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Experiences with Psychotherapy Training in India

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Abstract. On the basis of 32 years of psychiatric experience in India, the author tries to show how difficulties encountered not only in psychotherapy with Indian patients, but also in supervision of candidates in training for psychotherapy can be related to specific cultural patterns of personality development and social intercourse and, beyond this, traced back to their deeper roots in the traditional Indian world view, as represented by the ancient Hindu scriptures. Starting with the latter, she shows how the lack of an ‘anthropocentric orientation’, the discouragement of egoistic and individualistic strivings, the doctrine of ‘karma’ and re-incarnation, all essential elements of traditional Hindu philosophy, and all pointing to an ultimate reality that goes beyond anything that speech or even thought can reach, leave very little to work on for someone who were to approach an entirely traditional Indian scene with the tools and methods of Western psychotherapy. Yet, in view of the present trend towards ‘Westernisation’, Western methods of psychotherapy have their place, at least for the most modernised sectors of the population. Even then, traditional patterns of personality development and family organisation which, even in a modern setting, still persist, place obstacles in the way of a smooth and meaningful application of Western psychotherapeutic models, not only in clinical practice, but also in the training of therapists. In addition, certain traditional notions concerning the relationship of an Indian ‘guru’ to his disciples work against a ready understanding and acceptance of Western theories and practices. This applies in particular to ‘transference’ and more so to ‘negative transference’ in the therapeutic relationship. At present, behaviour therapy, including biofeedback, seems to succeed best in the Indian setting. Models based on ‘systems theory’ might eventually become convenient substitutes for certain methods of social manipulation as they are still used by traditional Indian healers within the family and village setting.

Introduction

During 32 years of psychiatric activity in India, I have had ample opportunity not only for practicing psychotherapy with patients from all social strata, but also for guid-

ing and supervising young colleagues and students in their first psychotherapeutic ventures. The most obvious procedure for a presentation would therefore be to start from these concrete experiences, to show up the difficulties encountered in their course, then

to relate them to specific cultural patterns of personality development and social intercourse, and finally to make an attempt at tracing their deeper roots in the traditional Indian world view as represented by the ancient Hindu scriptures.

In this present context, this would however have taken up too much time. I shall therefore proceed in the opposite direction, beginning with the traditional philosophical-religious background and then, as far as time permits, work downwards from it to the concrete experiences.

Traditional Philosophical-Religious Background (Hinduism)

For someone coming from the West, one of the most impressive features of the traditional Indian world view is its lack of 'anthropocentric orientation'. It is not 'man' – either in his individual existence or even in terms of the importance of mankind as a whole – who stands in the centre. The view presented in the ancient scriptures is of gigantic cosmic dimensions. Innumerable cyclic sequences of gradually deteriorating 'ages' – the so-called 'yuga' – have already taken their course and are still to come, each followed by a period of rest, during which everything that has been released into the apparent 'reality' of a manifest world again-returns into 'nothing' – a 'nothing', however, that is the fulness of potential for a renewed unfolding. The one ultimate source of these cycles of becoming, remaining and again being dissolved, and the inherent oneness of the total process reaches beyond any notion of time and space and also beyond any conceptualisation in speech or even thought, and is far more important than any of the

individual phenomena that appear during the phases of manifestation.

One can easily guess that any kind of stress on 'ego', on individual power, prominence and achievement has no place within this view. What is essential – or truly 'real' – in each individual human being, is only the spark of divine light within him, the 'ātman', which is part of the universal 'brahman'. This inner light, in itself unborn, immortal, without qualities, changeless, is however covered up and obscured by a series of superimposed layers of increasing density. Roughly we can call them – from the centre towards the periphery: the subtle mind of bliss, the subtle mind of wisdom, the grosser rational mind, the breath of life (comparable to what in Western medicine we would call the functional, physiological aspects of the organism) and finally the gross material body that has to be nourished by the intake of food. Man, in his worldly existence, tends to identify himself with one or the other of these five layers, and to take as 'real' the sensations, emotions, strivings and cognitive impressions he gathers and experiences through them. His allowing himself to be bound to them leads to all cravings, all restless ambitions and ultimately to all suffering. The aim of all healing and salvation would be detachment from these binding passions and strivings, seeing through their deceptiveness, so as to become transparent to the only true and 'real' self, the ātman within, and, through it, to reach oneness with the ultimate, universal 'self' the brahman.

