

At the Edge of (Critical) Psychology¹

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Abstract

Critical psychology, born out of the womb of the west, is an *internal critique* of the west's intimate principles. Critical psychology, drawing upon a critical version of psychoanalysis and an equally critical version of discourse analysis and setting to dialogue in the process the *dissenting children* of the west, has tried to carve out a space for a re-formed (not merely reformed) psychology in the west. What can India offer to this field? One, India can offer 'Savage Freud' Girindrasekhar Bose's re-reading of one of the resources of critical psychology: psychoanalysis. Will this add value to the 'critique' that critical psychology embodies? Perhaps; but we will also have to demonstrate how and where it adds value. Two, India can also offer its own critical reading (a critical reading premised on 'cultural difference') of qualitative methodology – once again considered a vital resource for critical psychology – given the obsession of the mainstream with quantitative psychology. Three, India can offer to the somewhat sedate and contractual clinical setting of the west (paradigmatically standing for the 'professional method' that critical psychology now wishes to re-form) the wholly/holy Other – provisionally termed 'faith healing'. What does faith healing do to the clinical setting? How are relationships of suffering-healing organized in faith driven settings? What clues do they offer to a modern culture that now sees the clinic as the *only* site of cure, and that has stripped itself of all other resources and imaginations of healing? In this paper, we would also like to suggest that the tradition of critical psychology in India cannot just rely on a critique of psychiatry or mainstream psychology. It has to be, simultaneously, a critique of Orientalism. Critical psychology in India is thus premised on a *dual critique*. It is critique of both the hegemonic Occident and the Occident's hegemonic description of the Orient. It is critique of both the West's hegemonic principles and principles (emanating from either the West or from the East) that hegemonize the East.

Keywords: Indian Psychology, Cultural Difference, Aboriginalization, Qualitative Methodology, Faith Healing.

We must begin by recognizing our patients as the inverted dissenters, too sick for the modish malaise of their time, too isolated for joint dissent, and yet too sensitive for simple adjustment.

Erik Erikson, 1970²

¹ The title of the paper is taken from Ashis Nandy's book *At the Edge of Psychology: Essays in Politics and Culture* (1980). This paper is placed at the edge of both mainstream psychology and critical psychology.

² We would like to thank Deepti Sachdev of the *School of Human Studies*, Ambedkar University, Delhi for drawing our attention to this work of Erikson.

How does one reflect on a tradition of critical psychology in India? What are the problems and hurdles of such a reflection? One is, of course, the culture question. Is cultural psychology critical psychology? Does the *cultural turn* make psychology critical? Not necessarily, because we need a further work of critique on the matrix of the cultural: 'India' remains to this day a divided perspective, and it becomes increasingly difficult to speak from just location or context. Conversely, can the question of 'culture' serve as a critique of critical psychology? One perhaps needs to pass that which is already considered critical in the West through the cultural prism. The same holds true for the psychoanalytic turn in the Indian history of mental health. While the psychoanalytic perspective is a critique of mainstream psychology, the critique would require further critique, one coming from the register of culture and the other coming from the register of critical psychology.

For example, one can think of a psychoanalytic critique of mainstream psychology; one can also think of a feminist critique of psychoanalysis. However, feminism itself would require cultural critique and the cultural would require feminist critique. Critical-psychoanalytical-cultural-critical-psychoanalytical- ... thus emerge as an interminable continuum in our work. The next move subverts the earlier moment, the earlier anticipates the next. Or perhaps, it is the Borromean (ir)resolution of the psychoanalytic, the cultural and the critical that awaits us.

Which is why, in this paper, we shall set up a dialogue between the early phase of Indian psychoanalysis (which was on the one hand a critique of erstwhile experimental/behavioral psychology and on the other, a cultural critique of Freudian psychoanalysis), qualitative psychology (which was on the one hand a critique of the numericalisation/statistizing of human experience and which on the other, was imparted a cultural spin by Sudhir Kakar through the tradition of public story-telling in India) and faith healing (which marks cultural difference with respect to western biomedical/clinic-centric individualized mental health science and which could be subjected to both a critical psychology kind of questioning and a cultural kind of critique).

In other words, we look at three traditions in India that have remained at the 'edge of psychology' and that offer us a glimpse into the critical constituency in/of psychology in India³. One is psychoanalysis as a critical clinical tradition. Another is qualitative methodology as a critical research tradition. Both are products emanating from the West and both have remained at the edge of (mainstream) psychology in India. However, both have gone through fundamental detours in the Indian context that inaugurates, in turn, the cultural critique⁴ of the clinical-critical. The first was put to *aboriginalization* by Girindrasekhar Bose – the first 'savage psychoanalyst'

³ We would like to thank Sonali De for the distinction between 'Indian Psychology' and 'Psychology in India'. Provisionally Indian Psychology refers to a different approach to psychology based on knowledge and perspectives gained from Indian sources, and it is differentiated from mainstream (western) academic psychology by those practicing it, whereas psychology in India is psychology as it is practiced in the last 100 years in India, and it could well be a copy or version of mainstream (western) academic psychology. However, one lurking doubt remains: can the insights culled out of ancient or medieval Indian texts constitute a corpus that could be called 'psychology'? Is or is not psychology a foundationally modern vocation?

⁴ We follow Asha Achuthan's work (2009) when we say 'cultural critique' of the critical. Achuthan distinguishes between critique and criticism. Critique carries in it the possibility of re-creation which criticism cannot host. We thank Jayanta Bhattacharya for drawing our attention to, also, Dipesh Chakrabarty's differentiation between critique and criticism.

– with the rewriting of Freudian psychoanalysis through conceptual resources drawn from the Bhagvad Gita (1948 [1931]), the Puranas (2001 [1934]) and the Yoga Sutra (1966). The second was culturally re-embodied in the story-telling tradition put in place by primarily Sudhir Kakar. The third is what one can broadly call Indian approaches to psyche, suffering and healing. Indian approaches are not necessarily radical or critical; they can be deeply conservative. However, the marking of cultural difference and the dissenting relation to the west does give a critical edge to the Indian at times. The other is the close attention such approaches give to cultural context and the way such approaches sometimes use culturally rooted resources for rethinking psychology in India. The third is thus a broad rubric – not all of which is critical – spanning modern clinical approaches that were explicitly dissenting in their character (Bose-an or aboriginal psychoanalysis would be an example) and non-western (or perhaps non-modern) approaches not driven by dissent but that were simply different – different with respect to paradigms of healing and suffering within western modernity. The third will also look at the dialectic between notions about an Indian psyche and insights about the psyche generated by Indians.

It is at the edges of these three, or perhaps, at their cusps that one could find the glimpse of a critical tradition in India or even an indigenous or ab-Original form of critical psychology⁵. But before we move to the three sections we would like to make sense of the setting up of the critical framework for psychology in India by Ashis Nandy. Nandy's work would serve as a guide-map, as philosophy for delineating the landscape of the critical. Nandy's (2004 /1983) "Towards an Alternative Politics of Psychology", could be seen as the manifesto of Indian critical psychology. His turn to political psychology could well be seen as a turn to critical psychology. Political psychology did not just give psychoanalytic *depth* to the political, it gave political/critical *width* to psychology.

The Critical Edge of Indian Psychology

Ashis Nandy (and his after-thoughts on psychology) plays the pied piper in this voyage into the nature of critical psychology in India. One can ask: what has Nandy done to or for psychology in India? However, 'done to' and 'done for' are two ways of looking at an individual's relation to the discipline/practice. Done to implies a relation of externality – as if Nandy is a critical outsider. Done for implies a relation of internality – as if Nandy is an internal critique. Or perhaps Nandy is perpetually at the *edge* of psychology. Is he also, in the process, edging out a certain culture of psychology in India? What is the future that he charts for psychology in India? For Nandy, this is a psychology tuned to, at least

⁵ The somewhat formed institutional expression of critical psychology in India would be the programme in Psycho-Social-Clinical Studies at Ambedkar University, Delhi (www.aud.ac.in) housed within the larger umbrella, School of Human Studies. Ashok Nagpal (as deeply psychoanalytical), Rachana Johri (as 'critical of the existing discipline of psychology') and Honey Oberoi Vahali (as the 'informed in-between' of the psychoanalytical and the critical perspective) remain the recent-most figurative embodiments of this institutional exercise. The web expression of critical psychology in India would be CUSP: Studies in Culture Subjectivity Psyche (www.cusp.net.in). CUSP is the non-brick-and-mortar critical psychology institution – an institution marked by the necessary nomadicity of critical psychology. Asha Achuthan, Radhika P. and Ranjita Biswas are the founders of CUSP. The Centre for Advocacy in Mental Health (CAMH), a research centre of Bapu Trust, with Bhargavi Davar as Founder Director, would also be a critical psychology institution, albeit outside the conventional university context (<http://www.bapucamhindia.org/>).

- (i) the (inter-)subjective⁶
- (ii) the psycho-bio-graphical⁷
- (iii) “secret ledgers”⁸
- (iv) non-western experiences, realities and processes of meaning-making
- (v) non-modern forms of mental suffering as also ‘cultures of healing’
- (vi) original/fundamental research⁹ and
- (vii) the political, where the political is understood in two senses:
 - the politics of psychology, i.e. an understanding of psychology tuned to the larger politics within the discipline of psychology and
 - the psychology of the political¹⁰; in this turn to the psychology of the political, Nandy tries to “mark out a vantage point from which to examine contemporary Indian political consciousness and unconsciousness”.

However, a turn to the political does not mean a turn to the ideological for him and this could be a critical addition to or edition of Indian critical psychology. Nandy (2010, p. vii-xii) revisits the relation between oppression-violence, politics/ideology and healing through the following four statements:

- (i) “the ability to treat ideologies as so many items of disposable baggage, without losing sight of the social/political problems they address”
- (ii) “those living their lives in proximity to applied psychological sciences cannot afford to be so intensely ideological”.
- (iii) “Unlike in history, where the subjects are mostly dead, and in literary theory, where one writes mostly about texts, in disciplines dealing with mental health the subjects of your enquiry constantly rebel against your certitudes”.
- (iv) “Healing is a different kind of enterprise; it can have a worldview behind it, not an ideology”.
- (v)

These four statements come as fundamental insights to not just psychology in India but to Indian critical psychology as well. They redefine not just suffering and healing, but also the ‘political’ (/critical). With some caution one can say that what is critical psychology in the west is political psychology in India. The difference between the two is also marked by the difference in the understanding of the political; here, the political is carefully separated from three registers that have hitherto haunted (left) politics: theology, ideology and certitude.

⁶ See Foreword to *My Life as a Psychiatrist: Memoirs and Essays* (Chakraborty, 2010: vii-xii) where Nandy makes a case for a ‘turn to subjectivity’ in psychology and in the social sciences.

⁷ We have in mind *Alternative sciences: Creativity and authenticity in two Indian scientists* (1995) and *The savage Freud and other essays on possible and retrievable selves* (1995) for the psycho-bio-graphical method and *The Illegitimacy of Nationalism: Rabindranath Tagore and the politics of self* (1994) for the ‘use of psycho-biography in cultural analysis’ and the deployment of the ‘political double’ in the analysis of larger socio-historical phenomenon.

⁸ This is how Nandy invokes *secret ledgers*: “it is not easy to exile the inner life of a society. No amount of ideological fervor can turn human beings into predictable robots nor is it possible to understand the inner life of a society in technocratic terms. Everyday life of ordinary citizens ... maintains its own secret ledgers that survive as an underground, contraband social awareness” (Nandy in Chakraborty, 2010, p. ix).

⁹ Nandy shows how “psychological theory came from the West and Indians were supposed/expected to supply footnotes and suggest minor editorial changes to *their* theories on the basis of culture-specific data”.

¹⁰ See *The intimate enemy: Loss and recovery of self under colonialism* (1983) for how oppressive orders like colonialism both ‘dehumanize the self’ and ‘objectify/brutalize the other’ and the *At the Edge of Psychology* (1980) for Nandy’s rather unique rendition of gendering and authority in India.

Nandy further asks: is psychology a foundationally modern/western discipline? This, in itself, is a critical psychology question. Its birth was made possible by the birth of three crucial modern registers – the clinic¹¹, the laboratory¹² and the individual to be treated (who can see the/a problem in the psyche, in an assumed interiority). Honey Oberoi Vahali in *Lives in exile: Exploring the world of Tibetan refugees* (2007) problematizes this individual(istic) notion of sufferer/healer/healing, as does Veena Das in *Critical events: An anthropological perspective on contemporary India* (1995). Does that take the very imagination of psychology in unthought-of directions? What if the ‘individual’ does not come alone to the clinic? What if the individual comes as an entangled mass of communal memory traces? What happens then to the practice of psychology?

Nandy historicizes his object of critique, contextualizing psychology by questioning the dichotomy between the text and the context of science. He sees the birth of psychology in its (western) perspective by taking a close look at its advent in/to India, what we could provisionally call the problem of the (western) *implant* on Indian soil. He tries to see what happens when an alien implant/idea travels to another culture and tries to find root, find implantation; how does the native soil resist or accept such an implant; what happens to the (western) plant when it gets implanted in (Indian) soil? Does the native soil consume the implant? Does the implant get foundationally modified in the process? Conversely, does the implant strike deep roots within native soil? Does it change in the process the nature and self-definition of the soil? Alternatively, does the native soil always already have a native plant; such that there is a clash between the alien plant and the native plant? What emerges out of such (colonial) encounters? Is a ‘hybrid’ of the alien and of nativity produced in the process of mimesis-mimicry?

Nandy has also looked at a different (yet related) problem; he sees what happens when someone taking off from a tradition of thinking already in place in his culture sets up a dialogue with and writes on a discipline developed in another culture. In the process does he offer to that Other culture another conceptualization of psychology? It is the problem of a thinker (here Bose) trying to understand near-alien issues like repression, the unconscious, Oedipality, castration and sexual difference that were current in another tradition of thinking (here Western Europe). One can revisit, in this context, three important observations on a possible psychology in India by Nandy:

1. Nandy emphasizes the need to turn to subjectivity in psychology: “No account of a society is complete without a profile of its subjectivities. This is particularly true of India, which has for centuries lived with diverse, highly developed theories of the mind and techniques of intervention in human consciousness” (Nandy in Chakraborty, 2010, p. vii). However, “the very existence of these [existing] theories and technologies has posed a problem” for a modern discipline like psychology. “Modernity entered India riding piggy-back on Utilitarianism, British empiricism and Baconian science [also positivist Marxism], and all three traditions of knowledge had a clear touch of suspicion, if not fear, of the subjective ... and an almost phobic reaction to the inner life of citizens” (Nandy in Chakraborty, 2010, p. vii). This, according to Nandy, has led to two tendencies – one,

¹¹ See Foucault: *Birth of the Clinic* (1976)... the ‘birth of the Freudian/psychoanalytic/psychotherapeutic clinic’.

