The idea of Indian-ness is quite knotty; it is a ghost that haunts post-colonial discourse. There are many Indias and many Indian ways of seeing. More than two decades ago the poet A. K. Ramanujan wrote a remarkable essay in a manner unique to him, at once playful and profound entitled “Is There an Indain Way of Thinking?” In this essay, Ramanujan proposed a distinction borrowed from linguistics, between context-sensitive and context-free cultures. Displaying immense erudition, he outlined as to how Indian thinking always revert to the context in drawing inferences. This is juxtaposed with the Western tendency illustrated by Kantian ethics, to strive for context-free definitions. Ramanujan’s argument was that while no culture is purely context-sensitive or context-free in its approach, Indian thought leans more towards context-sensitivity while Western thought goes in the other direction.

How does this translate in the field of psychiatry in India, which is essentially a post-colonial phenomenon? In post-independent India, the colonial discourse to focus on the ‘other’ was slowly and imperceptibly internalized by mental health professionals who strove to draw attention to ‘differences’ in presentation of psychological distress. This resulted in an impetus to cleave out patterns of psychological distress which were deemed to be distinctly shaped by cultural influences. As a product of this quest, categories like Dhat Syndrome emerged in Indian psychiatric literature. While Ayurvedic texts cautioned about the ill effects of semen loss, mental health professionals deemed that the belief that semen loss can cause illness is itself an illness! It is pertinent to recognize that concepts about semen and semen loss emerged in European as well as Asian cultures, though differing across time and space in their influence and appeal.

Culture is inextricably involved in the totality of the phenomenological experience and expression of psychological distress and to abstract these influences to restricted categories of illness experiences, seems an exercise devoid of meaning in a postmodern milieu. The focus is no more on the ‘other’ nor on ‘differences’, but on convergence, syncretism and the pluralistic epistemologies in the narratives of psychological distress.

The collection of articles in this special issue is reflective of this emergent trend. They draw attention to a wide array of psychological issues in the Indian context and the manner in which cultural influences impact them. Prof Mitchell Weiss provides a historical perspective on the conceptualization of severe mental illness in Ayurvedic texts, while Prof Shamsundar, drawing on his vast experiences in the field.
of psychotherapy, focuses attention on the often neglected area of wellbeing as conceptualized in the Indian psychological tradition. Alcohol dependence has been an emergent problem in modern India and Prof Pratima Murthy outlines as to how cultural influences impact the addictive behaviour. Fatigue is perhaps one of the commonest presenting symptoms among Indian patients and Prof Vasudeo Paralikar draws upon his research in this area to provide an overview of the factors that influence these presentations. Finally, Prof Shaji offers an engaging perspective on the cultural influences that shape the experience and presentation of mental illness among the elderly in India.

In an epochal poem, Walt Whitman wrote “I am large, I contain multitudes...”, which aptly reflects the Indian cultural context. The contributions in this special issue draw upon both traditional and modern resources to weave an interesting perspective. In his “The Discovery of India” Jawaharlal Nehru called India “an ancient palimpsest on which layer upon layer of thought had been inscribed, and yet no succeeding layer had completely hidden or erased what had been written previously”. A more appropriate metaphor will be one of pentimento: the work of culture in the Indian context is more akin to layered canvases where earlier images show through as the top layer of the painting becomes transparent.