A second important feature is the doctrine of 'karma', implying the repeated reincarnation of beings. In this respect, too, Indian thinking runs in 'cycles' and not along one straight line. In any particular worldly existence, the role in which one finds

oneself according to the merits and demerits acquired in previous lives, has to be played as perfectly as possible. The criterion for this perfection is one's subordination to the welfare and harmony of the total world order and not any personal achievement. No matter how humble or unpleasant and frustrating this role may appear, there is no cause for dissatisfaction or resentment. What ultimately has to be reached by each individual human being, the return to the oneness of the source, need not be achieved in the limited course of *one* lifetime, but can be acquired step by step throughout the long series of reincarnations. Looking merely back and cursing one's karma for present adverse circumstances is hardly helpful; the positive way for dealing with this situation is to try, by cultivating more and more detachment, to reduce karmic bondage, so as to obtain future re-incarnations at a higher level and thus to shorten one's way back to the ultimate 'one'. This again would mean that attachment to ego-boosting action and power, to placing importance on a smooth and successful personal life history or even on the power of knowledge, has to be discouraged. It also implies that no one can really 'help' anyone else in the sense one would understand help in terms of western concepts of 'altruism' or 'social concern'. What one does for 'another' can take effect in the latter's life only insofar as it has its place within his own karmic context. By my philanthropic action – provided it is really undertaken in a humble spirit of serving the whole, and not with any self-importance – I can improve my own karmic chances, but my efforts cannot directly touch and affect 'the other'. Compassion, which plays a more important role in Buddhism than in Hinduism, exists all the same, but it aims at promoting ultimate sal-

vation for all creatures and is not necessarily concerned with their present situation in terms of worldly suffering.

One will realise already now that these ideas of a basically unchangeable inner core, the ātman, and of karmic bondage which does not permit direct mutual impact and influence in interpersonal relationships and also takes away all importance from success and satisfaction in personal life history, both pointing to an ultimate reality that goes beyond anything that speech or even thought can reach, would leave very little to work on for someone who were to approach an entirely traditional Indian scene with the tools and methods of Western psychotherapy, in particular in its extreme analytical orientation.

Indian methods of 'care for the soul', as we find them in the various systems of 'yoga' and the relationship between the traditional 'guru' and his disciple – no matter how many elements they may contain that can be usefully integrated into Western psychotherapeutic activity – therefore have to be seen as aiming at something radically different from what most Western endeavours would like to achieve [Hoch, 1979].

It is, however, essential at this point to mention that it is becoming increasingly difficult to find a traditional setting in India, where all the ideas and values I have just sketched out, are still persisting in pure form. Furthermore, people who still adhere to traditional patterns of life, find their teachers and healers within their own system and will hardly have reason to consult modern therapists with a Western orientation. On the other hand, within the most 'modernised' sector of the population, with its pressures on standing up and shouldering responsibility as an individual, the need for

Western models of psychotherapy makes itself felt. In between, in the so-called 'transitional sector', where values and behaviour patterns are mixed, one finds the greatest amount of uncertainty and confusion, also with regard to the applicability of Western psychotherapeutic methods [Hoch, 1972, 1977].

It may be worthwhile characterising shortly how, even in these more or less modern sectors, with which a Western therapist may have occasion to deal, certain traditional patterns of personality development and social behaviour still persist and thus place obstacles in the way of a smooth and meaningful application of Western psychotherapeutic models.

