Indian J. Psychiat. 1992, 34(1), 1-2

Editorial

Cultural Perspective in Indian Psychiatry

Culture though apparently elusive is always present in our day to day practice of psychiatry. A look at the history of cultural psychiatry amply demonstrates it.

With the gradual and difficult entry of psychiatry into the realm of medicine came classification of various mental problems into disease entities. Proof of both scientific status and physical causation lay in finding universality of these diseases. Kraepelin himself as well as European psychiatrists, missionaries and anthropologists did find evidence of strange behaviour and locally defined illnesses which could not be explained through diseases or classifications known to them. In certain cultures depressions were found to be rare. Psychoses resembling schizophrenia were found to have dramatic onset and reversals. Since the 'natives' considered these phenomena to be due to spirit possession or sorcery, the doctors ignored them as of no consequence to 'real' psychiatry. On the other hand, the universalists saw diseases like schizophrenia, mania, hysteria etc. behind these conditions but in distorted or obscured forms which they thought were effects of 'culture'. In other words, whatever could not be understood did not exist for western eyes, at best they were incomplete or failed versions of the real or true forms. Culture, whose definition or understanding varied over the years, was said to be able to distort or failed versions of the real or true forms. Culture, whose definition or understanding varied over the years, was said to be able to distort or modify illnesses but that did not apply to western culture. Diseases found or recognised in the western mental hospitals were considered as standard or prototypical, uninfluenced by any external factors. The conjectures that hid behind these different attitudes were that peculiarities of mental diseases or their distortions among non-western peoples occur on account of their inadequate personality pattern, inadequacy of expression, undifferentiated emotions, primitive thought processes, ignorance and superstitions, or to put it bluntly, backwardness and underdevelopment. Even where these racist and biased views were not present, for example, with cultural relativists, conviction regarding the prototypes remained (Littlewood, 1989), no doubt behind all these there were philosophical dimensions of Logical Positivism, Enlightenment views, belief in the infallibility of science, scientism and so on (Chakraborty, 1991). The tragedy is that our understanding and clinical practices were greatly influenced by the prejudices of the seemingly superior culture which we took to be gospel truth, or rather scientific truth. Once we accepted imputation of social backwardness, underdevelopment, unscientific mind and all such negative attributes, consciously or unconsciously, loss of confidence in our own experiences became inevitable. Consequently, instead of trying to describe and record our patients as there are we try to fit them into alien patterns to make them qualify as "patients" or "cases" (Chakraborty,1990). We tend to deny the expression of emotional difficulties as phenomena in their own right and brush aside whatever does not 'fit'. Social scientists are justified in saying that west is no longer a geographical entity, it is everywhere. Westernisation is colonisation of minds (Nandy, 1983).

The following will further elaborate the issues raised above. We have always known our psychotic patients to have good prognosis. It used to be said that these good prognosis cases were not schizophrenics (i.e. ignore them). However, the WHO studies have established that even 'classical' schizophrenics have good prognosis in India. We also know that the cases of 'non- schizophrenia' (acute psychoses) often recover within 2-3 weeks time, but there are many who in their later relapses fulfill all the criteria of schizophrenia and even then continue to have good prognosis for each attack although some of them may deteriorate and become chronic. If that be so why these cases can not be diagnosed as schizophrenia earlier? In addition, the schizoaffective states or the 'interforms' of Kendell, so common in our clinics, not only have good prognosis but have a mixed symptomatology. There is little doubt that the atypical, variant and unspecified type of psychoses form a great bulk of our patients in contrast to bad prognosis schizophrenia. To be more precise, the former group should be considered as the basic form or 'the real psychoses' and the latter a variant. Having observed a basic difference in the status of prognosis in our patients, how can be accept duration (whether one month in the ICD-10 or six months in the DSM-III) as the hallmark in the diagnosis of schizophrenia? We must realise that such a cut off point often excludes majority of psychoses from research areas.

Avoidance of this issue may have sinister implication. It is well known that attitudes, social cognition and changes in socio- cultural milieu do affect disease patterns (viz. hysteria) and so in the long-run we may indeed

'catch up' with the developed countries and lose our well proven good prognosis patterns in the process, and with that whatever is positive and healthy in our culture.

As for cultural perspective views of culture as a factor or a variable have been challenged by the new cross-cultural psychiatrists (Littlewood, 1990). They see culture as a whole way of life where behaviour patterns whether normal or abnormal remain inextricably interwoven. Nothing human can be taken out of culture and studied in isolation. Psychiatry needs to be freed from the positivistic sciences. Indian psychiatrists should take note of the great contribution that social sciences like anthropology and sociology is making to psychiatry.

REFERENCES

C'akraborty, Ajita. (1990). Social stress and Mental Health : A Social Psychiatric Field Study of Calcutta. New Delhi: SAGE.

Chakraborty, Ajita. (1991). Culture, Colonialism and Psychiatry. The LANCET, Vol. 337, 1204-1207.

Littlewood, R.; Lipsedge, N. (1989). Aliens and Alienists. London : Unwin Hyman.

Littlewood, R. (1990). From categories to context : A decade of the new cross- cultural psychiatry. Brit. J. Psychiatry, 156, 308-27.

Nandy, Ashis. (1983). The Intimate Enemy : The Loss and Recovery of Self under Colonialism. Delhi: Oxford Univ. Press.

Ajita Chakraborty