reconcile itself to the socio-cultural realities, so as to evolve a transculturally valid definition and methodology adaptable to changing circumstances.

Conclusion

The individual operates in a dynamic relationship with the culture of which he is a member. The culture exerts powerful pathoplastic and pathogenic influences, in addition to health-sustaining effects. The human personality, in health and illness, must be understood in the context of cultural and social factors, in addition to individual variables. The transcultural differences in phenomenology, course, outcome and treatment of mental illness must be synthesized with the dynamic interaction with the cultural factors.
Just like the individual personality develops in an attempt to resolve the basic needs, the society develops in trying to find a common solution to individual needs - biological, social, cosmic, religious and others. The health sustaining aspects of culture are illustrated by customs and rituals, as well as sanctions and institutions. In so far as these subserve defensive functions, these can be called cultural defenses.

The transcultural differences in psychopathology can be understood by correlating these with socio-cultural factors. Important among these are: (1) national/modal personality configuration especially in terms of ego-boundaries, dependence vs. autonomy and social ethos as underlying the relationship of individuals with each other, and in approach towards fulfilment of basic biological, social, cosmological, existential and religious needs, (2) linguistic competence, i.e. the intrinsic language ability; (3) cognitive styles; (4) social support system; (5) material culture; and (6) psychological sophistication. The socio-cultural factors also need to be considered and taken into account in adapting psychological treatment to suit the needs of a particular society and culture. In this fashion, a dynamic model of transcultural psychiatry would emerge.

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