¹² Nandy shows how one of the four meta-narratives that drive contemporary India is the *knowledge systems* of techno-science.

positivism/scientism in psychology (marked by an obsession for objectivity, empiricism, quantitative measures, mechanical materialism and laboratory experiments) and two, stereotypical spiritualism (marked by an equally unexamined obsession for transcendentalism, idealism and naïve indigenism). Can psychology in India escape these two established trajectories and now mark a third way for itself, a way closer to a critical psychology perspective?

2. Nandy, somewhat in the same breath, emphasizes the need to turn to the political in psychology. In the process, Nandy has politicized psychology and has psychologized politics. Political psychology is about the psychology of the political (i.e. the role of human irrationalities, emotions, phantasies and unconscious determinants in politics) and the political of psychology (power quotients in psychology in terms of its entrenched history, sociology and philosophy). However, as we have seen, for Nandy, the political is not ideological. He has in the process of turning away from the familiar coordinates of the ideological inaugurated the idea of the enemy intimate as well as of *double conversion* (i.e. conversion of both oppressor and oppressed towards a non-oppressive *futurity*). In Karl Marx's framework of class antagonism/struggle, the enemy is extimate. In both Mohandas Karamchand Gandhi and Rabindranath Tagore – as Nandy shows in the invocation of the *enemy intimate* – the enemy is within: for both, colonialism dehumanizes the colonizer as much as it brutalizes the colonized and the political is garnered towards an escape not from the colonizer only, but from an unbearable inner condition called colonialism; an escape that frees both colonizer and colonized.

3. Nandy further emphasizes the need to turn to the 'outside' in psychology. He wishes to take psychology beyond the classroom (marked by the University imagination) and the clinic (marked by the medical imagination).¹³ He also wishes to take psychology to sites that have hitherto remained untouched, like the domain of the political. Nandy has made psychology/psychoanalysis the ground and explanation for the politico-cultural¹⁴.

Following his thought, we can see that mental health for Nandy is not a concern of just specialists, but is part of a larger culture of public enquiry and public knowledge; specialists occupy narrow areas, however macro-philosophical, macro-social and macro-cultural issues are instead important. The question of mental health is itself a form of social criticism for Nandy: "the pain of the sufferer is also a condemnation of the social" he says in an as yet unpublished interview to CUSP; "the society is telescoped into the sufferer and the sufferer is in turn telescoped into the healer. It is two persons representing two different configurations of probably the same social forces, that are confronting each other, and this exchange in a sense can be both revelatory of society and hide something of society. Disciplines which thrive on the banishment of subjectivity will never have a clue to that". Nandy has thus tried to resurrect *intraceptive*-ness, not only in psychology but as a way of life. However, at the same time, he wants psychology to turn-from-within-outward into larger social issues. Nandy has thus developed an interesting relation between inside and outside.

¹³ Neil Altman (2004) also wishes to take psychology beyond the walls of the private clinic. He shows how psychoanalytic work has not engaged in "inner city public clinics" and in the "complex social issues revolving around race, culture, and social class that arise in this setting". He thus "takes psychoanalysis to its margins: to the people excluded by traditional theory and practice, the very people made peripheral by society at large".

¹⁴ The Frankfurt School had inaugurated this move around the experience of the Holocaust.

Further, when Nandy sees psychology in India as “a new discipline in an old society ... more so when that society has its own ideas and traditions of mental health and ill health” (Nandy in Chakraborty, 2010, p. vii), one can ask: what emerges or has emerged out of the tension between new and old? How does it play out in the lives of mental health professionals and clients? Do the lives of Girindrasekhar Bose, Dhirendranath Ganguly (who was a Marxist psychiatrist-psychologist working in the Pavlovian tradition [see Dhar, 2004]), Ajita Chakraborty (who was a psychiatrist working at the interface of gender and culture [Chakraborty, 2010]), Sudhir Kakar and Nandy himself represent the “chaos, the uncertainty and the inner conflicts over theoretical compromises and therapeutic experiments that cannot but be the lot of a practitioner of a new discipline in an old society” (Nandy in Chakraborty, 2010, xii)? Under the circumstances most mental health practitioners build “defensive shields of sterile professionalism and cultivated certitudes” (Nandy in Chakraborty, 2010, p. xii) around them. How can one be different? Can the psychologist be a social critique? Can the psychologist critically reflect on his/her own discipline – on the historical moorings and the philosophical foundations of one’s own discipline? Nandy is thus looking into the inner world of the psychologist, at the psychology of the psychologist!

Here Nandy has done something interesting. He has studied mental health practitioners and scientists (*The Savage Freud* [1995] on G. Bose and the *Alternative Sciences* [1995] on J. C. Bose and A. R. Ramanujan), by taking a close look at their lives – as if those lives shall tell us something about the practice of psychology as also what psychology *is*: “we are left today with a very thin database on the pioneers who have struggled to reconcile the new sciences in our multicultural, multilingual, non-modern society and have tried to make sense of their vocation in its new social context. Only scattered, half-hearted efforts have been made to access the experiences of psychologists, psychiatrists and psychiatric social workers or study the debates within these disciplines on crucial social issues. ... the traditional healers and their methods have also mostly escaped the attention of the social scientists” (Nandy in Chakraborty, 2010, ix). This paper is a return to such a ‘database’, such ‘experiences’ and such ‘debates’ as also to ‘traditional healers and their methods’.

However, this return is not a return to nativism, indigenism, third worldism or to cultural relativism. For us, while (western) universalisms are a problem, cultural relativism also is not a solution. Non-critical cultural relativism, which constitutes the core of conventional cross-cultural psychology or, for that matter, humanistic psychology is thus not the antidote to universalism:

Such relativism was originally a response to the indiscriminate universalism that mirrored the parochial cultures in which the social sciences had grown. And it was supposed to correct the bias of the first generation of social scientists, often drawn from among Christian missionaries and colonial bureaucrats. But ... the idea of cultural relativism was soon co-opted by that particularism which the relativism was supposed to fight. Even in their more sophisticated versions, most cross-cultural and humanistic psychologies see modern psychology as a transcultural reservoir of knowledge and other psychologies as its handicapped cohorts waiting to be interpreted by and integrated with the world of modern psychology. The other psychologies thus become, definitionally, mixed bags of good and bad insights and good and bad data. The good in them are to be

swallowed by modern psychology, the bad rejected. Neither cross-cultural nor humanistic psychology, despite the best of intentions, can grant alternative psychologies the right to integrate within the latter what they see as the best of modern psychology and to reject the bad.

The implication of seeing the non-modern psychologies as sacks of isolated insights or data is that these insights and data can then be used to ornament, strengthen or alter the micro-theories of modern psychology.

The basic paradigms and culture of modern psychology remain untouched and are, in fact, carefully adapted to new empirical facts. What changes over time are the microtheories, not the architectonics of modern psychology (Nandy, 2004, p. 324-338).

Nandy does not want to just change ‘microtheories’. He wants to change the very ‘architectonics of modern psychology’. He wishes to offer the world “A New Theory of Mental Life” (Bose, 1948); he is ambitious in his decolonization and his critique. He thus has dreams of touching the ‘basic paradigms and culture of modern psychology’ and ushering in the process a new paradigm and a new culture of psychology – a psychology marked on the one hand, by critiques of psychologisation, normalization and pathologization (see Canguilhem, 1978; Parker *et al*, 1995; Parker, 2011) and on the other, by an attention to Other cultures of understanding self and suffering, healing, listening, and communication with unreason. This dream is the *Grundrisse* of critical psychology in India. Did Girindrasekhar Bose, the first psychoanalyst in the colonized world, fulfill at least a part of Nandy’s dream, even before the dream was put in place?

Girindrasekhar Bose: Deconstruction *versus* aboriginalization

This section looks at the cultural as critical. It sees how cultural critique deepens the criticality quotient of a tradition that is always already critical of psychology. In this section we see psychoanalysis as the early twentieth century embodiment of the critical, critical with respect to experimental/positivist psychology as also Orientalist invocations of Indian psychology¹⁵.

... psychoanalysts today seem to stand out more particularly in terms of their divergences, resulting from different conceptions about the mind, but also because of the differences stemming from their cultural traditions. Lacan’s work could only have evolved in France, and I believe that Winnicott’s work is intimately related to what he owes to his native land [and perhaps, Bose’s work could only have evolved in India¹⁶].

(Green in Kohon, 1999, p. 4)

After all, psychoanalysis never suits any culture very well and, while it may attract some enthusiasts for it as a social theory or clinical practice, there is mostly

¹⁵ The take on Orientalist invocations of both Indian psychology and psychology in India are essential because the contours of critical psychology in India cannot be generated or drawn through only a critique of psychiatry. It has to be at the same time a critique of Orientalism, both white and brown.

¹⁶ Perhaps Bose’s work could only have evolved in a tradition marked by, what Nandy calls, a certain intraceptiveness. It could have also evolved in a tradition where ‘sex which is not One’ (Irigaray, 1985) and where ‘sexual binarisms’ are not as well-entrenched as it is in the west (See Thomas Lacquer: *Making Sex: Body and Gender from Greeks to Freud* [1990]).

hostility to what it says and does. Psychoanalysis is always out of place, and this makes the study of it in one particular culture a curious enterprise. How are we to go about it?

(Parker, 2008, p. 3)

Psychoanalysis is always out of place, and this makes the study of it in a particular culture a curious enterprise. However as Ian Parker asks: how are we to go about it, how are we to study and understand the emergence of psychoanalysis in the Indian culture? How do we read non-western texts that were purportedly psychoanalytic? Is there a problem of comprehension? Is our cultural context (our modern education) emerging as an epistemic hurdle? Is it rendering the non-western texts obdurate in terms of their latent meaning?

In this section, put together under the sub-title ‘deconstruction *versus* aboriginalization’, psychoanalysis sometimes seems to operate as a window upon India (for Parker [2008, p. 2] it is Japan). At other times, because of a stepping into the experience of another culture, it is, in turn, offering a window upon psychoanalysis and rendering non-obvious (if not non-intelligible) what emerged as the psychoanalytic method at the end of the nineteenth century in Europe. In this context, one can ask: what happens when psychoanalysis and India come close? Does India become the analysand? Does India provide to western psychoanalysis case material about the aboriginal world? Does India offer to an already formed western psychoanalysis *aporias*? Or can India emerge as the analyst in this exchange? Can India give back to the west interpretation about the west? Taking off from an extant logic of the Indian psyche (exemplified by epic manuscripts like the Ramayana and the Mahabharata as against Greek Tragedy, exemplified by Bose’s case histories and clinical material as against the Wolfman-Ratman-Horseman¹⁷ continuum) can it offer to the west and to the world the *Indian logic of the psyche* (and not just the logic of the *Indian psyche*).¹⁸

Deconstruction is the ground or pre-text on which *aboriginalization* as an obstinate impulse works; in that sense, deconstruction is for aboriginalization the necessary fore-play that renders vulnerable the structure of the text or the text of structure. Thereafter aboriginalization sets up a particular relation with the Original text (here psychoanalysis). It is however not to look into the origin of psychoanalysis; it is not to see whether it originates from one of the two western approaches to the self:

- (i) the Greek pagan marked by the ‘know thyself’-‘care of the self’ continuum¹⁹
- or
- (ii) the Roman Christian marked by the flesh-sin-guilt-confession continuum²⁰.

¹⁷ The primate-logic of the Ramayana (marked in the modern by the pagan/animal god: Balaji in Mehendipur, Rajasthan, itself a site of faith healing) and the zoo-logic of Freud’s clinic (marked by the wolf-rat-horse) could give shape to altogether different healing exercises and traditions.

¹⁸ This tradition of cultural critique questions the dominant western commonsense that India would be analysand to western science, social theory and psychoanalysis, where for the west, India would just be case material; where the assumption is that through this exchange with the west, India would find the truth about itself and would perhaps find cure as well.

¹⁹ See ‘late’ Foucault: *The Hermeneutics of the Subject: Lectures at the Collège de France, 1981-1982* (2004), and Jonathan Lear: *Open Minded: Working out the Logic of the Soul* (1998).

²⁰ See Foucault: *Abnormal: Lectures at the Collège de France, 1974-1975* (2003) and *The History of Sexuality* (1978) and Gilles Deleuze and Felix Guattari (1977): *Anti-Oedipus: Capitalism and Schizophrenia*.

We however take psychoanalysis as a determinant original to our colonial modernity. We want to see what our relation with this original was. Was it aboriginalization? However, how does aboriginalization qua cultural critique work? Does it work through the marking of cultural difference? Here the cultural difference argument can emerge in four forms²¹:

Form 1: The Western Idea is the Universal, or the Universal is that which is Western. Here cultural difference is not even instituted. The question of culture makes sense only in difference. The Universal travels from Europe (the ‘sad little promontory’ to Asia that it is) and becomes a part of another culture in its unadulterated unaltered form. However, this rather simple position can raise a few questions, some historical, some conceptual. One can ask whether the idea that is now understood as western, indeed originated in the geographical west. Did other cultures contribute in interesting ways to the idea? The megalith that the west is could get fundamentally fractured by such propositions – propositions that are at the outset historical. One can argue for the western-ness of the idea; however, what do we mean by the ‘western-ness’ of an idea? How do we mark whether the idea is western? Does the idea have to it an attribute that is specifically western (marked at times by the descriptor ‘Christian’ and at other times by a confused set of descriptors ‘modern’, ‘secular’, ‘scientific’)? One can also ask whether the west or the western is an undivided perspective.