Persisting Traditional Patterns of Personality Development and Social Behaviour

As the formation of a strong 'ego' and identification with all that one can potentially reach within a lifetime by way of libidinal satisfaction, success, power and knowledge is considered as a hindrance, not only on the way towards ultimate salvation, but also in the process of living in harmony with the cosmic whole, Indian tradition attaches little importance to the development of a unique, distinctive personality and to individual 'self-realisation'.

Traditional Indian child-rearing works more by encouraging imitation and by using methods of 'immediate control' than by stimulating 'introjection' of values and pursuing long-term aims. What the child has to learn is to know his or her role in the successive, well-characterized phases of the life cycle, and the socially approved patterns of

behaviour in the various situations he is likely to meet. 'Role play' and 'context-oriented behaviour' are therefore more important than the formation of a cohesive, consistent personality core from which behaviour would flow in an individually predictable, but not always socially conforming fashion. The models according to which such traditional behaviour is to be shaped are to be found not only in the figures of the family elders, but to a great extent in the ancient scriptures, in particular the epics and the so-called 'purāṇas', which, with their numerous stories and parables, cover practically all contingencies of human life.

Not only human relationships – in particular within the family circle – therefore tend to take their course on the level of institutionalised roles, but behaviour in general and even thinking preferably follow fixed, institutionalised patterns. Individual life history is less important than a record of having faithfully completed the traditional life stages with all their rituals, and of being able to play the expected roles in one's limited social network.

Even nowadays, when more options lie open than at a time when a young person had to follow his or her elders in the traditional occupation and code of behaviour of their caste, life tends to take its course within rather narrow limits, if no longer always dictated by tradition, then at least by the socio-economic strictures prevailing in a developing country. Personal points of view, wide-ranging thought and phantasy are not at a high premium. As the French sociologist Dumont [1970] aptly pointed out: the only degree of freedom for individuation in Hinduism lies in the upward direction, in the scope one has for one's personal endeavours in the spiritual sphere!

The traditional joint family is held together by an intuitively shared symbiotic-empathic atmosphere, in which the sparking off of any emotion would immediately spread; emotions and moods therefore have to be carefully contained or expressed in prescribed forms, as for example in certain subtle gestures or shared rituals [Hoch, 1966].

Even outside the family circle, one tends to attach family labels to those with whom one has to deal at close quarters. This does not only allow one to challenge the partner into a protective 'parent role' or a submissive child's position, but also activates incest barriers for keeping out libidinous temptations.

Consequences for Psychotherapeutic Approach

I have already shortly hinted at the problematic consequences all this might have with regard to applying Western models of psychotherapy in an Indian setting. I shall now describe some of the difficulties I have actually encountered in psychotherapeutic practice, not only with Indian patients, but also in training young doctors, psychologists and social workers for psychotherapy.

Most psychiatrists have entered the medical profession as a result of their interest and inclination for exact science. They therefore prefer to adhere to biological models and the use of pharmaca and technical equipment. One can readily understand their reluctance to spend time and energy on lengthy psychotherapeutic procedures, if one knows that, even at present, one finds in India only one psychiatrist for about half a million population! Clinical psychologists and social workers, having a background of 'humanities',

show not only more interest, but also more skill for using themselves and their relations to other human beings as therapeutic tools.

Even these more promising candidates, due to the institutionalised patterns of upbringing and living, often lack the wide background of experience and understanding which, in therapy, enables one to respond with quick, relevant and above all rich associations. As already most patients have great difficulty in developing a capacity for 'free association', the situation becomes disastrous, when the therapist too has no mobility and originality in his thinking and imagining. The therapeutic milieu thus often remains dull and sterile.

In addition it struck me that patients as well as candidates in training seldom can produce a colourful account of their childhood or at least of outstanding episodes during it. One wonders, whether the long-lasting empathic contact between mother and child, the fragmentation of experience through a multiplicity of figures in the joint family, the mere 'role play' instead of a relating to individual personalities, contribute to this poverty of early memories. Or are they perhaps present, but not available for verbalisation? Would one have to find other, non-verbal methods for evoking them, perhaps more by creating a certain atmosphere ('Umstimmung') than by insisting on the verbal recalling of well-defined episodes?

