

But psychiatry in reality is a medical specialty, and mental illness is as real an illness, only more debilitating, than most others. Just as cancer, heart disease, stroke and infectious disease are the same in all cultures, so also basically is mental illness. Some regions of the world may have specific hygienic conditions that are responsible for a higher incidence of certain illnesses, which may be altogether absent in others. Yet, whenever a certain illness is present, it has, by definition, the same manifestations, etiology and pathogenesis. The recognition of these elementary, yet all-important facts is apparently not yet widespread when it comes to mental illness, probably because psychiatry is younger and in a relatively primitive state of development, as compared to other medical specialties.

It is high time that we recognize this strange state of affairs and begin to change it. Normality in psychiatry, as in other medical branches, must also be defined as a deviation from a universal standard of mental health, ^{sp?} obviously not ~~an expression of~~ be expressed in terms of what is acceptable, or the norm in any one country or region, for such may well be a highly "abnormal" norm, productive of emotional disturbances. When a flu epidemic ~~for instance~~ has spread the majority of the population, we still do not define ~~the~~ the norm of health ~~as~~ as flu. Similarly, ~~for~~ if psychiatry is to regain its position as a scientific medical specialty it must lay aside its tendency to define mental illness and health by any standard but a universal one.

Normality in ~~the~~ mental health should

Every person in any culture goes through the process of birth and starts extra-uterine life as a new-born infant who must adapt to external reality. All babies are born with innate qualities that are obviously not dependent on cultural givens or value systems, but are only the result of biological and nutritional processes. As such, a baby in China with good vision and a well-developed musculo-skeletal system probably has more in common at the time of birth with an American

or Yugoslavian baby having similar physical characteristics, than he does with another Chinese baby with poor vision or a somewhat defective musculo-skeletal system. The entire life-history of the two Chinese babies are likely to be markedly different from one another, even though they will speak the same language, eat similar food and share similar value systems. Basic affects such as fear, rage, love, pain or hurt will probably be present in different proportions in each of these two Chinese individuals, ~~obviously~~ depending ~~on~~ on their different natures ~~on their different natures~~ ^{first, and ~~on their~~ second,} A psychiatrist treating these grown ups can address himself to the ~~more~~ ^{relatively and} recent superficial developmental layers, ~~that which was~~ ^{those most} affected by culture, value systems and ~~nature~~ ^{and} or he may recognize that the more ~~basic~~ ^{profound}, more primitive, earlier and much more important determinants

^{of the personality} are pre-verbal and pre-cultural, ^{The early nurture of an individual} and may even go back to the intra-uterine period, ^{usually, considered part of nurture,} ~~and the time of actual, physical, separation from mother~~ ^{when all memory was tissue memory since the ego was not yet differentiated enough to be involved}

Freud's personality theory is widely, although not universally, accepted, although it is obviously deficient since it ^{(sp?) assigns to the oedipal conflict which is} ~~gives the~~ developmentally late oedipal

~~conflict~~ a central position. A truer personality theory needs to be elaborated, one that recognizes the importance of much earlier experiences on personality ^{formation, if} development, ^{is to} before real progress in psychiatry will occur.

Such an attempt is made as part of the therapeutic approach called Crisis Mobilization Therapy, C. M. T. In grossly over-simplified terms, it is theoretically assumed that the basic trauma to every individual occurs at birth itself, but Unlike Otto Rank's concept, it is not the process or trauma of being born by itself ^{that is so dramatic in its effects,} ~~has such dramatic effects~~ but ~~being~~ ⁱⁿ physical separation from an ever-present mother, ^{the} who for nine months physiologically anticipated the baby's every need The life-long yearning for ^{re-union with such a} wondrous ^{figure} must be worked-through till mourning empty yearning of ~~any~~ power over the individual. This is the basic

work of good psychotherapy. These primitive and powerful needs must become neutralized if normal emotional development is to occur, or else life-long depression results, sometimes in clinical form but mostly in sub-clinical manifestations. Many phenomena that our society has been cursed with, specifically such universal problems as aggression and war as well as disturbed marital and family relationships, are all out-growths and signs of the failure to resolve this basic depression.

By extension, all adult behavior must be regarded as an expression of an individual's mode of adaptation to ~~usually not only~~ separation, before individuation

occurred ~~altogether without having achieved it~~. Although an adult behavior is ~~made up of~~ many conflict-free aspects, ~~even those~~ were developed to

maximize comfort and minimize anxiety in the separated, but not yet individuated, person.