Form 2: However, some of our own people located in the West²² have suggested that the Universal cannot but get altered in its travel to other cultures as also in its enunciation. The Universal thus inevitably and invariably gets displaced in other cultures such that we have in other cultures variants of the Universal – U1, U2, U3. One can push this argument further to say that the west gets produced in its encounter with the east²³. But why would the Universal get altered? Because other cultures are different from the culture from which, what is now the Universal, has emerged. However, what makes them different? Their context, their experiences, their forms of life and why not, their meaning-making practices and their respective theorizations of their experiences such that the Universal in its translation into other cultures (C1, C2, C3 ...) is displaced into U1, U2, U3... where U1, U2 and U3 are culturalised copies of the Original. Our contention would be that this does not dethrone the Universal; it merely displaces. The Universal is its displacement remains the Universal; perhaps some displacement is the condition of its universality.

Form 3: In this approach, the Universal (in its original or even in its displaced/abOriginal form) is seen as an absolute ‘lid on *our* experience’, as wholly experience-occluding. Hence, shun the west. Shun at the least most of the west, barring a few, like Friedrich Nietzsche, Ludwig Wittgenstein and Michel Foucault’s later works.²⁴

Form 4: *Aboriginalize* the west! In this approach, the attempt is to enter into real (as in the Bose-Freud correspondence) or imagined (as in the Marx-Tagore or the Marx-Gandhi

²¹ We would like to thank Ranjini Krishnan and Rakhi Ghoshal for this sub-section on ‘cultural difference’. Both in their tracking of the cultural difference question with respect to ‘experiences of first night’ and ‘experiences of birthing’ have informed our thinking.

²² Homi Bhabha in *The Location of Cultures* (1994) for example.

²³ See Timothy Mitchell: *Colonising Egypt* (1988) and *Questions of Modernity* (2000).

²⁴ See Vivek Dhareshwar, “The Trial of Pagans”.

debate²⁵) dialogue with the west, and through dialogue arrive at a possible aboriginalization of the west.

To summarize, one can thus move from the western Original, to the culturally relative ab-Original to the *aboriginal*. The work of cultural difference qua cultural critique is somewhere in-between (ii) the ab-Original and (iii) the aboriginal. ‘Girindrasekhar Bose’ is the proper name of the vacillation between (ii) and (iii) as seen in the movement from the *Bose-Freud Correspondence* (The Indian Psychoanalytic Society, 1999 [1964]) to *A New Theory of Mental Life* (Bose, 1966). This movement is an example of one of the critical traditions in Indian psychology, a tradition marked by the cultural critique or the aboriginalization of psychoanalysis.

The Critical in Historical Context

The early history of western style mental health science in Bengal (the home-state of Bose) is the history of the establishment of lunatic asylums. The establishment of lunatic asylums points at the same time towards a particular relation between Reason (that is, what was understood as Reason in that particular time-space) and unreason; unreason as that which was not reason in that particular time-space, relative to that which emerged *as* Reason; where unreason was also reduced to madness, or to breakdown (the extant expressions in Bengali, fluid in their usage, lenient and affectionate in their deployment: *pagal* ([mis]translated as ‘mad’), *bibek* ([mis]translated as ‘conscience’), *baundule* ([mis]translated as ‘vagabond’), *khyapa* ([mis]translated as eccentric), which were variable cultural notations for non-hegemonic reason were now reduced to one category: pathological unreason.

The second important moment in the history of mental health science in colonial India is the moment of the founding of Mental Hospitals. With this shift from asylums to mental hospitals, along with the setting up of outdoor clinics, the relation between Reason and unreason would undergo at least an institutional shift, as also a conceptual displacement. While asylums would tend to ghetto-ize unreason within spaces far removed from human habitation (the control and surveillance of unreason was premised on the anxious protection of reasonableness and the reasonable), mental hospitals would attempt to attend to unreason in spaces straddling across home/household and the mental health institution.

The third significant moment in the history of mental health science in Bengal is the history of the establishment of the department of psychology in Calcutta University. We thus move from a focus on psychiatric practices within the asylum and mental hospitals to a focus on psychotherapeutic processes as part of the teaching and practice of psychology. We move in the process from a rather exclusive focus on the abnormal mind and its cure within the institution to a study of what could be provisionally called the normal mind, to a study of what the mind *is*, to questions like “what it is to be minded” (Lear, 1998, p. 247-281). This opens up a host of questions in the context of the setting up of the department of psychology, questions pertaining to the nature of the study of the mind, questions pertaining to the nature of the discipline. Would the study of the mind be a study in the human sciences? Or would it be a study in the natural sciences?

The disjunction between the human and the natural sciences found expression in the syllabus

²⁵ See Chakrabarti and Dhar (2009, 2010).

formulated by Brojendranath Seal in 1905. It was primarily a syllabus for the study of the then reigning experimental psychology in Europe; the department of Psychology, also exuded an image of German scientific austerity (Hartnack, 2001, p. 92); in this respect, our colonization by Western conceptualizations of the mind-body-self continue unabated; those conceptual structures come to rule our thought, our world. However, besides founding their own association “psychologists sent representatives to both the Indian Science Congress and the Indian Philosophical Congress. ... these affinities reflected the hybrid status of this new field as [being still] a mixture of science and philosophy” (Hartnack, 2001, p. 92).

When graduate training in psychology was introduced in Calcutta University, Bose, already a medical professional (he received his degree from Calcutta Medical College in 1910), obtained a Master’s degree in psychology by 1917. He was awarded the first doctorate in psychology at an Indian university in 1921. Titled ‘The Concept of Repression’ (1921), the thesis was in no way related to experimental psychology. The use of the term repression gives one the feeling that Bose was operating within a psychoanalytic understanding of mind. Reportedly Bose only had access to newspaper and lay magazine articles, as English translations of Freud’s work were not available then (Sinha, 1954). It would seem that by 1914 Bose had developed his (psychoanalytic) ideas almost independent of Freud. His technique included “suggestion, recall of memories” and an encouragement of “associations” (Akhtar and Tummula-Narra in Akhtar, 2008: 4) along with an emphasis on identification as constitutive of human sexed subjectivity (as against incorporation and introjection²⁶).

Overall, Bose was not too enthusiastic about the application of experimental techniques to understand the mind. In fact, Bose was of the view that the most important psychological method of the Hindus was introspection: “India’s ancient learned men had a genius for introspective meditation and the Indian psychologist has that heritage. In this respect, he enjoys an advantage over his colleagues in the west” (Bose, as quoted by Hartnack, 2001, p. 101). A somewhat similar feeling was expressed by Jadunath Sinha in his preface to the first edition of *Indian Psychology* (1996 [1933], xvii-xix): “The crowning achievement of the Hindus was metaphysical speculation. ... The Hindus mind is essentially synthetic. ... There is no empirical psychology in India. ... Indian psychology is based on introspection and observation; it is not based on experiments”. These pronouncements had an impact on Bose’s worldview. It also had an impact on his rather distinctive method.

Ashutosh Mukherjee, the vice-chancellor of Calcutta University (1906-14 and 1921-24) had dreamt of a certain ‘Indianization of higher learning’. Mukherjee set out to transform Calcutta University into a place where this heritage and the modern sciences could be integrated. Mukherjee’s struggle made possible the comparatively early institutionalisation of psychology, which led in turn to the teaching of psychoanalysis. Did Bose’s version of psychoanalysis fundamentally fulfill Mukherjee’s dream? Did it grow out of the dual need to revive on the one hand the indigenous intellectual tradition and on the other be a part of the western scientific community? Did Bose, in the tone and spirit set in process by Mukherjee, try to integrate the ‘philosophy of the east’ and the ‘science of the west’? One can ask in this context: is the critical

²⁶ While for Freud, the ground of sexed subjectivity and sexual development is one of attraction, for Bose the ground is one of *identification* and the *irradiation of identification*. Also, while for Freud the change from sadism to say masochism is a change in the object (and not a change in the aim), for Bose these are changes in aims/wishes and not just changes in objects.

inaugurated in both his turn to Freud and turning away from Freud? Isn't there something critical in getting to see modern psychology (even psychoanalysis) as no less an ethno-psychology than what has come to be known as primitive, traditional, local or folk psychology? Was Bose's version of psychoanalysis – that was definitely a displaced version of the (Freudian) Original – also 'aboriginal'?

Bose proposed that “more work should be done in the field of traditional Indian psychology. The mystical experiences of saints and yogis should form the subject matter of psychological research, he argued, and India is the best place for this study. ... Work on traditional Indian insights into the 'inner world' belonged to Bose's primary interests besides psychoanalysis” (Hartnack: 2001, p. 102 - italics added). Was Bose speaking in the process his mother tongue as opposed to a foreign idiom? Was it stemming from the realization that we cannot perform conventions laid down according to Hellenic or Christian stories? Is the parricide story the beginning of human history? Does not Freud foreclose possibilities of looking at a different language game by relegating matrilineal polytheisms or pagan polymorphisms to the pre-history of humankind? The problem is thus not just of universalism, the problem is deeper and non-critical cultural relativism (which constitutes the ethical core of conventional cross-cultural psychology) is not the antidote to universalism. This is because cultural relativism “makes of the various Asias and Africas a colourful cluster of “national origins” where a rhetorical version of psychoanalysis – with its “anthropological origin”, and “religious origin”, and its story of “subject-construction” – can find a field” (Spivak in Shamdasani and Munchow, 1994, p. 45). Thus while Freud was inventing in the modern west an unforeseen, autonomous becoming with respect to (biomedical-classificatory) psychiatry and (experimental-behaviorist) psychology as also with respect to the mind-body dualism of Cartesian philosophy, Bose was inaugurating a *bidirectional* or *dual critique* – a critique of both the Occident *and* what was made of the Orient by the Occident. It was critique of, on the one hand, the modern west and critique of, on the other, the understanding and invocation of our selfhood and our subjectivity that was then emerging as hegemonic, that was then emerging as our own under the rubric Indian or Hindu. It was a critique of what was then being invented as our tradition by us as also by them. Bose's rather non-conventional re-readings of the *Yogasutra* (1966) and the *Bhagvad Gita* (1948 [1931]) stand testimony to such a dual critique.

We are left with two possibilities. It is possible that Bose was re-conceptualizing the given contours of (western) psychoanalysis in the Indian context. In the process, he was giving birth to an ab-Original form of psychoanalysis. It is also possible that Bose was giving birth to an aboriginal form of psychology, which was not about an isolated insight or data (where such insight and data could then be used to ornament, strengthen or alter the “micro-theories” of modern western psychology) but about questioning the basic paradigm, architectonics and culture of modern psychology. This could possibly grant alternative/aboriginal psychologies the right to integrate within what they see as the best of modern psychology and to reject the bad and inaugurate in the process a new theory of mental life, marked, in this case, by the interminable see-saw of the *double wish* (Bose, 1948, p. 108-205; 1949, p. 54-75; 1951, p. 203-214; 1952, p. 1-11; 1952, p. 53-69; 1952, p. 191-200).

In the first possibility (i.e. if Bose was conceptualizing an ab-Original form of psychoanalysis), the West emerges as the donor, as the culture of the origin of idea(l)s and we emerge as the

recipient. This for us is the One Culture argument; in this argument we do not have Two Cultures²⁷, we have just One Culture and that culture is the culture of the West. Of course, in our reception of what the donor West gave to us, we did strange things to the donor and to the donor culture. We did strange things to the original that came to us. We were not just a copy of the original. Our relationship to the original was purportedly marked by moments of mimesis-mimicry: you tried to cast us in your mould, because your special task was to be universal and to universalize, and we did not come out *quite* like you – we were same but not quite; your universalizing conventions will not produce promises and excuses for us; our decrepitude is not that we have broken promises and offered false excuses, but that we cannot get an intention-convention fit in that language. ... Institutional psychoanalysis, for all its subtleties is one of these languages, producing performatives (see Spivak in Shamdasani and Munchow, 1994, p. 43).

In the second, the aboriginal was indeed conceptualizing a theory of mental life that was original²⁸ and that was not belatedly following the metropolis. Such that there is a possibility of the conceptualization of two (or more) cultures and not just One Culture; such that there is a possibility that cultures are different, and not just a relative of the One Culture: the West/Occident. This is important because a simple ethno-cultural agenda will not decolonize and will not be constitutive of a critical psychology perspective.

Bose-Freud Correspondence: From the ab-Original to the *aboriginal*

While psychoanalysis is the mark of the critical in the early years of psychology in India (marked in turn by the experimental), here is the cultural critique of psychoanalysis. The rise of psychoanalysis, as critique of mainstream psychology, in colonial India could be broadly mapped through the following: the introduction of the study of psychoanalysis in the course of psychology in the year 1917 by Bose²⁹, the formation of the Indian Psychoanalytic Society in

²⁷ The Two Cultures model, where one is East/Orient and the other West/Occident, where one is traditional and the other modern, is as much a problem as the One Culture model. In this kind of the Two Cultures model, the East/Orient is the *lacking other* of the West/Occident. This is what Luce Irigaray (1985b) calls the model of the 'other of the Same', where the other is reduced to a lacking image or underside of the Same. This kind of a model of Two Cultures in actuality collapses into once again the One Culture model. Irigaray is instead looking for an imagination of the Other where the other is not a complement of the Same.

²⁸ One can ask: how do we know what was original? The possibility of misrecognition cannot be discounted altogether. Perhaps what we thought to be the original was given to us once again by the West, handed over by what the West thought to be the essence of the aboriginal. It is quite possible that once Christianized the pagan basks in the self-belief that pagan-ism is originally *a* religion (see Balagangadhara, 1994).

²⁹ Bose started off from anatomo-clinical medicine, i.e. from an idea of the body located in three-dimensional tissue space. Anatomo-clinical medicine had its own 'style of reasoning' (Davidson, 2000) its own gaze. Somewhat discontent with such a style of reasoning Bose moved over to experimental psychology and clinical psychiatry; from experimental psychology and clinical psychiatry, he moved over to psychoanalysis; from psychoanalysis, he moved further to an ensemble of aboriginal cares/cures of the mind. What was his relation to psychiatry and experimental psychology on the one hand and psychoanalysis and Oriental cares/cures of the mind on the other? What was the nature of the psychoanalysis he invoked in his clinic? What were his similarities and differences with his western counterparts? With regard to aboriginal cares/cures what were his similarities and differences with his Oriental counterparts? Why did he turn to psychoanalysis – given the fact that psychoanalysis stems from two origins – hypnosis (the quasi-magical) and the aphasia book (the scientific/rationalist)? What was the lure for Bose? In order to delineate the contour and nature of Bose's version of psychoanalysis one needs to locate Bose first within a certain history of mental health science. But to write *a* history (not *the* history) of mental health science one needs to

1922³⁰, the setting up of the Lumbini Park Mental Hospital in 1939 by the Indian Psychoanalytical Society, the publication of the journal *Samiksha* in 1947³¹ and the publication of *Chitta*, a Bengali journal in 1959.