The traditional reticence with regard to exhibiting emotions, which also often characterises the behaviour of one's patients in psychotherapy, is potentiated by the equally or even more rigid attitude of training candidates in this respect. Fear of contagion, of losing their own control, prevents them from utilising obvious and often wonderful opportunities for releasing pent-up emotions in

their patients. During training, it is often a surprising experience for them to witness how their growing capacity for facing their own emotions automatically brings up greater freedom in emotional outlet in their patients.

The traditional Indian guru is appreciated for his personal charisma, the spiritual emanation that comes from him. An academic teacher does not correspond to this ideal, as he can only transmit knowledge and 'know-how'. An Indian guru furthermore is expected to live what he teaches. As his disciple may remain in closest contact with him over years of his training, there is nothing even of his most personal life that the teacher can hide from him. The 'therapeutic distance' dictated by Western rules of psycho-analysis is something that cannot be properly appreciated by patients or even candidates for training in India [Neki, 1973, 1974, 1977].

An important question is how all this affects the transference situation. As Indians are in the habit of readily transferring family roles to any person they meet, some kind of 'transference' is of course established very quickly in the therapy situation. But it relates mainly to a fixed, culturally defined 'role' and is not very differentiated. Furthermore, one expects from a therapist more or less what one would seek from a guru. The latter, however, quite consciously takes upon himself the various family roles his disciple may 'transfer' onto him and patiently 'bears them out' (in German: 'Tragen' and not 'Übertragen') in the hope that the disciple will gradually mature sufficiently to leave them behind [Neki, 1973, 1974]. The Indian psychotherapy trainee may therefore gain some intellectual awareness of transference phenomena and also of his own counter-

transference relatively easily; what is difficult for him, however, is to work creatively with this situation. For him, it would be enough to settle down comfortably within the role the patient has assigned to him without making any attempt to see through it. The uneasiness and embarrassment which the candidates felt in a supervision group in which an analytically oriented teacher (Indian, but trained in the West) made transference and countertransference the main point of concern was only relieved when I had occasion to point to newer concepts, according to which the recognising of transference phenomena mainly serves the purpose of providing a realistic base for offering an adequate 'corrective emotional experience' or a 'new beginning'.

If even the competent use of transference as such is only reluctantly appreciated, one usually provokes real horror, when anything like bearing out or even encouraging 'negative transference' is suggested. The 'context-oriented' Indian ideal of social intercourse is to keep every situation as smooth and pleasant as possible, irrespective of the consequences this may have later. Not only for patients, but also for candidates in training and probably for many practicing therapists or even those who are supposed to impart training, it is one of the most difficult and strange propositions that in a therapeutic relationship negative emotions with regard to the therapist, on whom after all one's welfare and security depends, should be brought up and even welcomed. Their emerging is often considered as the obvious sign of a 'bad therapeutic relationship' which, either from one side or the other, is not considered as worth keeping up.

What can one conclude from all this? I think one has to admit that, as yet, Western

models of psychotherapy, unless they are considerably modified and adapted for use under these circumstances, have little chance of being successful and popular in the Indian setting, at least where traditional elements are still predominant. What seems to flourish best is behaviour therapy, including bio-feedback. In view of the importance of 'context-oriented behaviour', this is hardly surprising. Keeping account of the predominance of 'role play' and of the precedence of the 'whole' over the individual, one might expect that models derived from 'system theory' might eventually become convenient substitutes for certain methods of social manipulation used by traditional healers within the family and village setting.

It remains to be hoped that newer developments in Western psychotherapy which stress what goes on non-verbally in the 'in between', and for which consideration of cosmic consciousness, harmonious integration into a common world take on more importance than mere 'ego strengthening', will gradually provide a base for a common venture, in which East and West can both contribute from their rich traditions.

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