When ~~such~~ such apparently neutral ~~behavior~~ ^{is} ~~manifestations~~ are questioned, resistance to change may nonetheless occur, ~~and usually~~ ^{since all alternatives appear to involve more anxiety, or else} Cultures construct

their value systems and define the limits of acceptable individual behavior to allow for continued existence of society, ^(in doing so they typically ignore) ~~basically ignore~~ or sacrifice ~~the~~ psychological needs of ^(individual) ~~members~~ members, who are unconsciously ~~constantly~~ struggling to keep

their sub-clinical depression, often referred to as existential anomie or alienation, from breaking through, forming symptoms, and becoming clinical. Totalitarian

regimes of the right as well as of the left, and charismatic leaders everywhere, have always intuitively addressed themselves to this underlying and ill-defined dissatisfaction

and hopeless yearning for reuniting with an ever-present mother, to enhance their personal or political fortunes. In fact, politically a leader is often judged great

by his or her ability to bring ^{at least a} temporary sense of security and purpose to wide

segments of the population ~~who are always~~ ⁱⁿ vague search for some unknown quality or thing, ^{is}

most common

and most constant,

those who appear to ~~answer~~ have ^{an} answer

to this quest ~~can~~ can usually command a large following.

they would have been adopted in the first place

A Chinese person adulating Mao is, in a dynamic sense, no different from an American who "falls in love", or from an ardent Nazi who bound his personal fate with that of the Fuhrer and followed him blindly. In each case the adored person or system is expected to provide freedom from the ever-present sub-anxiety that results from separation without individuation.

Any culture must, therefore, always be regarded as basically a defensive structure, common to members of a group and serving their needs by defining limits that permit co-existence within a geographical area without mutual destruction. Repressed and suppressed rage within each person as a consequence of experiencing constant sub-anxiety and of failing to satisfy the unconscious wish ^{for} re-uniting with a beloved "mother" in whatever form she comes, necessitate the construction of ~~such~~ cultural ^{structures} ~~structures~~ ^{the} for protection of ~~the~~ ^a ~~Society~~ ^{whole} as a whole and every one of its members. When psychiatry, ^{main or only} ~~only~~ ^{aim} ~~at helping~~ ^{is the restoration of} ~~restores~~ an individual to functioning within the system, it is, in fact, not addressing itself at all to the real problem, which is the completion of the work of separation-individuation, ^{and} ^{it} ^{then not only} ~~not only~~ ^{is} ~~indeed~~ serving as an agent of the establishment, to maintain the common value-system, but it also guarantees the continued depression of each individual. Only when culture is ^{considered to be} ~~psychologically~~ ^{and handled as such in psychotherapy,} ~~regarded as~~ ^{like a collective super-ego,} a defense, can the individual be helped to realize his potential as a whole person. ^{The collective super-ego which is represented by the culture otherwise remains dominant over the} ~~the~~ individual.

With this personality theory, which is central to Crisis Mobilization Therapy, C. M. T, every psychotherapist should be able to treat any person in any culture with only minimal knowledge of the language and with only a basic understanding of the values and of ^{that} ~~the~~ culture. The real issues that need to be resolved are pre-cultural and extra-cultural, but never cross-cultural. It is necessary to know something about the values of a society simply to recognize which behavior is

considered to be self damaging ^{or might} ~~or would~~ lead to punitive reprisals, ~~within the~~
~~context of any culture~~. If spitting on the street, for instance, is punishable
in culture A by years of hard and forced labor while it is considered to be only
an impolite act in culture B, then ^{such an} ~~the act of spitting~~ may have almost suicidal
meanings in culture A but not in ~~culture~~ B. Individuals in culture B would
not present themselves to a psychiatrist because of spitting, while in culture
A, an individual might well come for help because ^{it} ~~spitting~~ produces major difficulties,
and ~~engaging~~ is indicative, therefore, of major internal conflicts. Unless
issues other than spitting and adjustment to living with others in ^{such} a culture soon
become the focus of therapy -- the real ^{difficulties are} ~~trouble~~ is missed and the patient is
condemned to unending suffering and recurrent bouts of clinical depression, in
any of its myriad forms.

If this discussion seems somewhat theoretical ^{or} ~~and~~ impractical it is
only because psychiatry has busied itself with the wrong issues for so long that
real ones appear strange and unfamiliar. Social and cross-cultural psychiatry
must be re-defined, if any hope for a breakthrough in the therapy of individuals
is likely to occur. All individuals in all cultures share the same universal fears:
fear of abandonment, ^{fear of being swallowed or ~~abandoned~~ damaged and fear of} ~~of~~ non-being, and, therefore, fear of closeness, intimacy and
trusting. All individuals in all cultures must work-through the profound rage at
having been unilaterally ~~being~~ separated from mother, before they can ^{become} truly
loving as whole individuals. Until then, aggression and violence will lead to even
more crime and wars, unless greater fears keep them in check. But, true
resolution of internalized individual strife is possible, ~~and~~ when multiplied many-
fold, ^{it} cannot but lead also to more real peace on earth.