As early as 1922 Bose became a co-editor of the *International Journal of Psychoanalysis*. Freud writes in a letter dated October 27th, 1922: “I heartily congratulate you on the reception of your Society as one of the groups of the Internat. Ps. Associate which occurred at the Berlin Congress a month ago. Now, as I am Editor of the German Zeitschrift for Ps. A. as well as of the English Journal of Ps. A., I beg you to consent that your name be printed on the cover of both journals as the leader and representative of the Indian group ...” (Bose-Freud Correspondence, 1999:10). Bose had established communication with Freud: “I take the liberty to send you under separate cover a book entitled *The Concept of Repression*” (Bose-Freud Correspondence, 1999 [1921]:1). Freud had acknowledged receipt of the book: “I acknowledge the receipt of your book ... and am glad to testify the correctness of its *principle views* and the good sense appearing in it. ... It is interesting that theoretical reasoning and deduction does play so great a part in your demonstration of the matter, which with us is treated rather empirically” (1999: 2). Note once again the posited binarism between rational deduction and experimental observation. The west is experiment and observation-driven, driven by objectivity and inductive logic. The east on the other hand is driven by deductive rationality, subjectivity and introspection. Freud in a letter dated February 20th 1922, further added:

It was a great and pleasant surprise that the first book on a psychoanalytic subject which came to us from that part of the world (India) should display so good a knowledge of psychoanalysis, so deep an insight into its difficulties and so much of deep-going original thought [as if... such insight was not expected of the na(t)ive!]. Dr. Bose has singled out the concept of repression for his inquiry and in treating this theoretical matter has provided us with precious suggestions and intense motives for further study. Dr. Bose is aiming at a philosophical evolution and elaboration of our crude, practical concepts and I can wish, psychoanalysis should soon reach up to the level, to which he strives to raise it.

Once again, the west is crude practical and the east philosophical. Is this humility or condescension? We come to know from a letter dated 31st January, 1929 that Bose had sent once again some of his own works to Freud:

I would draw your particular attention to my work on Oedipus Wish where I have ventured to differ from you in some respects. ... I also enclose a Bengali book on dreams, which I have just published. ... Please accept the book as a token of my deepest regards for the Father of Psycho-analysis.

write also a history of concepts – how certain concepts have evolved over time and in certain spaces. One also needs to understand Bose with respect to his conceptual (dis)agreements with Freud (see Bose-Freud Correspondence).

³⁰ While the Department of Psychology was founded inside the premises of the University in 1915, the Indian Psychoanalytic Society emerged outside the academia in 1922. Presently a number of NGOs, Trusts and mental health activists have emerged with a critical psychology perspective, once again, outside the academia.

³¹ An online archive is available at <http://www.samiksha.cusp.net.in/default.html>

How would the Father of Psychoanalysis respond to this savage dent in the theory of the Oedipus? How would he respond to Bose's assertion: "I would draw your attention to my work on Oedipus Wish where I have ventured to differ from you in some respects" (Bose, 1949, p. 222-240; 1950: 66-79)? Here Bose is trying to re-think the particularities of the "[Sexed] Subject who is finally in question" in psychoanalysis (Lacan, 2006, p. 229). However, he is not just trying to move out of the particularities of the sexed subject of analysis in its Judeo-Christian moorings. He is also hinting at a different understanding of Oedipality (and not just at a relativist version of psychoanalysis), an understanding marked by what he called, the *shifting* Oedipal Point (1950: 72). The Oedipal Point was for him a possible moment in the evolution of the sexed subject. However, this moment is preceded by 'mother identification' and 'passive homosexuality' in at least the boy child (Bose also argues that the Oedipus Point in the girl child develops earlier than in the boy and the identification with the mother is more intense. The original form of homosexuality is active in the female and passive in the male). For Bose, the homosexual disposition is one of the earliest to appear in the course of analysis. In its order of emergence it either precedes the Oedipus or immediately follows it. Further, for Bose the "desire to be a woman is the primitive form on which the castration idea depends" (1950, p. 74) and castration idea is what keeps the Oedipus in check (1950, p. 75). Thus there is a *double dialectic*: on the one hand, between the homosexual disposition (within which there is a dialectic between active and passive) and the Oedipus Point and on the other, between the Oedipus Point and the Castration Idea (within which there is a dialectic between the 'wish to be woman' and the 'wish to be man').

How would Freud respond to this critique and obeisance (critique masked in obeisance; or is it obeisance that drowns the critique)? Freud in a letter dated 09.03.29 acknowledged the receipt of Bose's works:

You directed my attention on the Oedipus wish ... In fact I am not convinced by your arguments. Your theory of the opposite wish appears to me to stress rather a formal element than a dynamic factor. I still think, you underrate the efficiency of the castration fear ... I never denied the connection of the castration wish with the wish to be a female nor that of the fear with the horror of becoming a female. ... But I confess I am by no means more convinced of the validity of my own assumptions. We have not yet seen through this intricate Oedipus matter. We need more observations.

(1999, italics added)

Bose responded on the 11th of April 1929:

Of course I do not expect that you would accept off-hand my reading of the Oedipus situation. I do not deny the importance of the castration threat in European cases; my argument is that the threat owes its efficiency to its connection to the wish to be female. The real struggle lies between the desire to be a male and its opposite, the desire to be a female. [The alternate prominence of the active and the passive attitudes and the change in affect from a pleasant to an unpleasant one in connection with an attitude whenever it became recessive are interesting points to be noted (Bose, 1950)] ... The Oedipus mother is very often

a combined parental image and ... I have reasons to believe that much of the motivation of the 'maternal deity' is traceable to this source.³² ... My theory of the opposite wish is not a mere formal philosophical statement as you suppose it to be. Like any other scientific theory it is a specific formulation that will explain many facts of mental life. ... This theory enables the analyst to predict beforehand the possibility of emergence in consciousness of a particular repressed wish from an examination of the grammatical forms of speech.

Freud wrote back on 12.05.29:

I am fully impressed by the difference in castration reaction between Indian and European patients and promise to keep my attention fixed on the problem of the opposite wish which you accentuate. ... I wonder what the relation of the opposite wish to the phenomena of ambivalence "may be" ...

Here is Freud's relativism – "I am fully impressed by the difference in castration reaction between Indian and European patients". Indian and European patients are different, they have different reactions; psychoanalysis would need a slight tweaking in Indian conditions, it would be *tropical psychoanalysis* (like Tropical Medicine). Grant the devil her due, grant Bose cultural relativism but hold on to the universal. Here is Freud's attempt at holding on to psychoanalysis as a transcultural reservoir of knowledge. In this rather clever move, Bose's psychology becomes, definitionally, a mixed bag of good and bad insights and good and bad data. But Freud, despite the best of intentions, cannot grant Bose the right to integrate within aboriginal psychology what he sees as the best of psychoanalysis and reject the bad. In the process, the basic paradigms and culture of modern western psychoanalysis remain untouched and are, in fact, carefully adapted to new empirical facts. What changes over time are the micro-theories, not the architectonics of western psychoanalysis.

In addition, Bose is rendering redundant the importance of the phallus (as part object or as signifier) that has been paradigmatic of much of psychoanalysis. In other words, Bose moves from having or not-having an (part) object to *being* or not-*being* (like a) subject; he is moving from *possession* (and hence the consequent pride, envy, anxiety) to identification with a

³² With respect to the Oedipal Point, Bose (1950) asks "whether homosexuality is a primary trait and whether the active or the passive form is the more primitive one". For Bose, in the case of the male child the mother, on whom a part of the libido has already been fixed, is looked upon as a person of the same sex. The Oedipus love becomes thus tinged with homosexuality and there is an "irradiation of identification". The interests of the mother now become the child's interest by the mechanism of irradiation; the child looks upon the objects of his mother's interest from the standpoint of the mother. This results in the expansion of the child's ego and ultimately leads to the appreciation of the characteristics of his new objects of interest. His identification goes with a passive, sexual attitude towards the father. This is the first phase of homosexual development in the boy and precedes the true Oedipus point which comes later. The passive sexual attitude towards the father is thus originally a true feminine attitude. Elements of 'gross sexuality' are thus to be observed in the feminine attitude of the boy towards the father and also in the subsequent active attitude towards the mother. In point of time so far as gross sexuality is concerned in the boy under ordinary conditions of family life, the passive homo-sexuality, which is here another name for the feminine attitude is the first to develop and is directed towards the father. Next in order of development are the active homosexual attitude towards the father and the heterosexual trend towards the mother. These two are more or less co-existent. The true Oedipus Point therefore comes after the identity with the father has been established. The true Oedipus Point is characterized not only by love for the mother but also by hatred towards the father. The genesis of hatred is to be sought for in the homosexual attitude of the boy towards the father.

momentous Other; he is moving from the notion of a cannibalistic or devouring self to an image of self where the self extends itself outwards towards Others through identification, where Others are mirrors and not objects. It is not just an argument for cultural relativism. It is not that Indian and European patients are different in psychic disposition. It is that the phallus is not the fundamental object or signifier of sexed subjectivity. India is not an analysand who offers different case experiences to phallogocentric psychoanalysis. India is an analyst of the European obsession with the phallus (and the Oedipal) as the structuring principle of psychic constitution. Freud writes back again on 01.01.33:

... the theory of the opposite wishes strikes me as something less dynamical than morphological which could not have been evolved from the study of our pathological material. *It appears to me flat so to say, it seems to lack a third dimension.* I don't think it is able to explain anxiety or the phenomenon of repression. ... we did neglect the fact of the existence of opposite wishes from the three sources of bisexuality (male and female), ambivalence (love-hate) and the opposition of active-passive. These phenomenon have to be worked into our system to make us see what modifications or corrections are necessary and how far we can acquiesce to your ideas.

Bose explains further his differences with Freud with respect to (1) the unconscious or complex wish (*avadamita iccha* or *gudhaisa*), (2) the resistance (*badha* or *pratibandha*) and (3) the censor (*prahari*). For Bose this censor is the opposite wish of the repressed one:

According to Freud ... shame, hatred and fear represses our wish and unconscious feelings like Love, Violence, Jealousy can influence us without our knowledge ... but I think in the unconscious, only wishes exist; ... this wish has a dynamic character in our mind. ... In fact, shame and fear is the result of particular repressed wishes, they are not the cause of repression. ... an opposite wish to our sexual wishes holds us back from being sexually attracted towards our relatives. ... if the resistance is only external, then our wishes wouldn't have remained unconscious. Because external resistance cannot drive a wish from the conscious. To do that, we need another wish. So the main reason for not having a sexual wish towards our relatives, is having an opposite wish ... The theory of opposite wish ... departs from the usually accepted psycho-analytical theories at several important points. In the first place it holds that wishes alone provide the motive force of our activities. Emotions and feelings, apart from their wish elements, are not to be held as inciters of actions. Perceptions are to be looked upon as latent wishes. It is neither pain nor pleasure but it is the *principle of unity* that guides our wish. All wishes are efforts at bringing about a psychological unification of the subject and the object. Pleasure is more primary than pain. Pleasure is expressed in love and other pleasant emotional states; pain in hate, anger, fear and similar reaction. All painful affects have their origin in repression. The same opposite wish is responsible for repression as well as for the appreciation of reality according as it is hindered or free. ... It has enabled me to find a new technique of psycho-analysis. This technique when applied to suitable cases considerably

shortens the period of treatment. I venture to submit that the theory of opposite wish throws new light on the mysterious ways of the human mind. (Bose, 1966)

The ‘theory of opposite wish’ that “throws new light on the mysterious ways of the human mind” is opposed to a ‘theory of instincts’ (Freud, 1946/1915). This is because Bose's approach towards the problem of sex is different from that of Freud. Bose does not make much use of the term instinct but limits his observations to wish as appreciated in consciousness and as revealed by the investigations of the unconscious. Also, his emphasis on the *principle of unity* and the idea that “pleasure is more primary than pain” marks his theory of mental life as different from that of Freud. Bose takes his argument forward in the re-interpretation of the *Bhagvad Gita* (1948):

All traditional sacred texts have as their main objective, the desire to resolve [internal] grief [*atyantik dukkha*]. Desire for *moksa* (ultimate liberation) is also driven by a wish to resolve grief or pain ... The ideology and means of resolving grief is quite different in the Orient and Occident. The West teaches: make yourself capable of struggling in society; while competing with others ... change your surroundings according to your convenience. In this thorn ridden society, try to uproot as many of them as you can. ... the *sanatan* (age-old/traditional) ideology here teaches us something else: you will never be able to uproot all the thorns, so you must build yourself in a way that you are not hurt by the thorns. It is better to wear a pair of shoes instead of attempting to sweep away all the stones and dust from the road. One ideology tries to overcome nature; the other tries to overcome and discipline the Self ... Hindu ideology will say that it is possible to resolve grief, disease, bereavement, pain, poverty, death, fear ... if you and I try to reach the state of not being affected by sufferings.

At one level, Bose critiques the familiar western teaching: “make yourself capable of struggling in society; while competing with others” and argues for ‘work-on-the-self’ as against once again a familiar western maxim: “change your surroundings according to your convenience” and the ‘conquering of nature’. Work-on-the-self is work on one’s own need-demand-desire, on one’s own sexual and aggressive over-drives. It is work on one’s own moebius of double wish or ambivalent wish-doubles as also doubled-up-wishes. At another level, Bose appears to argue for ‘intra-psychic work’ and self-reflection in addition to or as against mere ‘social work’ and structural change (*uprooting of thorns*). At yet another level, Bose argues for foot-wear (“it is better to wear a pair of shoes”) to protect oneself against social gravels. Perhaps Bose is also making in the process an argument for infant disciplines like psychology and psychoanalysis in the context of a mother culture that places a premium on self-work. Mothered by such a culture would and did the infant disciplines grow differently? Did they develop into critical cultural perspectives? We cannot provide a clear yes or a clear no as answer. We can only say that the condition for critical re-thinking in cultural context was created by Bose for both infant disciplines.

