This is a fine and, in many ways, an extraordinary book. The author brings to his topic a special double perspective: that of being an Indian and also that rarity, an Indian psychoanalyst. His descriptions of a series of examples from the broad range of Indian healing systems are illuminated by comments that draw on this combination of perspectives. For example, speaking of Tantra and its strivings for androgyny, he remarks: "I am convinced that [it] can be discussed without either falling into the trap of psychopathological labeling and reductionism on the other hand, or of cultural apologetics and a thoroughgoing relativism on the other." (p. 161).

The book constitutes a review of a great variety of Indian healing systems, explored through fieldwork and participant observation. The descriptions are grouped into three sections: local and folk traditions, mystical traditions and medical traditions. The first includes a pir, a healer of mental disorders attached to a mosque in Dehli, whom the author approached as a professional colleague; a Hindu temple in Rajasthan to which people flock whose mental illnesses are believed to be caused by malignant spirits; a shamanic healer among the Oraon, a Dravidian hill tribe, and a group of Tibetan lamas. The second part deals with the Radha Soami sect, Tantra, and Mataji, (a woman mystic leader of a syncretic cult).

The final section deals with Ayurveda as medicine and psychiatry, and the example of one Ayurvedic practitioner. The volume concludes with an epilogue on healing and culture.
As this list indicates, the canvas is vast so that only brief mention can be made here of a number of salient points. The descriptions are often dramatic, particularly those of the healing rituals at the temple: patients in possession trance act out the behavior of their demons and the attempts to drive them out, included piling heavy stones on the backs of patients and chaining and shackling them. More importantly, the descriptions are followed by brief case histories, discussions of how the various healing systems achieve their successes, and assessments from a psychoanalytic perspective. In some instances, the author reports his discussions with healers and the differences and convergences in their understanding of cases.

In spite of the variety of healing systems presented here, they constitute only examples of the vast number of types of systems and individual healers available to the patient aside from those offered by Western medicine. Kakar remarks on the overwhelming role that the 'therapeutic' occupies in Indian culture and society" (p. 272) and, as he has noted elsewhere (Kakar 1978) he sees Indian society as "organized around the primacy of the therapeutic in the sense that Indians seem to emphasize protection and caring in their social (and political) relations more than the values of performance or equality" (p. 272). He sees this as one major contrast between India and the West.

The therapeutic primacy is expressed in a number of ways, so that Kakar suggests that "what in the West is repressed and relegated to the unconscious finds a cultic home in India, where it can be consciously engaged with and ritually acted out" (p. 163). And: "there are very few unconscious fantasies that do not have a public home in India--either in 'living' myth or in a cultic practice; a striking characteristic of Indian society is that everything is allowed in fantasy but very little in practice." (p. 186). (These comments are reminiscent of George Devereux's (1974) remark concerning the psychic unity of mankind.)
Each of the examples discussed leads the author to some general points, both regarding the types of disorders treated successfully by the various systems and on some underlying issues reflecting Indian society. For example, in the case of the possessed patients seeking healing at the temple, Kakar (p. 76) comments on the large number of young rural women and "their accumulated and repressed rage, the helpless anger...at the lack of their social emancipation" which forms the background of their hysterical illness. Here, the individual's illness is seen as a reflection of the social concerns, a point of view for which Kakar gives credit to Erik Erikson. These women are possessed by the ghosts of forbidden sexual and aggressive wishes. And in this context, the author strongly argues that for the Indian psychoanalyst, hysteria is a present reality and Freud's libido theory, so much denied in the West, remains central to his clinical work. While young married women suffer rage, Kakar suggests, young men who experience possession illness are those who find the responsibility of autonomy and individuation at marriage threatening and overwhelming.

Western therapy of hysterical patients is concerned with the individual in isolation and with the integration of split off parts. By contrast, temple therapy is concerned with the reintegration of the individual into the community, and leads to some reorganization of families, with other members accepting some of the blame for the illness and some of the responsibility for the patient's well being.

With regard to shamanism, and this is perhaps the only time, Kakar is scathing in his reaction to Western observers. He writes: "to someone belonging to a culture where the shaman is part of everyday life, and shamanism is as exotic as dentistry, the romantic image of the shaman that emerges from the Western search for utopias is a incomprehensible as his earlier ethnocentric denigration" (p. 91). For the Oraon, it is food and hunger that are central, in contrast to sexuality, and aggression or autonomy and individuation among the
rural temple visitors. Envy of others, who are well fed, produces illness. The possessing spirits demand to be fed, and Kakar notes that "people who have known hunger will breed hungry spirits and must constantly struggle with the persecuting spirit of greed." (p. 99) The comment could be applied to much of the Third World.

In the context of a discussion of Tantra, Kakar raises another issue: Androgyny is seen as a central theme in Indian culture as a result of the special mother-son tie, a point also emphasized by F.L.K. Hsu (1963). The Oedipus complex, in Kakar's view, though central to Western cultures, is not the Indian "nuclear" complex. This argument is supported not only from material from Indian myth and religion but also by a clinical fragment.

Kakar notes both differences and similarities between the various Indian healing systems and psychoanalysis, and other Western systems. There are two major themes that run through the Indian practices and the theories on which they are based. One concerns dissociation: the trance states linked to possession in the temple cult, the trance of the Oraon shaman, the meditative states of the mystic cults and so on. The other involves identification, be this the identification of the hysterical patients with possessing spirits or the identification with and idealization of, the guru in the mystic cult. In the latter case, the patients who are particularly helped are those who have experienced loss of love and esteem, resulting in depressive reactions. The consequent "surrender of adulthood" Kakar describes has important implications for our understanding of the spread of mystical cults to other parts of the world as well.

Dissociation and identification hold a central place in Indian therapeutic systems. Kakar relates dissociation and psychic differentiation to Indian concept of freedom: freedom to experience a variety of inner states, but at the same time keeping the outer world constant. This is contrasted with a
Western emphasis on freedom of choice of action, while rejecting inner differentiation in favor of a constant state of normal waking consciousness. This in turn is reflected necessarily in different views of what the "normal" is. Although this point is discussed all too briefly in the Epilogue as one of the conclusions derived from the study as a whole, it well deserves further treatment, and one may hope that the author will turn to this in a future volume.

Another difference between the Western and the Indian approach to mental health is found in the Indian emphasis on the "relational" of the patient to his family and his community. And yet, in psychoanalytic therapy, Kakar finds his patients to be more individual, and less relational in their unconscious than they know, and he wonders whether the opposite might not be true of Western patients.

Overall, Indian therapeutic systems are primarily "supportive-suggestive" rather than "uncovering." Each appears to be especially attractive to patients with particular kinds of problems and responsive to their special needs. That is, each system appears to begin with a primary fantasy related to the core unconscious conflict of certain types of patients. The patients, whose conflicts differ, then seem to sort themselves out to their appropriate healing systems.

As may be seen from this very brief discussion, this book provides a great many vivid pictures and numerous important insights. It should find a wide audience.
References