The works of Bose (1886-1953), the first savage psychoanalyst, has therefore served as an example of critical acceptance of a received theory of the mind in colonial India. Bose re-read psychoanalysis as another version of “the older theories of consciousness in India” and thus transformed the “introspective project of Indian philosophy into a new prose of liminal

psychoanalysis” (Nandy, 1995). “(T)he tenets which Bose formulated, despite having Freudian traits, were notably different. ... The world of dreams is made available for another explanation by a non-western psychoanalyst, whose interpretation makes the ‘wish’ a dialectical and dynamic category” (Basu, 1999). One needs to ask: what were our available epistemological repertoires, repertoires from which Bose was drawing out his version of psychoanalysis? Did we not re-invent our structures of knowing once again in the nineteenth century? What structures of knowing were further produced out of epistemological encounters that ensued thereafter; encounter between the occident and the orient. Did we give in completely to ‘their’ structures of knowing? Was there an unquestioned consent to their structures of knowing? Or were there some contestations, some disagreements? What was the nature of the disagreements? Were they merely empirical ones; say, the generalizations rampant in assertions like ‘Indian/Hindu Oedipus is different from the Western Oedipus’. Did we merely lend our bodies to their thoughts? Only our bodies happened to be empirically different! Or were there theoretical disagreements; disagreements that could put in doubt and in question their structures of knowing? Did the very process of enunciation - the enunciation of their knowledge introduce in a certain simultaneity a split in their performative present - introduce a moment of representational undecidability; a “zone of occult instability” (Bhabha, 1994)? Did the ‘Word of the Western God’, the ground of psychoanalytic certainty undergo a loss or change of meaning during the process of translation? Between the Western sign and its colonial signification there emerges perhaps a *territorium* of (mis)reading, a moment of ‘critical engagement with received theory’ ... a *savage* moment. Does the colonized (re)write in the process? Even while working well within science, science as the sign of modernity, does the encounter produce in turn an incalculable subjectivity – our subjectivity – half-acquiescent, half-oppositional – neither colonized nor free? Does the surveillance of western science and the science of western surveillance *re*-turn as the displacing reverse gaze of the disciplined? Does the western I/eye finds its mastery undone, even if, for a moment? And yet there is no fixed *point de capiton* of savage agency. Bose, in his complicity, becomes the unwitting and unconscious agent of resemblance and menace; his sameness quietly slips into otherness. He simultaneously stabilizes and destabilizes their structure of knowing. This also brings us to the question: what is psychoanalysis? Is it, as Nandy says, an ‘in-house’ critique of the modern west? Did it seek to bare the normative and institutional anomalies of the Enlightenment and demystify the bourgeois (sexual) culture that had inherited the anomaly; and yet it does it in terms of the values of the Enlightenment itself and this is what makes psychoanalysis an internal critique of the modern west rather than an external critique. Was Bose’s “new theory of mental life” the ground for an external critique?

We have to admit that this section on Bose’s relation with Freud (and the west) cannot be seen as conventional critical psychology (perhaps there is no such thing as conventional critical psychology; critical psychology is definitionally unconventional). However, this moment of cultural critique, this moment of aboriginalization would go down as a critical tradition in the history of psychology in India. Of course, this would partially redraw what we have hitherto understood as critical psychology in India. In fact, it would also show how psychology in India (and what has come to be known as Indian psychology) would have been enriched in terms of its critical quotient had it followed the parallel tracks put in place by Bose.

The next section looks at the turn to qualitative methodology as a nodal moment in Indian critical psychology. However, like psychoanalysis, the qualitative turn or the turn to the qualitative in psychology can also get displaced qua enriched by the question of cultural difference.

The Qualitative Turn: Kakar's *Book of Memory*

... not all critical psychology is qualitative, and correlatively not all qualitative research is critical of psychology.
Ian Parker and Erica Burman, 2008: 99

Qualitative research remains to this day a marginal strand in psychology in India, dominated as it is by primarily experimental and quantitative approaches. However, even this has been given interesting turns in our cultural context. One name that immediately come to mind is Sudhir Kakar³³, who brings to the somewhat dry realm of qualitative psychology the creative aesthetic of story-telling – either of the inassimilable Other or of the unreachable self. The turn to story-telling gives to the qualitative a quality unthought of. However, Kakar's most important contribution to qualitative research was to make the whole idea of qualitative research *researchable*. In that sense, Kakar's work could be seen as research (in cultural context) *on* the very idea of qualitative research. It is Kakar who thus opens the door to questions like: what happens when one tries to do qualitative research in India? What new questions come up? What new hurdles would one face in the Indian context? Would Indian subjects assist or resist narrativisation? What happens to the idea of qualitative research when it passes through a cultural conveyor?

In qualitative research, the narrative is touted to be the way to approach experience; and narrative inquiry is today an accepted and legitimate qualitative research methodology. In fact, some claim that research itself is story-telling (Usher, 1997). Michael Connelly and Jean Clandinin, Canadian researchers and educationists, say that the study of narrative is the study of the ways humans experience the world (Connelly and Clandinin, 1990). Kakar has used narratives almost since the very beginning of his vocation as a “writing psychoanalyst” (2011, p. 159) to “[map] the cultural-psychological terrain of the relationships [of] men and women in India [and not] only is the narrative form celebrated, but it is through narrative design that the intended theme is explored” (Singh, 1992); such that the narrative form adopted by him became his signature style: “Narrative is Kakar's “interpretive *a priori*”. Culture, social form, and mind are all finally grounded in story and take their distinctive shapes from it” (Homans, 1992). He himself claims that by 1986 in the first edition of *Tales of Love, Sex and Danger*, “we were among the first analysts to use the story and its characters as further sources of information and insight rather as objects of pre-existing and generic formulations – indeed as the very stuff, in textual form, of an unconscious that has transcended cultures at the same time as these cultures have shaped its derivative forms of expression. Indeed, the unique contribution of psychoanalysis to the study of literature may not be a discovery of any objectively true unconscious content in literary work,

³³ While there are definitely others who have also made important contributions, we find the dialectic between the work of Honey Oberoi Vahali and Sudhir Kakar interesting. The dialectic between ‘Lives in Exile’ (Vahali, 2010) and ‘Book of Memory’ (Kakar, 2011) is a dialectic between ‘writing the Other’s narrative in a foregrounded sense’ and ‘writing the self in a foregrounded sense’. In the former, the writing of the self is as if backgrounded; in the latter, the writing of the Other is as if backgrounded. Both remain representative of the qualitative turn in Indian psychology. In another sense, the former is an example of what Nandy calls *political psychology*, for while qualitative psychology has made psychology political, Vahali’s work also makes politics psychological. The latter on the other hand is an example of *self-psychology*.

but rather an enhancing of our sensibility to the multiple meanings and the complex emotional experience of literary texts” (Kakar & Ross, 2011, p. 221).

However, today, when we are all engaged in writing narratives – oral history, life history, biography, autobiography, psychobiography – Kakar’s engagement with story-telling is grounded in another philosophical tradition, although seemingly hand-in-hand with our current endeavours. When Kakar takes to narrative, he is pointing to an overtaking of the West’s move to introspective research via postmodernism... or perhaps it is not overtaking but seamlessly taking to narratives because of a culture’s own, long-standing disposition for story-telling. The “marked Indian proclivity to use narrative forms” (1989, p. 2) is a resource he uses to good advantage, to hint at meanings but also to provide “a kind of magical mirror for the [other]” (1989: 8). Kakar’s story-telling, hauntingly familiar and yet frustratingly not, at some angles “appear to be an ordinary piece of glass coated with silver at the back which faithfully reflects the contours, planes and details of our own familiar faces [and then, at] others, it throws up dark menacing visages, forceful intimations of our disavowed selves which we thought no longer existed”.

But what is a ‘narrative’ according to Kakar? Every story does not become a narrative for the distinction between ‘story’ and ‘narrative’ has been marked in qualitative research. According to Connelly and Clandinin (1990), “narrative names the structured quality of experience to be studied, and it names the patterns of inquiry for its study. To preserve this distinction we use the reasonably well-established device of calling the phenomenon ‘story’ and the inquiry ‘narrative’”. We would understand the narrative as the story of the story, or the script behind the telling/writing of the life-story, for the recounting of a story (narrative) is not the story itself but its memories that have been teased out and reconstructed³⁴.

Thus, will the narrative be a recital of events and dates that make up a person’s quotidian life? Or it is perhaps a rich and detailed recounting of the person’s life story? For Kakar, it would seem neither, for according to him, “traditional Indians are inclined to tell stories whenever they wish to prove a point or convey what the world is like or ought to be like, using narrative as a *way of thinking* and as an *inquiry into the nature of reality*” (Kakar and Kakar, 2007, p. 185, italics added). Kakar’s take to narrative seems to be “predicated on the notion of the Indian as “homo narrans” – of Indians as unceasing storytellers. In India, we are told, where “individualism even now stirs but faintly”, myth, fantasy and story still play a large role in evincing culturally embedded meanings” (Aggarwal, 1995). ‘Myth, fantasy and story’ are drawn upon to resolve what may be a person’s *dharma* when faced with the “dilemmas of existence” (1989: 2). Here *dharma* is not about religion or morality, as also not about right or wrong marked *a priori*, but is the context of reflection before a relational action, as typified by a set of questions ‘who am I’, ‘how should I live’, ‘what should I do’. This kind of questioning is modeled on the mytho-poetic

³⁴ Imagine: a movie is flashing in front of our eyes, a story is being told. The movie has narration that orients the audience, a text that makes the audience understand what is happening in the story. The narration is not always attached temporally to the story; it is flashing ahead. Technology has allowed us to make meanings in these strange ways. Take, for example, the DVD edition of a movie. Some DVD versions have special features, such as a commentary by the makers and actors of the film on what went into the making of the movie. Thus, as the movie plays in the background, the voices of its performers speak to us, which makes the movie, even its very artificiality, grounded in reality, telling us, “this is a story, dear spectators. Do not take this to be the truth”.

exposition of dialogue³⁵ between a prince afflicted by doubt just at the moment of action and his charioteer who is supposed to steer him through such an impasse. This turn to myth “in its basic sense as an explanation for natural and cultural phenomena” (1989, p. 2) is made possible because of the Hindu’s “civilizational heritage of ethical action being inseparable from the context” (2007: 190). Nonetheless, the “metaphorical richness” (1989, p. 2) of fantastical story-forms may not always reflect in the Indian’s self-account as Kakar says in the following excerpt:

... it is rarely recognized how much a certain kind of introspection is a peculiarly Western trait, deeply rooted in Western culture. Indeed as Simon and Weiner have pointed out, the introspective element of Western civilization is ancient and can be traced back to later Greek thought, where the definition of self and of identity become contingent upon an active process of examining, sorting out and scrutinizing the “events” and “adventures” of one’s own life. The activity of introspection become closely connected with the idea of “the true self” as typified by the Socratic use of the phrase “Know thyself”. This kind of introspection is simply not a feature of Indian culture and its literary traditions. Even today, in the essentially Western-inspired genre of autobiography, Indian writings often tend to have a *curiously flat quality* as far as the scrutiny of the life in terms of a ruthless examination of motives and feelings is concerned. The section on childhood, whose ambivalences and ambiguities are the riveting content of a good autobiography, as well as the section on the turmoil of youth, are generally skipped over with dribblets of information and conventional pieties such as “Mother was loving,” “Father was affectionate,” “Brothers were kind”. With rare exceptions, Indian autobiographies are evocations of places and accounts of careers, records of events from which *the self has been excised*. (Kakar, 1982, p. 7, italics added)

The question for us is what accounts for this discrepancy? On the one hand, Indians take recourse to metaphor in the stories that shape collective fantasies; the inner world of the Indian is mirroring the mythic stories of the gods. On the other, when a description of the self is being generated, the tonality of the average Indian becomes ‘curiously flat’ and dry, perhaps unevocative in the Western tradition of psychoanalysis and at the same time, depicting none of the cultural reservoirs of imagination available to the ordinary Hindu on the streets³⁶. Does this discrepancy tell us something about how the Indian self is structured? Kakar feels that “Indians or rather the Hindus have a similar injunction, *atmanam vidhi* – know thyself. However, the *atman* or self they are talking about is very different from the one referred to by Socrates. It is the metaphysical and not the biographical self, uncontaminated by time and space, and thus without the life-historical dimension that is the focus of psychoanalysis” (2011, 219). Kakar introduces two approaches to the self here – self described in metaphysical terms in India and self described in biographical detail in the West; it is not the same self! It is this which poses a serious

³⁵ The dialogue is between Arjuna, the prince and Krishna, the charioteer. The dialogue is about a doubt that afflicts the prince just when the war of Kurukshetra is about to begin. The doubt is about whether Arjuna can or should kill his nearest relatives even if he is supposed to, to avenge the indignity of a woman, Draupadi, in the King’s court. The dialogue is about Krishna’s response to Arjuna. In the context of nationalist modernity, the dialogue comes to be contained in the bound volume: the *Bhagvad Gita*.

³⁶ Kakar clarifies that he is “speaking in broad cultural-historical terms and not referring to introspective capacities of particular individuals in India, or for that matter, in the West, which may vary widely across the spectrum” (1982, p. 8)

challenge to an imported frame for qualitative research that presupposes that an Indian biographical self will be easily accessible. Kakar further shores up this quandary we are faced with while portraying the Indian people:

Indian descriptions focus on behavior. They describe what was done, where it was done, and to whom or with whom it was done. The Indian respondents said, 'He has no land but likes to cultivate the land of others,' or 'When a quarrel arises, he cannot resist the temptation of saying a word,' or 'He behaves properly with guests but feels sorry if money is spent on them.' It is the behavior itself that is focal and significant rather than the inner attribute that supposedly underlies it. This tendency to *supply the context* when providing a description characterizes the descriptions of Indians regardless of social class, education or level of literacy. It appears, then, the preferred Indian way of describing people is *not due to a lack of skill in abstracting* concrete instances to form a general proposition, but rather a consequence of the fact that global inferences about people are typically regarded as neither meaningful nor informative.

(Kakar, 2007, p. 190, italics added)

It is his autobiography '*A Book of Memory. Confessions and Reflections*' that perhaps brings together the psychoanalytic introspections of the self and Indian meditations on the self. In another sense, the book of memory may also mark the coming of age of Indian psychoanalysis. As Kakar begins narrating his story, he asks himself why he must write the narrative of his life. Amongst the many reasons that he fathoms from his own unconscious, he says, "If there is one predominant motivation in undertaking this memoir, then it is to recapture the sense of life that animated events that stand out in my memory as momentous" (2011: 4). We would like to make a distinction between the *biographical self* that is the object of psychoanalysis and the *narrative self* emerging from an Indian ethos; in Kakar's self-narration, we can see a movement between them, a crossing-over between two approaches to the self. In his 'research' on qualitative research, he has shown how the Indian self is both a '*homo narrans*' marked by an easy recourse to stories and a resistant subject in terms of the (Western) psychoanalytic need for introspection. Kakar has worked through this resistant mesh in his work as a psychoanalytic observer and clinician in India to open, in the end, his own book of memories. The book of memories depicts the ease with which he moves between two writing cultures – the culture of literary fiction and the culture of scholarly non-fiction; the first being more imaginative and connotative while the other is discursive (2011, p. 296)... almost like the play between story and narrative. Kakar's autobiography shows us how in travelling between these two writing cultures, his personal style of writing has evolved:

"After the first three novels, I decided to revisit my old culture of non-fiction. I found that my eight-year sojourn in my new culture had subtly changed the way I navigated my old one. There was more story-telling and the use of anecdote in the later essays. I found I was willing to take greater risks by generalizing beyond the details I knew, normally a mortal sin in scholarly non-fiction" (2011, p. 298).

This is perhaps the striving towards his own ideal, for "the spirit of another time and place, and culture, can be best captured if both the sensibilities, the scholarly and the literary, are

harmoniously fused” (2011, p. 297). In that sense, he has offered us an interesting method, the promise of which is still only dimly understood in psychology in India. One could call it the auto-psycho-biographical method.³⁷

To conclude, in this section of the paper, we have tried to show how Kakar gives to received qualitative research methodology a critical cultural particularity. The turn to narrative in psychology, it had seemed, was a move to allow subjects to speak for themselves. Yet, in the Indian context, the narrative frustrates the enquiry since it would seem that “the self has been excised”; whereas paradoxically narrative itself seemed particularly suited to the Indian context. It is, as if, the narrational self that in itself (in its manifest self) resists narrativisation. It resists the narrative technology generated by qualitative psychology. Where does one go then looking for the Indian self, overwhelmingly peopled though the streets of India are, overwhelmingly inhabited with mythologies and folklore the lives of the Indians are? As Kakar has shown, the Indian self is ‘another thing altogether’ and the approach to it will require a critical cultural understanding of the ways in which the Indian self will (and will not) speak.

Faith Healing: Dispossession amidst Spirit Possession³⁸

This section looks at what has conventionally been called sites of ‘faith healing’, where faith healing is for us the outside to mainstream psychology (while psychoanalysis and qualitative psychology are critical insiders; in earlier sections we have seen how the outsided-ness of both were however enhanced by cultural turns that were imparted to each respectively by Bose and Kakar)³⁹. The question we ask in this section: does faith healing as the Other of even Indian critical psychology – put to critique mainstream psychology? Does it put to test institution-centric cures and DSM-centric diagnostic paradigms? Does it put to test individualized clinical relationalities marked primarily by the modern doctor-patient dialectic? Does it offer, even if metaphorically, even if not with intention but somewhat passively, the glimpse of another

³⁷ Through this method one also becomes an exemplar; one does not simply lay down principles. Gandhi’s *The Story of My Experiments with Truth* and Kakar’s *A Book of Memory* (not marked of course by the same moral struggle or tone) emerge as (un)related examples of both the Indian tradition of the auto-psycho-biographical method and the Indian contribution to qualitative psychology.

³⁸ This section takes off from a project titled *The Experience of Gendered Violence: Developing Psychobiographies* funded by the Indian Council of Social Science Research (ICSSR). Faith healing was proposed as a site to see how experiences of violence and gendering come to converge with possibilities of healing; this enables us to question a cultural context that proposes to encompass in its everyday functioning such forms of healing. Kimberly Lacroix, who has been a co-researcher in this project, has contributed in ways more than one to this section. An ‘acknowledgement’, as it is fashionable these days, is therefore not enough; the debt exceeds the indebtedness. In many ways, she is a co-author and co-contributor of this section.

³⁹ This section can only serve as a *supplement* to the tradition of critical psychology in India. By marking this section as supplement the authors wish to play on the ambiguity that haunts what is supplementary. Faith healing can suggest that the text of critical psychology is limited, hence the supplement. On the other hand, it might also be argued that faith healing adds on to the critical quotient of psychology in India. The authors remain haunted by this ambiguous, or more accurately ‘undecidable’, perhaps ‘two-fold’ nature of the supplement; whether the supplement “adds itself” and “is a surplus, a plenitude enriching another plenitude, [as] the *fullest measure* of presence”, or whether “the supplement supplements. It adds only to replace. It intervenes or insinuates itself *in-the-place-of*” (Derrida, 2002:144-145). Ultimately, “weaving together the two significations of supplementarity”, Derrida suggests that the supplement is both “substitution and accretion” (2002, p. 199-200). In this paper too, supplement accounts for the “strange unity of these two gestures” (Derrida, 2002, p. 144).

relationality with non-reason⁴⁰? Does the idiom of spirit possession, along with its elaborate human-spirit-animal-god continuum, put to test the psychological idiom of the modern western world? If it does then we need to understand how the context of faith healing understands suffering and the desperate attempt of the sufferer to communicate to the world her suffering. However, it should also be kept in mind that difference – difference at the level of (a) understanding of suffering, (b) conceptualization of suffering through the demonology-nosology of spirit possession and (c) healing through faith – does not automatically ensure critique or criticality, which is why one will have to be careful with respect to whether faith healing as marking (cultural) difference is indeed adding to the critical quotient of psychology in India. That it is at the edge of psychology cannot be doubted. But does it give critical edge to psychology?

We know there is a certain risk involved in seeing an extant practice as an embodiment of critique, even if fleetingly. Hence, let us first see how faith healing marks difference and whether at all.

What is the specificity of this site or space designated faith healing? What happens here? Who comes to these spaces? Is there a congregation of suffering, as also a co-authoring and a sharing of the symptomatology of suffering? How is suffering understood, explained? What is the (cultural) nosology of suffering? Is there healing? How does healing happen? What is the process of healing? Who heals? How do we locate faith healing in the map of mental health services in India? Do we have to first make conceptual space for this site in the Indian mental health imagination (and not put it aside as unscientific and pre-modern)? Do we have to first admit, even if provisionally, that there is indeed a process of healing at work (if not cure) so as to put the practice in the evaluative conveyor? Also, why are these sites called sites of ‘faith healing’? When was the descriptor invented? Why invoke faith (and not science) and why invoke healing (and not cure)? Why prefix healing with faith? How do we understand the sites of faith healing found nearly all over India? What sense can we make of them? Is our western/modern training, our university education an impediment to the patient comprehension of what happens here: “western scholars ... despite even a sensitivity to cultural difference are seldom able to extend this sensitivity to the most basic ontological assumptions of their taken-for-granted world” (Crapanzano and Garrison, 1997, p. 11)?

Whether or not faith healing resists comprehension, it definitely complicates the map of mental health service in India. It introduces in the existing map a form of service that is not psychiatric and is also not strictly psychological, that is not institution centric and that is not clinical in the modern western sense. To see the psychological in *corporealities*, in the public deployment of the shared dance of bodies, in a language game so different from the ones we are used to, our psychological imagination or the imagination of the psychological will have to be extended-deepened in directions hitherto unthought-of – directions that should not lose its way into the dreary desert sand of ‘hysteria’ just because there is something bodily in the expression of suffering. It thus opens up a mental health map hitherto marked by the dyad of either the institutional and the communal, or the psychiatric ward and the individual clinic. Faith healing sites also appear to be at the cusp of the institutional and the clinic; it is as if neither wholly

⁴⁰ The criticality quotient of any school of psychology and its approach to suffering-healing can be assessed in terms of the relation the particular school or approach sets up with what emerges as unreason in a culture and context. This is the framework of critique we are deploying in this paper.

institutional nor clinical in the private sense, which is why one needs a better description and an understanding of the cusp. In other words, faith healing offers not just to mainstream psychology a form of subaltern criticality, a criticality bordering on a passive form of resistant differing (which is also a sort of Gramscian or Gandhian ‘war of position’), it also offers to the existing critical psychology tradition in India a new-fangled quandary.

On Suffering

This section is on ‘suffering’. It is through this section on suffering that we shall revisit faith healing. In other words, we approach faith healing through the question of suffering and the impossible communication of suffering. This is also to mark the separateness of faith healing from community mental health, its close kin. Suffering can be of many kinds. Individuals can suffer. Entire cultures/societies can suffer. Consequently, attention to suffering can also be of many kinds. One may attend to the individual sufferer or to a suffering culture/social as such. One may attend to the cultural/social sea of suffering or to puddles of it. One can also say that attention to puddles (in the form of institutional/clinical attention) is never enough; one needs to attend to the sea of suffering and this is not just a quantitative argument. It is not just about attending to a larger pool instead of micro-piles. It is also a qualitative argument; because for some the puddles are a symptom of the sea of suffering. For yet others the puddles are a by-product of existing social processes. In this argument, the nature or the structure of the social is the cause for suffering puddles. This turns the table on the social. The social becomes the object of critique⁴¹.

Thus, suffering can be understood in biological terms, it can also be understood as a product of culture/social. One can attend to suffering through the medical model; one can attend to suffering through a non-medical model. In the medical model, one can attend to suffering through the pharmaceutical route; but also through words – through language (for example psychotherapy, talking cure, and counseling). In all these approaches, the problem is located in the individual, more specifically, in the biology of the individual as understood by pharmaceutical psychiatry and in the growing up or development of the individual as interpreted by psychotherapy. Of course, none of these approaches deny the importance of the cultural/social. The somewhat unthinking reiteration of the ‘bio-psycho-social’ as the structure of causation has become fashionable these days in mainstream psychology. However, the acknowledgement of the importance of culture/social and the non-denial of the same are not the same. There is a gap between non-denial and acknowledgement.

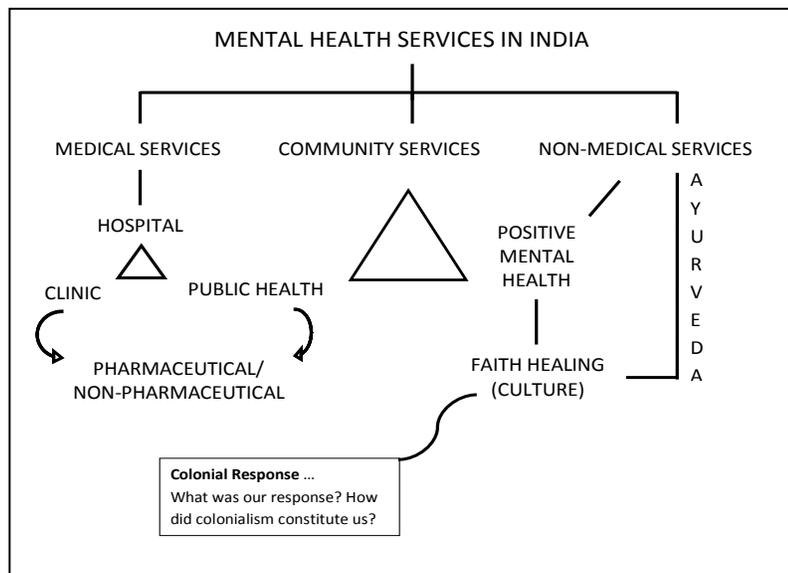
Interestingly, the non-medical model – a model not marked by the birth of the clinic, the anatomical body of three-dimensional tissue spaces and the asylum – can also make use of drugs (however the nature of use is different and the understanding of the mind-body complex in their respective imbrications and exclusivity are different). Ayurveda would be one example of the non-medical approach to suffering. Faith-healing would be another example; where the use of

⁴¹ Doris Bergen (1988) says, “Spirit possession [...] leaves unfinished the liberating process that is triggered by the supernatural. It is a mere call for social change, an expression of previously repressed suffering that is to be transferred to the tormentor but never will be. A protest that is merely tolerated by society cannot blossom into reform”; there is no sympathy in society for the woman possessed.

the pharmaceutical approach would be tentative; instead, here the use of the language of suffering-faith-healing would need to be tracked.

One could also have a community approach to suffering and the community approach can again be subdivided into two. One, where the approach is one of developing an imagination of mental health and social well-being through a certain learning from the community. In this approach, there is attention to the relation between reason and unreason in the community. The relation is revisited from a critical psychology perspective and re-mapped and it is in terms of this re-mapping that healing in the community context is re-conceptualised. The other, where the medical approach does not restrict itself to the hospital-clinic complex but makes its way into the public sphere and into community life. The second that makes the medical-psychiatric model imperial (mini-hospitals are set up in the micro-pores of the community followed by pathologization and psychiatrization) has been put to critique by mental health activists like Bhargavi Davar and Ranjita Biswas, and the tradition of critical psychology in India⁴².

The above description of mental health through the discourse of suffering and healing complicates the received picture of mental health. The re-mapping of the mental health sector/field in India in all of its complexity is therefore a necessity. Here is an attempt. It is in terms of this map that we would like to mark first a space for faith healing and then see how (and if at all) far faith healing imaginations live up to critical psychology perspectives.



In terms of this mapping, one can take two approaches: one can slowly chisel out all the other approaches and hold on to and promote only the medical model and within the medical model, only psychiatric approaches. The other is to accept that there are a number of contending approaches – and there is much to learn from these approaches. Here we are making an epistemic argument in terms of the map. The plurality of approaches tells us something; it offers us a few

⁴² See: Biswas and Dhar (2010).

signposts as to where and how we should move, what would be the definition of mental health in the future⁴³. In this approach, the edge of psychology is acknowledged for its difference; and faith healing as one other element at the edge of psychology is accepted as an approach to suffering-healing (here edge of psychology is an entity and not just a marginal space).

Faith Healing and Critique

Now let us see how this ‘in-between site’ has been looked at. Conventionally we have had two approaches to the site of faith healing. The attitude of psychiatrization has treated this site as backward, as pre-modern and has wanted to re-diagnose the women-in-Mehendipur in terms of the DSM. In this approach, there is un-examined admiration of psychiatry and an equally un-examined criticism of faith healing. The approach of cultural psychology has treated this site as offering a culturally rooted method of healing that has to be understood on its own terms. In this approach, there is a somewhat harsh critique of psychiatry and a defense of faith healing. We would like to move beyond both these approaches – one marked by a critique of culture and a defense of science, the other marked by a critique of science and a defense of culture, where science is represented by the psychiatric clinic and culture by faith healing.

The bio-medical model of psychiatry, however, considers faith healing unscientific and thus to be replaced by itself. “The modernist discourse on health sees mental health provision through regulated medical models as progressive. Other knowledge systems and healing practices are considered reactionary” (Jayasree Kalathil, 2007); according to Bhargavi Davar and Madhura Lohokare (2009), a witch-hunt is being carried out against shamanic and faith healing practices since the turn of this century through state and non-state parties under the guise of reforming the mental health system. They point out that it is paradoxical that reform only means to modernize the system and evict supposedly unscientific players from the field (what they call the indigenous healing sector), without reforming the institutional practices that have essentially remained unchanged since India’s colonial past. However, as we have insisted from the start of the paper, the tradition of critical psychology in India cannot just rely on a critique of psychiatry or mainstream psychology; it is required to be premised on the *dual critique*. Notwithstanding, before we take note of the critical quotient of faith healing let us first see what actually happens at the site of faith healing.

Ethnographic Accounts⁴⁴

In October 2010 as part of the research project, we travelled to Mehendipur – a small town in Rajasthan in western India on the highway connecting Jaipur and Agra. It would have been one of the many anonymous, dusty towns sprinkled around our route to get here had it not been for its most famous temple the Balaji Mandir. It is believed that the deity in this temple has divine power to cure a person possessed with evil spirits. However the Balaji Mandir is not the only stop for pilgrims coming to Mehendipur. Another must-visit is the Teen Pahādi Mandir; this is misleading for pilgrims are required to pass hundreds of little temples (*mandirs*) of various

⁴³ Here one can have two understandings of the future – one future is known such that the futurity of the future is subsumed under a *telos* and the other is where the futurity of the future is retained in a somewhat robust form.

⁴⁴ This section was presented by Kimberly Lacroix and Sabah Siddiqui at the conference on *Women: Use, Misuse, Abuse* held in Bangalore University in March 2011.

deities as well as shrines to the ancestors (*Pitristhān*) on the way to the Teen Pahādi Mandir, which lies at the peak of the highest of three hills. A third necessary stop for pilgrims is the Samādhi where lie the mortal remnants of Ganesh Puri – the *mahant* in whose dreams Balaji appeared and spoke of His decision to take abode in Mehandipur. This stop consists of a very large field in the middle of which is the *samādhi* of Puri.

Those afflicted by spirits exhibit behaviors that have specific local names: in the Balaji Mandir, Rajasthan it is called *peshi*, in the Mira Datar Dargah, Gujarat it has been called *hajri* (Pfliederer, 2006) and in the Shrine of St. Anthony, Tamil Nadu *pēy āttam* (Sebastia, 2007b). An equivalent word in English could be ‘trance’. In Mehandipur, the treatment of *peshi* is carried out through the divine intervention of the deities and the saints through the mediumship of priests and mystics, usually accompanied by the full-hearted participation of the family of the possessed person as well as all those who gather to witness and participate in the event that demonstrates the power of this process that is called *sankat-mochan*. The equivalent in English could perhaps be ‘faith healing’. However to preserve the specificity of the word as used in the vernacular, we will refer to the words that were used locally. The ones in Mehandipur who are experiencing *peshi* are referred to as *sankatwalas* or people with *sankat*. Literally *sankat* means crisis/danger/distress but here it signifies a person who has been possessed by a spirit. The difference marked by on the one hand ‘crisis/danger/distress’ and on the other ‘being possessed by an evil spirit’ is somewhat stark and cannot be wished away in any way since it determines (a) how women respond to the healing tradition and (b) how we as researchers respond to the women’s response to the healing tradition.

It is an overwhelming experience to see the *aarti* at the Balaji Mandir for the first time! Words seemed to fail us when it came to a description of what exactly was happening there. It is pure spectacle, in the dusk-light with hundreds of bodies pressed together, clapping in unison to the *jai-jai*kar sung by the sweet, disembodied voices coming from the electronic speakers above. With the progression of the *bhajans* (religious songs) devotees, seemingly waiting for this moment, go into *peshi*; hypnotic frenzy characterizes every person in trance. The most common motion in women is the movement of the head that cuts an ‘8’ figure from side to side, the jerking of their bodies back and forth gives momentum and continuity to the head movements. The hair loosened sometime during this motion, by the woman herself or a helpful hand, sweeps the space around her as people move away to *give her the space she needs*. Some of the men and the younger women are somersaulting with it ending in a resounding bang as the body comes to rest on the floor; others are beating their bodies into the wall or the iron gates. Extended cries, piercing screams, repetitive chants, mourns and praises – some expressing relief, some sorrow, some pain and some just anguish, can be heard from every part of the hall as the tempo of the *kirtan* increases along with the number of people entering *peshi*. The *aarti* lasts for an hour and the *kirtan* that follows every *aarti* for even longer, going up to three hours on most occasions.

During our stay in Mehandipur, we spent as much time as we could in the temple premises and we observed that demographically, around 90 percent of the afflicted were women, most of whom would have been between the ages of 14 and 25, obviously young women who were to get married soon or had been married recently while on the whole there were more men present at the different shrines in Mehandipur. A board mounted on the outside of the main temple carries the warning that women and *sankatwalas* must be accompanied by an attendant, which may be

the reason that although most of the *sankatwalas* are women, majority of those present there are men. Our observations pointed towards a very obvious demographically-skewed gendered space. In fact, as Gloria Borgen says (1988), anthropological studies show that it is frequently women who fall victim to spirit possession. The question for us is why does this space have so many women who are possessed? One explanation buried in the dominant understanding of Indian culture is cited by Vieda Skultans (1987) who reports on her work at the Mahanubhav Temple, in Phaltan, Maharashtra⁴⁵ '[the priests] view trance as unequivocally a female affliction and account for this epidemiological distribution in terms of women's weaker nature in relation to men, their greater vulnerability due to menstruation and their general carelessness about where they urinate.' Another angle to such a cultural script is seen when, E. B. Harper (1963) who studied possession in women of the Havik Brahmin caste in Karnataka, says, 'A woman who is ill (*kata*), i.e. periodically 'attacked' by a spirit, is shown deference and accorded appropriate special attention – she is indirectly able to influence the behaviours of others around her. Not only does she temporarily gain preferred treatment, but both she and the members of her affinal family are given a breathing spell in which to reattempt adaptation to the situation'. Kalpana Ram (2001) in her paper on rural Tamil women's experiences of possession cites Harper for his materialist attention to an analysis of consciousness where possession is seen to be symbolic of femininity and where women take recourse to such options to deal with 'social relations of inequality'. Nonetheless, she cautions us to take seriously the importance of an enquiry into a female-centered phenomenology of possession without evacuating the female body which shapes and embodies the possession experience of women.

At Mehandipur, it was obvious to us that the women in *peshi* were acting in culturally prescribed gendered behaviour common within the premises of the temple. Were these spaces of healing gendered in a particular way, that is, were gendered stereotypes at work at these sites of healing? We observed that the behaviours of *peshi* seem to spread as more and more people join the chaos of sound and motion during the *aarti* or the *kirtan* at the temple. In fact, it would seem to be actually contagious for pockets of the room yielded certain actions of *peshi*, somersaulting here, banging into the wall there. In doing so the meaning that is attached to the act of performing the ritual, taking from Butler (1988) citing Victor Turner, involves a repetition; '[t]his repetition is at once a re-enactment and a re-experiencing of a set of meanings already socially established, it is the mundane and ritualized form of their legitimation'. Further, *peshi* in women and men appears differently. The women seem to be constantly in violent motion till you wonder how their bodies are keeping it up for hours on end at all. Their screams and cries can tear at the walls of your heart! The men are for the most part far more sedate, quieter (for once), yielding up most of the space for the women to occupy. In fact, the women were seen to push the men who happen to come in their way while they are in throes of their *peshi*.

Does this mean that the site of faith healing provides a space for intervention made available by a culture to and for women? Is this a space offered for redressal of the suffering of women that does not find expression in the environs of home and community? Have women managed to

⁴⁵ Here we must mention that in our field visit to Mahanubhav Temple in Phaltan in April 2011, we were unable to find accounts of trance at the many temples dotting the village. It remains a question for about the discrepancy in the observations between Skultans and us. It may be simply due to the time of the year the field visits were conducted. Or it may be that something has changed in the social fabric of Maharashtra, the first state in India to have drafted an Anti-Superstition Bill, also called the Maharashtra Eradication of Blind Faith Bill.

create this space for themselves? Pfleiderer (2006) feels from her decades-long ethnographic work at the Mira Datar Dargah in Gujurat ‘that the ideology of the tomb defines the boundaries of the women analogously to the Hindu or Muslim world picture in India, while the women overstep the boundary when they enter into trance. And they do this in public. But while they do this, voices speak from them. Thus, they undermine their social boundaries – “with the techniques of hysteria as it were” (Braun, 1985).’ She finds this breaking of social norms as the woman acquiring agency in the small spaces available to her within the confines of her social reality, *peshi* performed in the public is the woman’s agency in the face of society but yet made subtle when termed ‘*peshi*’, simultaneously subtle and not-so-subtle. Pfleiderer (1982) calls it the necessary cunning of women that allows them to survive in a patriarchal society for the ‘Indian woman has to be very cunning because she lives in a two-fold patriarchy, the Indian and the colonial’ where on one side is ‘Indian theory of society (*Dharmashastra*), which radically restricts woman’s space. The other... was brought to the women of India by the Europeans, above all the 19th century British who came from the Victorian era of bodily alienation’.

It would seem that the legend at Mehandipur has it that a person goes into *peshi* when Balaji manifests Himself to her and the behaviour represent the battle between Balaji and the *sankat* to wrest control over the person. The behaviour seem to be agonizing for the *sankatwala* but people assure us that it is not the person who is being punished but the *sankat* inside her who is being punished by Balaji and no harm will come to the devotee who has already placed her body in the care of Balaji. The body of the *sankatwala*, which in most cases is the body of the woman, is the vessel for Balaji and this spirit to stage and enact their confrontation (this duel between God and Satan – the very organization of illness and healing in terms of this duel – is uncannily close to the Christian worldview). The pain the women bear as cure seems to not be significant in face of this cultural oeuvre the site of faith healing offers... a magic box of wonder that must not be opened.

In Mehandipur, during *sankat-mochan* that occurs in front of a fully participative *darbar* containing several of the family members of the *sankatwali*, the woman is urged and incited deeper and deeper into *peshi* so that the *sankat* will present and ‘name’ itself to the full *darbar*. On being named, the *sankat* who is now in full view of the audience can be asked to do various things as demanded by the healer, mystic or any one from the *darbar*. The *peshi* at the main temple looks exhausting to the onlooker, at the Samādhi it seems designed to punish and humiliate... again here the punishment is aimed at the *sankat*, not at the *sankatwali*. The tougher is the hold of the *sankat* over the *sankatwali*, the harsher is the punishment accorded to *sankat/sankatwali*. The recalcitrance of the *sankat* to leave the *sankatwali* under the force of the cajoling and threats of those set out to evict it just makes the treatment so much fiercer. At Mehandipur, the *sankatwali* must go through strenuous acts of mounting daring, from circling the Samādhi clockwise under a hot desert sun to immersing herself in the water that collects from the drains of the Samādhi in one corner of the field, even drinking the filthy sewage water, standing in the middle of which the woman has become truly ‘untouchable’; she is doubly unclean, once with the dirty spirit inside her, another with the dirty water outside her.

Pfleiderer (2006) has described the punishment of the spirits at the Mira Datar Dargah similarly – as *Chauz*, *Mori* and *Sulli*. *Chauz* is to be directed to lie in the water tank demarcated for this purpose ‘until a snatch of dream text or a snatch of trance text advises her whether or not the

chural will soon be able to leave her body in peace'. *Mori* is used for the dirtiest of *ballas* (usually one from the lower caste) where '[the *balla* is] exorcised by sitting, among other things in sewage from the latrines or by drinking filthy water'. *Sulli* is deemed the hardest punishment which involves circling the tower, both clockwise and anti-clockwise. The punishments prescribed and meted out by the faith healing centre according to the 'rank' of the spirit possessing the woman is willingly endured by the *sankatwali* in Mehandipur to be free of her *sankat* but it is still acted out on and through her body. Ram (2001) recounts the case of Santi, *pēykari* (demon woman) of Kanyakumari, 'When the spirits left Santi, she had been branded, beaten, her arm was broken and pepper had been repeatedly put in her eyes'.

After spending only a few days at Mehandipur, it dawned on us that the *sankatwali* at the temple does not go into *peshi* and exhibit such behaviour except in the healing presence of Balaji. So *peshi* is not just about spirit possession or suffering. It is also proof of the existence of Balaji's power. The woman becomes a spectacle for the eyes of the devotees; her *peshi* seeks to renew their faith; in the words of Ram (2001) '[...] women become exaggerated versions of their everyday selves rather than their opposite'. Their bodies are rendered crucibles for battles fought elsewhere or for the re-affirmation of the faith of others in a primate God. Which is why a question comes to mind: since when has this re-affirmation of faith in Balaji been a cultural requirement? Is it a modern phenomenon? The Indian Hindu Right would of course want us to believe that it has been so since time immemorial or the very idea of 'India' is about this very re-affirmation. One therefore needs to be careful when one is seeing faith healing as *cultural resource* for critical psychology.

Faith Healing as Cultural Resource for Critical Psychology

Faith healing is, of course, at the edge of mainstream psychology but whether it is one element in the tradition of Indian critical psychology is an open question, a question that would require more research. On the other hand, faith healing could be a resource for critical cultural imaginations of healing and relation with suffering; it could also be a cultural puzzle for critical psychology in India, at least, if not for the west as well.

Faith healing as a site opens up two further dimensions: one is the dimension of healing. The other is the dimension of diagnostics. As a healing site faith healing offers something different to the critical imagination – different from both asylum/institution-centric treatment and private clinic-based therapy. Does it at the same time offer interesting clues to critical diagnostic exegesis? Does it offer an understanding of suffering (as also a diagnostic realm) different from the ones usual in psychiatry, abnormal psychology and psychoanalysis? To see whether it does one will have to get deep into the genealogy and archaeology of 'spirit possession'. Does spirit possession offer an altogether new diagnostic realm, different from that in DSM? The analogical example would be Lacanian psychoanalysis, which sees diagnostics in terms of the 'subject's relation to the signifier' (also see Parker, 2011: 41). Does spirit possession set up a similar process is the question worth exploring.

As a word of caution, Crapanzano and Garrison assert that 'Spirit possession, in one form or another, is reported throughout the world. Bourginon (1973) has found that in a sample of 488 societies in all parts of the world, 437 (90%) are reported to have one or more institutionalized,

culturally patterned forms of altered states of consciousness: 251 (52%) of these societies associate such experiences with spirit possession'. The lurking doubt: is it that universal? Or does it become universal through colonialism? Has the traditional (read Christian) idiom of (spirit) possession "affected the presentation of possession, its distinguishing features, and hence its classification" (Crapanzano & Garrison, 1977: 5)?

Some of these questions remain as lurking doubts in our minds. They only *defer* the assertion of faith healing as a site imbued with critical psychology kind of perspectives.

Critical Cultural Psychology

It would not be altogether out of context to see whether one can create a *culturally possessed discourse* of critical psychology in India, perhaps keeping in mind Kakar's exposition on the Indian self.

Let us, as illustrations, look at two cultural mental health nosologies – the *dhat* syndrome in men and *peshi* in women – to see whether they offer some critical insight to the diagnostic paradigm already made global by the American Psychiatric Association. However we would at the same time like to "resist the reduction and consequent distortion of the spirit idiom into a second idiom, the "psychological" idiom, in which we in the modern western world feel more comfortable" (Crapanzano & Garrison, 1977, p. 11). This is also to suggest that a glimpse of the critical psychology perspective can be got even outside the university and departments of psychology.

A phenomenon that has been as more widely studied by cultural psychologists or medical anthropologists since the 1960s is the Dhāt syndrome. It resists easy categorization but the most popular understanding of it is that it is a culture-bound syndrome seen in men, particular to Indians or those of Indian origin between the ages of 18 and 30, especially from the lower socio-economic class. These young men complain of loss of semen in urine, sexual impotence or a failure to 'perform' sexually, weakness, fatigue, sleeplessness and loss of concentration and report symptoms akin to anxiety, depression and in some cases, phobia. The most common story, which is not reflected in this medical listing of symptoms, is that the man feels that the loss of his semen, intentional or not, is a loss of his very life force. This has been variously diagnosed as a syndrome close to hypochondriasis (Behere et al, 1984), a variation of somatoform disorder or as belonging within the neurasthenia spectrum disorders (Paralikal et al, 2008). Dhāt has found its way into the Diagnostic Statistical Manual (DSM) as well as the International Classification of Diseases (ICD) under the aegis of the cultural psychology reformation of the universalizing tendency of Western biomedical psychology. Medical literature commonly refers to dhāt as a sex neurosis of the Indian subcontinent, and it continues to be extensively reported despite a prediction that the syndrome will become less common with increasing literacy and progress in sex knowledge (Jadhav, 2004).

We would like to juxtapose this against 'spirit possession'. According to Renu Addlakha (2008), in the clinical context, Indian psychiatrists have identified it as a distinctive, culture-specific

symptomatic cluster, which they refer to as the possession syndrome. With its entry into the lexicon of the DSM (again via the Culture-Bound Syndromes) it has been interpreted as a form of disassociation. This phenomenon has also been called, more specifically, the Devi syndrome (Sebastia, 2009). The Devi syndrome can be easily seen in ‘sacred’ spaces of different religious persuasions sprinkled generously throughout India that for the lack of a term have been grouped under ‘faith healing’. How can we understand these faith healing sites found all over India? Kakar (1982) puts it beautifully, “[t]he highly diverse activities of Indian healers share a certain family resemblance in that... the role of the sacred is more prominent in India. By “sacred” I mean not only the Brahman of the mystics, the Krishna of devotees or the gods of the rituals, but also the spirits of ancestors and forests, the beings that live in enchanted groves, the specters that haunt cremation grounds and the demons who wait at the next crossing.”

Such a cursory description of these two ‘culture-bound syndromes’ still manages to draw a pattern. Dhāt in men between the ages of 18 and 30 and possession in women between the ages of 14 and 25 coincides with the ages when Indian families are getting their sons and daughters married off – certainly a cultural phenomenon. However this is not to make narrow the distinction so as to say the same phenomenon cannot occur to both genders or to those falling in other age groups. Dhāt syndrome has been extended to include Indian women presenting with somatic symptoms associated with leucorrhoea, and explained as due to loss of a ‘vital fluid’ (Jadhav, 2004) and Indian men are also seen very often to be possessed by spirits (albeit the trance behaviors exhibited by the men at the temple are characteristically male-specific) but the incidence is far lower than in the first case. Is it ‘critical’ to try and identify the same phenomenon in both genders so as to accord them equal status (man has dhāt, woman also has dhāt)? Would two different phenomena with different symptomology respond better to both the ‘sexual difference’ question and to gender justice in mental health (man has dhāt, woman has devi)? Both these avenues have certainly been attempted already.

These questions can also be reformulated in the psychoanalytic enquiry. A case in point is hysteria; rather ‘the continuing romance of hysteria’ which is also the romantisation of over-emotionality or of nervous fatigue, of sexual duplicity or of sexual anxiety. Hysteria is normally associated with women although Jean-Martin Charcot (under whose tutelage Sigmund Freud first examined the phenomenon) primarily focused on hysteria in men. Hence, Elaine Showalter (1993) says that “hysteria has always been constructed as a ‘woman's disease’, a feminine disorder, or a disturbance of femininity, this construction has usually been hostile [and] although male hysteria has been documented since the seventeenth century, feminist critiques have ignored its clinical manifestations, writing as though ‘hysterical questions’ about sexual identity are only women's questions”. This has also resulted in ascribing hysteria to women; to men, neurasthenia originally, then hypochondriasis and even later obsessional neurosis. Here we are faced with two moves. On one hand is the reclaiming of hysteria by psychoanalytically-minded feminists such as Hélène Cixous where the hysterical woman is celebrated as the proto-feminist. On the other is reminding the world that hysteria can have a male form as well (which is nevertheless avoided, ignored or hidden). Which way should we go given the resonances it has with the various diagnostic entities mentioned above⁴⁶?

⁴⁶ See: Biswas, From Dora to Diana: Performances in Corporeality (2003)

Starting with Freud in his introduction to *A Seventeenth-Century Demonological Neurosis*, spirit possession in women has been understood as hysteria. This is also because this discourse of affliction has uncanny similarities with the discourse of hysteria in the West. Brigitte Sebastia (2009) says that Stanley Freed, Ruth Freed, Gananath Obeyesekere and Sudhir Kakar, who have all done great ethnographic work on spirit possession in India, ‘also share the idea that individuals having ‘hysterical personalities’ are predisposed to crises of possession’ with the underlying assumption that it is women who are predisposed to hysterical personalities. Here we are faced with a basic question: should spirit possession be at all understood as hysterical excess? Does the concept-metaphor ‘hysteria’ respond to the experience of the woman-in-*peshi*? Further, can we interpret dhāt as male hysteria? Neurasthenia was clearly the forerunner of male hysteria pre-Charcot⁴⁷ and after being evicted from Western societies has been re-discovered in the Orient as dhāt, based on “a cultural misunderstanding and a post-colonial paralysis of the Indian psyche’s failure to examine its cultural and historical phenomenology” (Jadhav, 2004). When Michael Rustin (1988, citing Kohon) says that ‘Psychoanalysis has always been a literature of excess; it exceeded custom and reason, it overstepped acceptable scientific limits, it courageously explored beyond the prescribed authorities of modern thought’, it does seem that only psychoanalysis can take up the challenge of the excess. But even here there remains a further challenge. Will we find an excess in the Indian cultural context, the excess to psychoanalysis? Could this excess be discovered in non-modern mindedness that cannot be explained away as exotic Oriental disease forms? It may be that hysteria is not a perfect fit for either *dhāt* or *peshi* but a clue, just the shade of a passing cloud while the search must continue in a land of unremitting sunshine.

One problem that confronts this endeavour is translation⁴⁸ itself, i.e. the transfer of meaning. Gayatri Spivak (2000) says translation is necessary, unavoidable but impossible for generally it is catachrestic, that is, “no other word will do, and yet it does not really give you the literal meaning in the history of the language, upon which a correct rather than catachrestic metaphoric use would be based”. For instance, how to translate a word such as ‘*peshi*’, the Hindustani word used in Rajasthan? Would the word most commonly used ‘possession’ do? The presence of *peshi* has been translated as having the possession syndrome (or even worse hysteria) and such quick translations are constantly at work in the clinic. Addlakha (2008) states that, “the communicational context of psychiatric practice is characterized by multiple levels of linguistic and cultural translation. Doctors have to engage routinely in conjoining the nuances of local idioms to the theoretical concepts of an alien discourse.” This translation occurring routinely in the clinic, “necessary and unavoidable”, also plays another function for as Tejaswini Niranjana (1993: 319) says “translation in the post-colonial context is not possible without an understanding of how hegemonic modes of representation have worked and continue to work”. Niranjana shows how translation can “render invisible the violence which creates the Other under colonialism” (p. 320) such that “difference is repressed in the coherent and transparent

⁴⁷ Elaine Showalter (1993) notes by the middle of the nineteenth century a new masculine term was required to set alongside hysteria since it had already gained the effeminizing stigma for men and in 1873, this gap in the medical lexicon was filled by the term ‘neurasthenia’.

⁴⁸ Translation can be looked at in two ways: one, where the colonized is ‘translating out’ and rendering intelligible her concepts in a foreign idiom. The other is about ‘translating in’ – taking the colonizer’s text into the life-world of the colonized, albeit with a subterranean kind of displacement. We have deployed both in this paper; ‘translating out’ is how we understand the process of meaning-making of *peshi/dhat* while ‘translating in’ is when we discuss the insertion of western psychoanalysis into an Indian context.

texts created by translation, which participates in the fixing of colonized cultures, to make them static and unchanging rather than historically constructed. Translation functions as a transparent presentation of something that already exists, although what happens is that the ‘original’ is actually brought into being through translation. By implying that representation is adequate to a pre-given reality, that which is historical is made ‘natural’” (p. 321). The site of the clinic if it draws on “the theoretical concepts of an alien discourse” will carry out these strategies of hegemonic containment. Researchers, not confronted by the immediacy of the clinical encounter, would therefore need to carefully attend to the *ethics of translation* across an epistemic divide that has been borne in the act of speech and that would be one of the tasks of critical psychology in a culturally different context.

The time has come for the Indian psyche to claim for itself its own excess(es) and own up to a cultural discourse of singular focus but universal relevance; for a critical tradition of this sort would perhaps provide mental health practitioners and consumers of mental health services the world over with the possibility of a different kind of idiom to express suffering and healing, and indeed metaphors vital and vigorous enough to help bridge the vacuum within our collective imagination created by the hegemony of the scientific-medico-legal discourses.⁴⁹

Conclusion

It is not easy to write on or generate a true or complete representation of critical psychology work in contemporary India.⁵⁰ Critical psychology thrives in the margins, the pores, the interstices and the unknown crevices of psychology teaching and research. Psychology’s geograph gets redrawn in the process. The character of psychology in India changes slowly, silently, surreptitiously. This makes it difficult to pinpoint and say “here is critical psychology at work, here is a critical psychologist”. Perhaps one can write about a tradition of critical psychology in India only in the genealogical mode. It is more of a dispersed field, resisting definition, deferring canonization. Unnamed activists – both academic activists and activist academics – live it in their everyday: *the personal is critical*. The paper however was a humble attempt to ride on the shoulders of giants. Through the works of Bose-Nandy-Kakar, we have tried to give an uninitiated reader a sense, however partial, of the spirit of critical psychology in India, where the spirit is also marked by a subtle aboriginalization, where aboriginalization is not just to ‘render the origin genealogical’ or to ‘put under erasure the Original’, but to render the ‘western Original’ *aboriginal*.

The paper must end with the acknowledgement that we have managed to open only a few skylights to critical psychology in India. This paper is by no means an exhaustive account; the list of the un-named looms large. There are of course errors of omission. In that sense the paper is a *partial perspective* to critical psychology in India. We hope there are no errors of commission. However, the unconscious speaks in uncanny ways and hence an apology for

⁴⁹ We thank Jayanta Bhattacharya for showing how the “declining vitality of religious metaphors in the Western, or at least European public discourse, led to the vacuum being filled by new metaphorical ideals such as ‘health’, propounded by doctors, perceived to be ‘objective’ and to have no ideological axe to grind”.

⁵⁰ Manasi Kumar (2006) has written a comprehensive review of ‘critical psychology in India’ in the *Annual Review of Critical Psychology* titled “Rethinking Psychology in India: Debating Pasts and Futures”. Our paper has taken off from hers. However, it has tried to not repeat what Kumar has already done and done so well.

having missed even something (in)consequential should be put in place, even if apologies never suffice. Also, the essence of critical psychology in India is to be appreciated in the register of the genealogical where critical psychology is more of an ever-receding horizon marked and perpetually pushed by the revelation of the Other or the Other as revelation, of the Other as 'the guest inassimilable'. The authors themselves remain as the infinitesimal subjects of this genealogy.⁵¹

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